



Strengthening Forsyth County's Early Childhood Ecosystem

Strategic Alignment and Direction · 2026–2030

Forsyth County has built one of North Carolina's strongest early childhood systems. Yet only 21.4% of children under six are served by it. This report synthesizes findings from the 2025 SSFC Community Needs Assessment and a 2026 UNC Public Policy Capstone to identify the structural barriers keeping families from reaching care and providers from sustaining it. It presents five strategic priorities, funding and advocacy opportunities, and strategic plan alignment to guide SSFC's work through 2030.

Smart Start of Forsyth County extends sincere thanks to the students and faculty of the University of North Carolina at Chapel Hill's Master of Public Policy program, whose work made this report possible. The UNC Public Policy Capstone team — Julia Chiaramonte, Will Grossmann, Lily Krueger, Soobin Kwak, Camila Ocampo, and Hannah Welch — partnered with SSFC during the Spring 2026 semester to conduct an independent analysis of Forsyth County's early childhood ecosystem. Through GIS mapping, a systematic literature review, and stakeholder interviews with local providers, educators, and system leaders, the team produced a body of research that deepens and extends the findings of SSFC's own Community Needs Assessment. This report reflects that partnership and the shared commitment of both institutions to strengthening early childhood outcomes for all children in Forsyth County.

Prepared by:

Lesa King Bullins, EdS

Director of Research and Evaluation, Smart Start of Forsyth County

Research foundation:

- UNC Public Policy Capstone: Strengthening Forsyth County’s Early Childhood Ecosystem (Chiaramonte, Grossmann, Krueger, Kwak, Ocampo & Welch, Spring 2026)
- SSFC Community Needs Assessment: Strengthening Early Childhood Systems in Forsyth County (King Bullins & Heinemeier, 2025)
- SSFC Strategic Plan Execution Framework 2026–2030 (Ferguson, 2026)

The Case for Action

Smart Start of Forsyth County has spent 30 years building one of North Carolina’s strongest early childhood systems. The Community Needs Assessment (CNA, 2025) confirms what that work has produced: 152 licensed facilities, 74–76% of enrolled children in 4–5 star programs, and a professional development infrastructure reaching 1,543 educators county-wide. The foundation is real.

But the same data reveals the defining challenge of the next five years. Only 21.4% of children under six are served by the licensed system. The remaining 78.6% of families seeking access cannot reach it. Structural barriers stand between families and the care that already exists, not a lack of quality.



The 2026 UNC Public Policy Capstone deepens this picture. Through GIS mapping, a systematic literature review, and ten stakeholder interviews with providers, educators, and system leaders, the UNC team identified the specific mechanisms that keep families from reaching the system and providers from sustaining it. Their findings align precisely with the patterns the CNA documented. Together, the two bodies of work point toward the same conclusion:

Forsyth County does not have a quality problem. It has a structural accessibility problem, one that falls equally on families who cannot reach care and on providers who cannot sustain it. Both sides of that equation must be addressed together.

What the Research Tells Us

The UNC findings provide the diagnostic framework. CNA data grounds each finding in Forsyth County's specific context. Six interconnected challenges emerge. Where zip codes are referenced as priority areas, they reflect concentrations of need identified in available data. Census tract analysis within and across zip codes may reveal additional pockets of need throughout the county, and SSFC's work to build a stronger data infrastructure will be essential for seeing that fuller picture over time.

Finding 1. Access and Affordability

Childcare costs consume 27% of gross income for a single parent with one child in Forsyth County, nearly four times the federal affordability threshold of 7%. Market-rate care for a 4-star facility runs \$845–\$1,036 per month. Yet only 7% of all county children receive subsidized care despite 24% living in poverty.

The benefits cliff makes this worse. A \$1.50/hr raise from \$11.50 to \$13.00 triggers benefit reductions that reduce a single parent’s total resources by \$13,560. The system structurally penalizes families for earning more.

