Understanding Challenges and Opportunities in Ohio's B-5 Landscape: Findings from Interviews with Community Partners and Families

Review conducted through Ohio Preschool Development Grant Needs Assessment

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INTRODUCTION

The early years of a child's life, especially from birth to age five (B-5), are a pivotal stage for development. Children's brains are rapidly forming and are highly adaptable, shaped by their surroundings, relationships with caregivers, and various influences from their social and physical environments. As research underscores the importance of early childhood, policymakers have increasingly recognized the need to invest early to yield not only stronger learning outcomes but also a substantial return on investment. Because of the profound and lasting impact of the early childhood years, the programs and support systems available to children and their families are especially critical.

This report is part of work completed on Ohio's birth-to-five landscape for its Preschool Development Grant Needs Assessment. The first phase of Ohio's B-5 Needs Assessment and its related report, Ohio Phase 1 Needs Assessment (January 2024), synthesized data on Ohio children and families receiving various B-5 services and supports. Using publicly available data, the report described Ohio's B-5 population and the landscape of services available to them and analyzed potential demand for early childhood care and education (ECCE) services across the state as well as data on availability and accessibility. In the second phase of work, a series of parallel studies analyzed Ohio's administrative data. The analyses in this report build on these secondary data analyses by providing insights into the needs, barriers, and experiences of families with young children shared through their own perspective.

This report aims to build on what Ohio has learned through its B-5 Needs Assessment in alignment with goals outlined in its federal Preschool Development Grant (PDG), with a particular emphasis on children living in disadvantaged circumstances (e.g., children in poverty, rural communities, children with disabilities). To better understand the lived experiences of families with young children, especially those navigating systemic barriers in ECCE, we engaged Ohio community and client-facing partners as well as families themselves in interviews. Our goal was to capture insights about their B-5 program experiences and challenges, which include the emotional toll of child care shortages; challenges facing service providers and community groups who remain deeply committed to serving Ohio's B-5 population; the resilience of families navigating various systems; and mismatches in service delivery or basic logistical challenges like transportation. Hearing about family experiences provides important context to interpret data and direct policy and program change.

Overview of Report

The report begins with an overview of **acronyms** related to the ECCE programs and services and related areas named in the report. The report is divided into four key sections. Part 1: **Background: Interview Aims** explains the overall goals of the qualitative research portion of this project and how the interviews align to Ohio's overarching PDG needs assessment questions. Part 2: **Interview Process** describes our interview procedures, including outreach and recruitment. Part 3: **Interview Findings,** the bulk of the report, provides descriptive data about our participants and major themes from our analysis of interviews. Finally, Part 4: **ECCE Recommendations** offers strategies for DCY to consider from the perspective of those we interviewed, and relevant context for future policy-evaluation partnership work.

Glossary of Acronyms

General
B-5: "birth to age five" or "birth to five"
CCR&R: Child Care Resource and Referral agency
ECCE: early childhood care and education (the broad spectrum of all education and care services for young children)
ECE: early childhood education
FPL: federal poverty level
IEP: Individualized Education Program
PDG: Preschool Development Grant
PYA: Parent Youth Ambassador
SDA: service delivery area (twelve regional hubs served by seven private non-profit CCR&R agencies)
SUTQ: Step Up To Quality (Ohio's three-tiered quality improvement rating system for early learning and development programs)
TANF: Temporary Assistance for Needy Families

Ohio-specific programs serving B-5
ECE: Early Childhood Education (specific Ohio grant for eligible preschoolers)
EI: Early Intervention
PFCC: Publicly Funded Child Care
PSE: Preschool special education

BACKGROUND: INTERVIEW AIMS

The Ohio B-5 Needs Assessment project supports the state in achieving the goals of its federal Preschool Development Grant (PDG) by providing an overview and analysis of the current landscape of ECCE programs and services for Ohio children, with a particular emphasis on children living in disadvantaged circumstances (e.g., children in poverty, rural communities, children with disabilities).

Capturing the needs of Ohio's young children and understanding the programs and services available to them, as well as the barriers and opportunities that families experience, is critical to improving the quality and reach of state programs and ultimately building a more robust and equitable B-5 landscape. To further understand Ohio's B-5 landscape and build upon Ohio's needs assessment data, we conducted statewide interviews and qualitative research analysis to identify key themes in hopes of providing additional insights to DCY. We expect some of these themes to further reaffirm or validate the knowledge obtained by state agencies over time through listening sessions, data collection, and anecdotal experiences. Some themes may offer a new lens or angle, or at least a current "temperature check" for Ohio policy leaders and decision makers or avenues for further exploration.

This phase of the Ohio PDG B-5 Needs Assessment project was guided by gaps in Ohio's ECCE data as well as conversations held with DCY and analysis of existing documentation highlighting family experiences and testimonials from past listening sessions with the state. Interviews were guided by key PDG priorities, including the need to:

- **Prioritize children living in disadvantaged circumstances to obtain difficult-to-gather insights and qualitative data.** Aggregate data available to the state only reflect those children enrolled in publicly funded programs. There are many other children from birth to five who have yet to interact with these

systems and whose experiences are not captured by these data. These include especially vulnerable groups like children who are experiencing homelessness, whose families are transient, those who may be undocumented, and those speaking other languages. Wherever possible, we inquired about these groups in community partner interviews.

- **Understand the barriers faced by families in accessing B-5 programs and services throughout the state of Ohio.** Often, more children are eligible for a given program than the number who enroll in the program - reinforcing the need to better understand what barriers or challenges prevent greater uptake of existing programs.

INTERVIEW PROCESS

After developing a research strategy aligned with Ohio's PDG B-5 Needs Assessment, we identified three key categories of interview participants to engage: 1. Community partner and client-facing organizations serving PDG focal populations (rural, high-poverty, special needs, ethnic/cultural minority), 2. Families representing PDG focal populations receiving ECCE programs and services, and 3. Parent Youth Ambassadors (PYAs). The focus areas for each type of interview are highlighted in Figure 1.

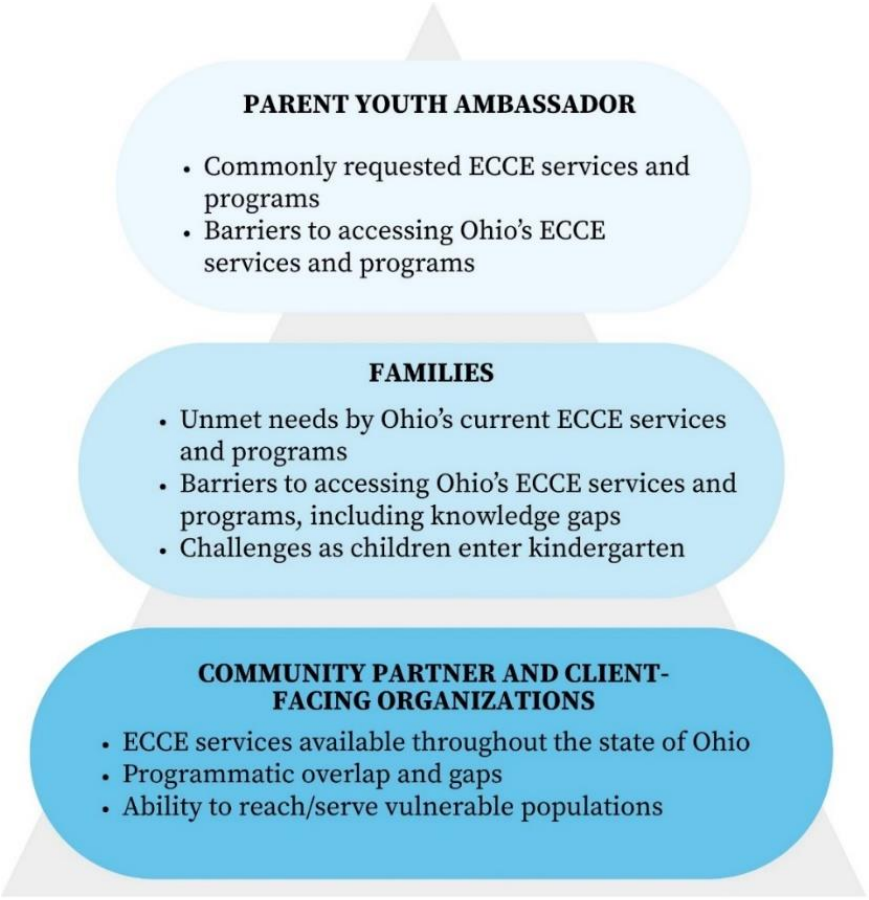

Figure 1. Focus of interview questions, by participant type.

Interview participants were identified through several means. First, we conducted a landscape scan of nonprofit, government, and related B-5 community organizations serving children and families throughout the state. We drafted a list of possible interviewees whose insights on the PDG focal populations would be valuable, checking to ensure the list included geographic diversity. We then shared the organization list to

gather feedback from DCY, including suggested additions. Finally, throughout the interview process we also asked for additional referrals from interview participants for future interviews. Interviews included representation from groups that serve each of the PDG focal populations, at minimum–children from rural communities; children with special health, developmental, and educational needs; high-poverty/children experiencing homelessness; and children of ethnic, cultural, and/or racial minorities.

