Equitable access to early learning and care for all children depends on all families having choices of programs that are near their homes or work. Therefore, it is critical to understand what is known about the facilities that house these programs. Overall, the challenge is not only about having enough facilities, but also about renovating existing facilities, many of which are old and need extensive renovation and repairs. In high-quality early learning and care settings, the facility itself is considered the “third teacher,” providing learning opportunities, supporting children's health and safety, and enhancing children's well-being. High-quality facilities also support the state's early learning and care workforce, who benefit from a healthy environment and appropriate design to facilitate children’s, teachers', caregivers', and family engagement activities.

This brief summarizes what is currently known about the status of California's early learning and care facilities that are operated by family child care homes (FCCHs) and child care centers. Child care centers include a range of operational models, including those managed by private for-profit and nonprofit organizations and public agencies such as local educational agencies (LEA). This brief does not distinguish the needs, cost, or availability of facilities at centers by type (non-LEA and LEA). Declining enrollment among school-age children presents opportunities for alternatives used at existing school sites, but there are also unique needs, costs, and funding associated with preparing such spaces for early childhood programs. Future research could address the unique circumstances associated with LEA-managed facilities to expand on the information included in this brief.
Need for New Facilities

A few key sources of data help the state determine the unmet need for early learning and care facilities in California.

First, we must acknowledge that the state lost considerable capacity since 2008, when the state lost 91,000 of the 1.1 million licensed spaces available in that year, including 30 percent of licensed family child care spaces. In 2020, the COVID-19 pandemic exacerbated the problem of limited spaces, reducing the number of children who can be served in each facility and making the need for renovation and expansion even more critical.

Second, we can estimate unmet need for facilities by considering the unmet need for subsidized care. To do so, we compare estimates of children in different age groups meeting income requirements with children enrolled in subsidized programs. Specifically, this analysis of unmet need for subsidized care uses data from the American Community Survey (ACS) Public Use Microdata Sample, October enrollment counts provided by the California Department of Education (CDE) in CDE-administered subsidized programs, and enrollment in Head Start from Program Information Reports collected by the U.S. Department of Health and Human Services, or through the American Institutes for Research (AIR)’s survey of California Head Start grantees. This data is housed in AIR’s Early Learning Needs Assessment Tool (ELNAT; www.elneedsassessment.org).

The percentage of children who are eligible for subsidized care but not currently enrolled varies widely by county in California. Table 1 provides a summary of the variation in unmet need for subsidized slots, by county.

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Table 1. Unmet Need for Income-Eligible Children: Counties with Greatest and Least Unmet Need for Subsidized Care

<table>
<thead>
<tr>
<th>Unmet Infant and Toddler Need for Income-Eligible Children</th>
<th>Unmet Preschool Need for Income-Eligible Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties with 90% or more unmet need (22): Alpine, Butte, Contra Costa, Fresno, Kern, Mariposa, Mono, Monterey, Orange, Riverside, San Benito, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Trinity, Ventura, Yuba</td>
<td>Counties with 70% or less unmet need (4): Inyo, Modoc, San Francisco, San Luis Obispo</td>
</tr>
<tr>
<td>Counties with 70% or less unmet need (4): Inyo, Modoc, Riverside, San Benito, Sierra, Solano, Trinity</td>
<td>Counties with 30% or less unmet need (7): Lassen, Mariposa, San Benito, San Bernardino, San Joaquin, San Mateo, Trinity</td>
</tr>
<tr>
<td>Counties with more than 30,000 children with unmet need (5): Los Angeles, Orange, Riverside, San Bernardino, San Diego</td>
<td>Counties with more than 40,000 children with unmet need (5): Los Angeles, Orange, Riverside, San Bernardino, San Diego</td>
</tr>
</tbody>
</table>


Another way of estimating the unmet need for facilities is to apply the "child care desert" approach to California. The Center for American Progress defines a child care desert as a census tract where there are at least 50 children under age five, and where there is less than one licensed center or family child care space for every three children under age five. Based on this measure, 60 percent of California's children, compared with 51 percent of those across the United States, are estimated to live in a child care desert. Latino families disproportionately reside in child care deserts.

Using this approach in California, AIR analyzed data available from the ACS and the California Child Care Resource and Referral Network (CCR&RN), combined in the ELNAT. Data from the ACS allows for estimation of the number of children below set income points to estimate the number eligible for state-subsidized programs. Data from the CCR&RN includes the ZIP code location of all licensed providers and children who are eligible for subsidized care. As of 2016, there were 232 ZIP codes in California with both children eligible for subsidized care and no licensed child care or FCCH, indicating that they are very likely to meet the criteria for a "child care desert" (i.e., having 50 children under age five in a census tract, which is smaller than a ZIP code). Eleven of these ZIP codes (presented in Table 2) have at least 30 children in the age four cohort alone who are income-eligible for subsidized care, suggesting

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that these ZIP codes may be priority areas for new facilities investments.

