

# Ongoing Evaluation of Harris County's Early REACH Contracted Slots Child Care Program

## First Annual Report (September 2025) Executive Summary

This is the first of four reports in the ongoing evaluation by the UH IRWGS of the Harris County Department of Economic Equity and Opportunity's Early REACH Program (ER). ER was initiated as a pilot, and funded with federal American Rescue Plan Act (ARPA) dollars, sufficient to cover the cost of 800-to-1,000 contracted slots in high-quality child care deserts from June 2023 through September 2026. The program aims to provide free, high-quality care for children whose families face economic hardship and/or live in areas of Harris County with a high Social Vulnerability Index.

The national affordable child care shortage is also an issue in Harris County. Of the roughly 322,000 children 4 and under in the county, at least 166,092 would be eligible for a contracted slot under ER's "85% of State Median Income" criterion. Even with multiple sources of federal child care funding, in Harris County there is a federally funded slot available for fewer than 1 in every 5 eligible children (18%).

### Accomplishments to date

- Developed **prioritization mechanism** for allocation of children to slots.
- Developed, fielded, and analyzed **two large-scale surveys**, of caregivers and child care centers, including both participant and comparison groups. Five survey rounds will be fielded.
  - First round of Family Surveys – 941 respondents
    - Topics include labor-force, school, health, child wellbeing, income data, etc.
  - First round of Center Surveys – 137 respondents
    - Topics include services, tuition/fees, expenditures, staff demographics, positions filled, salaries, attrition, children served, ER slots filled, demographic data, etc.
- Collected and **analyzed administrative and program data**, in addition to survey data.

### Initial findings

- Our invoicing data analysis finds that the **vacancy fill rate** was largely consistent across centers, and that, on average, centers took approximately **5 months to achieve a 97% steady state** filled rate, an efficient outcome.
  - Stopping and re-starting the program would be costly**, since it would involve repeating the ramp-up period, with its built-in high vacancy costs.
- Among caregivers not working when they applied to ER between December 2023 and May 2025, those awarded ER slots were 12.1 percentage points more likely to begin working relative to those who were not awarded slots (44.7% vs. 32.6%). Thus caregivers/parents with ER were **37% more likely to become employed** than caregivers/parents without ER.
  - Many of these caregivers' children were admitted recently, and since labor market entry takes time, this **may be an underestimate** of the ultimate effects on employment.
- **Wages for staff rose** among both designated **ER staff** for whom a \$15/hour minimum was required **and non-ER staff** in the same centers. (The minimum is higher than market wage to attract skilled workers and increase retention.)
  - This suggests that **ER funding had spillover effects**, lifting compensation across all ER center staff.
- **Staffing levels increased** significantly more at ER centers compared to non-ER centers, at all age levels.
- ER centers consistently reported **lower tuition levels** than non-ER centers (another apparent spillover effect), although the differences were not statistically significant.

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The gap between the rapid ramp up of the ER program and the start of the evaluation has presented some challenges, which we have worked assiduously to resolve. In subsequent reports, we will extend and expand these analyses to examine ER program-specific outcomes in the context of broader family, community, labor-force, and market impacts. The results presented are preliminary; more in-depth and comprehensive analyses will be conducted in the next phases of the study.

**Among the data and issues to be examined in future reports**

For centers:

- the numbers of slots added across centers (net enrollment change in ER vs. non-ER centers)
- total funds expended on vacant seats to date
- any observable spillover effects of ER on centers in the vicinity of ER centers
- the impact of the contracted slot model on center stability
- time factors involved in quality growth and their impact on center expansion
- changes to the continuity and quality of staff recruited under this system relative to what was in place previously and what is in place in similar but non-participating centers
- analysis of outreach effects

For families:

- the continued transitions into and out of employment for those who are and are not offered slots,
- descriptions of different families who would be offered slots under different allocation mechanisms
- the child care arrangements of applicants prior to being offered a slot
- other measures of family well-being that may be altered by having free high-quality child care.

We will also explore administrative and structural effectiveness and learning over the course of the ER pilot.

# Ongoing Evaluation of Harris County's Early REACH<sup>1</sup> Contracted Slots Child Care Program

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FIRST ANNUAL REPORT

SEPTEMBER 2025

This is the first of four reports in the ongoing evaluation of the Harris County Department of Economic Equity and Opportunity's Early REACH Program, with the final report due at the end of 2026. The project was initiated in Spring of 2023, but due to setbacks with a prior provider, the economic/structural evaluation component was not active until June of 2024. Owing to the absence of the evaluator in the planning phase, no prioritization or data-sharing procedure had been established; so extra steps were needed over the first few months of our work to generate appropriate data-collection and slot-distribution systems. The project implementation team at BakerRipley has collaborated with the University of Houston team to resolve those issues (see Box on p.5 for details), and we are pleased to present the initial report based on the first round of Center and Family surveys, initial application data, and payment data. Subsequent reports will dive into a wider range of issues, based on further analysis and more data gathered over time to gauge economic and other structural impacts of the program on centers, families, children, and the community.

## 1. SETTING

### 1.1 Early REACH Program Framework

The Early REACH program (ER) was initiated as a pilot, and funded with federal American Rescue Plan Act (ARPA) dollars, sufficient to cover the cost of 800-1,000 contracted slots in high-quality child care deserts from June 2023 through September 2026.

The program was initiated by onboarding 26 pre-existing child care centers over the period June-December 2023 (the large majority were Texas Rising Star (TRS) 3 & 4, and a few were rated TRS 2 with plans to improve), offering roughly 800 slots consistently since February 2024 (see section 2).<sup>2</sup> Over the course of the pilot, seven centers have exited and been replaced by new centers and/or with expanded ER slots in centers that were already participating, while maintaining a steady slot count.

Per the Policy Manual, through ER: "Harris County will partner with existing child care centers to offer high-quality spaces to prioritized families. Spaces will be available to children ages 0 to 4 who either

- A. live in areas of Harris County with a high Social Vulnerability Index (SVI), and/or
- B. whose families face economic hardship.

In addition to increasing the number of children served in high-quality centers, the pilot aims to stabilize small child care businesses by securing a livable wage for child care workers."

Where possible, the program aims to expand slots in high-quality child care deserts, both by adding slots there in pre-existent high-quality (TRS 3 & 4 rated) centers and by improving the quality of child care in those and other centers.

Additionally, ER provides centers with teacher training/coaching (through United Way) and center-owner business training/coaching (through Civitas). It also provides families with benefits beyond those provided in the other federally funded programs by expanding on the limited hours offered at Head Start; and improving on the funding model of the Texas Workforce Commission (TWC)/Gulf Coast Workforce Board (GCWB) child care scholarships, which requires a co-pay, requires that recipients have or get a job, quickly, and cuts off recipients' funding when their wages rise past the 85% SMI (State Median Income) threshold—potentially causing loss of the jobs child care is aimed to support.

Children are eligible for ER if they:

- Are age 0 to 4
- Live in Harris County
- Meet at least one of the following criteria:
  - Live in a family that earns 85% or less than the State Median Income (SMI)
  - Live in an area of high need (.75 or above) per the SVI
  - Are experiencing homelessness
  - Are in foster care
  - Receive WIC, SNAP, TANF, free or reduced lunch, or SSI income

One online source indicates that high-quality child care in Houston can cost more than \$3,000/month, and in 2022 paid care averaged \$1,100/month for full-time, full-day programs of all quality levels.<sup>3</sup> While most paid child care covers the full workday, most public preschool programs have limited hours, leaving working parents to locate after-school care and summer care, or if they don't succeed, then to work only part time or exit the workforce.