We leveraged relationships with interview participants among the client-facing organizations and community partner groups and asked them to share interview recruitment letters with families receiving their services. Family interview recruitment materials were shared with participants upon completion of the client-facing organization interviews. A similar process was repeated for PYAs, with CCR&R staff being asked to share recruitment letters with their newly hired PYAs. Families and PYAs who were interested in learning more or scheduling an interview were asked to email the PDG team. Interviews were scheduled at the convenience of interview participants.

We began interviews on August 28, 2024 and concluded our final interview on January 28, 2025. Interviews were scheduled for 60 minutes and followed the semi-structured interview style as shown in the Appendix, PDG State Agencies Interview Protocol PDG Non-state Agencies Interview Protocol, PDG: Family Interview Protocol, and PDG: Parent Youth Ambassadors Interview Protocol. All participants received a $50 gift card if allowable by their organization. Steps included in our interview process are described below in Figure 2.

Figure 2. Interview process.

INTERVIEW FINDINGS

Participants

We conducted 24 client-facing organization and community partner interviews, five parent interviews, and one PYA interview. In total, 79 ECCE services and programs received an email invitation to participate, leading to a 30% participation rate. Client-facing organizations and community partners were divided into three service type categories: 1. **direct service providers** work directly with children and families at in-home or out-of-home settings; 2. **CCR&Rs** provide a variety of services that include helping families find suitable child care and B-5 service options and providing resources and training to providers. Additionally, CCR&Rs may also provide direct services to families and children; 3. **collaborative partnership organizations** provide data analysis of B-5 programs and services, collaborate with stakeholders, offer resources and referrals, and/or participate in advocacy and policy change efforts.

Through interviews with client-facing organization and community partners, at least one representative from each PDG focal population was included. Several of the organizations serve an overlap of focal populations, which are listed in Table 1; for example, service providers may assist families experiencing homelessness and have children with special health, developmental, and/or educational needs. Figure 3 depicts the reach of interviews throughout the state. Extended service delivery of rural CCR&Rs allowed for broader statewide representation. To gain more insight into our rural community needs and barriers, we targeted Ohio's Appalachian region for PYA interviews. Family participants are described in Table 2.

Table 1. Client-facing Organization and Community Partner Service Type and PDG Focal Population(s) Served

Program/Service	Service Type	PDG Focal Population			
		Special health, developmental, and educational needs	Ethnic, cultural, and/or racial minorities	Low income/high-poverty/children experiencing homelessness	Rural communities
4C for Children	CCR&R	•		•	•
Action for Children	CCR&R	•		•	•
Athens County Board of Developmental Disabilities Early Intervention Program	Direct service provider	•			
Aaris/Trumbull County Early Intervention	Direct service provider	•			
Bright Beginnings	Direct service provider	•			
Center for Family Safety and Healing	Direct service provider			•	

Children's Development Center of Lima	Direct service provider	•			
Cincinnati Preschool Promise	Collaborative partnership organization	•			
Corporation for Ohio Appalachian Development (COAD4kids)	CCR&R	•		•	•
Community Refugee & Immigration Services (CRIS)	Direct service provider	•		•	
Early Childhood Resource Center	CCR&R	•			
Easterseals Central and Southeast Ohio	Direct service provider	•			
Ethiopian Tewahedo Social Services (ETSS)	Direct service provider		•		
Groundwork Ohio	Collaborative partnership organization	•	•	•	•
Home for Families	Direct service provider			•	
Learn to Earn Dayton	Collaborative partnership organization	•	•	•	•
Montgomery County Educational Service Center	Direct service provider	•		•	
Muslim Family Services	Direct service provider		•		
Nationwide Children's Hospital Early Childhood Mental Health Program	Direct service provider	•			
Northwestern Ohio Community Action	Direct service provider				•

Commission (NOCAC)					
Ohio Coalition for the Education of Children with Disabilities (OCEDCD)	Direct service provider	•			
Santa Maria Community Services	Direct service provider	•			
Starting Point Inc	CCR&R	•			
The Young Women's Christian Association (YWCA) Columbus	Direct service provider			•	

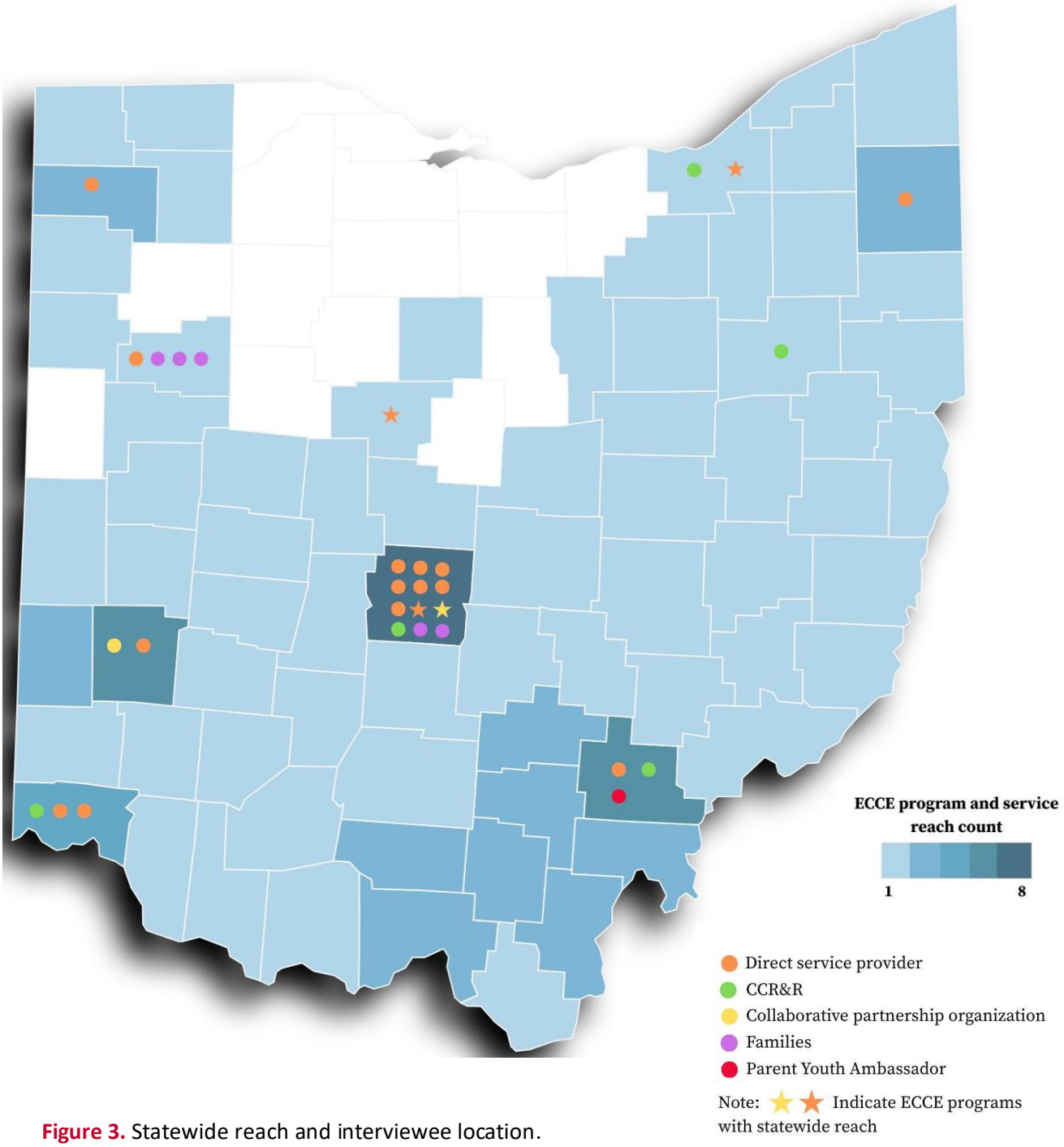

Figure 3. Statewide reach and interviewee location.

Table 2. Characteristics of Participating Family Members

Family Member Interviewee(s)	Family Make Up	Special health, developmental, and educational needs	Ethnic, cultural, and/or racial minorities	Low income/high poverty/children experiencing homelessness	Rural communities
Mother and Father	Two parent home, one child (under five)	•	•		
Mother	Single parent home, four children (two children under five)	•		•	
Mother	Two parent home, one child (under five)	•	•	•	
Mother	Two parent home, two children (one under five)	•		•	
Father	Two parent home, three child (three under five)	•			

Interview Themes

With participant permission, interviews were recorded, and qualitative analyses were conducted from their transcripts. Interview transcriptions were analyzed to observe common themes, based on repeated and unique experiences reported by participants. Our identified themes are shared below. Where possible, quotes are included while maintaining participant confidentiality. First, we will discuss the barriers and experiences described by client-facing organizations and community partners who provide programs and services to children and families throughout the state. Second, we present themes related to the experiences of families in accessing programs and services. These insights were gathered both from the perspective of client-facing organizations and community partners who have deep knowledge about family challenges, as well as from families themselves and a PYA participant.