Regardless of individual family preferences, licensed care is too often inaccessible, unaffordable, or unavailable at the hours families need it. This pressure falls on both sides: families struggle to access and afford care, while providers struggle equally to staff classrooms, cover operating costs, and keep their doors open. For many families, turning to a family member, friend, or neighbor is not a second choice but the only realistic option given the cost and availability of licensed care.

Finding 2. Workforce Crisis

The highest educator wage in Forsyth County is \$12.45/hr, which is below the minimum living wage of \$14.56/hr for a dual-income household with no children. The lifetime earnings penalty for an early childhood degree is the largest of any degree field. The result is predictable: high turnover, a shrinking pipeline, and providers who cannot sustain the staffing their classrooms require.

“It’s tiring and you can’t find qualified help. And if you do get people to come through, they want more money than you can afford to pay them.”

Childcare Center Provider, UNC Stakeholder Interview

The CNA documents 1,543 educators in SSFC professional development programs, which is a strong existing infrastructure. The infrastructure is there and the opportunity is in expanding its reach. Administrative burden compounds this further: UNC stakeholder interviews found that licensing requirements, compliance demands, and quality rating processes add significant stress on top of already strained staffing situations, pulling provider attention away from the work of caring for children.

Finding 3. Geographic Inequity and FCCH Decline

UNC’s GIS mapping shows childcare facilities clustering in Winston-Salem’s urban core while rural tracts with high child populations go underserved. Second- and third-shift care is nearly absent county-wide. Virtually all remaining licensed second-shift capacity comes from Family Childcare Homes (FCCHs), which have declined 18% in infant/toddler enrollment since 2020.

| Priority zip code | Why it matters — confirmed by UNC GIS mapping |
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| 27101 (21,654 residents) | 25.0% poverty, 69.3% single-parent households, 17.1% uninsured. Lowest K-12 enrollment (52.1%) in the county. |
| 27105 (30,977 residents) | 27.8% poverty (highest in county), 64.1% single-parent households, 13.6% uninsured. |
| 27107 (40,834 residents) | 20.8% poverty, 47.3% single-parent households. Largest population base with the strongest conditions for peer navigation models. |

These three zip codes represent the starting point for targeted investment, not the boundary of county-wide need. UNC’s mapping confirmed that facility clustering does not align with where children live, with the highest-need tracts among the least served. Census tract data within other zip codes may reveal additional concentrations of need that aggregate figures do not capture. As SSFC builds its integrated data system, tract-level analysis will be an important tool for ensuring that investment decisions reflect need across the full county, not only in the areas where need is most visible today.

Centers structurally cannot make second-shift care financially viable at current subsidy reimbursement rates, and UNC provider interviews confirmed that subsidy rates do not reflect the true cost of care, particularly for second-shift and infant/toddler slots. FCCHs are already filling this gap, and they are declining (18% drop in infant and toddler enrollment since 2020). Administrative burden compounds this: for small providers operating without dedicated administrative staff, the demands of licensing, compliance, and quality rating systems are felt more acutely than in larger centers.

The data on FCCH decline and high FFN reliance appear side by side for a reason. Whether or not families move directly from one to the other, both patterns reflect the same underlying shortage of accessible, affordable licensed care.

Finding 4. System Navigation and Reaching Families

UNC stakeholder interviews and CNA data both point to the same finding: families are not failing to find care because care does not exist. They are failing to navigate a system that was not designed to meet them where they are. The CNA documents that the childcare referral system reached 633 families in a recent year, while the majority of families seeking access never engaged with it at all.

SSFC is well positioned to improve how families first encounter and move through the early childhood system, through tools like referral navigation, community ambassador programs, peer-to-peer networks, and outreach through trusted community institutions. Middle-income families deserve particular attention here: they do not qualify for subsidies but cannot afford market-rate care, and neither the existing referral system nor current programming has a clear pathway designed for them. It is also worth recognizing that many families navigating toward licensed care are not starting

from nothing. They already have care in place through a family member, friend, or neighbor, and any navigation support that does not acknowledge and respect that existing relationship is unlikely to build the trust it needs to be effective.

