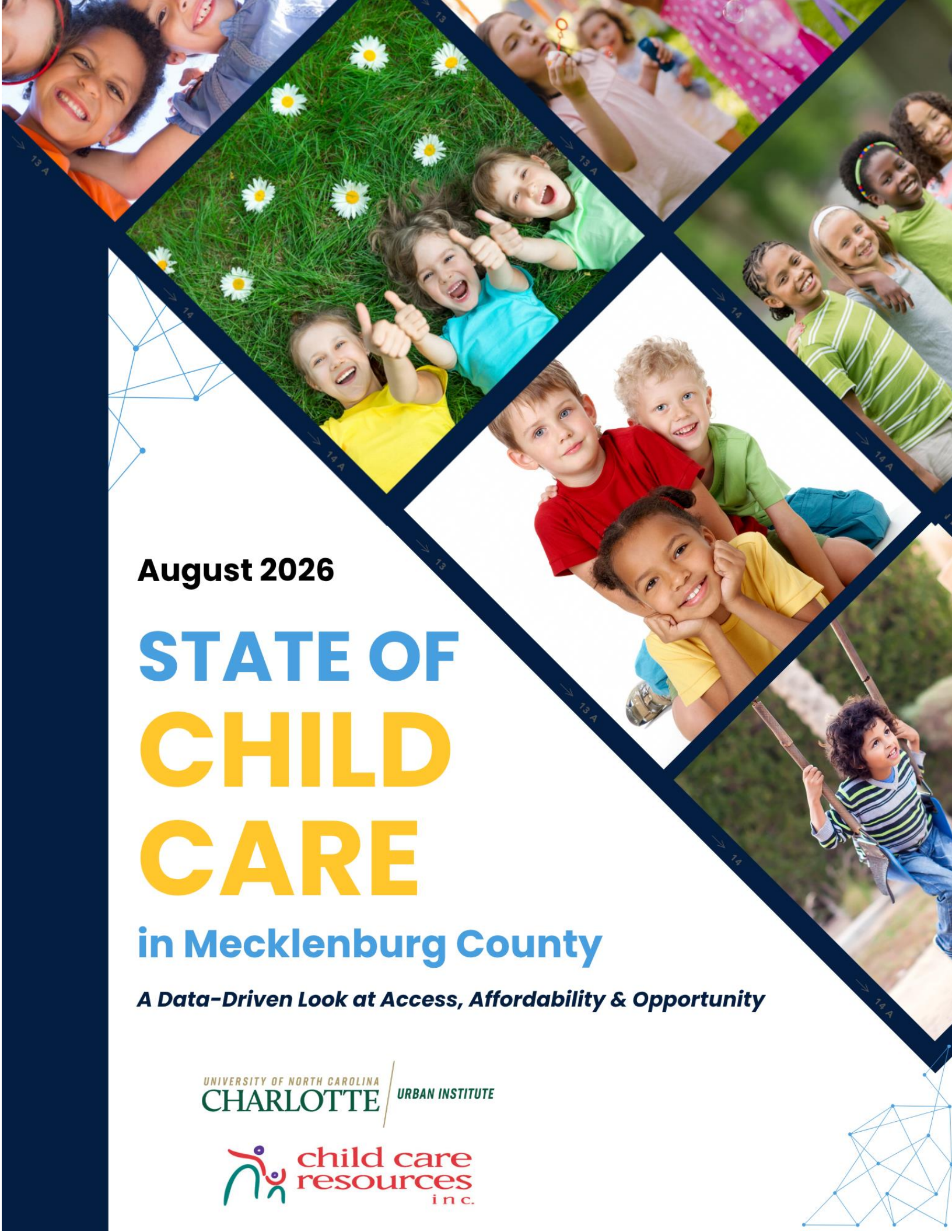




August 2026

STATE OF CHILD CARE

in Mecklenburg County

A Data-Driven Look at Access, Affordability & Opportunity

UNIVERSITY OF NORTH CAROLINA
CHARLOTTE | URBAN INSTITUTE



Research Team

This report was produced through a partnership between Child Care Resources Inc., UNC Charlotte Urban Institute, and University of North Carolina at Charlotte.

Authors

Jenny Niu, MPH | Mia Gaddy, M.S. | Liz Morrell, Ph.D.

UNC Charlotte Urban Institute

Faculty Contributors

Nicole Adams, Ph.D.

Alicia A. Dahl, Ph.D.

Craig A. Depken II, Ph.D.

Allissa Desloge, Ph.D.

Drew Gadaire, PhD

Lorenzo Hopper, Ph.D.

Sheena Jennings, Doctoral Student

University of North Carolina at Charlotte

Data and Subject-Matter Partner

Child Care Resources Inc., Charlotte, North Carolina

Suggested citation: UNC Charlotte Urban Institute and Child Care Resources Inc., *State of Child Care: Mecklenburg County – Year 1 Baseline* (Charlotte, NC: UNC Charlotte Urban Institute, 2026).

Unless otherwise noted, CCRI-derived county figures in this report were read from the Child Care Pulse on August 1, 2026. Externally published county estimates are cited at the point of use.

Contents

Executive Summary

Glossary of Terms

1. Why Child Care Matters in Mecklenburg County

- 1.1 Purpose and Scope of This Report
- 1.2 Child Care as an Anchor System
- 1.3 Child Care and Parent Employment
- 1.4 Educators as the Workforce Behind the Workforce
- 1.5 Child Care as a Gateway to Opportunity
- 1.6 Child Care and Regional Access

2. Data, Methods, and How to Read This Report

- 2.1 CCRI's Role in the Child Care System
- 2.2 Data Sources and How This Report Was Built
- 2.3 How to Read the Data: Scope, Timing, and Limits

3. The County at a Glance

4. Domain 1: Access and Coverage

- Finding 1. Capacity is weighted toward older children, and most unfilled spaces sit in school-age care
- Finding 2. Pressure concentrates in specific ZIP codes

5. Domain 2: Affordability and Utilization

- Finding 3. Higher prices coincide with tighter capacity for younger children
- Finding 4. Countywide utilization masks age-specific constraints
- Finding 5. Eligibility for subsidy is not access to subsidy

6. Domain 3: Workforce

- Finding 6. The county's most detailed workforce data describes CCRI's reach, not the workforce

7. Domain 4: Economic Impact

- Finding 7. One published estimate puts a county-level cost on child care gaps

8. Domain 5: Quality and Stability

- Finding 8. Rated quality is the county's clearest measured strength

9. Domain 6: Equity and Vulnerability

- Finding 9. Barriers concentrate rather than distribute

10. Domain 7: Family Voice

- Finding 10. Families search hardest for the care the county has least of
- Finding 11. Age and location shape families' searches
- Finding 12. CCRI's strongest referral pathways are direct and relationship-based

11. What This Baseline Establishes

- What this year's data settles
- How the domains interact
- The companion Strategic Research Agenda
- A closing note

Appendix A. Storytelling Opportunities and Audiences

Appendix B. The Annual Report Framework

Appendix C. Measurement Gaps and the Research Agenda

Tables, Figures, and Maps

- Table 2.1. The Pulse dashboards
- Table 2.2. What refreshes and what does not
- Table 3.1. Pulse market pressure indicators, Mecklenburg County
- Table 3.2. Children and families in Mecklenburg County
- Table 4.1. Programs, capacity, enrollment, utilization, and price by age band
- Table 4.2. Where the six rankings converge

Table 5.1. Four affordability and utilization conditions
Table 6.1. What CCRI delivered to the child care workforce, July 2025–June 2026
Table 10.1. Family demand by age group
Table A1. Channel assessment and recommended use
Table A2. Recommended posting windows by platform
Table B1. Components of every edition and how each refreshes
Table C1. What this report could not measure, and where each gap is taken up
Figure 1.1. Child care as an anchor system
Figure 11.1. How child care pressures connect
Map 4.1. Where pressure concentrates: the ten highest-pressure ZIP codes
Map 5.1. Child care cost burden, the ten highest ZIP codes

Executive Summary

The *State of Child Care Report* describes Mecklenburg County's licensed child care system. This first edition sets a baseline for Mecklenburg County rather than a trend or countywide estimate of unmet need. Roles in the partnership behind it were defined: CCRI supplied the Child Care Pulse and underlying CCRI records used for the local child care system analysis; externally published county estimates are cited separately; UNC Charlotte faculty contributed a structured literature review and subject-matter consultation; the UNC Charlotte Urban Institute consulted on scope and method, integrated those contributions, and wrote the report. See [Section 2.2](#) for details.

Data Sources: Nearly every county figure comes from CCRI's **Child Care Pulse: Near Real-Time Data Dashboards** — *the Pulse* — a set of public dashboards built on an integrated system combining state licensing records, provider-reported information, CCRI service records, and U.S. Census Bureau estimates. Several measures refresh continuously, so every figure here is a reading taken on **August 1, 2026**. See [Section 2.3](#) for details.

What the baseline shows. The licensed system is large and predominantly highly rated. About 75% of providers hold a 4- or 5-star rating, and countywide the Pulse finds licensed spaces sufficient for the estimated number of young children whose available parents all work. However, that countywide picture masks important differences by age, affordability, subsidy access, and ZIP code.

- **Demand and capacity are furthest apart at the youngest ages.** Rooms for children birth through two run about 83% full; school-age programs run about 53% full and hold more than four in ten of the county's unfilled spaces.
- **Price is highest where capacity is tightest.** Full-day infant care is reported at \$16,025 a year and full-day care for a three-year-old at \$14,627, against a median family income of \$87,005. Countywide cost burden is 17%, just inside the Pulse's high-cost band, and reaches 25% in two ZIP codes.
- **Appearing eligible for subsidy is not the same as receiving it.** In the month the state last reported, 5,325 children in Mecklenburg County were receiving subsidized child care assistance — 11.5% of the 46,291 children estimated to be potentially eligible. That is a one-month count from a single reporting series, so it understates how many children are served across a full year and across every funding stream. About one in four licensed providers does not accept subsidies.
- **Pressure is concentrated rather than spread.** ZIP codes 28212 and 28215 appear on all six of the Pulse's high-pressure rankings.

How to read this report. Chapters 1 and 2 cover framing and method, Chapter 3 the countywide picture, Chapters 4 through 10 the Pulse's seven domains, and Chapter 11 the synthesis. [Appendix A](#) is a companion assessment of how CCRI can tell this story to families, the workforce, and policymakers. The separate *Strategic Research Agenda* carries the questions this baseline could not answer.

What this report does not claim: Year 1 publishes no countywide shortage estimate and no measure of unmet need, because both require data the current system does not collect. The Pulse is descriptive: this report sets out conditions and where they overlap. It does not establish cause.

Glossary of Terms

This report uses several technical terms with specific definitions. Each term is defined below and applied consistently throughout the document.

Term	What it means in this report
Child care resource and referral (CCR&R)	An agency that helps families find child care and helps providers improve and stay in business. CCRI is Mecklenburg County's CCR&R.
Child Care Pulse ("the Pulse")	CCRI's set of public dashboards. It combines state licensing records, information reported by providers, CCRI's own service records, and Census estimates. Licensing data refreshes nightly, so any figure is a reading taken on a particular day.
Licensed capacity	The maximum number of children a program is licensed by the state to serve.
Desired capacity	The number of children a program says it is currently willing and able to serve.
Enrollment	Children currently attending. It measures use, not need.
Unfilled spaces	Desired capacity minus enrollment. It is a calculation, not a confirmed opening: an unfilled place may be for the wrong age, in the wrong place, or in a classroom the program cannot staff.
Enrollment utilization	The share of desired capacity currently filled. In this report, it needs an age range attached to be meaningful.
Spaces per 100 children	Licensed spaces for every 100 children from birth through age five in an area.
Working-parent slot gap	The difference between the number of young children whose available parents all work and the number of licensed spaces nearby. A gap of zero means supply matches that estimate; it does not mean every family can find care.
Working-parent coverage ratio	The same comparison expressed as a ratio. A ratio of 0.50 means roughly one licensed place for every two children who may need one.
Cost burden	Average annual child care price as a share of median family income in an area. The Pulse treats 16% to 25% as high and above 25% as severe.
Market pressure score	A Pulse index from 0 to 100 combining several strain indicators, including supply, demand, affordability, and access. Higher means more pressure.
Market resilience score	A composite measure of how well the child care market can maintain stable supply, enrollment, affordability, quality, and workforce capacity. Higher scores indicate greater resilience.
Child care subsidy	State-administered assistance, funded largely through the federal Child Care and Development Fund, that pays part of the cost of care for eligible lower-income working families. Referred to in state documents as subsidized child care assistance.
Subsidy take-up	The share of children who appear eligible for subsidy who are actually receiving it.
Benefit cliff	The point at which a small rise in earnings causes a family to lose assistance worth more than the raise.
Star rating	North Carolina's quality rating for licensed programs, from 1 to 5 stars, awarded under the state's rated-license system, now called Pathways to the Stars.

Term	What it means in this report
Federal poverty level (FPL)	The federal income threshold used to determine eligibility for many programs. This report uses 200% of FPL, a common marker for families with low incomes.
Child care center / family child care home	A center is a program in a commercial or institutional setting. A family child care home is a smaller program operated in the provider's residence. Both are licensed.
Nontraditional hours	Care outside standard weekday daytime hours: evenings, overnights, and weekends.
Navigator	A CCRI staff member who works directly with a family to find care and address barriers such as cost, eligibility, or transportation.
Expressed demand	Need that someone acted on: a search, a referral request, a navigator conversation. It is observable, and it is narrower than total need, because it misses families who never reached out.
Universal pre-K	Publicly funded preschool offered to all children of a given age in a community, usually four-year-olds, regardless of family income.
NC Pre-K (formerly More at Four)	North Carolina state-funded prekindergarten program established in 2001 to provide high-quality early education for at-risk four-year-old children.
Smart Start	North Carolina statewide early childhood initiative established in 1993 that funds and coordinates local services to improve young children's health, early learning, and school readiness from birth to age five.