CLIENT-FACING AND COMMUNITY PARTNER BARRIERS

When speaking with client-facing organizations and community partners, four barriers were identified as key themes: staffing concerns, lack of funding, increased need, and inability to reach families. Unique opportunities to mitigate these barriers were also discussed by interview participants.

Staffing

Challenges with staffing are a key barrier; interviewees described staff shortages, inability to pay fair wages, and problems with turnover.

A fundamental component to delivering high-quality ECCE services is a stable and healthy workforce. The COVID-19 pandemic exacerbated the already persistent problem of high staff turnover in ECCE, and staffing challenges continue to compromise the quality of services throughout the state and ability for families to access them. When other sectors were able to respond to market changes and increase wages to recruit and retain a strong workforce after the pandemic, the child care industry could not easily do so due to funding challenges. ECCE throughout Ohio continues to experience significant turnover as passionate and caring staff move out of the child care space.

> *"If we could keep a core group of service coordinators for two to three years, I think that would be a fantastic win for us."*
>
> **– Direct service provider**

> *"We're required to figure out how we can [provide services] with less staff or reduced staff, but the demand has not changed, or the demand has increased."*
>
> **– CCR&R staff**

Interview participants stated that low wages, extended hours, and benefit cliffs lead to high turnover in ECCE programs and services.

> *"Since COVID, child care workers are struggling with really high stress. They get paid low wages, have extended hours because there's not enough staff, and all that paired together doesn't sound enticing to a whole lot of people. I would also say that the benefits cliff is certainly a big issue for a lot of our families if they're getting a job and they're making $16 or $17 an hour then they're not initially qualifying for [PFCC]. [Child Care Choice Vouchers] have helped but child care is really expensive, and it doesn't behoove you to make more money when you have that benefits cliff, and you're going to lose your food stamps, you're going lose your child care [assistance]."*
>
> **– Collaborative partnership staff**

Interviewees discussed the incongruity occurring when their own staff serve clients who are in poverty and may be receiving state services and subsidies, while the staff themselves are struggling to pay their own bills. Interviewees reported that they struggled with balancing this reality.

> *"If you're a staff person here, your 3-year-old should be just as important as the 3-year-old of the client that we're serving. It's about quality child care for everybody. We can't leave out the people in the middle who are working."*
>
> **– Direct service provider**

Negative repercussions for families and children exist as high turnover leads to an increase in the workload of existing staff, increased waitlists, or both. Several interviewees agreed that especially with more vulnerable populations, the need to develop trusting and secure relationships is paramount. When service coordinators leave, caseloads are distributed, and the "bonding" process with the client starts over.

> *"Unfortunately, our positions do not have a high retention rate. We have been able to keep our core team for a little bit now. And I'm calling that a success. Our current staff seem excited, they seem motivated, they see the changes that the state is putting in, and they are excited by it, and they want to be here. If we lose a service coordinator, all of those 8-9 kiddos on that team or on that service coordinator's caseload get distributed to all of us, and then we start all over again with the bonding process."*
>
> **– Direct service provider**

> *"We have seen a huge disruption in our workforce and that has caused an incredible instability, and we all know it's [because of the low] wages. There's just no way around it. But how do we increase those wages? That's been the hot topic."*
>
> **– CCR&R staff**

> *"If [the state government] can figure out the wage issue, more people would join this field, and then more people could get their children into quality education systems earlier on in their lives, so they could be more ready for kindergarten and learning."*
>
> **– CCR&R staff**

Mitigating barriers – Staffing

Recognizing the obstacles to increasing wages, participants shared creative ways they lessen staff burden to improve retention by:

- Providing staff education/professional development opportunities.

> *"We're bringing in county dollars and state dollars. Wherever we have extra money we use those dollars to bring in experts and provide our own technical assistance to help train staff. We're looking into other tools that are available like a conscious discipline to help build expertise within the teachers. We're looking at all sides to try to combat this increase in behavioral issues that we're seeing with our children."*
>
> **– CCR&R staff**

- Increasing staff support.

> *"We've been able to add staff. But I've done that through connecting with the universities that have programs that are developing the licensure to bring these folks on, and that way students earn credit."*
>
> **– Direct Service Provider**

- Conducting research/pilot studies to better understand staff turnover.

> *"We funded a pilot for our program to increase seats in a targeted geography. We have increased wages for early learning educators by $400 a month. It was a research project - really a limited scale research project to ask, "What is the amount of additional income needed to reduce the turnover in centers which thereby keeps more seats open and gets the operating margins where they need to be for providers to not increase rates, but just to cover their bases in case they have to shut down a classroom because they lose a staff person?" We ran a pilot that lasted a little bit longer than a year and we saw very distinct and clear results about the significant reduction in turnovers."*
>
> **– Collaborative partnership staff**

Funding

Lack of funding for ECCE, particularly around flat funding and a shift of funding priorities.

Several participants discussed an ongoing struggle with flat funding in ECCE over time. Even as service demand increases and costs rise due to inflation, funding for ECCE services and programs may either remain the same and/or increase only marginally–not covering the true cost of providing services. When revenues are largely flat, but organizations face increasing costs (i.e., staff salaries, technology costs, materials/supplies), this means that the budget for actual services shrinks. When funding does not keep pace with market realities, this naturally leads to service cuts, reduced purchasing power, and increased costs for families.

> *"The funding that we received, it could be flat for the year, or over the course of a contract or an agreement."*
>
> **– CCR&R staff**

> *"The continuum of constant investment hasn't changed despite how the markets change and despite the fluctuation in expenses. It's been the same $15 million every year, but we've increased the amount of work we've done. We've increased the number of children we've served every year. We've increased the quality of services over 200 sites every year with the same amount of money for the last 7 years."*
>
> **– Direct service provider**

Interview participants also discussed the strict rules and regulations around their funding and how that impacts who they can serve.

> *"Most of our funds are tiny funds, and they're very strict."*
>
> **– Direct service provider**

> *"There are times when we feel hopeless because of all of the policies that prevent us from doing the work that we need to do for the families."*
>
> **– Direct service provider**

Mitigating barriers – Funding

Interview participants stressed the importance of proactively searching for unique funding opportunities to offset concerns around flat funding. To support additional funding, interview participants discussed the value of:

- Increasing advocacy to improve education and awareness of prevention and early intervention.

> *"We do research and data analysis for advocacy, so we really drive the creation of assets around what policies we're trying to elevate. We identify those policies from the input of our stakeholders across the state."*
>
> **– Collaborative partnership staff**

> *"We're doing advocacy at the government relations level to help stakeholders and grant funders and hopefully, legislators understand the critical nature of prevention work and early intervention work compared to waiting for more expensive long-term care or more intensive programs."*
>
> **– Direct service provider**

- Persistently searching for more funding opportunities.

> *"We have federal funding, we have state funding, we have county and city funding. We have private foundation funding. We have people who individually fund us. We have corporations that fund us. Something that we really strive for all the time is to make sure that we have lots of different pots of money, and that we have our needs met, based on what each pot will allow. So, if this funding won't allow [ECCE services and programming], this one will…and we do that well and we don't ever stop. So, there's not ever a time in which we think we're good. No, we're never good. We're never satisfied. We're always going after more [funding opportunities]."*
>
> **– CCR&R staff**

Increased Need

Staffing and funding concerns give way to another barrier mentioned by interview participants – the increased need for ECCE programs and services.

Interviewees noted that the number of students exhibiting mental health and behavioral issues has increased substantially Post-COVID-19. Further reporting that there are currently not enough specialists with behavioral health expertise to help those providers who need it. Providers can access external resources to help with challenging child behaviors; however, they often end up on a waitlist or must wait a week or longer for assistance. This is troubling for providers whose child behavioral needs are urgent and whose teachers may need immediate assistance with classroom management.

> *"The amount [of B-5 children with diagnoses] coming to the table blows my mind. I feel like it's almost doubling every year."*
>
> **– Direct service provider**

Many times, this has necessitated providers and client-facing organizations to take "matters into their own hands." There are instances where children do not technically qualify for additional services, and referral agencies have heard concerns that center providers are simply stretched too thin to meet the needs of children who may be experiencing "big feelings" but do not qualify for an IEP. Organizations already stretched thin due to staffing shortages are providing one-on-one support for those "in-between children".

> *"I was frustrated because I felt like the community wasn't listening to and responding to the needs of these children [who didn't qualify for an IEP] that need these additional supports."*
>
> **– Direct service provider**

Mitigating barriers – Increased need

To meet the increasing unique needs of children throughout the state of Ohio, specifically the PDG focal population, community partners have had to continue:

- Providing responsive programming through strategic planning and program analysis.