Finding 5. Multilingual and Multicultural Community Access

Forsyth County is a linguistically and culturally diverse community. Spanish is spoken in 12.7% of households, compared to 8.7% statewide, and 29.9% of children ages 0 to 4 identify as Hispanic/Latino. Only 102 non-English childcare referrals were made in a recent year. That number reflects a gap in access that extends across multiple communities where language, cultural context, and institutional trust shape whether families engage with the early childhood system at all.

“A lot of our Spanish-speaking families choose not to put kids in childcare. You want to be able to communicate with the people who are caring for your child. You don’t trust and feel safe if you can’t communicate well.”

Organization Leader, UNC Stakeholder Interview

Building genuine access for multilingual and multicultural families requires investment on both sides of the relationship. Providers face real challenges recruiting and retaining staff with the language capacity and cultural knowledge to serve diverse families well. Families face real challenges trusting institutions they have had limited positive experience with. Strategies that center community ownership, relationship-building through trusted local organizations, and long-term presence over one-time outreach are more likely to close this gap than translated materials alone. It is also relevant that family, friend, and neighbor care is particularly common among multilingual and immigrant families, for exactly the reasons of trust and cultural familiarity described above. Any strategy to improve access for these communities needs to account for the care arrangements families already have and build from those relationships rather than around them.

Finding 6. Family, Friend, and Neighbor Care

70% of children in Forsyth County are in the care of a family member, friend, or neighbor rather than a licensed facility. The CNA documents this figure; neither the CNA nor the UNC research fully addresses what it means for SSFC's role and responsibility. FFN caregivers are largely invisible to the quality rating system, professional development infrastructure, subsidy programs, and health and safety supports that define SSFC's current programming.

This is not simply a gap to be closed by moving children into licensed care. Many families choose FFN care for reasons that are entirely reasonable: it is flexible, affordable, culturally familiar, and provided by someone the family trusts. The question for SSFC is whether engagement with FFN caregivers as a population in their own right belongs in the strategy. The UNC research notes that informal networks often outperform formal systems in reaching families. If that is true, FFN caregivers are not a problem to solve. They are a community asset from which SSFC has not yet found a way to support, connect, or learn.

Strategic Priorities 2026–2030

Five priorities emerge directly from the research. Each addresses a documented gap, has an existing SSFC foundation to build from, and connects to a fundable investment thesis. They are interconnected, and a commitment to multilingual and multicultural access runs through all of them. Progress on workforce sustainability makes equitable access possible; stronger community outreach and partnership make every other investment more efficient.

| Priority | Recommendations | Strategic Plan alignment |
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| 1. Workforce Sustainability | <p>Build on and expand existing workforce strategies including apprenticeship pathways and Tri-Share. Expand the reach of coaching, communities of practice, and ongoing support networks. Establish a county-wide substitute pool and develop shared back-office services for small providers. Build community partnerships to recruit and support bilingual and multilingual educators. Advocate for WAGE\$ expansion and explore additional compensation parity options including employer-funded supplements, tiered compensation frameworks, and philanthropic wage parity models. Advocate for salary parity and sustained public investment in ECE workforce pipelines at the state level. Support QRIS rate reform so quality improvement does not price providers out of affordability.</p> | <p>SI-3: Professional Development & Pathways (Goal 3.2); Staff Retention Investments (Goal 3.3); SI-4: ECE Career Pathway Elevation (Goal 4.1)</p> |
| 2. Equitable Access in Priority Areas | <p>Use existing zip code and CNA data to identify and prioritize high-need areas for near-term outreach and funding efforts. Pursue census tract level analysis as a near-term data project, dependent on data infrastructure development and funding, to sharpen geographic targeting over time. Build community partnerships to develop multilingual ambassador programs and expand outreach in communities where language and trust shape access. Route subsidy awareness through trusted channels including churches, pediatricians, and employers. Seek funding to expand childcare access and options in areas identified by UNC mapping and CNA data as underserved. Advocate for subsidy eligibility expansion to close the middle-income gap.</p> | <p>SI-4: Equitable Access for Underserved (Goal 4.3); SI-2: Integrated Internal Data System (Goal 2.1); SI-1: High-Net-Worth Donor Portfolio (Goal 1.3)</p> |
| 3. FCCH Sustainability | <p>Support and expand the existing FCCH provider network and increase its visibility and reach. Sustain and seek new funding for coaching</p> | <p>SI-4: Equitable Access for Underserved (Goal 4.3); SI-3: Coalition</p> |