1. Why Child Care Matters in Mecklenburg County

Child care is essential to Mecklenburg County's children, families, workforce, and economy. It supports early development, enables parents to work, strengthens household economic stability, and contributes to long-term regional prosperity. Child care is increasingly recognized as infrastructure because labor force participation, business productivity, and economic growth are all dependent on it.^{1,2}

The local system is under moderate pressure on the Pulse's own composite measure (see Chapter 3). Mecklenburg County is one of North Carolina's fastest-growing counties, home to more than 1.2 million residents.³ The Pulse counts 254,973 children in the county, of whom 88,666 (34.8%) are under age six. Among those, 59,883 (67.5%) live in households where all parents present are in the labor force. As the county grows, so does the demand for reliable care. The challenge is a mismatch between what families need and what the market provides. Licensed capacity on its own does not describe meaningful access. Families need child care that is age-appropriate, geographically accessible, affordable, and compatible with their work schedules when they need it.

These conditions affect families, employers, providers, funders, and public decision-makers. They limit parents' ability to participate in the workforce, reduce children's access to early learning, strain providers, and weaken regional competitiveness. Child care therefore warrants treatment as community infrastructure and a public priority.⁴

1.1 Purpose and Scope of This Report

The Year 1 State of Child Care Report provides a baseline assessment of Mecklenburg County's child care system. It draws on CCRI operational data, faculty expertise from UNC Charlotte, and national and state research to examine access, affordability, supply, utilization, quality, workforce, and community need through a systems perspective.

Although the report focuses on Mecklenburg County, it places local findings in regional, state, and national context. This helps CCRI leadership, policymakers, funders, providers, families, and the public understand current conditions, identify pressure points, and inform future policy and investment. A separate companion document, the *Strategic Research Agenda*, builds on this

¹U.S. Chamber of Commerce Foundation, NC Chamber Foundation, and NC Child, *Untapped Potential in NC: How Child Care Impacts North Carolina's Workforce Productivity and the State Economy* (Washington, DC: U.S. Chamber of Commerce Foundation, 2024), <https://ncchamber.com/foundation/untapped-potential-report/>.

²Council of Economic Advisers, *Child Care Is Infrastructure* (Washington, DC: The White House, September 27, 2024), <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/09/Child-Care-is-Infrastructure-Issue-Brief-9.27.24.pdf>.

³U.S. Census Bureau, "QuickFacts: Mecklenburg County, North Carolina," accessed July 21, 2026, <https://www.census.gov/quickfacts/mecklenburgcountynorthcarolina>.

⁴Committee for Economic Development of The Conference Board, *Child Care in State Economies, 2024 Update. A Three-Part Report Series. Part 3: Child Care and Regional Economic Growth* (Arlington, VA: Committee for Economic Development of The Conference Board, December 2024), <https://files.eric.ed.gov/fulltext/ED674577.pdf>.

baseline by outlining priority research questions and a roadmap for future studies to strengthen the region's child care evidence base.

1.2 Child Care as an Anchor System

Child care is more than simply a service used by individual families. This report treats it as an anchor system, meaning a system that supports community quality of life among multiple domains. Reliable care supports children's learning and development, allows parents to work or pursue training, sustains the early childhood workforce, and helps local businesses retain staff.

Those benefits depend on a system families can afford and providers can sustain. Child care is labor-intensive. Safe, developmentally appropriate care requires adequate adult-to-child ratios for every age group. Consequently, providers have little room to reduce staffing when operating costs rise, while tuition rates needed to cover the full cost of care often exceed what families can afford.^{5,6} That gap helps explain why families face high prices while educators earn low wages, providers operate on narrow margins, and supply stays fragile. Viewing child care as an anchor system therefore shifts attention from individual measures to the relationships among them. Figure 1.1, at the end of this chapter, summarizes those relationships.

1.3 Child Care and Parent Employment

Child care affects whether parents can take a job, keep regular hours, and remain employed. Reliable, affordable care supports household income and gives employers access to a larger and steadier workforce. A national research review found that reducing child care prices by 10% would likely raise maternal employment by roughly 0.5% to 2.5%, with effects that vary across families and communities.⁷

Evidence from universal pre-K indicates a similar outcome. Universal pre-K is publicly funded preschool offered to all children of a given age in a community, usually four-year-olds, regardless of family income. It is one part of the broader child care system rather than a substitute for it. A 2024 federal analysis found that employment among mothers of young children rose an additional 1.5 percentage points in areas that expanded universal pre-K, alongside small increases in new business applications and in the number of local establishments.⁸ These findings are not specific to Mecklenburg County, and they illustrate why local child care conditions carry economic weight.

⁵The Early Childhood Policy Team, "Understanding the Basics of Child Care in the United States," Center for American Progress, February 20, 2025, <https://www.americanprogress.org/article/understanding-the-basics-of-child-care-in-the-united-states/>.

⁶U.S. Department of the Treasury, The Economics of Child Care Supply in the United States (Washington, DC: U.S. Department of the Treasury, September 2021), 2, 13–18, <https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>.

⁷Taryn W. Morrissey, "Child Care and Parent Labor Force Participation: A Review of the Research Literature," Review of Economics of the Household 15, no. 1 (2017): 1–24, <https://doi.org/10.1007/s11150-016-9331-3>.

⁸Council of Economic Advisers, Child Care Is Infrastructure.

1.4 Educators as the Workforce Behind the Workforce

Child care educators are the workforce behind the workforce, and their stability determines how much of the licensed system can actually operate. In North Carolina the child care sector directly supported more than 44,000 jobs in 2022 and generated approximately \$3.35 billion in economic output once activity supported in other industries is included.⁹ That economic role depends on providers' ability to recruit and retain educators. Statewide turnover among full-time teachers and assistant teachers rose sharply from 21% in 2019 to 38% in 2023. That year, 22% of teachers and 26% of assistant teachers expected to leave the field within three years, and their median self-reported wages were \$15 and \$13 an hour.¹⁰

National research finds the same pattern. Earnings in early care and education run below those of comparable workers in other sectors, and turnover runs substantially higher.¹¹ When programs cannot keep staff, they close classrooms or serve fewer children. For Mecklenburg County, educator stability is therefore a key driver of the system's operable capacity and a contributing factor in parents' ability to remain employed.

1.5 Child Care as a Gateway to Opportunity

High-quality early education strengthens school readiness and later school performance, and the gains are consistently largest for children from families with low incomes. A synthesis of the preschool evidence base and a review of rigorous early-intervention studies both reach that conclusion.^{12,13} A 2023 meta-analysis of early education quality drawing on a decade of international studies adds that higher program quality is associated with stronger academic, behavioral, and social outcomes, though the associations are small and did not differ by socioeconomic family background.¹⁴ A review of the economic evaluations reaches a parallel conclusion about returns, while noting that estimated returns vary widely by program and are strongest for intensive, well-implemented models.¹⁵

North Carolina has its own direct evidence. A study covering more than a million children across all 100 counties over 13 years found that state investment in Smart Start and More at Four raised

⁹RegionTrack, Inc., *Child Care in State Economies: 2024 Update, Part 3: Child Care and Regional Economic Growth* (Committee for Economic Development of The Conference Board, December 2024), 13.

¹⁰Child Care Services Association, *Working in Early Care and Education in North Carolina: 2023 Workforce Study* (Chapel Hill, NC: Child Care Services Association, February 2024), 25, 30–31, https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/W/workforce_2023_study_for_submission.pdf.

¹¹Flávio Cunha and Marcos Lee, *One Says Goodbye, Another Says Hello: Turnover and Compensation in the Early Care and Education Sector*, NBER Working Paper 31869 (Cambridge, MA: National Bureau of Economic Research, November 2023).

¹²Hirokazu Yoshikawa et al., *Investing in Our Future: The Evidence Base on Preschool Education* (New York: Foundation for Child Development; Ann Arbor, MI: Society for Research in Child Development, 2013), 1–3.

¹³W. Steven Barnett, "Effectiveness of Early Educational Intervention," *Science* 333, no. 6045 (2011): 975–78, <https://doi.org/10.1126/science.1204534>.

¹⁴A. von Suchodoletz, D. S. Lee, J. Henry, S. Tamang, B. Premachandra, and H. Yoshikawa, "Early Childhood Education and Care Quality and Associations with Child Outcomes: A Meta-Analysis," *PLOS ONE* 18, no. 5 (2023): e0285985, <https://doi.org/10.1371/journal.pone.0285985>. The meta-analysis reports small but significant associations between quality and child outcomes and states that it found no evidence that those associations differed by ethnic minority or socioeconomic family background. It is cited here for the overall quality–outcome association only, not for differential effects by income.

¹⁵Jill S. Cannon, M. Rebecca Kilburn, Lynn A. Karoly, Teryn Mattox, Ashley N. Muchow, and Maya Buenaventura, "Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs," *RAND Health Quarterly* 7, no. 4 (2018): 6.

reading and math scores and reduced grade retention and special education placement, with effects still measurable at the end of elementary school.¹⁶ This report focuses on a mechanism upstream of those outcomes: these gains only benefit children who can access the system in the first place.

When care is unaffordable, hard to reach, or poorly matched to a family's schedule and language needs, child care can reinforce existing inequalities rather than reduce them. Research therefore defines access from the family's perspective rather than by counting licensed spaces. A place represents meaningful access only when a family can find and afford it, the care fits their needs, and caregivers provide warm, trusting, and culturally responsive relationships that support children's development.¹⁷

Those barriers are not evenly distributed. Child care shortages are more common in rural and Hispanic communities,¹⁸ and pandemic-era closures fell more heavily on communities of color than on white communities.¹⁹ For CCRI, this means looking past supply counts to find where an available place stays out of reach in practice.

1.6 Child Care and Regional Access

Child care must be located where families can realistically use it. Countywide supply can appear adequate, while the available care is either far from home or work, hard to reach, or misaligned with daily travel. A 2024 study of families receiving subsidies found that actual trips to child care were roughly 50% longer than the shortest available route, with families of infants bearing the heaviest travel burden.²⁰

This is why spatial analysis matters locally. It shows where licensed supply diverges from where children live and parents work, and it surfaces gaps that county totals hide. That information can guide decisions about where to expand care, where to protect existing providers, and how to coordinate child care with transportation, housing, and economic development planning.

¹⁶Kenneth A. Dodge, Yu Bai, Helen F. Ladd, and Clara G. Muschkin, "Impact of North Carolina's Early Childhood Programs and Policies on Educational Outcomes in Elementary School," *Child Development* 88, no. 3 (2017): 996–1014, <https://doi.org/10.1111/cdev.12645>. The study covers Smart Start and More at Four, the predecessor of NC Pre-K, across all 100 counties over 13 years.

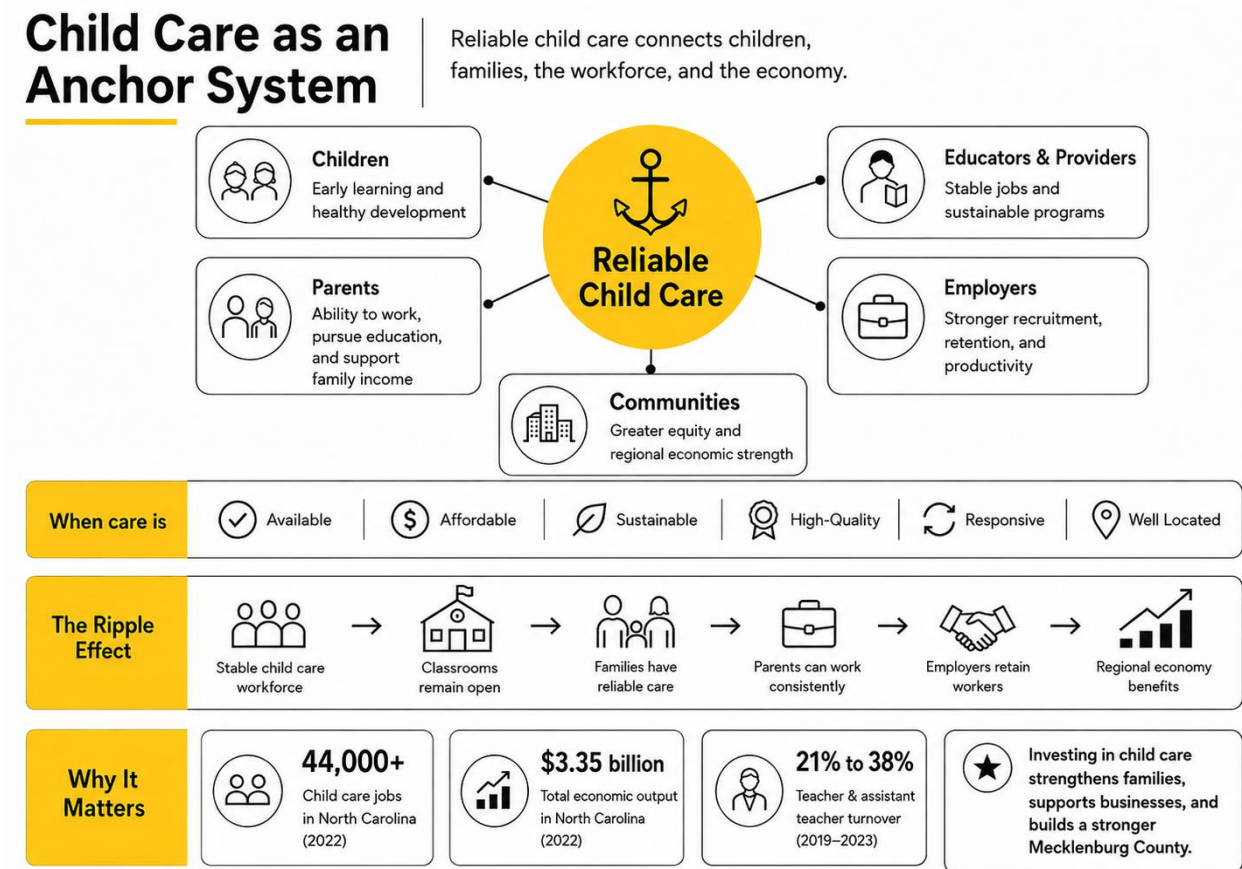
¹⁷Katherine Paschall and Kelly Maxwell, *Defining and Measuring Access to Child Care and Early Education with Families in Mind*, OPRE Report 2021-232 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022).