<sup>1</sup> Raising Educational Access for Children in Harris County.

<sup>2</sup> TRS features three certification tiers—Two-Star, Three-Star, and Four-Star—rewarding providers who exceed standard state licensing in quality standards.

<sup>3</sup> Brightwheel, "2023 Cost Guide for Houston Daycares and Preschools," online.

## 1.2. Harris County Child Demographics and Access to Federally Funded Care

Per our analysis of 2023 American Community Survey (ACS) data, Harris County is home to about 322,000 children four years old and under, and, of those, at least 166,000 children— more than half—would be eligible for ER by the “85% of SMI” criterion.<sup>4</sup> At the onset of the program, admission was on a first-come, first-served basis, provided that applicants met the eligibility requirements. This served the goal of filling the initial vacancies quickly to get the program underway, which was key to reducing the overall per slot cost of the program. But it also meant that initially there was no prioritization by relative need within the group of eligible applicants, and those who heard about the program first had a greater chance of admission.

Following our discussions with BakerRipley in August 2024, they transitioned to prioritizing enrollment through a points-based system that favors the most vulnerable children. This means that more of those enrolled since October 2024 are likely to be among the roughly 72,000 children age 4 and under who live under the federal poverty line (FPL) in the county, as indicated in Table 1.2.1, or who are otherwise highly vulnerable. Upcoming reports will explore the degree to which prioritization has or has not affected the social vulnerability levels of the pool of enrolled children.

**Table 1.2.1. Harris County Children 4 and under, by Race/Ethnicity @ % at or below FPL @ % at or below 85% of State Median Income (eligible for Early REACH)**

	Number of children	% of Total	# FPL	% FPL	# 85% SMI	% 85% SMI
Total	317,370*	100.00	72,178	22.74	166,092	52.33
Non-Hispanic White	56,451	17.79	3,753	6.65	11,209	19.86
Non-Hispanic Black	55,332	17.43	16,604	30.01	35,779	64.66
Non-Hispanic Asian	15,568	4.91	1,730	11.11	5,414	34.78
Hispanic	170,353	53.68	46,421	27.25	106,271	62.38
Non-Hispanic Multiple Race	17,592	5.54	3,608	20.51	5,864	33.33
Non-Hispanic Other	2,074	0.65	62	2.99	1,555	74.98

\*For this table, we use only those with a valid income variable (see footnote 4)

If their parents are employed, in school, or actively looking for work, those same children are also eligible for two other federally funded child care programs: the Gulf Coast Workforce Board’s Workforce Solutions child care scholarships, and Head Start/Early Head Start, which offers slots only to those at or under 130% of the FPL or high on the SVI.

**Table 1.2.2. Sources of Federal Child Care Funding in Harris County**

Entity Name	# of Harris County Slots	# of Harris County Kids in Queue	Avg \$ Spent Annually/Child	Total \$ Spent Annually in Harris County	Cost to Family
TWC/Gulf Coast Workforce Board/ Workforce Solutions	24,375~ *[65% of total]	30,000~	\$10,000~ [dividing the total by the slots]	\$240,500,000~ *[65% of total]	Small daily co-pay
Head Start (3-5) & Early Head Start (0-3)	4,700~	NA	\$14,000~ [averaging EHS & HS, proportionately]	\$65,800,000~	Free
Early REACH	800	2,000~	\$18,750 [dividing the total by the slots]	\$15,000,000 [3.3 yrs total]	Free
Total	29,900~	30,000~		\$321,300,000~	

\* These numbers are informed estimates. Though exact GCWB figures for Harris County are not available, 65% of the population of the Texas Gulf Coast region live in the county, and the number of Harris County children in queue is about 65% of the total waitlisted. Data for Head Start provided by the Harris County Department of Education directly, and by Avance and GCCSA via their websites.

The ER program augments the federal child care dollars long supplied to Harris County families through those two programs, and it aims to improve upon their operating models. Taken altogether, the three federally funded systems provide substantially fewer slots than needed, as indicated by the numbers of slots funded and the queues (Table 1.2.2), and by the overall numbers of eligible children (Table 1.2.1)—though not all families want to put their children in child care. In Houston, Bezos Academy also

4 About 5,000 children in the ACS lacked a valid income variable so while the total ACS estimate is 322,578, for the purposes of this analysis, and since there is no reason to think the demographics of the omitted group differ notably, we discuss only those with the valid variable. For reference, here is the full demographic breakdown.

5 Number for Houston slots confirmed by Bezos Academy Southside Head of School, Fall 2025.

Race/ethnicity combined	Number of children 4 and under	Percent	Cumulative
Total	322,578	100	
Non-Hispanic White	57,680	17.88	17.88
Non-Hispanic Black	57,058	17.69	35.57
Non-Hispanic Asian/Pacific-Islander	15,568	4.83	40.4
Hispanic	171,551	53.18	93.58
Non-Hispanic multiple race	18,046	5.59	99.17
Non-Hispanic Other	2,675	0.83	100

## EVALUATION FRAMEWORK DEVELOPMENT

The Early REACH (ER) program became operational in Spring of 2023 and onboarded the initial child care centers and began enrolling children in Summer/Fall 2023, with BakerRipley (BR) as administrator, and United Way and Civitas as collaborators on teacher and center quality. The originally scheduled economic/structural evaluator did not come on board, however. The University of Houston (UH) IRWGS team was hired in Spring of 2024 and began work in June.

Due to the absence of the economic/structural evaluator in the planning phase, no evaluation plan or data-collection framework had been established; so over the first few months of our involvement, we worked with BR to generate the data-collection and slot-distribution systems needed for the evaluation.

When we came on board in June 2024, there was no randomization process in place or any form of comparison-group generation; children were being admitted on a first-come, first-served basis (meaning some bias toward better-informed applicants was likely); and applications were cut off when the available slots were full, making it difficult to create a natural comparison group from those then in the queue. This model seems to have been adopted both in order to fill the vacant slots most quickly—important during program ramp up, and also due to lack of guidance on prioritization methodology. In summer 2024, BR's data collection was also in transition between Smart Sheet and Salesforce, making some of the data inaccessible for several months.

From June 2024 forward, we worked with BR to address these gaps. We developed code to simulate placeholder data that could be used to prototype selection mechanisms. The first draft of a selection mechanism used the simulated data within the R coding language. The general outline of this framework was shared with Harris County in August. By August BR had filled most of their open slots from their queue. After this they paused assigning the next cohort in order to build a bigger pool to prioritize and randomize.

In October, the UH team presented to BR and Harris County an assignment mechanism that prioritizes applicants based on need, matches with desired center slot availability, and randomizes ties. After extensive back and forth, BR chose a modified prioritization method, that retains a first-come-first-served element, in order to save staff time and to reward families who'd been waiting in the queue (customer-service focus).

UH created a data request form and evolved it for Salesforce capacities through discussions. The first data batch in the new format was sent in mid-January 2025. Payment data was shared over the summer of 2025, and issues raised by transitions in that collection were addressed.

Parallel to this work, across Fall 2024 the survey team developed the Family and Center surveys, utilizing pre-existent surveys to identify relevant, tested questions, and developing new questions as needed. The Family Survey comparison group was drawn from those in the queue for ER slots, while the comparison group for the Center Survey is comprised of those TRS-rated centers in the vicinity of ER centers who responded to our invitation to participate. Our Internal Review Board approvals for the Center and Family phases of the project were received; we piloted the Center Director survey beginning later that month, for full roll out in Q1 2025; and the Family survey was rolled out in Q2. These surveys, which involve both those in the program and comparison groups of similar centers and families, will be repeated three times in the coming year, with some continuing and some new questions. Exited families (largely graduates) will also be surveyed.