**Unmet Need in Rural Areas**

Families in rural areas face the greatest challenges in finding licensed care; three in five rural communities lack an adequate supply. In 2020, AIR and University of California, Berkeley (UC Berkeley), conducted case studies of facilities issues in four counties, providing some insight into specific challenges faced in rural regions of the state. For example, Fresno stakeholders reported that, despite relatively low property values and leasing costs, there was an overall scarcity of facilities. One Fresno facilities specialist said vacant spaces are common across the county, but much of this property is not for sale. Commercial property owners may be awaiting appreciation of land or commercial space, and no agency was aware of vacant publicly owned space suitable for care or preschool facilities.

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>County</th>
<th>ZIP Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>92055</td>
<td>San Diego</td>
<td>93252</td>
<td>Kern</td>
</tr>
<tr>
<td>90014</td>
<td>Los Angeles</td>
<td>92617</td>
<td>Orange</td>
</tr>
<tr>
<td>92356</td>
<td>San Bernardino</td>
<td>92285</td>
<td>San Bernardino</td>
</tr>
<tr>
<td>92548</td>
<td>Riverside</td>
<td>92003</td>
<td>San Diego</td>
</tr>
<tr>
<td>92278</td>
<td>San Bernardino</td>
<td>92257</td>
<td>Imperial</td>
</tr>
<tr>
<td>93675</td>
<td>Fresno</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Early Learning Needs Assessment Tool, American Institutes for Research, [www.elneedsassessment.org](http://www.elneedsassessment.org)

**State of Current Facilities**

Even where facilities exist, many need renovations, and many renovation projects are never completed because of a lack of resources. In the October 2020 survey, sites reported on the current state of their facilities, shown in Figure 1. More than 70 percent of centers and 63 percent of FCCHs reported that their facilities need moderate or major renovations.


Figure 1. Percentage of Programs Reporting Their Current State of Facilities, by Setting Type

Source: Master Plan Facilities team non-random survey of early learning programs, October 2020

Challenges for Existing Facilities

Barriers to Expansion and Renovation

Several research studies have documented facilities challenges experienced by early learning and care sites. In the Preschool Development Grant Birth Through Five Needs Assessment Provider Survey, 35 percent of centers reported that they had considered renovation or expansion but had not proceeded. The most common barriers reported by those centers included lack of funding and difficulty finding an available site (see Figure 2).
Lack of Funds

In the October 2020 survey of providers, 71 percent of centers that reported they had considered renovation or expansion, but had not proceeded, reported lack of funding as a barrier. A lack of funding is also a barrier for FCCHs; according to a recent study of family child care networks by AIR and the Early Learning Project at Stanford, 26 percent reported lack of financing for renovations or expansion as a significant barrier to expansion of their network providers. Contributing to the challenge of a lack of facilities funding, California has lacked an ongoing, dedicated funding source for early learning and care facilities for many years. Reimbursement rates for Title 5–contracted State Preschool and General Child Care do not allow for the cost of retrofitting or expanding facilities.6

Local studies provide some insight into additional challenges. In focus groups with providers conducted for the Master Plan for Early Learning and Care (Master Plan), two challenges cited as main barriers to expansion were a lack of facilities funds and low reimbursement rates. In the local San Mateo County facilities study, sites were asked whether they anticipated any barriers to expansion; 48 percent of sites cited a concern about the lack of funds to expand. In case studies conducted by AIR and UC Berkeley, interviewees in all four participating counties expressed concern that new operational funding would not necessarily follow an investment in facilities.7

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5 AIR & Early Learning Project, Stanford University. (in press). California’s staffed family child care networks: Strengths, challenges, and opportunities. AIR.
Lack of Available Space

In the October 2020 survey of providers, 24 percent of centers that reported they had considered renovation or expansion, but had not proceeded, reported difficulty finding an appropriate space as a barrier. Consistent with those findings, a survey of Local Child Care Planning Councils conducted by AIR for the Preschool Development Grant (PDG) needs assessment found that nearly all of the 53 responding counties (91 percent) noted difficulty finding space as a barrier to child care expansion in their counties (Table 3). Stakeholder interviews conducted as part of the PDG needs assessment also revealed that lack of facility space was one of the most commonly cited reasons for not applying for new state preschool funds. In the local San Mateo County facilities study, 55 percent of respondents anticipated that the greatest barrier would be difficulty finding an available site. The San Mateo facilities study found that, every year, San Mateo County turns down approximately $1 million in state preschool funds because of a lack of facilities. In Santa Clara County, providers reported that the top barriers to early learning and care expansion were lack of space (35 percent) and difficulty finding a site (33 percent).