¹⁸Rasheed Malik, Katie Hamm, Leila Schochet, Cristina Novoa, Simon Workman, and Steven Jessen-Howard, *America's Child Care Deserts in 2018* (Washington, DC: Center for American Progress, 2018).

¹⁹Emma K. Lee and Zachary Parolin, "The Care Burden during COVID-19: A National Database of Child Care Closures in the United States," *Socius* 7 (2021), <https://doi.org/10.1177/237802312111032028>.

²⁰Yujie Hu, Phillip Sherlock, Jing Huang, Herman T. Knopf, and Jaclyn M. Hall, "Unveiling Spatial Mismatch in Childcare Supply and Demand: An Excess Commuting Analysis of Home-to-Childcare Distance in Subsidized Families," *Journal of Transport Geography* 116 (2024): 103829, <https://doi.org/10.1016/j.jtrangeo.2024.103829>.

Figure 1.1. Child care as an anchor system



Source: Figures shown are those cited in Chapter 1: child care jobs and economic output in North Carolina in 2022, and statewide teacher and assistant teacher turnover between 2019 and 2023.

2. Data, Methods, and How to Read This Report

Chapter 1 established child care as infrastructure shaped by workforce, economic, access, and regional conditions. This chapter explains how Year 1 examines that system: CCRI's role, where the data comes from, who contributed what, and how the numbers should and should not be used.

2.1 CCRI's Role in the Child Care System

Since 1982, Child Care Resources Inc. has served as a stabilizing force in Mecklenburg County's child care system. As a full-service child care resource and referral agency, CCRI connects families, program owners and administrators, early educators, employers, community partners, funders, and policymakers across issues of access, affordability, quality, workforce development, and system improvement.

As the gateway to child care, CCRI helps families understand their options, address affordability barriers, and connect with financial and community resources. As the workforce development

and professional learning organization for the local child care community, CCRI delivers training, coaching, technical assistance, and consultation on early care and education, child care business operations, and quality improvement.

Delivering services and collecting data at the same time gives CCRI an unusual vantage point. Community planners and policymakers rely on CCRI to describe market conditions, identify emerging pressures, and inform investment. CCRI combines quantitative data with what families and providers report directly: why families cannot secure care, why classrooms remain closed, why educators leave the field, and why available spaces stay out of reach because of cost, location, schedule, transportation, eligibility, or program fit.

CCRI's data infrastructure integrates information on supply, enrollment, vacancies, tuition, affordability, utilization, family demand, and community conditions. Analysis at the census tract, ZIP code, and county levels shows where the system is functioning, where pressure is increasing, and where countywide averages conceal gaps.

2.2 Data Sources and How This Report Was Built

The Year 1 analysis draws on two bodies of evidence: CCRI's Child Care Pulse: Near Real-Time Data Dashboards, and the research literature.

The Child Care Pulse

The Pulse is a curated set of dashboards built on an integrated data system drawing on four types of sources. Because each source has unique characteristics, understanding where a specific metric originates is essential to interpreting it correctly:

- **State licensing records** from the North Carolina Division of Child Development and Early Education, covering licensed providers, licensed capacity, star ratings, and program setting. These are refreshed nightly.
- **Provider-reported information**, including desired capacity, enrollment, tuition, and subsidy acceptance. Completeness and freshness vary by provider.
- **CCRI service records**, covering family searches, referrals, navigator interactions, training, and coaching. These update continuously as services are delivered.
- **U.S. Census Bureau estimates**, primarily the American Community Survey, used for population, employment, income, and poverty context. These are multiyear estimates and change only when a new release is published.

Users can filter the dashboards by geography, date, program characteristics, quality initiatives, service topics, staff, and family navigation interaction type. The individual dashboards are listed below.

Table 2.1. The Pulse dashboards

Dashboard	What it shows
Child Care at a Glance	Overall condition of child care based on availability, affordability, and community context.
Where Child Care Is Available and Needed	Where families live, where programs are located, and where the two diverge.
Where Child Care Challenges Are Growing	Where market pressure is increasing and action may be needed.
Child Care Spaces and Enrollment	How many spaces exist, how many are being used, and whether supply appears to meet demand.
What Families Need	What families are looking for and the barriers they encounter.
Child Care Quality and Coaching	Where programs may need support to stabilize, improve quality, or sustain operations.
Child Care Workforce and Training	How the child care workforce is building knowledge and skills.

External research and literature

External evidence was assembled through a structured literature synthesis conducted by UNC Charlotte faculty across several knowledge domains and drawing on approximately 200 sources. The Pulse itself carries an evidence-informed framework for each dashboard, and this report cites those underlying studies directly where they support a local reading. Local data establishes what is happening in Mecklenburg County. Literature explains what a pattern is likely to mean and what has been observed elsewhere.

Who contributed what

Three organizations contributed to this report, with distinct and bounded roles.

Partner	Contribution to Year 1
Child Care Resources Inc.	Supplied the Child Care Pulse and underlying CCRI records used for the local child care system analysis. Defined the seven-domain framework and the market-type and affordability conditions applied in Chapters 4 and 5. Reviewed the report for accuracy of description.
UNC Charlotte faculty	Conducted the structured literature review across the report's knowledge domains and provided subject-matter consultation on interpretation. Contributed the audience and storytelling assessment in Appendix A.
UNC Charlotte Urban Institute	Provided consultation on scope and method, integrated the data and literature contributions into a single narrative, and authored the report. Responsible for the wording of findings and for the limitations stated throughout.

2.3 How to Read the Data: Scope, Timing, and Limits

This section combines what the indicators mean, when they were read, and what they can and cannot support. All three matter for the same reason: the Pulse is a live operational system, not an annual statistical release.

Scope and date of extraction

All Mecklenburg County figures in this report were read from the Pulse on August 1, 2026 unless a different date is stated. Licensing records refresh nightly and CCRI service records update as services are delivered, so a reader who opens the same dashboard tile a month later will see a different number. That is the system working as designed, not an error in either place.

Timing works differently across the Pulse's sources, and confusing the two produces false conclusions.

Table 2.2. What refreshes and what does not

Time property	Measures	How to use it
Live snapshot	Provider counts, licensed and desired capacity, enrollment, utilization, price, star ratings, family searches, navigator interactions, training and coaching activity	Every figure describes conditions on the date it was read. This is the first edition of this report, so there is no earlier dated extract in this series to compare against yet. Preserving a dated extract each year is what makes the next edition comparable.
Slow-moving context	Population, employment, income, and poverty from Census estimates.	Community context. These are multiyear estimates and should not be read as annual change.

Source: CCRI, Child Care Pulse.

Service measures covering family searches, navigator interactions, coaching, and training are reported for the period July 1, 2025 through June 30, 2026. One monthly series already offers clear trend data: the Workforce and Training dashboard records monthly trainings across the full year, ranging from 17 in July 2025 to 55 in January 2026, which shows a seasonal rhythm rather than a snapshot.

What each indicator means

Individual measures are most meaningful when read together. The Pulse connects multiple dimensions of the system rather than relying on a single supply or demand measure, and its filters allow users to move from broad market conditions to specific communities. Countywide averages can conceal differences by child age, geography, program setting, quality level, family income, employment status, schedule, and service need.

- **Desired capacity is not licensed capacity.** It is the number of children a program says it is currently willing or able to serve.
- **Enrollment measures children currently served**, not total demand.
- **Capacity minus enrollment estimates unused capacity.** It does not confirm an immediately available or age-appropriate opening.
- **Utilization shows how reported capacity is being used.** On its own it does not establish oversupply or weak demand.
- **Coverage and slot-gap measures depend on the age group and demand population used in the calculation.**

- **Family searches and navigator interactions are direct evidence of expressed need.** They do not represent every family in Mecklenburg County.

Boundaries of the data

The Pulse primarily reflects licensed programs and CCRI's administrative and service records. It does not capture care provided by relatives, neighbors, unlicensed providers, or other informal arrangements, and it may therefore understate the full range of care families use. The findings describe the licensed child care system.

Two different populations appear in this report and each must be evaluated separately. Some measures describe Mecklenburg County as a whole: licensed providers, licensed and desired capacity, enrollment, star ratings, price, cost burden, and the Census-based population and income figures. Others describe only the families and educators who used CCRI's services in the year reported: family searches, referral requests, navigator interactions, recorded eligibility and demographics, training, and coaching. The second group is a record of service delivery, not a survey of the county. Chapters 3, 4, 5, and 8 rest mainly on countywide measures; Chapters 6 and 10 rest almost entirely on CCRI service records; Chapter 9 combines the two; and Chapter 7 rests on external state and national estimates. Where a finding draws on service records the text says so, and no share, rate, or profile taken from those records should be read as a countywide figure.

Provider-reported information varies in completeness and freshness. Reported capacity may exceed the number of spaces a program can currently staff or operate, and a calculated opening may not suit a family's schedule, location, transportation needs, subsidy status, language, inclusion needs, price range, quality preferences, or their child's age. For the same reason, low enrollment does not automatically mean low demand, because families who cannot use what is available rely on informal care instead. Year 1 data cannot estimate how often that happens.

Family search, referral, and navigator records provide evidence of expressed demand and access barriers. They represent families who used CCRI-supported pathways rather than a representative survey of all Mecklenburg County families. Training and coaching records likewise reflect participation in CCRI services rather than all such activity in the county. Economic-impact estimates come from state and national research rather than a Mecklenburg-specific model, which remains a priority for future work.

In short: the Pulse is designed for descriptive analysis, monitoring, and decision support. It shows where conditions overlap and change. It does not establish causation or measure the full economic impact of child care. Longitudinal analysis becomes possible as CCRI preserves dated extracts and applies consistent definitions, refresh schedules, geographic boundaries, deduplication rules, and calculations.

Apparent shortages and apparent unused capacity should both be validated against staffing, price, schedule, transportation, subsidy participation, family preference, program fit, and provider-confirmed openings before an investment decision is made.

3. The County at a Glance

The child care system in Mecklenburg County cannot be understood by counting licensed programs or spaces alone. Meaningful access depends on whether care is available in the right place, at the right time, for the age group needed, at a price families can afford, and with enough staff to operate consistently. The Pulse organizes its data into a seven-domain framework, which shifts the assessment from a static count to a picture of how the system is functioning and where it is under pressure.

Chapters 4 through 10 examine each of these seven domains individually. Every chapter opens with a description of what the domain measures and why it matters for access, followed by key Year 1 findings. The first two domains — access and coverage, and affordability and utilization — apply CCRI's analytical framework directly to local data. The remaining five — workforce, economic impact, quality and stability, equity and vulnerability, and family voice — combine local indicators with state and national research.

CCRI's market types and affordability conditions describe a market condition, not a geographic unit. They apply to a single ZIP code, a group of ZIP codes, or the county as a whole, and CCRI's data supports applying them at finer levels for research. Year 1 applies them at ZIP code level, with recommendations for more granular spatial analysis in future years.

The Pulse scores Mecklenburg County at 44.75 out of 100 for market pressure, the middle of its five-band scale, and 70 for market resilience, which it reads as a reasonably strong foundation with limited slack. The dashboard's recommended action is to monitor and support selectively, and it names affordability as the county's resilience priority.

Key takeaway: Two of the county's four headline indicators sit in the Pulse's green band, a third is context rather than a rating, and the fourth flags affordability. Those four averages are what the rest of this report takes apart.

Table 3.1. Pulse market pressure indicators, Mecklenburg County

Indicator	Value	Band	What it means
Working-parent slot gap	0	Green	Countywide, licensed spaces are sufficient for the estimated number of children whose available parents all work.
Spaces per 100 children ages 0 to 5	87	Green	Better supply than most, though the Pulse notes that gaps may remain within the county.
Enrollment utilization, birth to five	67%	Blue	Context rather than a good or bad rating. It must be read by age to mean anything.
Child care cost burden	17%	Yellow	Inside the Pulse's high-cost burden band of 16% to 25%.

Source: Child Care Pulse, *Where Child Care Challenges Are Growing* dashboard, Key Market Pressure Indicators. Band is the Pulse's own rating of each value. Market pressure bands: 0 to 19 minimal, 20 to 39 lower, 40 to 59 moderate, 60 to 79 high, 80 to 100 severe. Cost burden bands: 0% to 7% affordable, 8% to 15% moderate, 16% to 25% high, above 25% severe.

Together these describe generally strong countywide access and capacity alongside the affordability pressure the Pulse itself flags. Cost concerns are among the most commonly cited barriers to center-based enrollment, and cost burden is associated with the use of lower-quality or less stable arrangements.^{21,22} These four averages also conceal the differences the rest of the report is devoted to: by child age, geography, program setting, quality level, family income, schedule, and service need.

The population the system serves

Table 3.2. Children and families in Mecklenburg County

Measure	Number	In plain terms
All children under 18	254,973	
Children under 6	88,666	About a third of all children
Children 6 to 11	86,172	About a third
Children under 6 with all available parents working	59,883	About 2 in every 3 young children
Children under 6 below 200% of the federal poverty level	28,631	About 1 in every 3
Median family income	\$87,005	

Source: Child Care Pulse, Child Care at a Glance dashboard, drawing on U.S. Census Bureau estimates.

²¹Ajay Chaudry, Juan Pedroza, Heather Sandstrom, Anna Danziger, Michel Grosz, Molly Scott, and Sarah Ting, Child Care Choices of Low-Income Working Families (Washington, DC: Urban Institute, 2011); Simon Workman and Steven Jessen-Howard, Understanding the True Cost of Child Care for Infants and Toddlers (Washington, DC: Center for American Progress, 2018).

²²Chris M. Herbst, "Child Care in the United States: Markets, Policy, and Evidence," Journal of Policy Analysis and Management 42, no. 1 (2023): 255–304.

4. Domain 1: Access and Coverage

Domain 1 asks whether usable spaces exist where the children who need them live.