Additionally, we have tracked data on child care workers, wages, and establishments in Harris County over time (1990-2024) for comparison. And we have utilized the application data to do initial analyses of the characteristics of the applicant pool, their relation to the general population, and who got slots.

supplies 220 free child care slots to families below FPL, and some churches supply some slots as well.<sup>5</sup>

Of the at least 166,000 Harris County children eligible per our calculation from American Community Survey data, about 29,900 currently receive federal funding through one of the three programs, and at least 30,000 are in queue. The 29,900/166,000 ratio means that **there is a federally funded slot available for fewer than 1 in every 5 eligible children** (18%). If all the slots went to children in families at or under the federal poverty level (based on prioritizing the neediest), the ratio would be **29,900/72,178**—meaning **fewer than half of the most-needy children** (41%) would have access. Additional families would likely join the waitlists if they knew more slots were available.

While some without access to center-based child care may utilize family care (often unpaid) in order to work, that care may be less regular or otherwise complicated. Lack of child care of any kind may be a particular issue for immigrant families, because they often do not have grandmothers or other family members

nearby who might provide free child care.<sup>6</sup> Forty-two percent of Harris County children 4 and under have at least one immigrant parent (ACS 2023).

### 1.3 Program Goals & Potential Workforce Effects

The ER program addresses at least four issues:

- The need to prepare children to succeed in school through high-quality early childhood educational programs for families who so choose.
- The need to support parents who want to work or go to school but can't afford center-based child care on their own, and/or cannot or prefer not to access free family care.
- The need to pay a living wage to child care workers, for fairness and quality of care, through attracting more skilled workers and retaining workers more consistently.
- The need to address the instability of child care businesses dependent on students being steadily present, highlighted during COVID but always the case when the funds follow the child instead of the slot.

<sup>6</sup> IRWGS, RAPID Update June 2024.

All of these items have workforce components, impacting:

- **Parental workforce in the present:** Parents are enabled to work full time when they have full-time care.
- **Children, the workforce of the future:** Investment in Early Childhood Education upskills future workers and increases their overall likelihood of success in life.
- **The child care workforce:** Child care businesses increase and cut employees based on the stability and size of their demand and are better able to hire skilled workers and retain them when they pay a better wage.

Ongoing national research suggests that, similar to public education, the benefit over time of investment in early childhood education outweighs the initial cost through economic ripple effects across the community in the near and long terms. Such effects are hard to track directly, but as Robert Lynch (2024) has argued, the costs of public assistance, remedial services, and criminal justice decline; and Humphries et al. (2025) have found that the direct effect of taxes paid over time by employed mothers offsets the cost of investment in Pre-K.<sup>7</sup> At issue in this evaluation is not whether child care is worthwhile, but to examine the economic and structural outcomes of this program for centers, families, and the community.

### 1.4 Harris County Population and Child Care Demand

The level of demand for child care is linked to the number of children present in a region. Population age 4 and under is a function of the number of births over the past five years, and in- and out-migration to the region. Harris County fertility rates have fallen markedly over the past 17 years, as have rates across Texas and nationally, so even as the population increases the number of births has declined. We can thus expect that the level of *underlying* demand for affordable child care for children born in Texas (and elsewhere) has declined and may continue to decline—though demand for child care may still grow if the level of in-migration from other states and nations increases. But either way, current *stated* demand for affordable child care outstrips current supply and will continue to do so unless supply increases markedly.

Conversely, if the decline in births is seen as in part to be the result of families feeling that they are unable to responsibly support

**Table 1.4.1. Number of Births and Fertility Rates in Harris County, TX in 2007, 2010, 2015, 2020, 2023**

Year	# of Births	Population of Females 15-44	Fertility Rate
2007	71,409	873,079	81.79
2010	68,219	910,505	74.92
2015	73,478	996,641	73.73
2020	63,813	1,025,724	62.21
2023	65,027	1,052,099	61.81

CDC, Wonder Database: Births

<sup>7</sup> Robert Lynch, *Exceptional Returns: Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development* (Economic Policy Institute, 2004); and John E. Humphries et al., “Parents’ Earnings and the Returns to Universal Pre-Kindergarten,” *NBER Working Paper* 33038 (2024). See also, F. A. Campbell et al., “Early childhood education: Young adult outcomes from the Abecedarian Project,” *Applied Developmental Science*, 6:1 (2002): 42-57; James Heckman and Ganesh Karapakula, “Intergenerational and Intragenerational Externalities of the Perry Preschool Project,” *NBER Working Paper* No. 25889 (2019); Arthur J. Reynolds, et al., “Age-26 Cost-Benefit Analysis of the Child-Parent Center Early Education Program,” *Child Development* 82:1 (Jan-Feb, 2011).

<sup>8</sup> ZCTA, the Census Bureau’s approach to zip codes, is used interchangeably with Zip Code unless otherwise stated.

<sup>9</sup> NB: A new center onboarded in mid-August 2025 is not included in this count.

**Table 1.4.2. Estimated Number of Children Ages 0 through 4 in Harris County, TX by Single Year of Age, 2023**

Age	Number
Total 0-4	322,578
Less than age 1	65,241
Age 1	66,054
Age 2	64,060
Age 3	63,523
Age 4	63,700

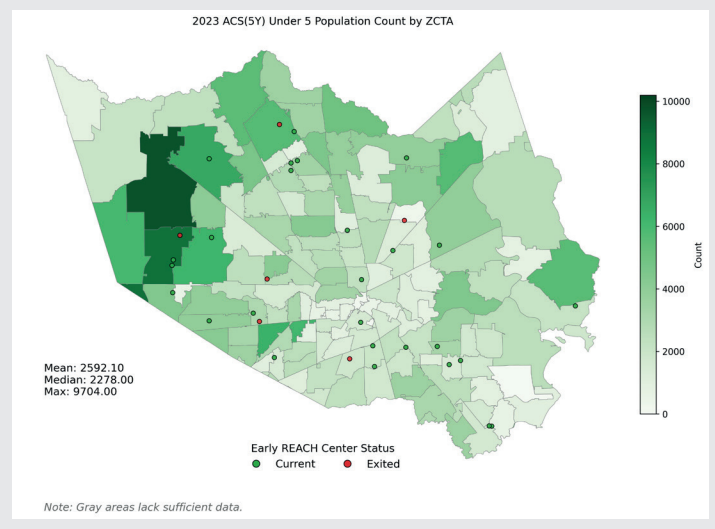
American Community Survey estimates

children due to the unaffordability of child care, as has been understood to be the case in some degree, then the decline in demand may be read as a signal that more affordable child care slots are needed, if increased births are a goal.