> *"So really trying to understand the [unique needs of children] today and speak to that parent in 2024 terms, as opposed to 1999."*
>
> **– CCR&R staff**

> *"We're really conscious and mindful of making sure that we adjust and grow and improve."*
>
> **– CCR&R staff**

> *"We created an internal, itinerant position. And that went really well. I was able to send that person out to do one-on-one with those kiddos who did not qualify [for an IEP] but still needed some supports."*
>
> **– Direct service provider**

> *"For the longest time in my 20 years, [our organization] really provided just one-on-one coaching. Staff go out on site and provide coaching to that program. But as more and more people wanted the coaching services, coaches got really creative. And we do a lot of group coaching [to meet the need]."*
>
> **– CCR&R staff**

Inability to reach families

Inability to reach specific populations, particularly the PDG focal population, and/or stay connected.

Community partners serving the PDG focal populations–specifically, ethnic, cultural, and/or racial minority families, low income/high poverty families, and families living in rural communities–discussed the difficulty in connecting with families.

> *"Phone numbers change really frequently within our population so we're dependent on people reaching out to us and telling us that their phone number has changed, but if not, then we'll search and find them. We're pretty persistent about doing that. It's a benefit to the services that we provide. There are a lot of organizations that don't have that capacity, but we are going out and searching and finding people."*
>
> **– Direct service provider**

> "[In terms of] *outreach and engaging families, we've had conversations like, is it door knocking? How direct do we have to be? If we're being that direct, what is the safety because in some cases we're going to be in neighborhoods that are tough to be in and tough for people to live in."*
>
> **– CCR&R staff**

Technology plays a key role as providers rely on families and other community partners to learn about their services virtually. A disconnect is created when families are unable to access the internet to find available programs or connect with CCR&Rs. Additionally, not being technologically savvy from years of completing physical paperwork leaves some service providers struggling to connect with families.

> *"We have a handful of providers who have always done everything on paper, and so when they need to take a training that's over Zoom where they need to download the materials in advance, that can be just a bigger challenge. And you can send a*

> *link or a how-to-guide, but if there's not some computer literacy already in place, that can be really hard. So that's been a challenge. Especially when we're trying to help programs improve their business efficiencies. Saving time and saving money relies on technology. There's a lot of pre-work that needs to be done and some programs are all into it and want to figure it out and others are less willing. And we try to work with both."*
>
> **– CCR&R staff**

Mitigating barriers – Inability to reach families

Community partners have become adaptive and strategic in how they reach PDG focal populations throughout the state, including:

- Using unique communication and marketing strategies.

> *"I mean, we've even done [promotional activities] like make flyers and hang them up at our local parks. We collaborate a lot with our preschool, so they'll do things with children that have younger siblings, and our information will be in packets that they hand out to families."*
>
> **– Direct service provider**

> *"So whoever is out there at an event will have the information on all our services, because you never know who's going to walk up. We've been very fortunate to have extra funding from Hamilton County and the city of Cincinnati, where we were able to get billboards and bus wraps in those areas. And we actually won an award for our bus wrap."*
>
> **– CCR&R staff**

> *"We actually created a marketing department to be much more strategic, and we started to use social media to target our communication. At the same time, we reinvested in our outreach [efforts], and last year we hit almost 60 events. This year, I think we're on track, we're probably going exceed that. We really worked hard at understanding that we just can't say, 'hey, we're here. Come to us when you need us.' We've really increased our efforts to reach the community, especially that target group of parents… and again, being strategic and using the science around marketing communications to reach them."*
>
> **– CCR&R staff**

> *"We did acquisition mailing, where we purchased mailing lists. We also do marketing seminars for our providers, and it's very transactional for us. If we can help our providers who are in the community do that communication, it fares much better. We've also seen good return on investments on things as simple as asking*

our local pizza delivery place to put a program sticker [with a QR code] on the top of every pizza box."

– CCR&R staff

"Obviously, we have a website. We have a Facebook account. We have a Youtube channel. We do door-to-door. We literally go and hand out flyers in neighborhoods in our community that we know are lower income and we put flyers on people's doors. We use Every Door Direct mailing from the United States postal service. We do community events. We have done billboards. We've done yard signs. We've done lots of things."

– Direct service provider

FAMILY BARRIERS

Several barriers relating to families' inability to access services in Ohio emerged during interviews with client-facing organizations and community partners, with three overarching categories: access and affordability; lack of knowledge and/or trust of the ECCE system; and competing familial challenges. Key barriers and connections among barriers are discussed below with supporting quotes and examples from family and PYA interviews.

Access and Affordability

Barriers families face in accessing and/or affording ECCE services and programs.

Overwhelmingly, the most frequently discussed barrier for families was lack of transportation–particularly for rural families. Lack of convenient transportation options can hinder families from accessing programs and services.

"I was talking to a family recently... Mom took three buses to our meeting and to meet the teacher... I was so happy that she got there... if she had been in a more rural county, and she doesn't have access to a car, they might not have been able to get somewhere."

– Direct service provider

"Barriers are always going to be transportation. There's no busing system or anything like that for us here in cornfield country."

– Direct service provider

"We don't have transportation"

A Family's Story

"We've been without a vehicle for about two years now, so we don't have transportation. It is definitely an issue that I'm having right now. I'm really limited with [getting to] food pantries, and things like that. I can't get there with my [work] hours, I literally work from 8:30 in the morning until 5:00 or 5:30 pm. So even if I was to find a way, everything is closed by the time I get there. Traveling on a bus with two toddlers is really tough, especially with [my special needs son] and him being the way that he is. He gets overwhelmed, over-stimulated with too many people. Things like that. So, it's just really tough."

Interview participants discussed the systems currently in place for families seeking resources and services for their children with special needs–they can access the virtual Ohio child care search engine and/or they can work with their local CCR&Rs. However, interviewees shared that while these opportunities may exist, roadblocks remain as spots are limited, waitlists are long, and/or centers with enrollment availability do not provide the specialized care required by the child to be successful.

> *"The waitlist is the biggest barrier for families. And then the other one is just not knowing. I think people don't know what they don't know or what they can get."*
>
> **– Collaborative partnership staff**

> *"There's a shortage of child care providers. There was a shortage before COVID and COVID has made an even greater impact on the number of providers in the area because providers were not able to sustain their businesses [during COVID]…that, in turn, affected the income of the providers and the number of child care providers who can afford to support [children with] severe disabilities."*
>
> **– CCR&R staff**

Waitlists are specifically troubling for children in foster care. Often, placement with a family is quick and finding immediate openings at a high-quality child care provider creates a new set of challenges for referral agencies.

> *"I would say, a challenge for foster families is being able to afford child care and being able to find immediate openings because when they receive a placement, they don't get warnings."*
>
> **– CCR&R staff**

The high cost of ECCE programs and services are unaffordable for many families. Interview participants discussed how the rising costs particularly affect those families "in the middle"–those who do not qualify for PFCC but still struggle to pay the rising costs. While interview participants recognized the benefits of the state's relatively new Choice Child Care Voucher program - enabling families earning up to 200% of FPL to receive

public child care funds - they felt child care settings may not be able to keep up with the demand for slots and might have increased waitlists.

> *"Raising the limit to 200% of the federal poverty level for the voucher system is great. We don't have enough spots for all those kids who are going to get approved though."*
>
> **– CCR&R staff**

> *"So we have our staff serving clients who are in poverty, and our staff are also struggling to pay their own bills. And then, when you put child care in the mix of that and if you're in a situation where you don't make enough to be able to afford the child care, but you make too much to be able to afford any kind of subsidy. Then you're stuck, right?."*
>
> **– Direct service provider**

> *"For a while we had a full range of services, and the insurance providers were accepting pretty much any service that could be provided. But at this point it's gotten really limited and insurance companies won't accept family therapy codes."*
>
> **– Direct service provider**

Interview participants discussed families simply not knowing about services and programs. This was particularly true for immigrant families where services outside of the United States are different than the ones available here in the United States.

> *"So I think the biggest barriers for our families is waitlists, and probably even bigger, is just not knowing."*
>
> **– Collaborative partnership staff**

> *"I think a lot of our families don't know where to tap into the portal… We just help them with the application because it takes a while. For [immigrant families] to ask for an interpreter, it adds more layers of complexity to doing those applications. We sometimes, you know, help them and bypass some of those barriers [and complete the applications] ourselves, basically."*
>
> **– Direct service provider**

Families are not always familiar with the programs or services available in their communities or where to go to find them. Similar to survey findings from ECCE providers as cited in the report, *Evaluation Ohio's Child Care Capacity and Ability to Serve Special Needs: Results from a Survey of Ohio's Child Care Providers*, community partners and client-facing organizations reiterated the barriers families face as they search for ECCE programs and services.

> *"So, if you're a 22-year-old Mom, and you're struggling to go back to work, and you're looking for child care, and we weren't marketing effectively because we thought, 'Everybody knows us. We worked hard for people to get to know who we were in the late nineties.' We really have to take a hard look at ourselves [and how we were reaching families].*
>
> **– CCR&R staff**

According to interviewees, families find the enrollment process cumbersome–particularly regarding program options and qualifications.