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| | <p>programs serving FCCH providers, building on existing work through SSFC and community partnerships. Pursue community partnerships to expand business sustainability support, health and safety training, and professional development pathways designed specifically for home-based providers. Work with community partners to expand translator access and support multilingual family engagement at the home-based care level. Support FCCH provider access to the Child and Adult Care Food Program (CACFP), a federal nutrition reimbursement program that represents a significant revenue opportunity for eligible providers. Increase FCCH visibility within the referral and navigation system so families can more easily find and access home-based care. Advocate for tiered subsidy reimbursement rates that reflect the true cost of second-shift and infant/toddler care. Advocate for reduced administrative burden in quality rating and licensing processes for small providers.</p> | <p>Backbone Capacity (Goal 3.4); SI-4: ECE Career Pathway Elevation (Goal 4.1)</p> |
| <p>4. System Navigation and Reaching Families</p> | <p>Build on existing childcare resource and referral systems and explore community partnerships to expand outreach and navigation support for families. Support and help build formal networks for family-to-family, provider-to-provider, and provider-to-family communication, including low-cost peer connection tools that can be community-owned and sustained. Develop information resources and explore community partnerships to create programs that address the middle-income affordability gap for families who do not qualify for subsidies but cannot afford market-rate care. Expand trusted-channel outreach through community institutions and work with community partners to develop navigation support in languages other than English. Advocate for subsidy simplification and eligibility expansion at the state level to reduce the navigation burden on families and close the affordability gap.</p> | <p>SI-4: Cross-Sector Convener & Brand (Goal 4.2); SI-3: Coalition Backbone Capacity (Goal 3.4); SI-2: Outward-Facing Impact Dashboards (Goal 2.3)</p> |
| <p>5. Family, Friend, and Neighbor Care</p> | <p>Explore community partnerships and begin relationship-building to better understand the needs and strengths of families and caregivers in informal care arrangements. Work to ensure that</p> | <p>SI-4: Equitable Access for Underserved (Goal 4.3); SI-4: Cross-Sector</p> |

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| | <p>existing resources and supports are accessible to those who want them, in ways that respect the flexibility and trust that make these arrangements valuable to families. Recognize informal caregiving as part of the broader early childhood landscape in Forsyth County and explore opportunities to connect caregivers to information, peer networks, and community support. Advocate for policies that extend voluntary support and resources to a broader range of caregiving arrangements. Work with community partners to better understand the experience of multilingual and immigrant families who rely on informal care and what culturally grounded support might look like for those communities.</p> | <p>Convener & Brand (Goal 4.2)</p> |
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Funding Strategy

The research base developed through the CNA and UNC Capstone is an exceptional grant development asset. Zip-code-level equity data, a documented benefits cliff, precise wage gap figures, GIS mapping, and stakeholder interview evidence together represent a level of rigor rarely seen at the county level. Three principles should guide every funding conversation:

- Lead with zip codes. Every proposal should anchor equity claims in 27101, 27105, and 27107 with their specific indicators, not county-wide averages.
- Use the benefits cliff as your equity signature. The \$13,560 net loss scenario is concrete, memorable, and shareable. It belongs in every major proposal.
- Position the UNC partnership as a differentiator. Most county-level organizations do not have university research partners producing peer-quality work. This signals analytical credibility to sophisticated funders.