Reading the access measures: Four cautions apply to every access figure in this report and are not repeated after this box. First, a licensed place counts as access only if it fits the child's age, the family's budget, the family's location, and the family's schedule; the Pulse can test the first of those and not the rest. Second, unfilled capacity is calculated from provider reports, not confirmed with providers, so it may include classrooms that cannot be staffed. Third, low enrollment is not evidence of low demand. Fourth, a ZIP code that does not appear in a pressure ranking has not been shown to be well served — it has only not appeared. Because price and enrollment most often determine whether a family can use an available place, CCRI's market types are set out in [Chapter 5](#).

CCRI identifies different market “types” based on a combination of factors including coverage, utilization, availability, and family demand. Common examples of market types follow:

- **Severe Access Constraint.** This type of market has substantially fewer usable spaces than the number of children likely to need care. Common signals include low coverage, a large positive slot gap, high utilization, few openings, persistent unmatched family searches, and limited infant, toddler, special-needs, or nontraditional-hour care. This pattern indicates a structural shortage. Responses may include targeted expansion, new program development, classroom activation, workforce investment, or preservation of existing capacity.
- **Constrained or Near-Capacity Market.** This type of market has a meaningful supply base but little flexibility. Coverage is moderate, utilization is high, vacancies are limited, and families may encounter waitlists or few realistic choices for particular ages, locations, schedules, or settings. The primary risk is the system's limited ability to absorb changes in demand, provider closures, workforce losses, or family preferences. Interventions should emphasize capacity preservation, staffing stabilization, vacancy verification, and carefully targeted expansion.
- **Misaligned or Inaccessible Capacity.** This type of market shows apparent capacity that does not translate into practical access. Openings may be concentrated in the wrong age groups, locations, schedules, price ranges, or program settings. Staffing, transportation, subsidy acceptance, or affordability may further limit use. This condition should not be labeled a surplus without validation. Appropriate responses may include affordability assistance, transportation solutions, schedule redesign, subsidy participation, family navigation, classroom conversion, provider outreach, or improved vacancy reporting.
- **Adequate or Balanced Access.** This type of market generally has coverage near or above estimated need, sustainable utilization, meaningful but not excessive vacancy, multiple program options, and lower slot gaps. Family searches are more likely to result in suitable matches. Balanced markets still require monitoring because countywide adequacy can conceal age-specific, neighborhood, affordability, or schedule-related gaps. The objective is to preserve supply, maintain quality, and prevent localized disruption.

Key takeaway: The county holds enough licensed spaces in total. They are weighted toward older children, and the ages families search for most are the ages with the least capacity.

Coverage by age

Mecklenburg County's 530 active licensed providers have capacity for 49,744 children and plan to operate 44,381 of those licensed spaces. Viewed as a single number, that suggests a large supply. The picture changes when the same supply is examined by age.

Table 4.1. Programs, capacity, enrollment, utilization, and price by age band

Age band	Programs	Desired capacity	Share	Enrolled	Unfilled	Utilization	Annual price
Birth to 2	409	11,263	25%	8,327	2,936	83%	\$16,025 (infant)
3 to 5	452	20,210	46%	12,452	7,758	74%	\$14,627 (age 3)
School-age	74	12,908	29%	4,969	7,939	53%	\$7,802
Total	530	44,381	100%	25,748	18,633	58%	

Source: Child Care Pulse, Child Care Spaces and Enrollment dashboard. Program counts, desired capacity, enrollment, utilization, and full-time tuition are reported directly from the dashboard. Share of capacity and unfilled capacity were calculated for this report. Share equals each age band's desired capacity divided by the county total. Program counts overlap across age bands because a provider may serve more than one age group, so the total row reports distinct providers. The Pulse's birth-to-two category includes two-year-olds. Utilization is reported by the dashboard and is not the ratio of the enrolled and desired-capacity columns shown in the same row; the dashboard applies its own denominator to each age band, so the two should not be derived from one another. Prices are not comparable across the three rows: the infant and preschool figures are full-day rates, while school-age programs generally operate before and after the school day and during school breaks.

Finding 1. Capacity is weighted toward older children, and most unfilled spaces sit in school-age care

Care for children birth through two accounts for about a quarter of the county's capacity. Preschool accounts for nearly half. School-age accounts for 29%, delivered by 74 programs. Part of this reflects the cost of serving younger children: North Carolina mandates smaller staff-to-child ratios for infants and toddlers, making those classrooms more labor-intensive and expensive to operate.²³

The two ends of that distribution serve very different purposes. Rooms for children birth through two run at 83% of desired capacity. School-age programs run at 53% and hold 7,939 of the county's 18,633 unfilled spaces — representing over 40% of all vacant slots despite making up less than 30% of total capacity.

The practical consequence is that a single countywide vacancy number describes school-age care well and infant care badly. Read alone, it suggests care is widely available. Read by age, most of the slack turns out to be in the band families ask for least. Research on child care supply

²³North Carolina Department of Health and Human Services, Division of Child Development and Early Education, "10A NCAC 09 .0713: Staff/Child Ratios for Centers," in Chapter 9: Child Care Rules, effective November 1, 2024.

measurement reaches a similar conclusion: available capacity varies substantially by children's ages, and licensed capacity alone does not show how much care families can actually use.²⁴

Coverage in context

Capacity and utilization describe what providers hold and fill. The next two measures ask a different question: whether that supply sits where the children are. The two coverage indicators in [Table 3.1](#) — 87 licensed spaces per 100 children ages zero to five, and a countywide working-parent slot gap of zero — both compare supply against estimated demand rather than estimating a shortage. Neither accounts for children in informal or relative care, part-day arrangements, or families crossing ZIP code and county lines to reach a program.²⁵

Finding 2. Pressure concentrates in specific ZIP codes

Families do not have equal access to the county system. Countywide totals mask substantial geographic differences, and some ZIP codes have much weaker coverage relative to the number of young children who may need care.

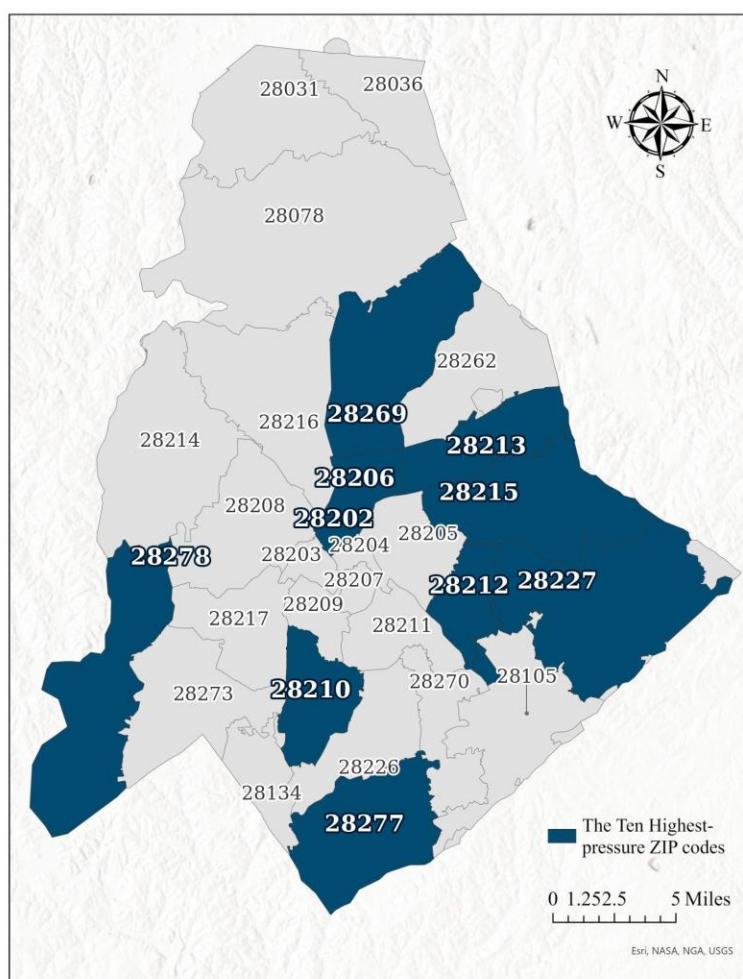
Two measures help locate where supply pressure is greatest. The working-parent slot gap compares the estimated number of young children with all available parents working to the number of licensed spaces. Spaces per 100 children measures licensed capacity relative to children from birth through age five. ZIP codes with a large slot gap and few spaces per 100 children are more likely to face supply constraints, meaning families may compete for limited spaces or travel outside their community to find care.

²⁴Sarah Friese, Van-Kim Lin, Nicole Forry, and Kathryn Tout, *Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers*, OPRE Report 2017-08 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, 2017).

²⁵The Pulse reports two coverage measures on different bases: spaces per 100 children ages 0 to 5, and a working-parent slot gap built from the estimated number of young children whose available parents all work. Neither is designated as the primary measure, and neither is calculated on the same basis as the licensed and desired-capacity totals in Table 4.1, which cover every age a provider serves rather than the birth-to-five population alone. The three should not be compared directly or derived from one another. Reporting both coverage measures, as this chapter does, keeps the difference visible, but a single published basis with the second carried as a documented secondary would make year-over-year comparison cleaner.

Map 4.1 shows the ten ZIP codes the Pulse ranks highest for market pressure, and Table 4.2 shows where several of its pressure rankings overlap. The interpretation is relative: ZIP codes that appear across several rankings face several types of constraint simultaneously.

Map 4.1. Where pressure concentrates: the ten highest-pressure ZIP codes



Source: Child Care Pulse, *Where Child Care Challenges Are Growing and What Families Need* dashboards. ZIP code labels added for this edition.

Table 4.2. Where the six rankings converge

Appears on	ZIP codes	What that combination suggests
All six	28212, 28215	High expressed demand, low coverage, limited infant and toddler capacity, and affordability pressure at once. This is the clearest signature of constrained access in the county.
Four of six	28202, 28213, 28269, 28277, 28278	Pressure on most measures, with the specific combination differing by community.
Three of six	28206, 28210, 28227	Pressure on a narrower set of measures, most often coverage and cost burden.

Appears on	ZIP codes	What that combination suggests
Several, but not the pressure top ten	28208, 28216, 28217	Not among the ten highest-pressure ZIP codes, and appearing often enough elsewhere to be worth watching.

Source: counted from six Pulse rankings, which are not reproduced in full here. The six are market pressure score, working-parent coverage ratio, spaces per 100 children ages 0 to 5, estimated slot gap, child care cost burden, and navigator-recorded family demand.

Several ZIP codes demonstrate why the combination matters more than any one measure. ZIP code 28278 has the county's largest estimated slot gap, at 436 spaces, and its lowest working-parent coverage ratio, at 0.34. ZIP code 28269 has the highest navigator-recorded demand, with 792 interactions, alongside an estimated slot gap of 129. ZIP code 28212 combines the county's highest market-pressure score with one of its lowest reported infant tuition levels, which suggests that a lower price does not on its own produce adequate access.

Because the current ZIP-level data do not include provider-confirmed vacancies, they cannot identify well-served areas with the same confidence that they identify areas of overlapping pressure. The broader observation is that Mecklenburg County does not behave as one uniform child care market. Different communities face different combinations of supply, affordability, age, staffing, and navigation constraints. As a result, resource allocation is most effective when tailored to specific community profiles rather than applied uniformly.

5. Domain 2: Affordability and Utilization

This domain asks whether families can realistically use the capacity that exists.

Affordability works on both sides of the market. Families must be able to afford tuition and programs must generate enough revenue to cover the cost of providing care. Tuition and subsidy reimbursement that fall below the cost of care threaten program stability, while cost-effective tuition rates are often unaffordable for some families. A complete affordability analysis would therefore consider what families can pay, what public subsidies or employer benefits contribute, the total revenue programs receive, and whether enrollment is sufficient to support operations. The Pulse currently covers the family side: tuition and fees, family price-range searches, cost burden, subsidy participation, program availability, and enrollment utilization.

Reading family cost burden alongside utilization identifies four possible market conditions.

Table 5.1. Four affordability and utilization conditions

Condition	The pattern	What it usually indicates
Supply desert under pressure	High-cost burden, high utilization.	Demand exceeds what the market supplies, and price rises with scarcity. Adding capacity helps only if it is affordable.
Thin market with unmet potential	High-cost burden, low utilization.	Spaces exist and go unused. Price is the first suspect, alongside schedule, location, and payment method.
Balanced but fragile	Low-cost burden, high utilization.	The market is working now with little slack. A single closure or staffing loss is felt quickly.
Latent capacity	Low-cost burden, low utilization.	There is room to grow. Something other than price is limiting use, and it needs to be identified before capacity is added.

Source: CCRI analytical framework, applied at ZIP code level later in this chapter. These describe market conditions, not fixed geographic categories.

Key takeaway: Full-day price is highest where capacity is tightest, countywide utilization means little until it is read by age, and in any given month only a small share of the children counted as potentially eligible for subsidy are receiving it.