> *"We hear a lot that families just don't know how to even access the services that exist. There are a million different applications. There are a million different programs. And people are traumatized by just navigating [the process]."*
>
> **– Collaborative partnership staff**

Finally, for the PDG focal population there are added challenges as many families face language barriers.

> *"If you call it a health system, education system, and other legal system. They're too complicated. And language and the culture barrier make it even unthinkable when it comes to finding resources."*
>
> **– Direct service provider**

> *"We keep interpreters in-house, because language is always a barrier."*
>
> **– Direct service provider**

Mitigating barriers – Access and affordability

To improve access and affordability, community partners throughout Ohio focused on helping parents and families navigate the ECCE system by:

- Providing better communication and promotion of programs and services.

> *"Developing lawn signs, or [another marketing effort we tried was] where a family who's already getting services could get some freebie things for referring friends. So doing different kinds of campaigns."*
>
> **– Collaborative partnership staff**

- Providing individualized case management.

> *"A lot of the focus is on helping families understand how to tap into resources that are available here [in the county] - whether it's medical resources, whether it's [housing assistance]. We're working collaboratively with the other agencies and faith-based organizations that are doing a lot of the work."*
>
> **– Direct service provider**

- Offering transportation options.

> *"We are on a bus line. We're really adamant about keeping our current office. We have not moved in almost a decade. But when we have moved, we've been adamant about staying on a CODA bus line stop, that's within a reasonable walking distance. But again, transportation is a huge barrier."*
>
> **– Direct service provider**

Lack of knowledge and/or trust of the ECCE system

Statements relating to family's lack of understanding of ECCE including early child development or programs and services, as well as a general distrust of the "system".

Interview participants serving the PDG focal population spoke often about parents' unwillingness to accept a potential behavioral or mental health diagnosis for their child. This was particularly true in rural communities and among our ethnic, minority communities. Interview participants offered various explanations for this apparent lack of acceptance. Some participants believed a lack of understanding of early child development was to blame, while others believed societal stigma played a part.

> *"Some families, especially in those rural counties - when I reach out about some delays [their children are experiencing], they are not concerned. They say things like, 'His brother didn't talk till he was four. We're not worried about it.' It's unfortunate."*
>
> **– Direct service provider**

> *"I have heard that, yes, sometimes there is a trust issue getting some of services on board. Families don't want strangers in the home. It's just a trust issue. It's a cultural separation. We do a lot of work talking about, 'This is a provider for your child. They're not there to make any trouble for your home. They're not going to tell you what to do'. I don't know what they're afraid of, maybe they're afraid somebody's going to tell them how to live their life? I'm like, 'No, it doesn't work that way. This is a program to make sure your family is connected to the resources you need.'"*
>
> **– Direct service provider**

> *"There's still a lot of misunderstanding of what behavioral health in early childhood looks like."*
>
> **– Direct service provider**

> *"If somebody is really closed minded, it just takes time. We have to build up that rapport just like somebody else does."*
>
> **– Direct service provider**

Additionally, there is a general lack of understanding about how to navigate the ECCE system process and procedures. Families struggle to understand qualification criteria as they work through the online systems and paperwork needed to enroll in programs and services. There is a widely expressed need for more individualized case management, and staff to support one-to-one connections for families. Many vulnerable families need someone who can walk them through the processes required to receive services, and many early child care providers would benefit from similarly individualized coaching support in navigating SUTQ.

> *"For a newcomer who comes from a refugee camp or third world country, the structure we use here is not there at all. It's brand new. You do not know if you have to visit the doctor... you do not know if you need a shot, No prevention things like that happened in their country. [This process is new for families and they have questions such as, 'What do you need? Do I simply show up? Who'll pay the expense? Is it free? There is no such thing [as free medical care]?, When do you go to school? Where do you go to enroll your child? How do you enroll [them]? What are the requirements? What do you need?'. The information for families is not there.*
>
> **– Direct service provider**

"But you're going to be on a waitlist."

A Family's Story

"When we lost our food stamps, [a contact at Ohio Job and Family Services] said, 'Hey, if you need help in a transition, let us know. And we could help you from transitioning from getting off food stamps to being on your own'. So I contacted them, and because they also said,' you can try to reapply [for food stamps]', I contacted JFS, and the lady was not very nice about it, to say the least. She said "What? I can't do anything for you'. I'm like, 'I understand that. But [the website] says that we could get more help'. She's like, 'Well, I guess there is a program that we can try to get you into', I said, 'well, what is it? She said, "Is it called the EIP [Early Intervention Program]', and then she started telling me about it. And she's like, 'but you're going to be on a waitlist, and it's going to take forever'. I'm like, 'that's okay'. Put me on the waitlist, right? She was very reluctant to tell me about it… like they didn't want to help."

Interviewees believed families avoid accessing services due to a lack of trust in the ECCE system–in many cases as a result of personal experiences.

> *"Sometimes they don't know who we are. Their provider told them that they were going to make the referral. They don't remember. Sometimes they are hesitant. 'I don't know you. Why are you coming up to my house? Are you child protective services?' All of them have had bad experiences with systems."*
>
> **– Direct service provider**

This lack of trust in the system was especially seen in vulnerable populations who have experienced high poverty/homelessness, have involvement with foster care/kinship programming, or are a part of a refugee/immigrant community.

> *"…we do sometimes get pushback from foster parents, because I think their stance is, 'We didn't do these things to this child. Why do you want to know our trauma history?'."*
>
> **– Direct service provider**

Mitigating barriers – Lack of knowledge and/or trust of the ECCE system

Community partners stressed the importance of building rapport with families to ensure they feel heard and not judged by staff. This is accomplished by:

- Employing staff who have shared lived experiences and/or are trained to be genuine and respectful.

> *"I think that because many of us have lived experience with systems and programs and things that we provide, all of our services have that lens of high quality."*
>
> **– CCR&R staff**

> *"We really emphasize with our staff that [our program success] relies on being genuine and respectful and compassionate and human with the folks that we are serving, with each other, and with our community partners. That is essential to the work that we do, and essential to our success."*
>
> **– CCR&R staff**

- Providing educational opportunities for families and caregivers.

> *"So we do tons of social media posts around school readiness and trying to get parents to understand the importance of those first five years and the brain development that occurs in that first three, and so I think we inundate the families that we serve with all those messages."*
>
> **– CCR&R staff**

Competing familial challenges

Finally, and one of the most concerning barriers affecting a family's ability to access programs and services, are the competing demands of unmet basic needs.

Client-facing organizations and community providers shared stories of families who struggle to access ECCE programming as they face housing and food challenges.

> *"We're kind of at that place right now where a lot of families are really struggling, and it shows as a result in how they're able to show up for their kids. When parents are struggling with their basic needs, making sure that they can get food every day and have stable housing -- how do you expect them to show up for their children? We constantly see that."*
>
> **– Direct service provider**

"I'm playing catch up, I'm just not getting ahead."

A Family's Story

"I ended up moving, so as far as assistance with the place that I moved into, we don't have an oven. You know, I needed furniture, and things like that. A local program I was connected with doesn't have connections to things like that. So, it was really limited [with what they could help me with]. They can help as far as giving me information and resources on food pantries and things like that - like the basics. But anything further than that, they are so limited. It's so crazy. My older kids, their beds are on the floor. And my youngest two sleep in the bed with me. And I'm playing catch up, and I'm just not getting ahead... But like, where do I begin? I'm calling these places. And I'm answering their questions, and I'm giving them the information that they need. But then, on top of that, I worry about, 'Okay, well, if they set an appointment or I have to get somewhere, how am I going work that out?' Or what if it's that one day that I need to be absent or get out early. Is that putting my job at risk? It's just things like that, you know?

Parents are also unable to access programming for their children as they contend with their own mental health and addictions.

> *"But a lot of times we get parents in the room that are not there yet, and they can't do the work that they're here to do with their kids. So if we could just have [mental health support for parents], I feel like that would be like.. that'd be my dream."*
>
> **– Direct service provider**

> *"For our families, the biggest obstacles they face are addiction, incarceration, domestic violence. I would say 90% of our families are fourth and fifth generation welfare recipients. I mean, we serve an impoverished population. And with that comes a ton of barriers."*
>
> **– Direct service provider**

Mitigating barriers – Lack of knowledge and/or trust of the ECCE system

To meet the competing familial challenges and lessen the family burden, community partners spoke about the importance of:

- Providing wraparound services when possible, to meet the individual needs of the child and families.