### 1.5 Maps, Population, Poverty, and Early REACH Center Locations

As discussed above, the number of children age 4 and under in Harris County is roughly 322,000 (2025, ACS). Figure 1.5.1 maps this

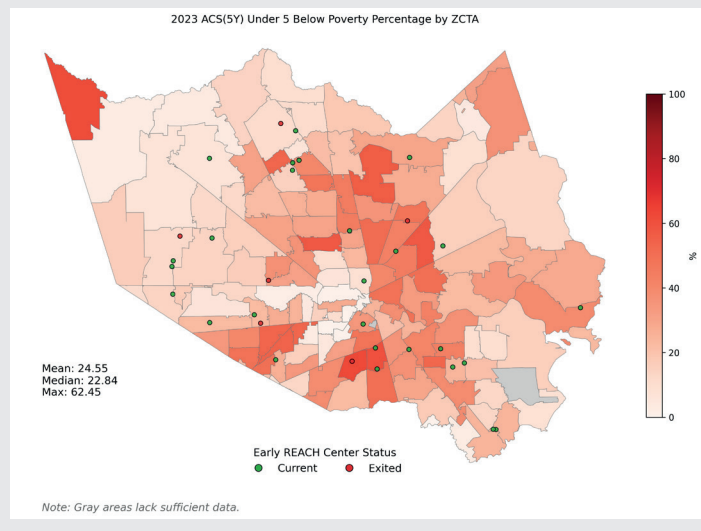
**Figure 1.5.1 2023 ACS(5Y) Under 5 Population Count by ZCTA**



population by Zip Code Tabulated Area,<sup>8</sup> along with the locations of the 33 centers that have participated in the ER program to date.<sup>9</sup>

Figure 1.5.1 shows the variation in the distribution of children across the county, with some higher population zip codes on the west side of the county.

Figure 1.5.2 2023 ACS(5Y) Under 5 Poverty Percentage by ZCTA



Given the motivation behind the ER program’s design, we look also at the presence of child poverty across the county. Figure 1.5.2 maps the percentage of children under 5 living in a household with an income below the Federal Poverty Line (FPL).

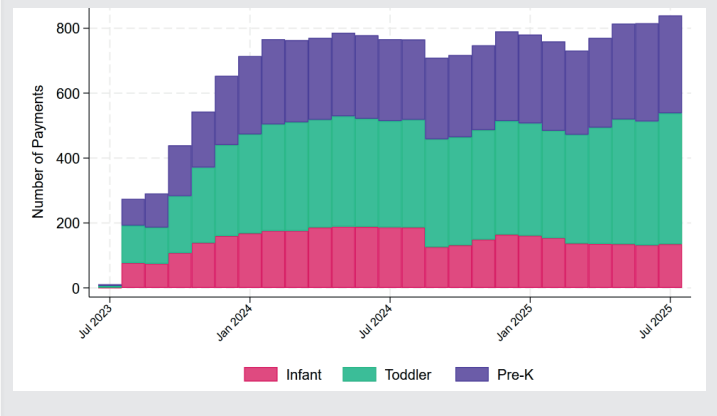
In Figure 1.5.2, we can see that higher poverty rates cluster largely (though not solely) in the county’s center. ER centers were selected for County coverage, based in, or in proximity to, high-quality child care deserts and areas with a high Social Vulnerability Index.<sup>10</sup>

## 2. EARLY REACH INVOICING DATA INITIAL ANALYSIS

BakerRipley makes monthly payments to Early REACH (ER) centers for each contracted slot. Their administrative records include the amount of payment per slot, the age level for the slot, as well as whether the slot is currently occupied or vacant (awaiting assignment). Centers joined the ER program over time, with 9 onboarded through July 2023, 21 by the end of September, and the full initial complement of 26 centers was not set until January of 2024.

Using the data in these records, we find that, in total, ER has supported on average 700 monthly payments for full months of child care for enrolled children, from August 2023 through July 2025, and if we exclude the ramp-up period, an average of 770 enrolled children per month from February 2024. This amounts to 16,790 full child care months provided (data on partial months of care will follow in the next report). This includes on average 440 filled slots per month in 2023 (excluding July 2023, a short month), 765 in 2024, and 787 in 2025. For 2025, the monthly average number of payments by age group includes: 141 for infants, 362 for toddlers, 283 for preschool children. In the sections below, we document the ratio of total payments supporting vacant slots, and the average costs per slot.

Figure 2.1 Filled Full-Month Payments

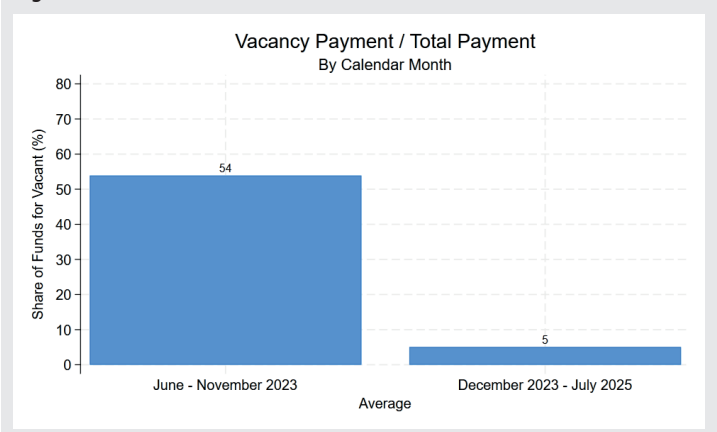


### 2.1 Contracted Slots Vacancy Payment Ratio

One of the key features of the ER program is that it contracts to fully fund a set number of slots at a center for a given period, and as a result the center experiences no gaps in revenue if a slot is vacant for a short while (up to 3 months), awaiting the next enrollee. While this program design aims to improve center stability, the cost-effectiveness of the program depends partly on the share of payments that support vacant versus filled slots. We analyze this share in this section.

To conduct this analysis, we compare the funds spent on ER center “vacancy payments” (with no attached child ID) to total funds spent on center slot payments per month. We began by examining this ratio by calendar month to understand how the share of funds used for vacancy payments changes over time. Predictably, the highest ratio of vacancy payments occurred at the beginning of the ER program, from June 2023 through November 2023. During this period, new centers were joining each month, so the monthly average percentage of funds paid at the start of each month for vacancy payments was 54%. Although this might seem high, this was the period when centers were onboarding and as they entered all the new centers (24 in that period) began from a position of full vacancy, and then filled, with some delay due to the need to process applications, make admissions decisions, and match families with their preferred centers.

Figure 2.1.1



<sup>10</sup> Per Texas Policy Lab’s 2022 child care desert map, of the ER centers featured there, all were located in quality child care deserts.

Figure 2.1.2

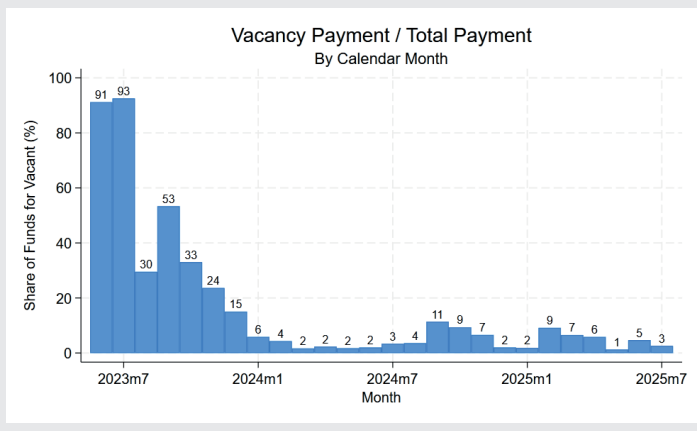
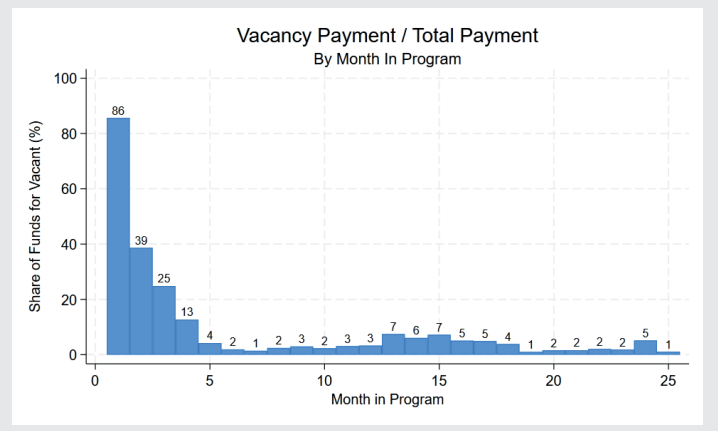