Finding 3. Higher prices coincide with tighter capacity for younger children

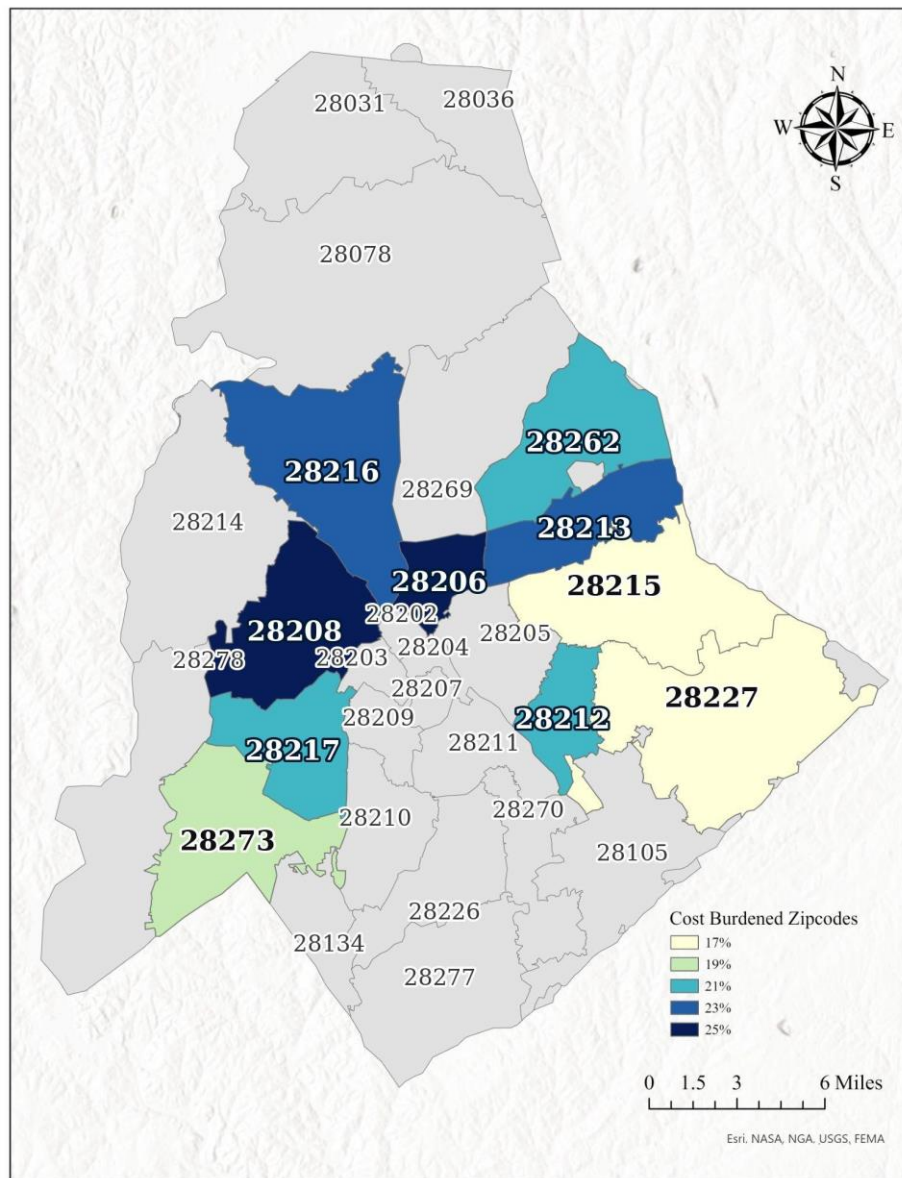
Full-day infant care costs \$16,025 per year and full-day care for a three-year-old costs \$14,627. Infant care is the more expensive of the two, and it is also the age group with the lowest share of capacity and the highest reported utilization. The reported school-age price of \$7,802 is not comparable with either figure: school-age programs generally operate before and after the school day and during school breaks, so their price covers far fewer hours of care. School-age prices are reported here for completeness and should be read on their own.²⁶

²⁶The Pulse carries two tuition series and they are not interchangeable. The Spaces and Enrollment dashboard reports full-time tuition across all licensed providers, which is the series used throughout this report. The Child Care at a Glance dashboard reports average rates

These measures reinforce a clear trend: care is most expensive for children whose classrooms require more staff and whose capacity is most constrained. While the data does not prove that limited supply causes higher prices, it confirms that families seeking infant care face both higher costs and fewer available spaces.

Relative to a median family income of \$87,005, the Pulse estimates a countywide cost burden of 17%, just inside its high-burden band of 16% to 25%. Ten ZIP codes are ranked highest for cost burden, ranging from 17% to 25%.

for star-rated centers only. The infant and preschool figures reconcile once the narrower universe is accounted for; the school-age figures do not. School-age programs generally operate before and after the school day and during school breaks, so a school-age price covers materially fewer hours than a full-day infant or preschool rate and the three should not be compared as like for like. CCRI should confirm the hours basis behind the school-age figure before it is quoted alongside the full-day rates.

Map 5.1. Child care cost burden, the ten highest ZIP codes

Source: Child Care Pulse, Where Child Care Challenges Are Growing dashboard. Cost burden is average annual child care price as a percentage of median family income in the ZIP code. The Pulse classifies 16% to 25% as high burden and more than 25% as severe. All ten ZIP codes shown here fall within the high-burden range; 28206 and 28208 sit at its upper threshold. ZIP code labels added for this edition.

Affordability pressure is therefore concentrated in particular communities, and does not always fall in the same places, or for the same reasons, as limited supply. Infant tuition also varies substantially across the county. Labeled values on the Pulse range from \$14,352 in ZIP code 28212 to \$20,111 in ZIP code 28277, a difference of about \$5,800 a year for care at the same

age.²⁷ ZIP code 28212 pairs one of the lowest labeled infant tuition levels with the county's highest market-pressure score.

Finding 4. Countywide utilization masks age-specific constraints

Countywide, licensed programs fill 58% of their total desired capacity across all age groups — a figure that is misleading on its own. Care for children birth through two runs at 83% while school-age programs hold considerable unused capacity, so the overall rate does not reflect the difficulty many families describe when searching for infant and toddler care.²⁸

National research offers one explanation for under enrollment that the local data cannot test. Interviews with program directors find that enrollment below licensed capacity often reflects educator shortages, age-specific staffing requirements, operating costs, and classroom constraints rather than weak demand.²⁹ In a 2026 national provider survey, about half of underenrolled programs attributed the shortfall to staffing.³⁰ Programs can report unfilled spaces and waiting lists simultaneously, which is what happens when open capacity does not match what families are seeking. School-age utilization carries a further caution of its own. Licensed school-age capacity represents only a fraction of the broader before- and after-school landscape, much of which operates outside the licensed child care system. Consequently, vacant licensed school-age spaces do not directly reflect the actual demand or utilization among Mecklenburg families.

Finding 5. Eligibility for subsidy is not access to subsidy

Across the county, 28% of licensed providers do not accept child care subsidies, which narrows the realistic options available to families who rely on it.³¹

State administrative data shows participation falling well short of apparent eligibility. The most recent county fact sheet records 5,325 children receiving subsidized child care assistance against 46,291 estimated to be potentially eligible, or 11.50%. Two qualifications belong with those figures. The 5,325 figure represents a single-month snapshot of May 2025, drawn from the Smart Start and non-Smart Start allocations while an annual count across all local funding streams is substantially higher. Meanwhile, the 46,291 is a modelled population estimate derived from Census data rather than a set of eligibility determinations. Both numbers would move on a different basis, and the distance between them would remain large.³² CCRI's navigator records

²⁷The Pulse's per-ZIP infant tuition chart plots 29 ZIP codes and labels ten, so the range described here is the range across labeled values rather than across the county. Publishing the full series as a table alongside the chart would remove the ambiguity.

²⁸The Pulse publishes 67% for children birth through five and 58% across all ages birth through twelve. Both use desired capacity as the denominator; the difference is the age band, because school-age capacity is large and lightly used.

²⁹Urban Institute, *Child Care Staffing and Enrollment in the Wake of the Pandemic* (Washington, DC: Urban Institute, August 2023). Findings are drawn from interviews with child care program directors in the District of Columbia.

³⁰Heather Sandstrom and Gina Adams, "Expanding the Supply of Child Care Starts with Two Key Questions," *Urban Wire*, Urban Institute, June 5, 2026. The 2026 national provider survey cited there found that about half of underenrolled programs attributed the shortfall to staffing.

³¹Provider subsidy acceptance sits in CCRI's supply file rather than on a dashboard: 384 of 533 providers accept subsidy and 149 do not, as of February 28, 2026. The share is 28% on either the supply-file or the live provider count.

³²North Carolina Division of Child Development and Early Education, *Subsidized Child Care Assistance Makes a Difference for Children and Communities: Mecklenburg County, SFY 2024–2025* (Raleigh, NC: North Carolina Department of Health and Human Services, 2025), <https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Subsidy-Services/Fact-Sheets>. The fact sheet defines potentially eligible

reinforce this pattern: among families navigators supported, 62% were assessed as subsidy-eligible and 5% were receiving subsidies.³³ The pattern is not unique to Mecklenburg County: national estimates for fiscal year 2021 put the share of federally eligible children receiving a child care subsidy at 15%, and the share eligible under their own state's rules at 22%.³⁴

The county held \$69.9 million for subsidized child care assistance in state fiscal year 2024–25. This total includes final Smart Start and non-Smart Start allocations.³⁵ Whether take-up is limited mainly by funding, by awareness, by provider participation, or by the administrative burden of enrolling cannot be separated with Year 1 data. What the data does establish is the size of the gap.

Research suggests several reasons why potential eligibility may not translate to access. Benefit cliffs, where small income gains trigger large subsidy losses, create a work disincentive and cause families to cycle on and off assistance.^{36,37} On the provider side, reimbursement rates are frequently set below the true cost of quality care, creating pressure to suppress wages, ration subsidized places, or cross-subsidize through higher private-pay fees, so subsidy participation is a business decision as well as a policy variable.³⁸ Affordability pressure also extends beyond subsidy-eligible households, because families just above the eligibility threshold pay the full cost of care without assistance. The threshold itself is national. Federal poverty guidelines are set for the country as a whole and are not adjusted for local prices or local wages, so the same income line divides eligible from ineligible families in a high-cost county and a low-cost one. A family in Mecklenburg County can therefore earn too much to qualify while facing local child care prices that a comparable income would cover more easily elsewhere. National analysis finds that most working parents, including many with incomes above subsidy thresholds, would pay more than the federal affordability benchmark of 7% of income for center-based care, and that the share

children as ages 0 to 5 with working parents at or below 200% of the federal poverty level, plus children 6 to 11 at or below 133%, estimated from 2022–2024 American Community Survey data and July 2024 North Carolina population estimates. It reports that 5,325 children are currently receiving assistance and that this represents 11.50% of all potentially eligible children; the 11.50% is the fact sheet's own published calculation, not one derived for this report. The fact sheet states that its figures include non-Smart Start and Smart Start final allocations for SFY 2024–25 and children served during May 2025. The served count is therefore a single month on those funding streams. More children are served over a full year, and counts spanning every funding stream administered locally are higher; CCRI's monthly subsidy reporting should be used where a fuller count is required.

³³The What Families Need dashboard reports eligibility as a distribution across categories — eligible, not eligible, eligible with alternate plans, and receiving — and does not state whether “receiving” sits inside “eligible.” A take-up rate cannot be derived from it, so the navigator figures are used here only as a directional check.

³⁴U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Estimates of Child Care Subsidy Eligibility and Receipt for Fiscal Year 2021 (Washington, DC: ASPE, September 2024), <https://aspe.hhs.gov/reports/ccdf-eligibility-factsheet-fy22>. Of an estimated 11.5 million children eligible under federal CCDF parameters, about 1.8 million received a subsidy, or 15%; measured against the narrower group eligible under their own state's rules, the figure is 22%. The national estimates and the Mecklenburg County figures are built on different bases and are cited here for order of magnitude, not as a like-for-like comparison.

³⁵North Carolina Department of Health and Human Services, Division of Child Development and Early Education, “Subsidized Child Care Assistance Makes a Difference for Children and Communities: Mecklenburg County, SFY 2024–2025,” 60, https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/SFY_24-25_Subsidized_Child_Care_Assistance_County_Fact_Sheets.pdf?ver=70otFgKYkxLq3b2mAhVAeg%3D%3D.

³⁶Susan Roll and Jean East, “Financially Vulnerable Families and the Child Care Cliff Effect,” *Journal of Poverty* 18, no. 2 (2014): 169–87; Bipartisan Policy Center, *Nationwide Survey: Child Care in the Time of Coronavirus* (Washington, DC: Bipartisan Policy Center, 2020).

³⁷David M. Blau, “Child Care Subsidy Programs,” in *Means-Tested Transfer Programs in the United States*, ed. Robert A. Moffitt (Chicago: University of Chicago Press, 2003), 443–516.

³⁸Urban Institute, *A Guide to Improving Participation in Your State's Child Care Subsidy System* (Washington, DC: Urban Institute, 2025).

varies widely from state to state as local prices and incomes differ.³⁹ Year 1 cannot measure how many Mecklenburg families sit in that position. The mechanism is a documented feature of how eligibility is set rather than a local finding.

³⁹ Abigail N. Walters, Pamela Joshi, and Leah Shafer, *Who Can Afford Child Care? A National and State Analysis of Affordability for Working Parents* (Waltham, MA: diversitydatakids.org, Institute for Child, Youth and Family Policy, Brandeis University, February 2026). The analysis finds that 68% of working parents would pay more than the federal affordability benchmark of 7% of family income for center-based care and 63% for home-based care, that more than half of higher-income families would also exceed the benchmark, and that costs as a share of family income range from 6% to 17% across states. Federal poverty guidelines, which set the income line for subsidy eligibility, are issued as a single national schedule for the 48 contiguous states and are not adjusted for local prices or wages.

6. Domain 3: Workforce

This domain asks whether Mecklenburg County has enough educators to operate its licensed child care capacity. Year 1 cannot answer that question from current county-level data. What it can do is describe the workforce data the county does hold, say plainly what is missing, and set out what the research literature would lead one to expect.

The question matters because staffing determines how much of the licensed system can operate. A classroom void of staff is no more available to a family than a non-existent classroom, and it appears in capacity data as an unused place rather than as a shortage. National research shows that low compensation and workforce instability make it harder to recruit and retain qualified educators and to sustain a reliable early care and education system.⁴⁰

Key takeaway: Mecklenburg County has detailed data on the educators CCRI reaches, but it does not have real-time, county-specific data on the workforce as a whole. Periodic statewide workforce surveys, reported in *Working in Early Care and Education in NC*, provide important context on compensation, turnover, vacancies, and related conditions.⁴¹ However, these self-reported findings are extrapolated from survey responses and have historically been reported for multi-county CCR&R regions rather than Mecklenburg County alone. As a result, the link between staffing and operable capacity remains an expectation drawn from research rather than a local finding.

Finding 6. The county's most detailed workforce data describes CCRI's reach, not the workforce

Two Pulse dashboards — Child Care Workforce and Training, and Child Care Quality and Coaching — record what CCRI delivered to the county's educators between July 1, 2025 and June 30, 2026. They are the most granular workforce data available for Mecklenburg County. Both dashboards state in their own documentation that they measure recorded CCRI support rather than all workforce or quality-improvement activity in the county, and that framing governs everything in this chapter.^{42,43}

⁴⁰ Marcy Whitebook, Deborah Phillips, and Carollee Howes, *Worthy Work, STILL Unlivable Wages: The Early Childhood Workforce 25 Years after the National Child Care Staffing Study* (Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley, 2014).