Other Barriers

In the study of family child care networks, 11 percent of networks said zoning and neighborhood opposition posed barriers; although, in interviews, network directors expressed appreciation for recently enacted legislation limiting fees for conversion of small FCCHs to large FCCHs. Time for project approval can also be a barrier; according to the Blue Ribbon Commission report, approval of facilities construction and structural changes from the Department of State architect currently takes 5–6 months on most projects. If the project involves significant structural changes, it can take 9–12 months. In the survey of Local Child Care Planning Councils conducted by AIR for the PDG needs assessment, 51 percent also mentioned “lack of expertise to manage an expansion project” as a barrier (see Table 3). Master Plan focus group participants and participants in the AIR/UC Berkeley facilities case studies also mentioned lack of project management expertise as a barrier.

8 AIR. (2019, October).
Table 3. Percentage of County Local Planning Councils Reporting Key Barriers to Expanding Child Care

<table>
<thead>
<tr>
<th>Barriers to Expanding Child Care</th>
<th>Percentage (n = 53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funding</td>
<td>98</td>
</tr>
<tr>
<td>Difficulty finding a site</td>
<td>91</td>
</tr>
<tr>
<td>Lack of expertise to manage an expansion project</td>
<td>51</td>
</tr>
</tbody>
</table>

Source: Local Child Care Planning Council Survey conducted by AIR for PDG needs assessment, 2019

Need for Technical Assistance

Facilities startup and expansion for centers require a high level of technical support, which can be a challenge. Currently, no consistent, supported infrastructure is in place to provide this assistance. The process and cost of starting up an early learning and care center are complex and require hands-on support and resources, which are not available equally in all parts of the state. Many centers have waiting lists, along with the will and desire to expand, but they are held back by the lack of technical support. Building contractors and architects have little experience understanding early learning and care and children’s developmental needs, and few early learning and care directors have the time and expertise to manage facility renovation projects. Although some of the largest Head Start and state contractors may have in-house capacity or have many years of experience with designers and builders with this expertise, most early learning and care providers do not. As one Head Start agency with large centers in Alameda and Contra Costa counties said, “There’s not a list of contractors or architects to guide

The Impact of COVID-19

It is important to note the impact that the COVID-19 pandemic has had on facilities needs in California in 2020. COVID-19–related public health concerns have accelerated facility closures, particularly for private providers. Nearly two-thirds of programs open in mid-April 2020 reported that they did not know whether they could withstand more than a month’s closure. A July 2020 survey conducted by AIR found that 35 percent

of California early learning programs were closed
and only providing virtual early learning activities. 
Although most programs were optimistic about 
reopening as the public health situation improved, 
16 percent reported that they were not at all, 
or only slightly, likely to reopen. Center-based 
programs more frequently reported that they were 
very likely to reopen (71 percent), compared with 
FCCHs (55 percent). 18

Furthermore, throughout all focus groups and 
interviews conducted to inform the Master Plan, 
participants provided details about how the 
COVID-19 pandemic is affecting the development 
of early learning and care facilities. They shared 
that some private-pay parents struggle to pay for 
early learning and care without state vouchers, as 
many have lost their jobs or are working reduced 
hours, and early learning and care is more expen-
sive due to COVID-19 regulations. Focus groups 
revealed a consensus among participants that 
state- and federally funded programs will survive 
this crisis, but private programs may not. A study 
by AIR and Early Edge California similarly found 
that more than a third of early learning and care 
programs were closed for in-person care as of July 
2020, and those that were open were operating 
with reduced enrollment. Sixty-two percent 
of closed centers said they could not afford to 
operate under the current enrollment limits. 19

Just to remain open and operate safely during the 
pandemic, early learning and care facilities must 
implement many expensive facility modifications. 20 
The following is a sampling of the modifications 
needed to support the major pandemic-related 
health and safety challenges:

- **To make social distancing possible**: Install 
  partitions to ceiling with antimicrobial 
  vinyl curtains; convert additional space 
  into classrooms; modify outdoor yards to 
  provide multiple small groups of children 
  with outdoor experience.

- **To increase ventilation**: Make sure all 
  windows are operable; install screens; 
  purchase air purifiers corrected to room size.