Figure 2.1.4



After an initial program ramp up of about five months, the average vacancy rate per calendar month dropped to just 5% (Figure 2.1.1). After ramp up, 95% of the ER payments to centers went to payment for enrolled child slots, and the 5% supported temporarily vacant contracted slots in between child enrollments. Examining the results on a calendar month-by-month basis, the vacancy payment rate exceeded 90 percent in the initial two months and dropped in some months to as low as 1 percent. The rate is higher in some later months during periods of introduction of new centers to the ER program (Figure 2.1.2). (Because funds were paid up front monthly, slots that were filled later in a month are not accounted for in this analysis. We are working with BR to clarify the partial-month payment data, and later reports will document it in more detail.)

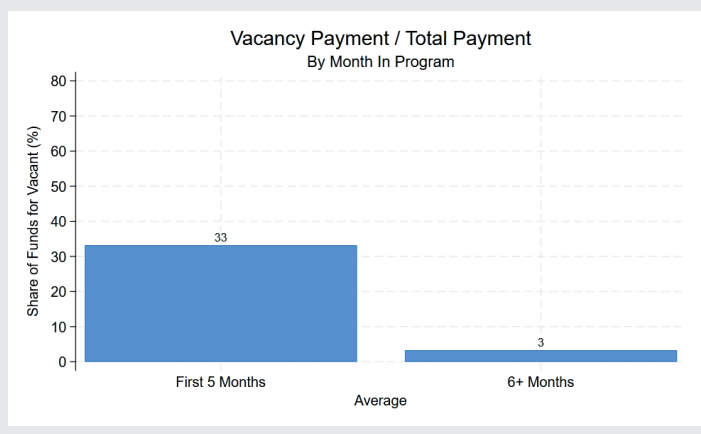
We next examine this vacancy payment ratio for each center by “month in program.” In this framework, all payments to the 33 centers that have participated in ER in their first month are grouped into “month 1,” payments in their second month into “month 2,” and so forth, regardless of the calendar month in which the center entered the program. This approach provides a clearer view of how funds used for payments not tied to children’s IDs evolve over time at the center level. Again, it takes approximately five months in the program for a center’s vacancy payment ratio to stabilize, on average. During this initial period, the average vacancy rate per month in program was 33% (and likely a bit lower when mid-

month slot fills are included in the analysis), but after stabilization the average falls to about 3% for the remainder of the period (Figure 2.1.3). The next figure (Figure 2.1.4) shows the trajectory over time of the month-in-program model.

We also examine this ratio by age group, beginning with Infants, and we find a similarly low vacancy payment ratio after center ramp up. Averaging over the first five months in the program, the vacancy payment rate for infant slots is 26%. This drops to an average of 4% in the remaining months. Next, we examine the Toddler age group. During the five-month stabilizing period, the average vacancy payment rate for toddlers is 30%, which then drops to just 3% in the later months. Lastly, we examine the Pre-K age group. Among all age groups, Pre-K has the highest vacancy payment rate during the first five months, averaging 42%. Similar to Infants, this average falls to 4% in the later months, though the pattern takes a slightly different shape.

The high initial vacancy payment rate is likely an inherent feature of a contracted slots program during any initial ramp-up. The low level of vacancy payment after a short period of initial ramp up indicates high vacancy replacement efficacy, as the program was able to quickly find new children to fill newly vacant slots. While we are unable at this point to directly analyze the benefits of operational stability that ER contracted slots provide for centers, these data indicate that the potentially increased contract stability comes at relatively small vacancy cost: for an onboarded ER center with 33 ER slots, after 5 months in the program on average there is only 1 vacant slot each month. The finding indicates that stopping and restarting the program would be costly, due to the high ramp-up vacancy costs.

Figure 2.1.3



**2.2 Average Monthly Payment per Filled Slot**

To understand the per month and per slot cost of the program, we look at the average Total Monthly Payment per Filled Slot (TPFS). This is calculated as the total monthly payment (in dollars) to a center divided by the number of filled slots, as measured by payments with a child ID attached (a close estimate of the number of children provided with child care through ER that month by that center). We compare this measure for each center’s first five months (F5M) in the program versus months six and beyond (6+M). These statistics take into consideration the vacancy payment

rate analyzed in the prior section to measure the effective, rather than the nominal, payment per monthly child care slot under ER.

Starting with the average across all centers, we see that the TPFS decreased sharply for each age group as the ER program ramped up (Table 2.2.1). The largest change occurred in Pre-K, with an average drop of \$1,534 (51%) from \$2,993.19 per monthly slot during the first 5 months of program introduction and a cost of \$1,459.25 after a center has joined the program for six and more months. This decrease shifted Pre-K from being the most expensive age group during the F5M period to the least expensive during the 6+M period (Table 2.2.1)—largely because Pre-K slots cost less, once they are filled; and during ramp up many were vacant.

The downward shift in TPFS highlights an important consideration when evaluating the cost of a program such as ER, which is the start-up costs vs stabilization cost (or steady state cost). The 6+month period is effectively a center’s steady state cost. In this state, the estimated yearly cost to provide care for an Infant is \$20,197, for a Toddler this is \$18,418, and for Pre-K this is \$17,511 (compared to overall averages including start-up costs of \$24,804 (Infant), \$24,752 (Toddler) and \$26,715 (Pre-K). The sooner the

**Table 2.2 Total Monthly Payment per Filled Slot by Age Group and by Duration since Program Introduction.**

Age group	First 5 months	6+ Month	\$ Diff. (1) - (2)	% Diff.
Infant (0-17)	\$2,450.93	\$1,683.05	-\$767.89	-31.3%
Toddler (18-36)	\$2,590.51	\$1,534.81	-\$1,055.71	-40.8%
Pre K (36+)	\$2,993.18	\$1,459.25	-\$1,533.92	-51.2%

*The larger the number of initial vacant slot at a center, the larger the drop in cost per filled slot they will experience, once those vacancies fill. This was the case at one large center, that experienced a drop of 79% in the TPFS toward infant slots, of 75% in the cost of toddler slots and a drop of 86% in the cost of Pre-K slots, over the first-5-months period.*

vacancies are filled and a steady state is reached, the lower the overall cost per student.

### 3. APPLICANT AND PARTICIPANT CHARACTERISTICS

#### 3.1 UH Early REACH Survey Data on Families

In this section our primary data source is the Early REACH (ER) Family Survey, administered in May 2025 to a sample of 941 respondents, including families of both enrolled children and non-enrolled applicant children. To contextualize their outcomes, we link this survey to the ER application data, which provides detailed information on caregivers’ baseline demographic and socioeconomic characteristics. Summary statistics for these baseline characteristics are presented in the Appendix.