⁴¹ Early Years, *Working in Early Care and Education in North Carolina: 2023 Workforce Study* (Chapel Hill, NC: Early Years, 2023), <https://www.earlyyearsnc.org/research/statewide-workforce-studies/2023-north-carolina-child-care-workforce-study>

⁴² Child Care Resources Inc., Child Care Pulse, Child Care Workforce and Training dashboard, Mecklenburg County, July 1, 2025 through June 30, 2026. The dashboard's own interpretation note states that results measure recorded CCRI support, not all child care workforce or quality-improvement activity in the county.

⁴³ Child Care Resources Inc., Child Care Pulse, Child Care Quality and Coaching dashboard, Mecklenburg County, July 1, 2025 through June 30, 2026. The dashboard's own interpretation note states that results show recorded services and participation, not the full level of provider need, service intensity, or improvement in program quality.

Table 6.1. What CCRI delivered to the child care workforce, July 2025–June 2026

Measure	Value
Early educators who attended at least one course	2,322
Administrators reached	649
Programs reached through training	382
Total course participation (administrator & ECE staff)	2,971
Credit hours awarded	7,634
Continuing education units awarded (247 participants)	259
Training completion rate	71%
Recorded no-shows and drop-offs	1,212
Programs coached	141
Classrooms coached	553
Early educators coached	620
Coaching hours delivered	47,861
Coaching sessions completed	4,286
Improvement action plans created	3,427

Source: Child Care Pulse, Child Care Workforce and Training and Child Care Quality and Coaching dashboards, Mecklenburg County, July 1, 2025 through June 30, 2026. Educator and program counts are distinct counts within each dashboard; a program appearing in both training and coaching records is counted in each.

Four key patterns emerge from these records, presented below along with their respective data limitations.

Reach is broad for training and narrower for coaching. Training touched 382 programs, roughly 70% of the county's 530 active licensed providers. Coaching, which is more intensive, reached 141 programs, or roughly 25%. The two figures describe different kinds of support rather than a shortfall in either.

Coaching is weighted toward the ages where capacity is tightest. Infant and toddler environment rating scale work and preschool environment rating scale work were delivered to the same number of programs, 29 each, and infant and toddler topics account for as large a share of coaching records as preschool topics. Open-enrollment training runs the other way: demand for preschool environment rating scale content was more than three times demand for the infant and toddler equivalent. The contrast is descriptive. It shows where CCRI's two service lines are pointed, and it does not establish that either allocation is right or wrong for the county.

Most participants are classroom teachers, and most come from centers. Lead teachers and assistant teachers account for the largest share of participation, followed by floaters and substitutes, directors, and owners. Participation from child care centers substantially exceeds participation from family child care homes, a pattern consistent with family child care representing a relatively small share of Mecklenburg County's licensed programs and spaces.

Because these records do not include a denominator of employed staff by setting, they cannot show whether family child care providers participate at a lower rate than center-based staff.

Registration and completion diverge, and delivery is strongly seasonal. About 70% of registered participants completed course requirements. Recorded no-shows and drop-offs numbered 1,212, against only 23 formal cancellations, which suggests participants more frequently miss a session than withdraw from it in advance. Trainings offered by month more than tripled from a low of 17 in July 2025 to a high of 55 in January 2026. Neither the completion gap nor the seasonal pattern carries a recorded reason in the data. Both are consistent with the scheduling and coverage pressures that working educators face, and neither confirms it.

What educators selected

Recorded demand for professional learning splits between programs featuring required content and those aimed at improving practice. Health and safety was by far the most requested topic, followed by preschool environment rating scale content, social and emotional practice, and prevention of sudden infant death syndrome. Coaching concentrated on the environment rating scales, then social and emotional practice, teacher-child interactions, and program administration, with dedicated support for educator mental health and for business practices.

The design of CCRI's coaching model aligns directly with the literature recommendations. Individualized, job-embedded coaching with shared goals, focused observation, feedback, and repeated opportunities to apply new practice is associated with improved educator practice and program quality.⁴⁴ Service counts describe the reach and intensity of that support. They do not measure whether practice changed, and they should be read alongside identified needs, improvement goals, and evidence of practice change.

What the research adds

Because the local data stops at CCRI's own service records, the rest of this domain rests on research conducted elsewhere. Three findings from that literature are relevant to Mecklenburg County, and none of them have been tested here.

The literature consistently identifies insufficient compensation as the dominant driver of early childhood workforce turnover.⁴⁵ High turnover disrupts children's attachment to caregivers and imposes an administrative and financial burden on providers who must continuously recruit, hire, and train replacements. National analysis finds both lower earnings and substantially higher turnover in early care and education than among comparable workers in other sectors.⁴⁶

Compensation is not the only driver. In one study of the early childhood workforce serving high-need populations, staff reported heavier workloads and greater staffing concerns than the national workforce, alongside higher perceived stress and depressive symptoms and lower role

⁴⁴Learning Policy Institute, *Coaching at Scale: A Strategy for Strengthening the Early Learning Workforce* (Palo Alto, CA: Learning Policy Institute, June 2024).

⁴⁵Whitebook, Phillips, and Howes, *Worthy Work, STILL Unlivable Wages*.

⁴⁶Cunha and Lee, *One Says Goodbye, Another Says Hello*.

clarity and job resources.⁴⁷ Effective workforce strategy therefore combines preparation, ongoing professional support, career advancement, compensation, and working conditions.⁴⁸ Training participation alone does not equate to evidence of workforce stability without measures of retention, compensation, and advancement.

Workforce constraints also shape equity. Programs serving lower-income communities often operate on narrower margins, which can produce a quality gradient in which the programs most accessible to families with the greatest need are the least resourced to improve.

The gap: The evidence base on the early childhood workforce is substantial. What is missing for Mecklenburg County is data that is both current and local. Periodic statewide workforce studies report wages, turnover, vacancies, and working conditions, and they remain the best available evidence for this county, but they are extrapolated from survey samples and have been published for multi-county CCR&R regions rather than for Mecklenburg County alone. No current county-level measure of child care wages, staff turnover, classroom vacancies, credential pipelines, or the linguistic and cultural composition of the workforce is published by CCRI or by the state. CCRI's records cover the educators who take part in its services, not everyone employed in county child care. Until a provider workforce module exists, the relationship between staffing and operable capacity stays an inference drawn from research rather than a local finding, and every capacity figure in this report should be read as an upper limit. The Strategic Research Agenda names a provider workforce module as a Year 2 priority.⁴⁹

⁴⁷Charlotte V. Farewell, Jennie Quinlan, Emily Melnick, Jamie Powers, and Jini Puma, "Job Demands and Resources Experienced by the Early Childhood Education Workforce Serving High-Need Populations," *Early Childhood Education Journal* 49 (2021): 197–206, <https://doi.org/10.1007/s10643-020-01143-4>. The study surveyed 137 early childhood education staff in Colorado in 2019. It is a single-state convenience sample and is cited here as illustrative rather than representative.

⁴⁸National Academies of Sciences, Engineering, and Medicine, *Transforming the Financing of Early Care and Education* (Washington, DC: The National Academies Press, 2018), <https://doi.org/10.17226/24984>.

⁴⁹CCRI's data system records the educators and administrators who take part in its services. It does not hold a count of everyone employed in Mecklenburg County child care, and no local measure of wages, staff turnover, or classroom vacancies is published by CCRI or by the state at county level. Earlier drafts of this report carried a countywide workforce headcount drawn from a provider-reported supply file; it could not be traced to a published source and has been removed.

7. Domain 4: Economic Impact

Domain 4 asks how child care supply and affordability affect parental labor force participation and the regional economy.

Key takeaway: One published estimate puts the county cost of child care–related work disruption at about \$574 million a year. It measures disruption, not the sector's positive contribution, which has not been modeled for Mecklenburg County.

Finding 7. One published estimate puts a county-level cost on child care gaps

Child care–related absenteeism and turnover are estimated to cost Mecklenburg County about \$574 million per year in business costs and lost state and local tax revenue, the second-largest county total in North Carolina behind Wake at \$666 million.⁵⁰ The estimate comes from a North Carolina Department of Commerce analysis that applies University of Missouri Extension methodology to county workforce and wage data, building on the statewide *Untapped Potential in NC* study, which put the cost of child care–related work disruptions to the state economy at \$5.65 billion a year.⁵¹

As the only county-specific economic estimate available for this analysis, its underlying methodology should be kept in mind. It measures the cost of disruption rather than the total economic contribution of the sector, and it applies statewide survey rates to local workforce counts rather than modeling Mecklenburg County directly.

CCRI's service records describe the demand side of that estimate for the families who reached CCRI. Employment was the recorded reason behind 86% of the care need documented by CCRI navigators, and 89% of searching families were looking for full-time care.⁵² These are families who took an observable action rather than a sample of the county, and among them the care being sought was overwhelmingly care that supports a work schedule.

Other analysis points in the same direction. North Carolina's 2024 Empowering Work report estimates that helping more parents of young children return to the workforce could add up to \$7.5 billion to the state's gross domestic product and create up to 68,000 jobs.⁵³ Nationally,

⁵⁰ Maggie Smith, "The Hidden Cost of Child Care Gaps in North Carolina's Economy," The LEAD Feed, North Carolina Department of Commerce, January 20, 2026, <https://www.commerce.nc.gov/news/the-lead-feed/hidden-cost-child-care-gaps-north-carolinas-economy>. County estimates apply the University of Missouri Extension methodology to American Community Survey data on parents in the labor force with children under six and county median earnings, using the work-disruption rates reported in *Untapped Potential in NC*. Mecklenburg's \$574 million combines business costs from absenteeism and turnover with state and local tax revenue losses. The county figures are a separate application of that survey evidence rather than a decomposition of the \$5.65 billion statewide total, and the two should not be summed or netted against each other.

⁵¹ U.S. Chamber of Commerce Foundation, NC Chamber Foundation, and NC Child, *Untapped Potential in NC*. The statewide estimate comprises \$4.29 billion in employer costs and \$1.36 billion in lost tax revenue, based on a survey of 517 North Carolina parents of children under six.

⁵² Child Care Pulse, What Families Need dashboard, navigator-supported demand, July 1, 2025 through June 30, 2026. Shares are calculated for this report from the dashboard's category counts.

⁵³ North Carolina Department of Commerce and NC Child, *Empowering Work* (Raleigh, NC: North Carolina Department of Commerce, October 2024), <https://www.commerce.nc.gov/news/press-releases/2024/10/23/helping-parents-young-children-reenter-workforce->

insufficient child care for children below kindergarten age is estimated to cost \$172 billion a year, made up of \$134 billion in forgone family earnings and job-search costs and \$38 billion in employer productivity losses. That analysis separately estimates \$37 billion in lost tax revenue but does not add it to the total, because the loss is already included within the burden to families.⁵⁴

The gap: No Mecklenburg-specific input-output or comparable model exists. State and national figures cannot responsibly be scaled to a single county without local modeling of the labor market, the wage distribution, and the composition of families with young children. Year 1 treats the direction of the relationship as well established and the local magnitude as unresolved. The Strategic Research Agenda carries the modeling work under economic impact.

could-boost-ncs-gdp-75-billion. The estimate describes the gain from helping parents of young children who are currently out of the labor force reenter the workforce. The same analysis projects up to \$13.3 billion in additional annual economic output.

⁵⁴ReadyNation, The Child Care Crisis Costs the U.S. Economy \$172 Billion Each Year (Washington, DC: Council for a Strong America, February 2026). The \$172 billion top line combines \$134 billion in forgone family earnings and job-search costs with \$38 billion in employer productivity losses. A further \$37 billion in taxpayer losses is reported separately and overlaps with those categories rather than adding to them. Earlier editions covered families of infants and toddlers only and estimated \$57 billion in 2018 and \$122 billion in 2022, so the three figures are not a like-for-like trend.

8. Domain 5: Quality and Stability

This domain asks about the developmental appropriateness, consistency, and cultural and linguistic responsiveness of care, together with whether programs can sustain themselves.^{55,56}

Key takeaway: Rated quality is the county's clearest measured strength. A star rating is one important indicator of quality rather than a full account of it, and whether highly rated programs can sustain staffing and enrollment over time cannot yet be measured.

Finding 8. Rated quality is the county's clearest measured strength

About 74% of licensed providers in Mecklenburg County hold a 4-star or 5-star rating under North Carolina's rated-license system.^{57,58} This represents a strong rated-quality foundation and an important strength of Mecklenburg County's licensed child care system. The star rating measures what the state's rated-license system assesses including program standards, staff education, and the program environment. It is a key indicator of quality rather than a complete measure. It sits alongside dimensions families prioritize most, such as warm, consistent relationships between educators and children.

A high rating in itself does not mean that a program has an age-appropriate opening, accepts subsidies, is affordable, offers the needed schedule, or can sustain staffing. A synthesis of state validation studies shows that quality ratings effectively measure key program standards, but do not capture every dimension of overall quality.⁵⁹ The objective is a system that is larger, affordable, stable, and accessible at the same time.

What CCRI delivers to programs

In the year covered, CCRI coached 141 programs and 620 early educators across 553 classrooms, delivering 47,861 coaching hours and 4,286 completed sessions, and creating 3,427 improvement action plans. Coaching concentrated on the environment rating scales, followed by social and emotional practice, teacher-child interactions, and program administration, with dedicated support for educator mental health and for business practices. [Chapter 6](#) reports these records in more detail.

⁵⁵Virginia Knox, Andrew S. London, and Ellen K. Scott, *Welfare Reform, Work, and Child Care: The Role of Informal Care in the Lives of Low-Income Women and Children* (New York: MDRC, October 2003).

⁵⁶Paschall and Maxwell, *Defining and Measuring Access with Families in Mind*.