- **To support more frequent handwashing**: 
  Purchase portable sinks and additional perma-
  nent sinks; replace faucets with touchless 
  models; install touchless towel dispensers.

- **To improve sanitizing and cleaning**: Purchase 
  dishwasher with sanitize cycle and washer 
  and dryer with sanitize cycle; replace 
  carpeting with waterproof or water-resistant 
  flooring; purchase HEPA vacuums and filters; 
  remove or dismantle child-drinking fountains.

- **To ensure safe toileting**: Install toilets, 
  preferably in each classroom.

- **To ensure safe drop-off and pick-up**: Modify 
  entryways and drop-off lanes to allow staff 
  to monitor children’s arrival and promote 
  “staggered” arrival and departure times.

FCCHs face special challenges in meeting these 
requirements. Their space may make it more 
difficult to separate children, and they operate on 
small budgets. In the AIR and Early Edge study, 
56 percent of closed FCCHs said their program 
space is too small, or not appropriate, for 
new public health requirements. A study of 
California’s family child care networks found

learning system and its dual language learners during the COVID-19 pandemic. AIR. https://www.air.org/covid-early-learning
19 Quick et al. (2020).
20 Tama, K. Personal communication to Master Plan Facilities Team. (2020, September).
that most of the participating homes remained open during the early months of the pandemic in order to serve children of essential workers. Networks provided washing stations, technical assistance on how to follow the state guidelines on social distancing, and assistance in addressing the shortage of personal protective equipment. However, only about 10 percent of large FCCHs, and a much smaller number of small FCCHs, now participate in networks.

**Interest in Expansion**

Based on data collected before and during the COVID-19 crisis, programs have expressed great interest in expanding, should resources and support become available. In the October 2020 survey, 61 percent of providers (91 of 158 respondents) said they would be interested in expanding to create space to serve more children if funds were available. In the survey of providers conducted as part of the state PDG needs assessment, providers were asked whether they would be interested in expanding or renovating specifically to serve more infants and toddlers; 55 percent of centers said they would be interested in doing so. Additionally, 23 percent of small FCCHs said they would be interested in becoming licensed as a large FCCH to serve more children.

A survey of programs in Contra Costa County revealed that more than a third of centers and FCCHs combined would consider expansion. When asked by when, 9 programs said within a year, 12 within 2 years, 8 within 2 to 5 years, and 18 were not sure.

In the 2016 San Mateo facilities study, when asked, “Would you or your organization/business consider expanding to serve more children ages 0–5 in San Mateo County at this or another location?” half of the sites (69 sites) said they would consider expanding. The 33 sites that reported they knew they wanted to expand hoped to serve 300 more infants and toddlers and more than 1,000 additional preschool children. When asked, “If there was a countywide program to assist child care providers with facilities expansion, would you or your organization be interested in finding out more and possibly participating?” 69 percent (75 sites) expressed interest.

**Costs**

The cost of facilities greatly impacts the feasibility of expansion. However, the cost of rent or mortgage payments for child care providers can range widely, based on numerous factors, including the building type (e.g., private home versus commercial space), the cost of rental and commercial property in the county or area as a whole, and the degree to which the rent is subsidized by the property owner.

Among respondents to the October 2020 survey of a quick sample of child care sites across the state, reported monthly rent and mortgage ranged from $545 to $113,000 per month among those without subsidized or free space, or $0.13 to $3.43 per

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23 AIR. (2019).
square foot among those who could estimate the area of their space. Forty-four percent of the sites reported that their space costs are free or subsidized.

A set of case studies conducted by AIR and UC Berkeley provides some local examples of monthly costs in Contra Costa, San Diego, and San Francisco counties. These monthly facilities costs ranged from $1 to $42,000 per month; averages per square foot ranged from less than $1 to $81 per square foot. Because the case studies again demonstrate that costs range widely, it is difficult to determine common average costs. However, it is clear that resources would be needed to cover these costs for new facilities.

The October 2020 survey also gathered data on the range of monthly utility, property insurance, and maintenance costs. Costs vary substantially for FCCHs, compared with centers (see Table 4).

