# Evaluating the Implementation of the Ready by Five Early Childhood Millage: Fiscal Year 2025 Report

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This report uses demographic, referral, and service data from the Kent County Health Department to examine the implementation of Ready by Five services in fiscal year 2025.

Key findings include:

- Ready by Five providers served 16,767 young children and parents in fiscal year 2025 and exceeded reach expectations by 52%, equivalent to the share of individuals served in fiscal year 2024.
- Ready by Five providers completed 15,520 encounters in fiscal year 2025 and exceeded encountered expectations by 39%, representing a 20 percentage point increase compared to fiscal year 2024.
- Forty percent of ZIP Codes in Kent County with the most opportunity for early childhood services to promote kindergarten readiness had substantial community-level exposure to Ready by Five services in fiscal year 2025.

Recommendations include:

- Develop targeted outreach plans for communities with the most opportunity and minimal exposure to Rb5 services.
- Leverage provider quarterly reports to support network learning and continuous improvement.
- Develop standardized procedures for setting targets for the number of individuals served and encounters completed.

## Introduction

The Ready by Five (Rb5) Early Childhood Millage serves as a dedicated funding source to ensure children in Kent County, Michigan are healthy and ready to learn when they enter kindergarten. The funding strategy envisions a continuum of services to support young children (children ages 0 to 5) and their parents and caregivers from conception to kindergarten. The annual funding fills the "gaps" in early childhood services that are not funded through federal or state sources. The Rb5 millage funds community-based programs in the following service categories:

- **Outreach and Navigation:** Providers connect expectant parents and families of young children to early childhood information, programming, and community resources to help foster a healthy, safe, and nurturing environment.

- **Early Learning**: Programming supports children's cognitive, social, and emotional development while increasing parents' and other adult caregivers' knowledge and skills in supporting children's early learning development.

- **Healthy Development**: Providers ensure expectant parents and those with young children have access to comprehensive and coordinated care that optimizes physical and emotional health. Programming follows evidence-based practices that demonstrate success in supporting positive health behaviors for expectant mothers and children.

- **Parent Education and Support**: Services ensure parents have the knowledge and skills to support their children's health, development, and learning. PE programs provide in-home and/or community-based support and education. In-home services involve trained providers visiting families' homes to offer one-on-one education and support.

Rb5 funded programs may serve any expectant family or family with young children residing in Kent County. While all young children are eligible for services, Rb5 has considerable interest in improving equity for historically marginalized groups, including communities of color and families in households with incomes at or below 200% of the federal poverty level. Service providers may limit their services to populations living in specific geographic areas in Kent County to target these groups.

First Steps Kent (FSK) partnered with Basis Policy Research (Basis) in 2021 to evaluate the implementation and impact of the Rb5 Early Childhood Millage. Additionally, FSK contracted with Advancing Communities for Equity (ACE) to support the Basis research team in employing culturally responsive evaluation practices and attending to FSK's commitment to improving equity for historically marginalized groups in Kent County. The evaluation focuses on three research questions:

1. To what extent did Rb5 providers implement services with fidelity?
2. What types of Rb5 services are related to improved health and academic outcomes?
3. What is the impact of Rb5 services on participants' health and academic outcomes?

The current report uses FSK and Kent County Health Department (KCHD) data from October 2024 to September 2025 (henceforth titled "fiscal year 2025") to answer the first research question. Estimates of the types of Rb5 services related to improved academic outcomes are included in a separate report with FSK scheduled for April 2026.

**Key Terms**

***Families.*** Refers to all types of custodial arrangements, including parents, grandparents, and other caregivers as guardians of children.

***Outreach and Navigation Encounter***. Occurs when individuals receive one or more final referrals from ON service providers. ON encounters contribute to the number of individuals served.

***Direct Service, 1:1 Encounter.*** Services provided by a qualified individual(s) to a young child, expectant mother, or family. PES, HD, and EL providers offer this service.

***Group Encounter***. Services provided by a qualified individual(s) to a group of young children. EL-Play and Learn and HD group service providers complete these encounters.

***Unduplicated Count***. Each young child, expectant mother, or family is counted only once by the service provider even if the individual participated in more than one outreach and navigation, direct, or group encounter. The unduplicated count is the sum of all unique individuals participating in or receiving services.

***Duplicated Count***. Each young child, expectant mother, or family is counted every time they participate in an outreach and navigation, direct, or group encounter. The duplicated count is the sum of all outreach and navigation, direct, or group services provided.

***Projected Individuals Served***. The number of young children, expectant families, or families service providers expect to serve in fiscal year 2025. May include unduplicated and duplicated counts depending on service category. Service providers include the number of projected individuals served in the contract signed with FSK.