⁵⁷North Carolina Division of Child Development and Early Education, *Pathways to the Stars: Modernized North Carolina Quality Rating and Improvement System* (Raleigh, NC: North Carolina Department of Health and Human Services, effective July 2025).

⁵⁸Child Care Pulse, *Providers by Star Rating breakdown*, covering all 530 active licensed providers: 47.55% at 5-star and 26.42% at 4-star. About 8% of providers hold a 1- or 2-star rating.

⁵⁹Kathryn Tout et al., *Validation of the Quality Ratings Used in Quality Rating and Improvement Systems (QRIS): A Synthesis of State Studies*, OPRE Report 2017-92 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017), <https://acf.gov/opre/report/validation-quality-ratings-used-quality-rating-and-improvement-systems-qris-synthesis>. The report synthesizes ten state QRIS validation studies completed between 2013 and August 2017.

The gap: Provider stability is the open question. Whether highly rated programs can sustain staffing and enrollment over time cannot be established from a single dated extract, and a second comparable annual extract is needed before it can be reported. The Strategic Research Agenda takes the question up under education and early learning.

9. Domain 6: Equity and Vulnerability

This domain asks where access barriers layer with broader economic and social disadvantage. It returns to the ZIP codes named in Chapter 4 and puts a further question to them. Equity functions here as an overlay on market conditions rather than as a separate narrative.

Key takeaway: The families CCRI navigators support are, as a group, single-guardian, low-income, and concentrated in a small number of ZIP codes. Where they live and where the Pulse's supply and affordability measures flag pressure are related maps, not the same map.

Finding 9. Barriers concentrate rather than distribute

About one in three children under six in Mecklenburg County — 28,631 children — live in a family below 200% of the federal poverty level ([Table 3.2](#)). The equity overlay pairs each area's market pressure with that concentration and, where available, with language, disability, transportation, and subsidy participation indicators. Inequity is not inferred from poverty concentration alone. This report highlights where high market pressure and high vulnerability appear together.

The profile of families CCRI navigators support makes the concentration concrete. Of 4,260 navigator-supported families representing 7,271 children, about 90% were single-guardian households, and about 75% reported income in the lowest band the Pulse records, near \$20,440 a year — under a quarter of the county's median family income.⁶⁰ About 80% identified as African American or Black and about 10% as Hispanic or Latino. About 70% of guardians were between 25 and 39.⁶¹

These are the families who reached CCRI and asked for help. Their profile also reflects CCRI's role in the local child care system: CCRI administers child care subsidy, for which eligibility is generally limited to families below 200% of the federal poverty level for children under age six and children with special needs. CCRI provides child care navigation to families at all income levels, but families seeking subsidy are the predominant users of the service. The navigator records therefore describe who uses CCRI's support—and the needs they bring to it—rather than a representative sample of all Mecklenburg County families seeking or needing care.

Navigator-documented demand was highest in ZIP codes 28269, 28216, 28208, 28262, and 28215. Two of the five — 28269 and 28215 — also appear among the ten highest-pressure ZIP codes in Map 4.1. The other three do not appear in that ranking, though all three are among the county's ten highest cost burdens in Map 5.1. The two maps overlap partially rather than closely, which is itself informative: where families ask for help and where the Pulse's supply and pressure measures concentrate are related but distinct.

⁶⁰The What Families Need dashboard records family income as a small set of banded values rather than a continuous measure. \$20,440 is the lowest band. It should be read as the bottom of the reported distribution, not as a measured average income.

⁶¹Child Care Resources Inc., Child Care Pulse, What Families Need dashboard, Mecklenburg County, July 1, 2025 through June 30, 2026. The dashboard's own interpretation note states that these data represent expressed and documented demand among families who reached CCRI or used its search tools, and should not be read as the total number of families needing child care in the county.

These families are also connected to other systems under strain. Medicaid or CHIP was by far the most common referral CCRI recorded, with smaller numbers to food and nutrition assistance, Head Start and Early Head Start, basic needs and financial assistance, public pre-K, and housing services. Child care sits inside a wider set of household needs rather than beside it.

What the research adds

Inequities persist not only because of shortages in licensed supply but because of barriers embedded in how access is organized: administrative complexity, gaps in cultural and linguistic responsiveness, schedule mismatch, and transportation.^{62,63} Sustained economic hardship, including unaffordable child care, generates parental stress that disrupts family functioning and caregiving quality, with downstream consequences for children.⁶⁴

The gap: CCRI records only English and Spanish among family languages, with a small residual category. Charlotte-Mecklenburg Schools serves families speaking many more, so the county's language picture is almost certainly wider than the current data can show. Analysis below ZIP code level, which is where equity patterns actually resolve, is not yet possible. [Appendix A](#) returns to the language question as a data collection opportunity.

⁶²Friese et al., Defining and Measuring Access.

⁶³Nicole D. Forry, Kathryn Tout, Laura Rothenberg, Heather Sandstrom, and Colleen Vesely, Everyday Experiences of Low-Income Families in Their Child Care Settings, OPRE Report 2013-52 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, 2013).

⁶⁴April S. Masarik and Rand D. Conger, "Stress and Child Development: A Review of the Family Stress Model," Current Opinion in Psychology 13 (2017): 85–90, <https://doi.org/10.1016/j.copsyc.2016.05.008>.

10. Domain 7: Family Voice

This domain asks what families are actually looking for and what they encounter when they look.

Key takeaway: Among families who came to CCRI, demand concentrates on the care the county has least of. These families filter first on availability and location, and they most often reach CCRI through people rather than institutions. The patterns describe CCRI's service population rather than all Mecklenburg families.

Finding 10. Families search hardest for the care the county has least of

In one year, 4,764 families using CCRI's search tools ran 23,188 online searches, an average of about five searches per family, and 92% of searches resulted in a referral. There is a significant disparity between what the families searched for and the services the county has available.

Table 10.1. Family demand by age group

Age group	Share of family demand
Infant and toddler (under 2)	42%
Preschool (2 to 5)	26%
School-age	7%
Mixed-age	30%

Source: Child Care Pulse, What Families Need dashboard. Demand categories are not mutually exclusive: a family searching across age bands is counted in the mixed-age category as well, so the column does not sum to 100%.

Set against the capacity shares in [Table 4.1](#), the direction is clear even though the two dashboards do not use identical age bands. Infant and toddler care draws the largest single share of family demand and holds the smallest share of the county's capacity. School-age care draws the smallest share of demand and holds the county's largest reserve of unfilled spaces. The mismatch runs in both directions at once.

Finding 11. Age and location shape families' searches

Among families using CCRI's search tools, the top priorities were age-appropriate care and proximity to home or work. Availability was recorded for all 4,764 searching families, but this likely reflects the tool's default setting as much as a deliberate choice by every family. Roughly half of all families specifically filtered by ZIP code. Price range, program rating, subsidy acceptance, transportation, and special-needs criteria were also selected by many families, though none approached the near-universal use of age availability.

This pattern should be interpreted carefully. It may indicate that families first narrow their options by age and location before considering cost, quality, and other preferences. It does not mean those other factors are unimportant. Research describes child care selection as an iterative

process in which families repeatedly weigh needs, constraints, and tradeoffs rather than follow one fixed sequence.⁶⁵

Most searching families sought consistent care: 89% wanted full-time care and 98% wanted full-year care. About half were open to either a center or a family child care home.

Families are also very concerned with the quality of child care. CCRI recorded 25,003 conversations about the signs of quality care, most frequently about child-teacher relationships, family partnerships, and health and safety. These records show that families consider quality even when immediate availability and location constrain their initial options.^{66,67}

Finding 12. CCRI's strongest referral pathways are direct and relationship-based

The most common recorded pathway into CCRI was previous use of CCRI services, reported by 1,577 families. These counts describe how Mecklenburg County families reached CCRI but do not describe how they generally find child care. Other leading sources included family and friends, at 714; internet searches, at 525; child care programs, at 358; and Department of Social Services offices, at 312.

Past experience, personal networks, and direct online discovery therefore appear to be especially important ways families find CCRI. Institutional partners also contribute referrals. The current data do not show which pathways are most likely to result in a successful child care placement, which is a question worth carrying into the audience work in [Appendix A](#).

The gap: Search and navigator records capture expressed demand, meaning families who took an observable action. They cannot capture families who may need care but never reached out, families who gave up, or families who use informal care because licensed options are unavailable or impractical. The Strategic Research Agenda takes this up under education and early learning, in work that goes to families in low-utilization ZIP codes directly.

⁶⁵ Consumer Education and Parental Choice in Early Care and Education Project Team, *How Parents Search for, Consider, and Select Child Care and Early Education: A Conceptual Framework*, OPRE Report 2025-137 (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2025). The framework describes search and selection as an iterative process in which families revisit priorities, constraints, options, and tradeoffs. It does not establish a fixed order in which families apply those considerations.

⁶⁶ Forry et al., *Everyday Experiences of Low-Income Families*.

⁶⁷ Juliet Bromer and Julia R. Henly, "The Work-Family Support Roles of Child Care Providers across Settings," *Early Childhood Research Quarterly* 24, no. 3 (2009): 271–88.

11. What This Baseline Establishes

By its countywide measures, Mecklenburg County's child care system is not in distress. It is large, well rated, and appears adequate on most headline indicators. The value of a baseline is that it shows where county averages stop painting an accurate picture.

What this year's data settles

The distance between demand and capacity is greatest at the youngest ages. Families search most often for care for children under two which is where the county holds the fewest available slots. Most of the other patterns in this report connect back to that one.

Affordability is the county's own flagged priority. The Pulse names it, and the figures behind the name are 17% of median family income countywide and 25% in the two most burdened ZIP codes.

Eligibility is not access, and the eligibility line is not local. In the state's latest monthly report, approximately only one child in nine of those deemed potentially eligible for subsidized care was actually receiving it. Further, about 25% of licensed providers do not accept subsidies. Eligibility is set against federal poverty guidelines, which are uniform across the country and do not take into account the cost of care in Mecklenburg County. Consequently, a family can sit above the line and still be unable to afford care.

Capacity is only as real as the staffing behind it, and the staffing is not measured. Until wages, turnover, and vacancies are collected locally, every capacity figure in this report should be read as an upper limit.

How the domains interact

Seven domains sound like seven problems. They are closer to one problem seen from seven angles, because each domain constrains the others. Three relationships account for most of what the preceding chapters found.

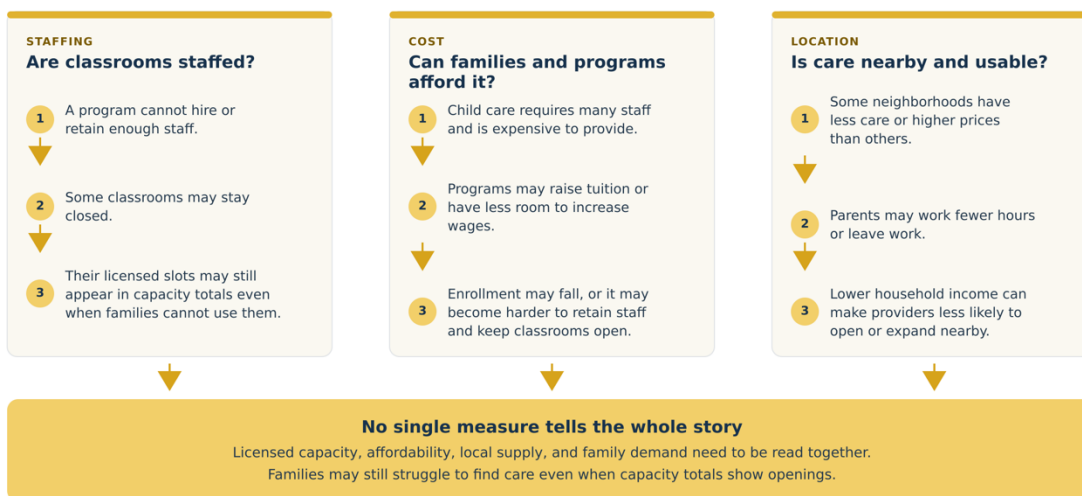
Staffing determines whether licensed capacity is available

A licensed slot can be used only when a program has enough staff. When programs cannot hire, classrooms may remain closed even though their slots still appear in licensed capacity. This helps explain why reported vacancies can coexist with unmet need. Yet workforce is also the area Mecklenburg County measures least. [Chapter 6](#) is therefore the shortest chapter in this report and the one that would change most with better data.

Figure 11.1. How child care pressures connect

How child care pressures connect

Staffing, cost, and location each affect whether care is truly available to families.



These are possible pathways. Mecklenburg County's current data show the patterns, but do not prove what caused them.
The areas where families seek help overlap only partly with the areas identified as facing supply pressure.

Price and enrollment push against each other

Child care is expensive to deliver because it is work that cannot be done by fewer people. A program that raises tuition to cover expenses often becomes unaffordable for some of the families it needs. Meanwhile, a program that cuts costs by offering lower wages pays the price through higher staff turnover. Research on under enrollment points to both routes ending in the same place: fewer classrooms open than the license allows. This is the most plausible account of the pattern that runs through Chapters 4 and 5 — empty spaces and unmet need coexisting in the same county — though the local data describes the pattern rather than confirming the mechanism.

Access challenges vary by place

In areas where care is hard to find or afford, some parents work fewer hours or not at all. Lower household income results in less money available for child care, diminishing incentives for providers to open facilities and making care even more difficult to find. The same ZIP codes appear across multiple indicators. Chapter 9 adds a qualification: the ZIP codes where families ask CCRI for help and the ZIP codes the Pulse flags for supply pressure overlap only partly, so the pattern is not a single map.

What this means for how the report is used

Two things follow. First, a single indicator will mislead. The county's working-parent slot gap of zero and its 17% cost burden are both accurate, and each read alone tells a different and incomplete story. Second, a change that touches only one domain tends to fade: adding capacity without staff produces empty rooms, and lowering price without covering the cost of delivery

moves the problem onto wages. The county does not have one child care market with one answer. [Chapter 4](#) shows it behaving as several markets at once, and the binding constraint differs in each.