Among the 941 families surveyed, 377 had children enrolled in a daycare slot funded by the ER program (hereafter referred to as ER participants), while 564 applied but did not receive a slot (non-ER participants). The survey sample is predominantly composed of

mothers: 96% of respondents identified as the primary caregiver. The vast majority are U.S.-born (83%) and 81% are in a single-parent household. Educational attainment is distributed as follows: 38% have a high school diploma or less, 45% have some college education or an associate’s degree, 15% hold a bachelor’s degree or higher. In terms of racial and ethnic identity, 62% identify as non-Hispanic Black, followed by 28% Hispanic, 7% non-Hispanic White, and 1% Asian or Pacific Islander.

Households averaged 3.8 members, including 1.5 adults and 2.3 children. Among the children, there was an even distribution between young children age 0–5 (1.43 per household) and older children age 6–17 (0.82). On average, 0.8 children age 0–5 per household were enrolled in an early education program at the time of the survey. Public assistance programs play a substantial role in supporting families in the sample: 75% receive Medicaid, 61% receive food stamps (SNAP), 48% participate in the Women, Infants, and Children (WIC) program. Per our analysis, nearly half of households are eligible for the Earned Income Tax Credit (46%) and the Child Tax Credit (49%).

#### 3.2 Applicant, Participant, and Eligible Population Characteristics in the Initial Year of Applications

BakerRipley (BR) used a first-come, first-served model among eligible applicants, which meant that parents who had early information about the program and were able to apply more quickly were advantaged. This may have allowed BR to fill the slots faster than they would have with a different prioritization scheme, reducing the cost per student-month served. The next report will have more analysis of the effects of the existing-slot conversions across centers.

This allocation model may have also led to initial disparities between program participants and non-participants in the first year of admissions (June 2023 to May 2024). Non-Hispanic Black individuals are overrepresented in the first round of admissions in both application for and receipt of slots. They account for 58.9% of applicants and 55.7% of enrollees/participants, despite comprising only 21% of the population of children under 5 per 85% SMI and 23% of the eligible population per FPL. This suggests either a higher than usual awareness/engagement rate on the part of this group of parents, and/or a lower than usual awareness/engagement among other groups of parents. In contrast, Hispanic individuals represented the majority of the eligible population at 64% gauged by both FPL and 85% SMI, yet they made up 34% of initial applicants and 38.9% of initial beneficiaries.

This underrepresentation may indicate the presence of informational, structural, linguistic, or other accessibility barriers that reduce participation among an eligible majority and/or a reticence to participate, for diverse reasons, including perhaps some fear of interaction with public services. Non-Hispanic White individuals are also underrepresented, constituting only 4.67% of applicants and 2.8% of beneficiaries, despite representing 7.3% of the eligible population. Similarly, other racial groups—including Non-Hispanic Asian, Indian, and “Other”—exhibited low participation, with relatively small shares among both applicants and beneficiaries that closely mirror or fall below their

eligible shares. The initial means of outreach may have been a factor in effectively alerting eligible people to apply timely, and the first-come, first-served model would have advantaged early applicants. In the next report we will analyze the extent to which the outreach model has changed over the course of the program to date.

Though there are some clarifications needed in the initial applications regarding the employment question, it’s clear that a high proportion of both applicants and enrollees were already working when they applied to ER. This makes sense, given that 73.6% of the eligible population is currently working (ACS 2023). It supports the understanding that many applicants had some form of child care before ER, but that ER was more desirable. (Any slot moved from a subsidy to ER would expand the subsidy pool for others.) In the next report we will explore what child care arrangements were displaced by participation in ER (free family care, center with or without subsidy, etc.) for people who were already working at the time of application and why ER was more desired, as well as how work time commitments were affected.

The data indicate that currently working does not significantly predict the timing of application submission. Eligible working people submitted slightly later in the first group of applicants than eligible nonworking people, indicating that their large proportion is linked to the first-come, first-served admissions policy and their large proportion in the population and among applicants. However, there are significant differences by race and ethnicity. Compared with Non-Hispanic Black families, Hispanic applicants applied approximately 17 days later on average, a delay that is statistically significant. Similarly, families identified as Non-Hispanic Other (which may include Asian, multiracial, or other racial groups) applied about 35 days later, on average. Non-Hispanic White families also tended to apply later (by about 12 days), though this difference is not statistically significant.

#### 4. PARTICIPATING VS NON-PARTICIPATING FAMILY EMPLOYMENT STATUS

To assess the impact of Early REACH (ER) participation on labor market outcomes, we link the family follow-up survey data with baseline information from ER applications. Completed by all families at the time of their initial program request, the application includes self-reported details on employment status and weekly work or school hours. Employment status is based on whether respondents reported working or not working at the time of survey. For this section, we use the unique application ID to merge records between the two datasets, restricting the sample analyzed here to families who responded to the survey and who applied in November 2023 or later (Sample A - including 653 respondents).<sup>11</sup> Early and later applicants are generally similar across most household characteristics.

<sup>11</sup> Overall, early and later applicants are similar across most observed characteristics, with a few notable differences. Early applicants were significantly more likely to be currently enrolled in ER (38 percentage points higher,  $p < 0.01$ ), and thus were more likely to have children enrolled in daycare (45 percentage points higher,  $p < 0.01$ ). They also had larger household sizes (0.36 more members on average,  $p < 0.05$ ), were less likely to receive food stamps ( $p < 0.05$ ) and more likely to be eligible for the child tax credit ( $p < 0.05$ ). All other demographic, household, and education characteristics are statistically similar across the two groups.

**Table 4.1: Effect of ER Participation on Employment among Non-Working Caregivers.**

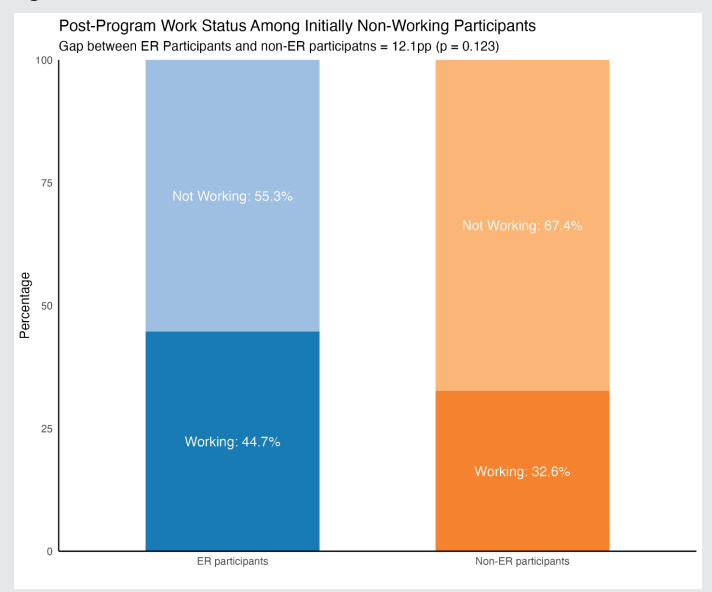
Summary Statistics	(1)	(2)	(3)	(4)
ER Participation	0.12 (0.08)	0.11 (0.08)	0.11 (0.08)	0.11 (0.08)
Observations	225	225	225	225
R-squared	0.01	0.02	0.02	0.02
Education Control	No	Yes	Yes	Yes
Race Ethnicity Control	No	No	Yes	Yes
Marital Status Control	No	No	No	Yes

Standard errors are in parentheses. The sample is restricted to non-working caregivers who applied for ER in November 2023 or later. The outcome variable is whether they have become employed. The main variable of interest is whether their family has participated in ER. Column 1 includes only the ER participation indicator. Column 2 includes the ER indicator and the caregivers’ education level. Column 3 additionally includes race and ethnicity. Column 4 uses the same specification as Column 3 but adds marital status as a control.  
\*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

At baseline, prior to program participation, 59.32% of Sample A reported working. This rate was higher among families that went on to be enrolled in ER (69.2%) compared to non-enrolled families (49.8%). In terms of schooling, 21.8% of Sample A reported being in school at baseline, with similar rates between participating and non-participating groups (21.3% and 22.0%, respectively). Of course, employment and schooling status are not mutually exclusive—some caregivers may report attending school while also being employed.