> *"The number one [service priority] for us is individualized services. When a case manager is meeting with a client, everything that they're doing is based on what that client wants and [the clients] drive their own goal planning. We don't decide for anybody what they should or shouldn't be working on."*
>
> **– Direct service provider**

> *"Transportation is a huge, huge, huge issue. People utilize buses, but those are very difficult [in rural Ohio]. We could spend hours on buses trying to get somewhere, that's, you know, 20 minutes away. We've gotten grants in the past to help people fix cars and even purchase cars, and get licenses reinstated and things like that. Because if you have children and you don't have a car, it's very, very difficult [to access services in rural Ohio]."*
>
> **– Direct service provider**

> *"We do health and wellness. We have food donation days. We have free haircuts. We have therapists that come in and privately provide services here because we're the trusted partner in the community. [We assist our immigrant and migrant families] with benefit applications, because many of their children are born here. We prioritize applications, recertifications, and then we have our programs that put families in their homes."*
>
> **– Direct service provider**

- Connecting with other local/state programs and services (i.e., food banks).

> *"But it really is a holistic community approach. That's the role we can play."*
>
> ***– Collaborative partnership staff***

- Bridging the gaps between statewide services and programs.

> *"Getting a crib and a car seat from the Health Department is very difficult. You have to go through a course. It is next to impossible for some of my ladies that have a child every 18 months, or so, to get to that class, because they've got 3 other children in tow. There are also language barriers. So in-house we actually have cribs and car seats here, and we kind of bypass that system."*
>
> **– CCR&R staff**

"It kind of opens up another door of opportunities for us to help with resources."

PYA Success Story

"I'll actually give you a success story as well. So there was a family that reached out to me in Pike County, and the house was in really bad condition, and honestly, really probably needed to be condemned. And [through our connections with local agencies] we were able to get them in touch with Pike County Community Action. The rapid rehousing program. Now granted, it did take a couple months for them to be able to receive a voucher, to be able to look for a place, but in today's age that's a short time in terms of finding a place in low-income housing. So right now they're in the process of getting moved in. The mother got a house, and then the grandmother actually was able to get her own apartment. So actually that was a double blessing, in a way, for both of them. After someone had reached out to me about that family, we were able to get them in touch with Pike County Community Action. And then Pike County Community Action were able to do what they were to do on their end. Now it kind of opens up another door of opportunities for us to help with resources [the family] possibly needs help with like utilities food assistance, cash assistance. So that's where [Parent Youth Ambassadors] take a deeper, I guess, further look into the case and see what else families need."

LIMITATIONS

Even the best-intentioned research strategy is shaped–and at times constrained–by the roles and perspectives of the researchers and their collaborators. In this case, the Ohio PDG B–5 Needs Assessment was developed through careful, thorough planning by the Department of Children and Youth (DCY) for a federal PDG grant administered by the Office of Early Childhood Development and later executed in partnership with the project team at the Crane Center for Early Childhood Research and Policy. The project was aligned with Ohio's priorities to better understand focal population groups, including families and children from rural communities; children with special health, developmental, and educational needs; high poverty/children experiencing homelessness; and children of ethnic, cultural, and/or racial minorities. Research strategies were guided by best practices in qualitative methods and grounded in ethical standards of care, particularly when engaging with families and children facing risk factors. While adherence to these standards is essential, it does not ensure that findings from interviews - led by researchers and based on questions developed with input from policy partners–fully reflect the true needs and concerns of participants or of broader focal populations. Participants may withhold information, even in confidential settings, due to fear of stigma or judgment. Time-bound, semi-structured interviews–while offering some flexibility to turn toward participant priorities - may still cut short meaningful exploration of critical topics. Moreover, the sample interviewed, including community organizations and families, likely reflects the most engaged and vocal stakeholders. Despite intentional outreach and recruitment, the experiences of Ohio's most marginalized families and children remain difficult to fully capture.

ECCE RECOMMENDATIONS AND NEXT STEPS

The interviews conducted as part of Ohio's B-5 Needs Assessment reveal interconnected challenges facing families and the organizations that serve them. Central to these challenges are systemic issues, such as funding not keeping pace with rising costs to provide ECCE services and instability from high staff and educator

turnover. These are compounded by growing needs for ECCE services and persistent barriers facing families such as transportation, affordability, and lack of trust or awareness. Families, particularly those in rural, low-income, or marginalized communities, often struggle to navigate a fragmented ECCE system while also managing basic survival needs. Meanwhile, service providers are often stretched thin, striving to meet growing demands with the resources and support available to them.

Interviewees shared possible mitigation strategies that reflect both creativity and resilience in the face of challenges within Ohio's ECCE system. To address staffing shortages, organizations have invested in professional development opportunities and formed partnerships with local universities to bring in students pursuing licensure, while some piloted wage enhancement programs that showed promising reductions in teacher turnover. In response to funding constraints, they emphasized the importance of diversifying revenue streams–tapping into federal, state, local, and private sources - and engaging in advocacy to elevate the value of early intervention and prevention work. Service delivery adaptations included expanding group coaching models and deploying itinerant staff to support children who fall outside formal eligibility criteria. Outreach efforts to families have become increasingly strategic, leveraging social media, community events, and even unconventional methods like use of stickers or flyers in areas families are likely to see them. Finally, to support families more holistically, many organizations have prioritized wraparound services, individualized case management, and culturally competent staffing, ensuring that families not only access ECCE programs but also receive the broader support they need to thrive.

Recommendations from Interviews

When asked "what could the state do to improve ECCE services," a few themes emerged among participants:

1. A desire for the state to understand the value of ECCE services/programs, especially when making funding decisions:

> *"I believe in early intervention so much. I love what we do. I love the idea of it. And I've heard [sentiment] from so many families that move out of [Ohio]. I have also had some families that moved to our country and into Ohio because they have heard about our early intervention program, and they have a child who is medically fragile. We have a dad who literally said he chose Franklin County because of [our program], and that's massive. And he was out of the country. He was not here. I feel like our services are so valued in the community and undervalued by the state. I think it's changing, but it is something that I hope will continue to swing positively, because families 99% of the time have nothing but wonderful experiences and have seen progress for their children and for themselves."*
>
> **– CCR&R staff**

> *"Sustained long-term funding will really help us to do the work better and more efficiently."*
>
> **– CCR&R staff**

2. A need to simplify program application processes, including categorical eligibility:

> *"But hey, this person is identified as really disadvantaged and at risk of child abuse or neglect [so therefore,] they're going to get an automatic voucher. They then have access to child care. Let's work with their CCR&R agency to find out what program is*

> *physically close to them so they can get there. The people who are in those situations, are not having a resource wrapped around them. They don't have someone to do that for them. So how can we? How can we help those people?"*
>
> **– Direct service provider**

> *"[The State] should offer parents the option to have a unified single application to easily transmit information."*
>
> **– Direct service provider**

3. Pay equity to stabilize the ECCE workforce:

> *"Systemically stabilizing the workforce so that the operational and business models of the providers actually work is where the work has to be done."*
>
> **– Direct service provider**

> *"Our early care educators should be considered equitable to the rest of our education system…and that includes not only equity in reputation and in benefits, but in pay, education, and training."*
>
> **– Direct service provider**

4. The need for improved community/statewide connections and the creation of an ECCE 'infrastructure':

> *"…I feel like a lot of our [ECCE] organizations are so widespread that when we finally all come together and say [to the community] we are the resource right now, it's not as unified as it needs to be. It needs to be some type of one-stop-shop where families can come to that one space in their community with all these resources and hear us saying the same message of how important it is to get your kiddos prepared for kindergarten, and the success of their education in the future."*
>
> **– Direct service provider**

> *"What we need is a network of us across the state so that there's a statewide web. Then there could be, for example, a Dayton based area network of early learning providers, and if other regional partnerships also had that web and that group, the leaders of those [statewide webs] convene together. Think how easy it would be for [DCY] when they want to deploy something, or they need feedback on something. They can push out through this web. Our national organization refers to it as infrastructure...it really is a holistic community approach. An alignment. That's the role that we can play. In my opinion, the State needs to resource regional partnerships so that they have an anchor."*

– Collaborative partnership staff

Ongoing Partnerships and Next Steps

The findings from this review underscore the importance of maintaining a strong participatory approach in future needs assessments and data collection efforts, ensuring that the voices of families and frontline providers continue to shape improvements to Ohio's ECCE system. In our supplemental report *Best Practices in Family Engagement and Story Collection: A Highlight of Approaches Used by Other States,* we highlight several frameworks used by other states to creatively gather insights from families and use this feedback to drive meaningful system change. The ongoing partnership between DCY and the Crane Center, which will use the PhotoVoice framework, aims to elevate family experiences and integrate them meaningfully into both research and dissemination. Additionally, in our supplemental report, *Best Practices in Systems Integration and Funding: A Highlight of Approaches Used by Other States*, we explore promising approaches from across the U.S. to improve cross-system coordination and identify innovative, sustainable funding strategies for ECCE initiatives.

APPENDIX A

PDG: Non-State Agencies Interview Protocol
[Date, Time, Interviewee name and organization]
Background

- **Location:**
- **Overview:**
- **Serves:**

Agenda

1. Admit participants from the waiting room to join at the same time.
2. Introduction of PDG team members.
3. Explanation of project, goals for the interview, confidentiality, and the type of information to be covered.
4. Interview questions. (The conversation will follow a semi-structured format which uses this protocol as a guide rather than a strict order. This will allow there to be a natural flow in the conversation.)