The companion Strategic Research Agenda

A separate document, the *Strategic Research Agenda*, was written alongside this report. Its purpose is to turn the identified baseline gaps into a sequenced program of work — defining priority research questions, the data each would require, what can begin immediately, and what depends on new collection or outside agreements. [Appendix C](#) maps each gap named in this report to the part of the *Agenda* that takes it up. Readers who want the method and timeline for any of that work should go to the *Agenda* itself.

A closing note

This is a description, not a plan. It records what Mecklenburg County's child care system looked like in the Year 1 Baseline, 2026: large, well rated, unevenly distributed, with capacity most constrained at the youngest ages, and expensive for many of the families who need it. CCRI has been collecting and reporting much of this information for years. What this edition adds is a single dated extract, one fixed set of definitions, and one place where the figures sit together, so that the next edition can be compared against this one. Some of the missing data can be measured next year while some will take longer. Either way, these figures belong to everyone who works on child care in this county, and they are published so that they can be read, checked, and debated.

Appendix A. Storytelling Opportunities and Audiences

About this appendix: This appendix is an advisory assessment prepared for CCRI by UNC Charlotte faculty. It is not a finding of this report. It reviews the materials behind the Year 1 baseline and identifies where the data in the preceding chapters could be turned into communication with three audiences, along with specific channel-level recommendations. It is included here so that the assessment travels with the data it draws on. Prepared by Alicia A. Dahl, PhD, MS.

A.1 Material review and priority audiences

CCRI is deeply committed to data-driven decision-making. Based on CCRI's logic models, there are three priority audiences to reach with storytelling:

1. The general public, including parents and voters.
2. The child care workforce.
3. Policymakers and funders.

In reviewing the materials provided, the major considerations for accessing early child care and education are affordability, accessibility, and quality. With tighter capacity and higher utilization for infant and toddler care, there is a particularly high strain on parents of very young children, which may be exacerbated when there are short inter-pregnancy intervals or when new parents work unpredictable or nontraditional hours. Affordability of high-quality resources remains a challenge. Regarding the workforce, the pay for early childhood educators often fails to reflect their skills and qualifications, exacerbating staffing problems. Geographically, child care deserts are more common in rural and underserved communities.

A.2 Storytelling with policymakers

What kinds of data influence policy, and where can academic literature strengthen CCRI's practice?⁶⁸

In the current moment, economic indicators are likely the strongest entry point and persuasion point for policymakers and employers. CCRI's data on the annual cost of child care, the percentage of family median income spent on child care, and affordability gaps would be central to adequately capturing the state of child care. Cost-benefit analyses of providing affordable, high-quality child care would support advocacy to expand subsidies, caps, or credits for families or employers. There is a cyclical relationship among these economic indicators that could provide tension points for legislation: access to affordable, high-quality early childhood education would enhance children's well-being, in turn helping parents participate in the workforce with fewer

⁶⁸ NAEYC, *State Fact Sheet 2025: North Carolina* — policy brief for state-level advocacy ; ZERO TO THREE, *Child Care Supply* brief (June 2025); Center for American Progress, *Early Childhood Education Toolkit for State Policymakers* (2023).

disruptions. Prioritizing child care deserts may help restore the local economy, as child care availability translates into greater workforce participation by parents.

A future direction could be to utilize data from the child care finder to create maps of child care deserts, or of pockets of 4- and 5-star rated centers. Additionally, given that some parents are choosing child care centers based on proximity to their employer rather than their home address, additional data on the distribution of center priorities can tell a more complete story. An example would be rethinking the variable of proximity to housing units found in Mecklenburg County's Quality of Life Explorer.

Importantly, early childhood educators are paid below a livable wage, which can in turn affect the quality and longevity of the workforce. Exploring data that reflects the current demographics of the population served may be of value — for example, expanding data collection on the languages spoken by educators to align with the needs of growing immigrant communities locally. In Charlotte-Mecklenburg Schools, the third most spoken language is Russian, but the current CCRI dataset does not capture languages beyond English and Spanish. This connects directly to the language gap noted in [Chapter 9](#).

Regarding health and wellbeing, North Carolina continues to perform below targets on prenatal care access, maternal and infant mortality, preterm birth, and low birth weight, despite some modest recent improvements. Preterm births increase an infant's risk for health complications such as asthma or developmental delays, which may increase employment and school absenteeism because of higher susceptibility to illness or missed workdays for caregiving responsibilities. A data point not currently listed in CCRI's data codebook is absenteeism. Academic literature for K-12 often explores the relationship between social determinants of health, such as housing stability and food security, and absenteeism. In early childhood, brain development and overall health are interconnected, and access to high-quality child care and early childhood education can alleviate some of the social determinants of health and support long-term academic outcomes.

Policymakers in particular are interested in direct storytelling from constituents. Bite-sized tidbits can become central to the advocacy narrative, and providing clear, uncomplicated data points will enhance the message's success. Common early child care statistics might include child care costs, barriers such as transportation, and a lack of culturally or linguistically congruent care. CCRI's data ecosystem, including Find Child Care NC, has desirable storytelling data points such as 5-star rating, special needs, cost per week, and schedule details. Gathering qualitative feedback from parents, child care providers, and employers can contextualize these realities more thoroughly and underline the direct impacts for decision-makers. Expanding annual data collection to include focus groups or online qualitative survey questions would allow CCRI to exemplify the needs, reach, and impact of early child care services. Humanizing the experience of accessing affordable, high-quality child care will help motivate all audiences.

How have other regions elevated the visibility of CCR&Rs?

Coordinated efforts for state- or region-wide data tools improve the visibility of CCR&Rs. Nationally, Child Care Aware tracks child care and early childhood education policies, with

products that address policy and advocacy and highlight gaps for child care organizations. Example products that could be filtered or narrowed to local CCRI efforts include its state policy dashboard, its position statement on the role of CCR&Rs, and its webinar series.

CCRI's use of the child care finder is a strength but should be continually promoted through social media accounts to elevate the visibility of the tool for local families. Continued coordination with other early-childhood-serving organizations to connect families to the tool is a valuable partnership goal. Identifying integration opportunities with community partners to embed this resource into newly developed dashboards or tools would be advantageous and would reduce duplication across partner organizations.⁶⁹

What evidence frameworks best position CCRI data for policymaking?

Policymakers respond most when data shows immediate impacts on families and long-term societal return on investment. In a review by Cannon and colleagues, there is a recommendation for two-generation evaluation efforts that track outcomes for both young children and their parents.⁷⁰ When evidence is gathered solely around child development, a major part of the story is omitted because many early childhood programs also influence parents' well-being and economic stability. Understanding the needs of the parent population can translate directly into policymaking support for labor laws and incentives, such as financial support for extended child care hours to advance parental careers.⁷¹

A.3 Storytelling with the public

An important avenue for reaching the public is through social media platforms, particularly as more individuals of childbearing age are connected to these resources. A review of CCRI's social media presence indicates an opportunity to grow in public storytelling through online forums, raising awareness of child care issues and available resources that families can access.

Table A1. Channel assessment and recommended use

Platform	Current position	Best use
Facebook	1.2K followers, 55 following, frequent posting.	Reaching parents and the general public with resources, awareness raising, and advocacy.
Instagram	282 followers, following 14, 199 posts. Recent content posted April 2026; before 2026 posting was inconsistent, which may reflect staffing.	Reaching parents and the general public with resources, awareness raising, and advocacy.
LinkedIn	1K followers.	Reaching the current and prospective child care workforce, along with advocacy outreach.

⁶⁹ Child Care Aware of America, state policy dashboard; *Making Child Care Strong: The Role of CCR&Rs* ; Mecklenburg County Quality of Life Explorer.

⁷⁰ Cannon et al., "Investing Early."

⁷¹ Washington State Department of Children, Youth, and Families, *Policies and Investments to Increase Child Care Access and Compensation: A Scan of National and State Examples*.

Platform	Current position	Best use
YouTube	28 subscribers, 105 videos, two years since the last post, most content five years old.	Hosting webinars or information sessions about CCRI resources and initiatives; clips can be repurposed as Instagram reels.

One evidence-based expansion opportunity is increasing conversation through the r/Parenting community on Reddit. That platform reaches more than eight million members. One third of U.S. parents report engaging at least monthly in peer conversations about child-rearing, with 42% of mothers regularly engaging.

Strategies for improving storytelling on social media

- **Use two to three hashtags per post** so that content begins appearing in the feeds of current and future followers. Join the conversation with #Childcare, which carries more than 3.5 million posts, or #Daycare, #EarlyLearning, #ChildcareProvider, or #EarlyChildhoodEducation. For accessibility, capitalize the first letter of each word in multi-word hashtags.
- **Post consistently.** Visibility rises with regularity and strategic goals can be met incrementally as staffing and capacity increase. Two posts per week across Facebook and Instagram is a workable starting point. Followers anticipate engagement when a schedule is set: #ThrowbackThursday worked because users knew the posting day and generated content aligned with the theme. CCRI can create a similar rhythm — a child care advocacy update on one fixed day each week, and a community partner or family highlight on another, to build personal connections to local resources.
- **Use scheduling tools.** Native scheduling functions, or Hootsuite, Later, or Buffer, support preset content releases.

Table A2. Recommended posting windows by platform

Platform	Recommended window
Instagram	Tuesday to Wednesday, 1 to 7 p.m., or Monday to Thursday, 2 to 4 p.m.
Facebook	Tuesday to Wednesday, 12 to 8 p.m. is peak
LinkedIn	Tuesday to Thursday, 7:30 to 8:30 a.m. and around 5 to 6 p.m.
TikTok	Daily, 6 to 11 p.m., with high engagement in the mornings
X (formerly Twitter)	Weekdays, especially 9 a.m. to 3 p.m.

Source: platform engagement guidance compiled via Buffer.

Appendix B. The Annual Report Framework

This report is designed to be published annually. The design problem is that CCRI already publishes the Pulse continuously, so an annual report that simply re-describes the dashboards adds work without adding new information. The framework below is built around a different division of labor: **the Pulse reports current conditions, and the annual report fixes a dated extract, holds definitions steady, explains what changed, and goes deep on one theme.**

B.1 How each edition is refreshed

Every component below has a refresh rule, so that producing the next edition is a defined task rather than a rewrite.

Table B1. Components of every edition and how each refreshes

Component	What it contains	How it refreshes
Dated extract and scope note	The single date on which all Pulse figures were read, and what that means for the reader.	Pull every county figure on one named date each year and archive the extract. This is the first task of each edition and everything else depends on it.
Executive summary	Headline findings, the partnership and its boundaries, and a guide to the report's parts.	Rewritten each year from the new extract. Kept to one page.
Why child care matters	The anchor system argument, with employment and economic evidence.	Reviewed every edition; rewritten only when new state or national evidence changes the argument, in practice every two to three years.
How to read the data	Dashboard inventory, indicator definitions, timing, and boundaries.	Carried forward unchanged unless a Pulse definition, dashboard, or refresh rule changes. Any change is noted in the text, not silently absorbed.
Core indicator set	The Pulse market pressure indicators plus utilization and price by age band.	Same measures, same definitions, same order, every year. From the second edition onward, each indicator carries a change column against the prior extract.
Findings by domain	The seven domains, reported in the same order each year.	Each domain reports what moved against the prior extract and what did not. A domain with no movement says so rather than being dropped.
Equity overlay	Concentrated access burden, with demographic and geographic detail.	Updated annually from the same dashboards, using the same ZIP-level tables so the comparison holds.
Measurement gaps	What the report could not measure, and where each gap is being taken up.	Carried forward. An item is marked resolved only when the underlying data exists, not when the wording improves.
Thematic spotlight	One issue examined in depth.	New topic each year.

Component	What it contains	How it refreshes
Companion Research Agenda	Priority research questions and sequencing.	Reviewed annually alongside the gap list; published as a separate document.

B.2 Flexible spotlight component

Each edition includes a thematic spotlight. Year 1 focuses on the structure of access: how age, price, subsidy, location, and schedule together determine whether a licensed place is usable. Possible future topics include workforce compensation equity, quality distribution by neighborhood income, nontraditional-hour care, and the experience of families who never reach a formal referral system.

Appendix C. Measurement Gaps and the Research Agenda

Year 1 names ten things it could not measure. Eight are taken up in the companion *Strategic Research Agenda*, which carries the method, data requirements, and sequencing for each. Two are not research questions at all: they are changes CCRI can make to what it collects. This appendix is a map, not a plan; the Agenda itself holds the detail.

Table C1. What this report could not measure, and where each gap is taken up

Gap	Where it arises	Where it is taken up
Workforce compensation, turnover, and vacancies	Chapter 6	Strategic Research Agenda, workforce development. The Agenda notes that its turnover analysis cannot run until a provider workforce module exists, and selects that module as a Year 2 priority.
Why subsidy take-up falls short of eligibility	Chapters 5, 9	Strategic Research Agenda, economic impact — subsidy adequacy and take-up in Mecklenburg County.
A county-level economic model	Chapter 7	Strategic Research Agenda, economic impact — the economic contribution of the sector and the cost of constrained supply.
Families who never reach a referral system	Chapter 10	Strategic Research Agenda, education and early learning — why families in low-utilization areas do not enroll. A Year 2 priority, extended through the health domain.
Nontraditional-hour and part-day care	Chapters 4, 10	Carried in the Agenda's economic impact work on shift work, and tested directly in the education and early learning work on enrollment.
Provider stability over time	Chapter 8	Strategic Research Agenda, education and early learning — the stability and continuity of care arrangements.
Quality distribution by income and place	Chapter 8	Strategic Research Agenda, education and early learning — affordability against developmental quality, and market conditions read through an early learning lens.
Equity analysis below ZIP code level	Chapter 9	Strategic Research Agenda, health — child care access alongside housing and food insecurity.
Provider-confirmed vacancy	Chapters 4, 5	Not a research question. A periodic vacancy-confirmation cycle with providers would let CCRI separate genuine slack from unusable capacity.
Family language beyond English and Spanish	Chapter 9	Not a research question. Expanding the recorded language field would close it. See Appendix A .

Source: *Strategic Research Agenda*, Mecklenburg County. Domain names are the Agenda's own. The Agenda also sets out which work can begin immediately, which needs new data collection, and which depends on outside agreements.