#### 4.1 Early REACH Effect on Transitions to

**Figure 4.1**



## Employment, to Date

For this section, our primary outcome of interest is the **employment transition rate**—specifically, whether caregivers who were not working at the time of application began working by the time of the follow-up survey. Among **non-ER** participants, **32.6%** of initially non-working caregivers transitioned into employment. Among **ER** participants, **44.7%** began working. This **12.1 percentage point difference (a 37 percent increase)** represents a substantial increase in labor market entry among participating caregivers, suggesting a strong association between access to subsidized child care and improved employment outcomes. (Figure 4.1)

To formally assess the statistical significance and robustness of this observed gap, we estimate a linear probability regression model using applicants from the 2024 and 2025 cohorts who were not working at the time of application. The outcome variable is a binary indicator equal to 1 if a caregiver was working at follow-up. We regress this outcome variable on an indicator for participation in the ER Program, while controlling for an array of individual characteristics, including education, race and ethnicity, and marital status variables. We are interested in the estimated coefficient on the ER participation indicator, which captures the difference in employment between participating and non-participating caregivers.

The effect on employment transition rates is reported in Column 1 of Table 4.1. Among previously non-working individuals in Sample A, those who received an ER slot are 12 percent more likely to be working than those who did not, with a p-value of 0.12. Since our comparison is limited to applicants who applied between November 2023 and April 2025, the assignment of child care slots for the participating group is quite recent. This leaves them relatively little time to re-enter the labor market, so this may be an underestimate of the ultimate effects on employment. In upcoming reports, we will continue to track the rates of transition to employment over time as well as any variation in kinds of employment and/or wages between participating and non-participating groups, and link those to date of entry into the ER program.

We also accounted for other differences across families—such as their background characteristics—so that we could isolate the effect of the program itself. Results are reported in columns 2-4 of Table 4.1. We add baseline controls for caregiver education (some college or more vs. high school or less), race/ethnicity, and marital status. Across regression specifications, we find a very similar average increase of around 11 to 12 percentage points from non-ER to ER participants for the transition rate from not working to working. The consistent results indicate that the finding of increased transition to employment for ER participants is unlikely to be due to factors other than their access to ER.

### 4.2 Early REACH Effect on Chances for Employed Caregiver to Stay Employed, to Date

We also examined employment retention among caregivers who were already working at baseline. The program did not have a statistically significant impact on job retention. The share of caregivers who stayed employed was nearly identical between the

participants (82.11%) and non-participants (81.45%), a negligible and statistically insignificant difference of 0.66 percentage points that proved robust to the inclusion of controls.

## 5. PARTICIPATING VS. NON-PARTICIPATING CENTERS

We conducted a survey of child care centers participating in the Early REACH (ER) program and TRS-rated centers in the vicinity of ER centers and received responses from 137 centers in Spring 2025. Among these, 28 had participated in the ER program and 109 had not participated (non-ER centers). Two of the ER centers that did not respond had already exited or were soon to exit the ER program and 2 were new entrants. This represents an 84.8% response rate out of the total 33 centers that have participated in ER over its existence, and an 88.4% response rate from the 26 ER centers current at the time of the survey.

### 5.1 Staffing Patterns

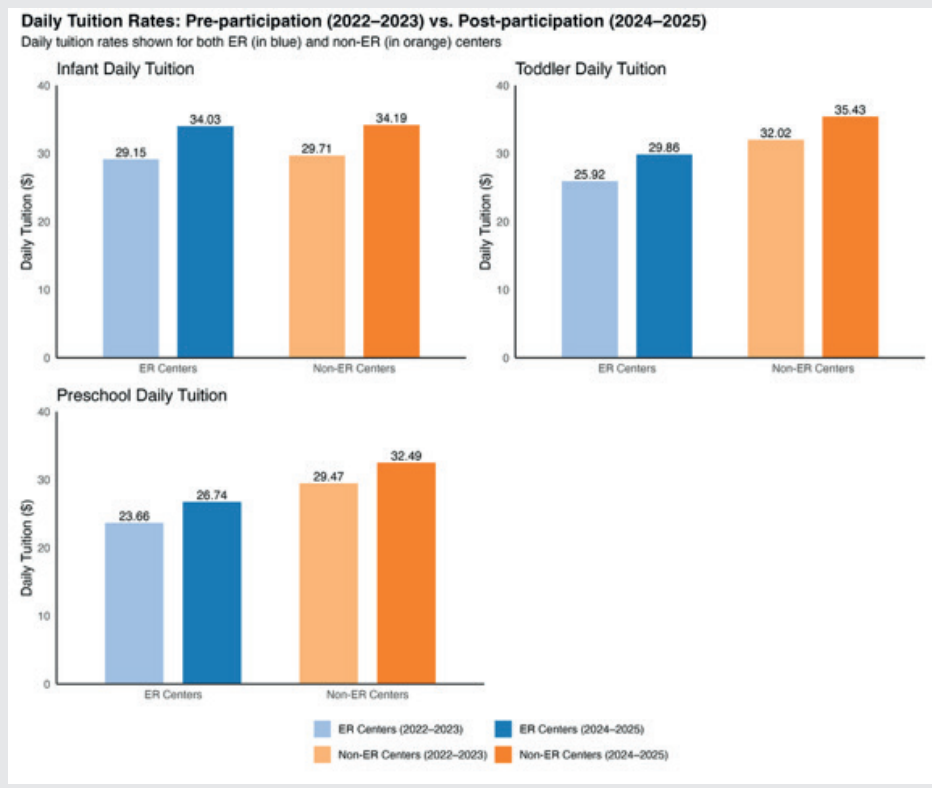
To understand the pre-program staffing landscape, we first examine staffing patterns and teacher characteristics during the 2022–2023 school year at all responding centers. As shown in Table 5.1, among the survey respondents the survey respondents, child care centers employed on average 2.31 infant teachers, 2.48 toddler teachers, and 3.05 preschool teachers. Teachers tended to be experienced: infant teachers had 6.88 years, toddler teachers 6.31 years, and preschool teachers 8.25 years of prior experience on average. Participation in the Texas School Ready (TSR) professional development program for early childhood educators was moderate across roles, with 31% of centers reporting at least one TSR infant teacher, 33% with at least one TSR toddler teacher, and 38% with at least one TSR preschool teacher.

Table 5.1: Summary Statistics: Staffing Pattern - full sample.