Introduction
Thank you for joining us today. My name is X and I have X, Y, Z team members with me today. We are part of a team at the Crane Center for Early Childhood Research and Policy at The Ohio State University, conducting a needs assessment for Ohio's ongoing Preschool Development Grant (PDG). The project investigates (1) the B-5 Landscape in Ohio, (2) experiences of families and children navigating Early Childhood Care and Education (ECCE), (3) Programs and services available to families, (4) barriers facing ECCE service providers), and (5) issues facing the ECCE workforce.

In this interview, we will ask questions regarding your organization, the services you provide, the clients you serve, and your thoughts on the progress for Early Childhood Care and Education (ECCE) in Ohio. Client could refer to a child, parent, family, or other organization (in the case of referrals). As we learn more about your organization we should get a clear definition of your client population.

We will be recording this session for our own note-taking and later data analysis. This allows us to fully participate in the conversation. Your participation in this session is voluntary and confidential. Neither your name nor the name of your organization will appear in any published papers and nothing you say today will be connected with you personally.

BACKGROUND INFORMATION (For all agency types.)
In this section, we will ask questions related to your services and the organization's background.

1. Tell us about your organization. What is the purpose of your organization? (Prompt for: location, organization type, ages served, etc.)
2. Who does your organization serve? (Prompt for: family/child characteristics/demographics)
3. What kinds of services does your organization provide?
1. Do you provide direct child care services to children ages 0 to 5? If so, what child care services does your organization provide? (Prompt for: description of services, including duration.)
2. Do you provide services for children and families for children ages 0 to 5? If so, what services for children does your organization provide? (Prompt for: description of services, including duration.)

3. Do you provide direct services to families of children ages 0 to 5? If so, what are the family services your organization provides? (Prompt for: description of services, including duration.)
4. Do you provide referral services for children ages 0 to 5 and their families? If so, please describe your referral process.
4. How would you define the primary function of your organization related to children ages 0-5?

[These questions will guide the remainder of the conversation and allow us to focus on one type of service or a combination of the four depending on the organization. The interviewer will summarize how they will approach the following questions based on their answers here, so it is clear what services/programs/client types they are referring to as we move through the questions.]

ACCESS TO SERVICES (For all agency types.)
In this section, we will ask questions about how program clients access the services provided by your organization and any barriers they might experience.

1. How do clients qualify to receive your services? What are the requirements to participate? (Prompt for: income, number in family, ages, residency, employment, transportation, participation in other services/programs, literacy, language/culture, diagnoses, geography, other needs)
2. What challenges do clients experience when attempting to access your services? (Prompt for: income, number in family, ages, residency, employment, transportation, participation in other services/programs, literacy, internet/digital access, literacy, language/culture, diagnoses, geography, other needs)
3. At what frequency do you turn clients away, and why?
1. What happens with the clients that you cannot serve?
4. How do you address any challenges clients experience when trying to obtain your services?
1. What kind of procedural support do you offer to clients when seeking services? (Prompt for: how often and type of support needed)
2. Are there outside/external resources and/or supports available (e.g. United Way); what kind of additional support is needed?
3. Insufficiencies in how families navigate the current system / services that the state can help address?
5. What other supports outside of the services your organization offers do you find that your clients typically need? How do you facilitate access to these additional supports?
1. Are there particular organizations/programs you refer to often? What does that referral process look like?
2. Do you find gaps in what families currently need and what services are available?

ASSESSMENT AND IDENTIFICATION OF CLIENT NEEDS (For all agency types.)
In this section, we will ask questions related to how you assess and identify the needs of your clients.

1. How do you assess and identify a client's needs? (Prompt for: types/names of formal assessments used and informal assessments processes; how these relate to the organizations specific function (child care, child services, family services, and/or referrals)
2. How do you communicate the assessment results with clients? (Prompt for: formal and informal processes: how these relate to the organizations specific function (child care, child services, family services, and/or referrals)
3. How do you address the needs identified? (Prompt for: formal and informal processes: how these relate to the organizations specific function (child care, child services, family services, and/or referrals)

QUALITY OF SERVICE (For all agency types.)
In this section, we will ask questions to understand the quality of the services clients receive.

1. How do you define the quality of your services?
2. What are the external requirements for quality? Think about what the state, county, city or another entity might require of your organization to meet certain standards. What are the barriers to providing high-quality services? (Prompt for funding, transportation, workforce credentials, etc.)
3. How do you ensure the quality of your services? (Prompt for training, accreditation, certifications, and other qualifications for staff)
4. What kind of feedback do you get from clients regarding the quality of your services? How do you use this feedback?
5. What do you believe creates an effective and quality ECCE system? (prompt for online resources, more networking)
1. What does Ohio do right and/or what do we need to do to ensure families are connecting with quality services?

COMMUNICATION, REFERRALS, & CLIENT ENGAGEMENT (For all agency types.)
In this section, we will ask questions related to communication about the services provided and how your organization facilitates client engagement.

1. How do clients learn about your organization and the services provided? (Prompt for communication tools, outlets, and strategies)
1. Does your organization receive referrals to serve clients? Describe this process.
2. How do other organizations and community members learn about your organization?
3. How do other organizations help to promote your organization?
1. How do you get referrals from other organizations? Do you have a formal referral process?
4. How does your organization promote other organizations?
5. How does your organization communicate with clients while receiving services?
1. Do you send emails, make phone calls, text reminders, etc.?
6. How does your organization communicate with clients after or in-between services?
1. What kind of follow-up is provided?
7. What are examples of how you build community and engage clients within your organization?
1. If serving children, what kinds of things do you do to engage them in your program's services?
2. If serving children, how do you engage and support their families?
3. How do you balance the interests and engagement of children with the overall family support services you offer?

PROGRAM SUCCESSES AND CHALLENGES (For all agency types.)
In this section, we will ask questions related to the programs and services you shared with us to gain a greater understanding of the impact they are having on the community.

1. What are some examples of some service/program successes? (Prompt for success at program, family, and child levels)
2. What are some examples of service/program challenges? (Prompt for challenges at program, family, and child levels)

KINDERGARTEN READINESS (For organizations that do not provide direct child care services)

In this section, we will ask questions to understand the kindergarten readiness of children for whom you provide services.

1. How does your organization support kindergarten readiness?
2. From your perspective, how do your clients (parents of children you serve or families served) perceive kindergarten readiness?
3. From your perspective, how do local educational partners perceive kindergarten readiness?
4. How could Ohio (ECCE partners and systems) enhance support to improve kindergarten readiness efforts?
5. What are the strengths and weaknesses of the support provided for children transitioning from early care to kindergarten entry in Ohio?

WRAP-UP (For all agency types.)

In this section, we want to catch any final thoughts about the services you provide, the clients you serve, and progress for Early Childhood Care and Education (ECCE) in Ohio.

1. What else should we know about your organization, the services you provide and the clients you serve?
2. What is missing from ECCE in Ohio? What else do we need to know to best support children in Ohio?
3. We would value the opportunity to speak with some of your clients. Are there any families you work with that you could connect us with?

APPENDIX B

PDG: Family Interview Protocol

Agenda

1. Admit participants from the waiting room to join at the same time.
2. Introduction of PDG team members.
3. Explanation of project, goals for the interview, confidentiality, and the type of information to be covered.
4. Interview questions. (The conversation will follow a semi-structured format which uses this protocol as a guide rather than a strict order. This will allow there to be a natural flow in the conversation.)

Introduction

Thank you for joining us today. My name is ___ and I have ____ with me today. We are part of a team at the Crane Center for Early Childhood Research and Policy at The Ohio State University. We are doing a project for the state of Ohio – where we are gathering information about the experiences of families with young children (birth to age five). That's what today's interview will focus on.

In this interview, we will ask questions about your experiences with early childhood programs and services (such as – give examples). We also want to know about challenges and barriers you face, as well as other needs you may have. We value and appreciate your perspective, but none of these questions are required – if you feel uncomfortable at any time, or prefer not to answer for any reason, just let us know and we'll be glad to move on.

Additionally, if there's anything you think we should know that we don't' ask, please feel free to share. We are here to learn from you, you are in the driver's seat!

That said, with your permission, we will be recording this session for our own note-taking and later data analysis. This allows us to fully participate in the conversation. Your participation in this session is voluntary and confidential. Your name will not appear in any published papers and nothing you say today will be connected with you personally.

BACKGROUND INFORMATION (For all families)

1. Tell us a bit about your family.
1. What part of the state are you in?
2. What age is your child/ages are your children?
3. What programs or services does your child receive? (early intervention, childcare, or health screenings, etc?)
4. How long have you used these services?
5. Did any agency (or person) help you get services for your family?
6. Have you been happy with the service you've received?

- How/has it impacted your child? What happened with your screener, did your child get what they needed?
- Were there any challenges? What could have made it easier/better?