| Priority area | Funding and advocacy |
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| <p>Workforce Sustainability</p> | <p>Possible funding organizations Child Care Development Fund (CCDF) quality set-aside; Z. Smith Reynolds Foundation; Kate B. Reynolds Charitable Trust; Duke Endowment; Joyce Foundation; Heising-Simons Foundation; employer contributions</p> <p>Policy and advocacy opportunities Advocate for expanded WAGES (a compensation supplement program for early childhood educators) scholarship funding and eligibility; advocate for salary parity legislation at the state level; advocate for sustained public investment in ECE workforce pipelines; support QRIS rate reform; advocate for bilingual workforce incentives in state compensation frameworks</p> <p>Business philanthropy considerations</p> |

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| <p>Equitable Access in Priority Areas</p> | <p>Healthcare systems, universities, and large manufacturers with shift workforces benefit directly from childcare workforce stability and Tri-Share participation; philanthropic arms of local banks and financial institutions; local chambers of commerce</p> |
| | <p>Possible funding organizations Preschool Development Grant Birth-5 (PDG B-5); First Five Years Fund; Winston-Salem Foundation; United Way of Forsyth County; Atrium Health and Novant Health community benefit funds</p> <p>Policy and advocacy opportunities Advocate for subsidy eligibility expansion to close the middle-income gap; advocate for census tract level data in state planning processes; advocate for transportation supports linked to childcare access</p> <p>Business philanthropy considerations Community Development Financial Institutions (CDFIs) and banks with Community Reinvestment Act obligations have geographic investment requirements that align with priority areas; real estate developers and housing organizations with neighborhood investment interests</p> |
| <p>FCCH Sustainability</p> | <p>Possible funding organizations Child Care Development Fund (CCDF) quality set-aside; US Department of Agriculture Child and Adult Care Food Program (CACFP) reimbursements; NC Community Foundation; Community Development Financial Institution (CDFI) microlending for small provider business sustainability</p> <p>Policy and advocacy opportunities Advocate for tiered subsidy reimbursement rates reflecting second-shift and infant/toddler costs; advocate for reduced administrative burden in quality rating and licensing for small providers; advocate for rural FCCH rate equity</p> <p>Business philanthropy considerations Small business lenders and CDFIs since Family Childcare Homes (FCCHs) operate as small businesses; local chambers of commerce with small business programs; insurance companies offering small business products</p> |
| <p>System Navigation and Reaching Families</p> | <p>Possible funding organizations Child Care Development Fund (CCDF) resource and referral contracts; Robert Wood Johnson Foundation; W.K. Kellogg Foundation; community foundation general operating support; state and local navigator program funding</p> <p>Policy and advocacy opportunities Advocate for subsidy simplification and eligibility expansion; advocate for NC Childcare Resource and Referral pipeline funding; advocate for language access requirements in publicly funded childcare programs</p> <p>Business philanthropy considerations Healthcare systems and pediatric practices as trusted-channel partners; employers seeking to reduce workforce absenteeism caused by childcare disruption; technology firms or local businesses that could support digital navigation tools</p> |

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| <p>Family, Friend, and Neighbor Care</p> | <p>Possible funding organizations Annie E. Casey Foundation; W.K. Kellogg Foundation; Child Care Development Fund (CCDF) quality set-aside FFN component; Winston-Salem Foundation; NC Community Foundation</p> <p>Policy and advocacy opportunities Advocate for informal caregiver inclusion in subsidy eligibility; advocate for public investment in voluntary support programs for informal caregivers; advocate for policies extending health and safety resources to a broader range of caregiving arrangements</p> <p>Business philanthropy considerations Faith communities and neighborhood associations with existing trust relationships in high-need areas; healthcare systems focused on preventive family health; foundations with community resilience and family stability focus</p> |
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References

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