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Type of Cost</th>
<th>Range of Costs (monthly)</th>
<th>Mean Cost (monthly)</th>
<th>Median Cost (monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers</td>
<td>Utilities</td>
<td>$0–$114,000</td>
<td>$7,500</td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td>Property insurance</td>
<td>$0–$60,000</td>
<td>$4,100</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Maintenance and repairs</td>
<td>$0–$141,000</td>
<td>$8,337</td>
<td>$1,200</td>
</tr>
<tr>
<td>Licensed</td>
<td>Utilities</td>
<td>$0–$8,306</td>
<td>$1,793</td>
<td>$1,200</td>
</tr>
<tr>
<td>Family Child</td>
<td>Property insurance</td>
<td>$0–$11,005</td>
<td>$1,586</td>
<td>$600</td>
</tr>
<tr>
<td>Care Homes</td>
<td>Maintenance and repairs</td>
<td>$0–$6,000</td>
<td>$1,436</td>
<td>$550</td>
</tr>
</tbody>
</table>

Source: Master Plan Facilities team non-random survey of early learning programs, October 2020

Of the 40 respondents that had invested in renovations in 2019–20 (25 percent of respondents), costs ranged greatly, from $450 to $1,500,000, for the year. However, renovations may be needed that are not reflected in these costs because sites have not been able to afford them yet. The survey asked sites about the current state of their facility, most sites (80 percent) reported that they currently need moderate renovations.

Perhaps the main takeaway from these widely varying costs of rental and mortgage payments is that it may be in the interest of the state to encourage provider ownership of facilities, rather than continuing to invest state funds into rental

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26 The October 2020 survey defined renovations as follows:

- Minimal renovations—new fire extinguisher; carbon monoxide detection; additional storage.
- Moderate renovations—lighting; plumbing; additional sinks and child-sized toilets; some flooring and windows; some playground upgrades; minor upgrades related to ADA compliance, such as installing ramps.
- Major renovations—complete replacement of ceilings, walls, HVAC, roofing, windows; structural work; seismic work; major playground work; major upgrades related to ADA compliance, such as installing an elevator.
payments that have no lasting impact on the supply of facilities. Ownership plays a key role in building, expanding, and upgrading facilities. Ownership of facilities—whether an FCCH or a center—makes it easier to acquire loans for new construction efforts and renovations, and ultimately creates more stability for the provider. Leasing leaves providers vulnerable to changes in landlords, management companies, and leasing costs. Several sources of data, including the October 2020 facilities survey, the PDG needs assessment provider survey, and the recent AIR/UC Berkeley case studies of four counties, provide some initial information about rates of ownership among early learning and care providers. Taken together, existing research suggests that ownership rates are relatively high among FCCHs, hovering at approximately 75 percent, but lower among centers.

Focus groups conducted for the Master Plan revealed that whether the current subsidy reimbursement rate is sufficient to maintain current facilities depends on where the facilities are located. Focus group participants from lower-cost areas of the state, such as the Central Valley and rural counties, reported that the reimbursement rate is generally sufficient to maintain and improve facilities, but those in high-cost urban and suburban areas did not.

Finally, it is important to consider the evidence concerning what has worked in California and across the nation to promote an adequate supply of safe and healthy facilities. One lesson is from the federally funded Early Head Start and Head Start programs, which provide up to $2 million in startup funds and up to $50,000 annually for repairs. A change in state policy that would offer, similar to Head Start, more generous start-up funds, a realistic allocation for repair and renovation, and the opportunity to roll over unspent funds to apply toward facilities would make it much easier for state-supported programs to improve and expand facilities. For many years, California had a renovation and repair grant fund that provided substantial support—for example, more than $200,000 annually for a large state-funded contractor of State Preschool and General Child Care in Contra Costa County. Agencies could apply for multiple grants, with a dollar amount cap. Unfortunately, as a result of the recession beginning in 2008, the grant fund was converted in 2012 into loans that agencies had to repay. Because most early learning and care programs operate on too tight of a margin to carry a loan, the fund was vastly underutilized. Moreover, until 2019, the state did not support any funds for new construction; agencies wanting to expand had to manage financing and/or a capital campaign on their own.

The 2019 legislature enacted a groundbreaking facilities measure that moved the unused portion of the loan fund into a $263 million facilities infrastructure grant fund, which was more broadly based to help finance construction. Unfortunately, the funds from this new facilities measure were deprioritized after the onset of the COVID-19 pandemic, and this fund awaits implementation.

**Conclusion**

In summary, this brief outlines data available from national, state, and local research to address the topics of interest related to early childhood facilities as called for in the Master Plan. Overall, there is substantial unmet need for facilities, in terms of both new facilities and renovations of existing

Facilities, and funds are needed for these investments. Encouraging ownership of facilities may save the state money in the long run. We have also learned that providers need technical assistance to manage renovation and expansion projects. This data collectively provides a starting snapshot of what we know about facilities in California to date. Clearly, facilities are a key part of improving access to early learning and care across the state, and understanding the need for new and improved facilities is a crucial piece of the infrastructure needs included within the Master Plan.

Acknowledgments

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