	2022-2023 mean/sd	2024-2025 mean/sd	Difference b
# of Infant Teachers	2.31 (1.83)	2.46 (2.03)	0.15
# of Toddler Teachers	2.48 (2.32)	2.59 (2.53)	0.11
# of Preschool Teachers	3.05 (4.15)	2.95 (3.78)	-0.10
Avg. Years of Experience: Infant Teachers	6.88 (5.63)	6.88 (5.63)	0.00
Avg. Years of Experience: Toddler Teachers	6.31 (6.56)	6.31 (6.56)	0.00
Avg. Years of Experience: Preschool Teachers	8.25 (6.33)	8.25 (6.33)	0.00
Any TSR-Certified Infant Teacher	0.31 (0.47)	0.46 (0.50)	0.15 <sup>+</sup>
Any TSR-Certified Toddler Teacher	0.33 (0.47)	0.45 (0.50)	0.12
Any TSR-Certified Preschool Teacher	0.38 (0.49)	0.57 (0.50)	0.19 <sup>++</sup>



Figure 5.3 Daily Tuition Rates



### 5.3 Tuition Trends

Finally, we examine tuition trends over the same period (Table 5.3; Figure 5.3). Because centers charge tuition at different intervals, we standardize by calculating an imputed daily tuition rate for each center. Daily tuition rates increased modestly between 2023 and 2025 across both ER and non-ER centers. The average daily infant tuition rose by \$4.60, from \$29.55 to \$34.15 ( $p < 0.1$ ), while toddler tuition increased by \$3.72 and preschool tuition by \$3.23. ER centers consistently reported lower tuition levels, particularly for toddler and preschool programs, although these differences were not statistically significant.

### To Come in Future Reports

This is the first report in an ongoing series. In subsequent reports, we will dive more deeply into the issues explored here and we will examine data on additional issues. The final report will summarize and analyze the findings.

For centers, these include but are not limited to: the numbers of slots added across centers (net enrollment change in

non-ER centers. While wages in 2023 were similar across groups, by 2025 non-ER teachers in participating ER centers earned \$1.92 to \$2.56 more per hour than their counterparts in nonparticipating comparison centers—a statistically and substantively large difference. These results suggest that ER funding not only affected designated classrooms but also had spillover effects, lifting compensation more broadly across ER center staff.

ER vs. non-ER centers); any observable spillover effects on centers in the vicinity of ER centers; the impact of the contracted slot model on center stability; time factors involved in quality growth and their impact on center expansion; changes to the continuity and quality of staff recruited under this system relative to what was in place previously and what is in place in similar but non-participating centers.

Table 5.2: Summary Statistics: Teacher Wage - full sample.

	2022-2023 mean/sd	2024-2025 mean/sd	Difference
Lowest Wage for Infant Teachers	10.98 (1.84)	12.02 (1.86)	1.04**
Lowest Wage for Toddler Teachers	11.26 (1.99)	12.39 (2.42)	1.13**
Lowest Wage for Preschool Teachers	11.49 (2.01)	12.85 (2.65)	1.37***

For families, these include but are not limited to: the continued transitions into and out of employment for those who are and are not offered slots, descriptions of different families who would be offered slots under different allocation mechanisms (first-come, first-served; various prioritization systems); more details on the child care arrangements of applicants prior to being offered a slot, and other measures of family well-being that may be altered by having free high-quality child care.

Table 5.3: Summary Statistics: Daily Tuition - full sample.

	2022-2023 mean/sd	2024-2025 mean/sd	Difference
Daily Tuition: Infant	29.55 (13.78)	34.15 (13.03)	4.60*
Daily Tuition: Toddler	30.42 (25.60)	34.13 (28.25)	3.72
Daily Tuition: Preschool	27.91 (21.29)	31.13 (24.27)	3.23

We will also explore administrative and structural effectiveness and learning over the course of the pilot. The speedy ramp up of the program and the relatively late start of the evaluation has presented some challenges. We have worked assiduously to resolve these issues and will continue to do so. The process of analyzing the initial survey data has also opened additional questions, making clear the need for follow-up data collection with both centers and families.

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## APPENDICES

**Table Appendix: Section 3.1:  
Summary Statistics, Full Surveyed Sample**

	Full Sample mean/sd
Currently Enrolled in ER	0.40 (0.49)
Primary Caregiver: Mother	0.96 (0.19)
Married	0.19 (0.39)
Born in US	0.83 (0.37)
Non-Hispanic White	0.07 (0.26)
Non-Hispanic Black	0.62 (0.49)
Hispanic	0.28 (0.45)
Asian/Pacific Islander/Other	0.01 (0.11)
High School or Less	0.38 (0.48)
Some College/Associates Degree	0.45 (0.50)
Bachelor or Higher	0.15 (0.36)
Household Size	3.79 (1.63)
Number of Adults	1.54 (0.87)
Number of Kids Age 0 to 5	1.43 (0.70)
Number of Kids Age 6 to 17	0.82 (1.05)
Number of Kids (0-5) in Daycare	0.80 (0.72)
Receives Medicaid Benefits	0.75 (0.43)
Receives Food Stamps	0.61 (0.49)
Receives Women, Infants, and Children Benefits	0.48 (0.50)
Eligible for Earned Income Tax Credit	0.46 (0.50)
Eligible for Child Tax Credit	0.49 (0.50)

**Table Appendix: Section 4:  
Summary Statistics, by Application Timing**

	Later Applicants mean/sd	Earlier Applicants mean/sd	Diff b
Currently Enrolled in ER	0.29 (0.45)	0.67 (0.47)	-0.38***
Primary Caregiver: Mother	0.96 (0.19)	0.96 (0.20)	0.00
Married	0.18 (0.39)	0.20 (0.40)	-0.02
Born in US	0.85 (0.36)	0.80 (0.40)	0.05
Non-Hispanic White	0.08 (0.27)	0.07 (0.25)	0.01
Non-Hispanic Black	0.63 (0.48)	0.59 (0.49)	0.04
Hispanic	0.26 (0.44)	0.33 (0.47)	-0.06*
Asian/Pacific Islander/Other	0.01 (0.11)	0.01 (0.10)	0.00
High School or Less	0.38 (0.49)	0.36 (0.48)	0.03
Some College/ Associates Degree	0.45 (0.50)	0.45 (0.50)	0.01
Bachelor or Higher	0.15 (0.36)	0.17 (0.38)	-0.02
Household Size	3.70 (1.58)	4.01 (1.63)	-0.32**
Number of Adults	1.51 (0.82)	1.63 (0.97)	-0.12
Number of Kids Age 0 to 5	1.41 (0.69)	1.46 (0.72)	-0.05
Number of Kids Age 6 to 17	0.78 (1.05)	0.93 (1.04)	-0.15
Number of Kids (0-5) in Daycare	0.67 (0.70)	1.12 (0.68)	-0.45***
Receives Medicaid Benefits	0.76 (0.43)	0.73 (0.45)	0.03
Receives Food Stamps	0.64 (0.48)	0.54 (0.50)	0.10**
Receives Women, Infants, and Children Benefits	0.50 (0.50)	0.43 (0.50)	0.07
Eligible for Earned Income Tax Credit	0.44 (0.50)	0.50 (0.50)	-0.06
Eligible for Child Tax Credit	0.46 (0.50)	0.56 (0.50)	-0.10**

**Table Appendix: Section 5.1:  
Staffing Pattern – 2022-2023 School Year**

	<b>ER Centers mean/sd</b>	<b>Non-ER Centers mean/sd</b>	<b>Difference b</b>
Avg. Years of Experience: Infant Teachers	7.42 (7.00)	6.72 (5.18)	0.71
Avg. Years of Experience: Toddler Teachers	5.85 (3.48)	6.44 (7.24)	-0.60
Avg. Years of Experience: Preschool Teachers	10.08 (9.03)	7.74 (5.30)	2.34
Any TSR-Certified Infant Teacher	0.46 (0.51)	0.27 (0.45)	0.19
Any TSR-Certified Toddler Teacher	0.50 (0.51)	0.28 (0.45)	0.22*
Any TSR-Certified Preschool Teacher	0.50 (0.51)	0.35 (0.48)	0.15