7. Are there services have you would like to have for the family in general, or for your children directly, that you are yet to receive?

[These questions will guide the remainder of the conversation and allow us to focus on one type of service or a combination of the four depending on the family need. The interviewer will summarize how they will approach

the following questions based on the family answers here, so it is clear what services/programs they are referring to as we move through the questions.]

ACCESS TO SERVICES (For all families.)
In this section, we will ask questions about how families access services and any barriers they might experience.

Walk me through the process – did you identify a need, did someone help, how did you get connected? How did you hear about it- was it easy to sign up?

If not covered in their "walkthrough", prompt with any of the following…

1. What challenges have you experienced when attempting to access services? (Prompt for: income, number in family, ages, residency, employment, transportation, participation in other services/programs, literacy, internet/digital access, literacy, language/culture, diagnoses, geography, other needs)
2. How/did you qualify to receive the services your family needs? What are the requirements to get help/services? (Prompt for: income, number in family, ages, residency, employment, transportation, participation in other services/programs, literacy, language/culture, diagnoses, geography, other needs)
3. Do you have any options to take care of the needs you can't get formal help with? Do you have any backup help? (family, friends, neighbors, etc.)
4. Have service providers and/or agencies offered you any help in accessing their services? (Prompt for: types of technical support, in-person advocacy, help filling out forms, etc.)
5. **What would make this process better or easier?**

ASSESSMENT AND IDENTIFICATION OF NEEDS (For all families.)
In this section, we will ask questions related to how your family's needs have been assessed/identified.

1. If you have children with special needs, has anyone helped you get confirmation of exactly what the challenges are, especially to help you qualify for support services?
2. Has anyone checked into your child's challenges in a formal way – your doctor, or an early intervention specialist or teacher? If so, how were you told about the results? (Prompt for: letter, conversation, any explanation of scores' meaning/what services the assessment results help your family qualify for?)
3. Did you find the assessment helpful? Did it help address the challenges that are priority for you right now?
4. If your child has special needs, have you been able to find support? If so, how? (Prompt for: formal and informal processes: did the assessor share how to get services, word of mouth, advertising, etc.)
5. What other supports outside of the services specifically for your children, does your family typically need? How do you access to these additional supports?
6. **What would make this process better or easier?**

QUALITY OF SERVICE (For all families.)
In this section, we will ask questions to understand the quality of the services families receive.

1. Can you describe what you would consider to be quality with respect to (name service or program they use)
2. Do you consider their Step Up rating (or other professional ratings depending on service type), as proof of quality?
3. What challenges you have experienced in finding/getting high-quality services? (Prompt for funding, transportation, workforce credentials, etc.)
4. Overall, how highly would you rate the quality of services you are receiving? What (specifically) makes them high quality, what could make them better?
5. **What would make finding/getting high-quality services better or easier?**

COMMUNICATION, REFERRALS, & CLIENT ENGAGEMENT (For all families.)

In this section, we will ask questions about how you connect with service providers/agencies.

1. How do service providers/agencies connect with you while receiving services?
1. Do they send emails, make phone calls, text reminders, etc.?
2. How about after or in-between services?
1. What kind of follow-up is provided?
3. How do they support you and the rest of your family?
4. How does your child feel about engaging in their services?
5. If there is discomfort, what kinds of things do they do to help your child want to participate in their services?
6. **What would make this process better or easier?**

PROGRAM SUCCESSES AND CHALLENGES (For all families.)

In this section, we will ask about the programs and services you have experienced. Thinking of things we haven't already talked about…

1. What are some examples of helpful programs/people? (Prompt for success at family, and child levels)
2. What are some examples of challenges with programs/people? (Prompt for challenges at family, and child levels)

KINDERGARTEN READINESS (For families with children 3 and up)

In this section, we will ask questions to understand your hopes for your child and their kindergarten readiness.

1. How would you define kindergarten readiness? Social skills? Knowing their letters? Something else?
1. How ready do you think your child is?
2. What is the most important skill they still need to work on to be ready?
3. Does your local school let you know/ talk to you about their kindergarten readiness expectations?
2. Have you been offered to help prepare your children for kindergarten?
1. [If applicable:] How do you get kindergarten readiness support for your children with special needs?
3. **What would make this process better or easier?**

WRAP-UP (For all families.)

In this section, we want to catch any final thoughts about the services you receive or would like to receive, and your insight into progress for Early Childhood Care and Education (ECCE) in Ohio.

1. What else should we know about your family, and the services you receive or would like to receive?
2. What is missing from ECCE in Ohio? What else do we need to know to best support children in Ohio?

APPENDIX B

PDG: Parent Youth Ambassadors Interview Protocol
[Date, Time, Interviewee name and organization]
Background

- **Location:**
- **Overview:**
- **Serves:**

Agenda

1. Admit participants from the waiting room to join at the same time.
2. Introduction of PDG team members.
3. Explanation of project, goals for the interview, confidentiality, and the type of information to be covered.
4. Interview questions. (The conversation will follow a semi-structured format which uses this protocol as a guide rather than a strict order. This will allow there to be a natural flow in the conversation.)

Introduction

Thank you for joining us today. My name is X and I have X, Y, Z team members with me today. We are part of a team at the Crane Center for Early Childhood Research and Policy at The Ohio State University, conducting a needs assessment for Ohio's ongoing Preschool Development Grant (PDG). The project investigates (1) the B-5 Landscape in Ohio, (2) experiences of families and children navigating Early Childhood Care and Education (ECCE), (3) Programs and services available to families, (4) barriers facing ECCE service providers), and (5) issues facing the ECCE workforce.

In this interview, we will ask questions regarding your organization, your role as a Parent Youth Ambassador, the clients you serve, and your thoughts on the progress for Early Childhood Care and Education (ECCE) in Ohio. Client could refer to a child, parent, family, or other organization (in the case of referrals). As we learn more about your organization we should get a clear definition of your client population.

We will be recording this session for our own note-taking and later data analysis. This allows us to fully participate in the conversation. Your participation in this session is voluntary and confidential. Neither your name nor the name of your organization will appear in any published papers and nothing you say today will be connected with you personally.

BACKGROUND INFORMATION (For all agency types.)

In this section, we will ask questions related to your services and your role in the organization

1. Tell us about your organization, who you serve, and your role as a PYA. (Prompt for: family/child characteristics/demographics; length of time in the role)

ACCESS TO SERVICES (For all agency types.)

In this section, we will ask questions about how clients access the services you recommend and/or your organization provides, and any barriers they might experience.

1. How do clients learn about your organization and the services provided? (Prompt for communication tools, outlets, and strategies)

2. Can you walk us through your referral process? (Prompt for: intake to connection with programs)
3. What supports/services do you find that your clients typically need?
1. Are there particular organizations/programs you refer to often? What does that referral process look like?
2. Do you find gaps in what families currently need and what services are available in your area?
3. What about services/supports outside of your organization (e.g., transportation, health care, food/shelter, etc) do families usually require? How do you facilitate access to these additional supports?
4. What challenges do clients experience when attempting to access recommended services? (Prompt for: income, number in family, ages, residency, employment, transportation, participation in other services/programs, literacy, internet/digital access, literacy, language/culture, diagnoses, geography, other needs)
5. How do you address any challenges clients experience when trying to obtain services?
1. What kind of procedural support do you offer to clients when seeking services? (Prompt for: how often and type of support needed)
2. Insufficiencies in how families navigate the current system / services that the state can help address?
6. At what frequency are clients usually turned away for recommended services?
1. What happens with the clients that you cannot connect with services?

ASSESSMENT AND IDENTIFICATION OF CLIENT NEEDS (For all agency types.)
In this section, we will ask questions related to how you assess and identify the needs of your clients.

1. How do you assess and identify a client's needs? (Prompt for: types/names of formal assessments used and informal assessments processes; how these relate to the organizations specific function [child care, child services, family services, and/or referrals].)
2. How do you communicate the assessment results with clients? OR How do you navigate the conversation with families once they receive assessment results and need a referral? (Prompt for: formal and informal processes: how these relate to the organizations specific function [child care, child services, family services, and/or referrals].)
3. How do you address the needs identified? (Prompt for: formal and informal processes: how these relate to the organizations specific function [child care, child services, family services, and/or referrals].)

QUALITY OF SERVICE (For all agency types.)
In this section, we will ask questions to understand the quality of the services clients receive.

1. During the referral process, how do you communicate/discuss quality services with the clients you work with?
2. What do you believe creates an effective and quality ECCE system? (prompt for online resources, more networking)
1. What does Ohio do right and/or what do we need to do to ensure families are connecting with quality services?

WRAP-UP (For all agency types.)
In this section, we want to catch any final thoughts about the services you provide, the clients you serve, and progress for Early Childhood Care and Education (ECCE) in Ohio.

1. What else should we know about your organization and your role as a PYA and the clients you serve?

2. What is missing from ECCE in Ohio? What else do we need to know to best support children in Ohio?

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