***Projected Encounters***. The number of direct or 1:1 service or group encounters service providers expect to complete with young children, expectant families, or families in fiscal year 2025. Service providers include the number of projected encounters in the contract signed with FSK.

***Individuals Served***. The number of individuals served includes the number of unduplicated counts from ON, HD, PES, and EL service providers and duplicated counts of EL-Play and Learn and HD group service providers. This report includes individuals served from October 2024 (Q1 of fiscal year 2025) to September 2025 (Q4 of fiscal year 2025).

***Percentage of Individuals Served (Reach)***. The number of individuals served divided by the projected individuals served in fiscal year 2025. The term reach is used interchangeably with the percentage of individuals served in this report.

***Encounters***. The number of encounters to date includes the number of duplicated counts from HD, PES, EL (non-Play and Learn) service providers and number of events EL-Play and Learn and HD group service providers hosted. This report includes encounters from October 2024 (Q1 of fiscal year 2025) to September 2025 (Q4 of fiscal year 2025).

***Percentage of Encounters Completed***. The number of encounters completed divided by projected encounters in fiscal year 2025.

***Encounter Expectations***. The number of encounters an individual is expected to complete with a service provider over the course of fiscal year 2025, as specified in the provider's contract with FSK.

***Dosage***. The number of encounters each individual completes in fiscal year 2025. Some HD and PES contracts include the expected number of encounters individuals will complete in fiscal year 2025.

***Historically Marginalized Groups***. Includes individuals identifying as Black of African American, Asian or Asian American, American Indian or Alaskan Native, Native Hawaiian and Other Pacific Islander, and Hispanic or Latinx. Basis researchers added the percentage of individuals from historically marginalized groups to create a combined percentage.

***Urban Communities (Cities).*** This includes ZIP Codes for Grand Rapids, East Grand Rapids, and Kentwood.

***Outer-Urban Communities.*** This includes ZIP Codes for Alpine, Cascade, Comstock Park, Grand Rapids Township, Grandville, Northview, Plainfield, Walker, and Wyoming.

***Eastern Kent County.*** This includes ZIP Codes for Ada, Bowen, Cannon, Forest Hills, Alto, Freeport, Grattan, Lowell Township. City of Lowell, and Vergennes.

***Northern Kent County.*** This includes ZIP Codes for Algoma, Belmont, Cannon, Casnovia, Cortland, Greenville, Cedar Springs, Grattan, Kent City, Nelson, Oakfield, Plainfield, Rockford, Sand Lake, Sparta Township, Village of Sparta, Spencer, Solon, and Tyrone

***Southern Kent County.*** This includes ZIP Codes for Byron Center, Byron Township, Caledonia Township, and Caledonia Village.

## Methods

**Data Sources.** The report's findings are based on data provided by FSK, KCHD, and publicly available data from the American Community Survey (ACS) and MI School Data. FSK shared provider contract data, including the projected number of individuals served in fiscal year 2025, and the projected number of encounters in fiscal year 2025. FSK also shared providers' quarterly reports, which included responses to questions about participant feedback and strategies for reaching participants from historically marginalized communities. KCHD provided deidentified data on (a) the demographic characteristics of young children and parents receiving services, (b) the types of services young children and parents received, and (c) the types of referrals young children and parents received. Publicly available data included ACS data on neighborhood education, income, employment, health insurance, and poverty, as well as student enrollment counts from MI School Data.

**Sample.** The initial sample for the Rb5 evaluation included 28 contracts with 19 unique service providers (henceforth titled "providers") offering Outreach and Navigation (ON), Early Learning (EL), Healthy Development (HD), and Parent Education and Support (PES) services in fiscal year 2025[1]. Service providers included in the initial sample were projected to serve 11,046 individuals and complete 39,454 encounters in fiscal year 2025 (See Table 1). For this report, Basis researchers limited the final sample to 24 contracts with 19 unique service providers who (a) have an active contract with FSK and (b) submit monthly implementation data to KCHD. The final sample of contracts and unique service providers were projected to serve 11,046 individuals and complete 11,155 encounters in fiscal year 2025[2]. A detailed description of the sample is included in Appendix A.

**Table 1. Number of contracts, projected individuals served, and encounters.**

| | Initial Sample | | | Final Sample | | |
|---|---|---|---|---|---|---|
| **Service Category** | **Contracts** | **Individuals Served** | **Encounters** | **Contracts** | **Individuals Served** | **Encounters** |
| Outreach and Navigation | 3 | 2,100 | 300 | 3 | 2,100 | 300 |
| Early Learning | 5 | 6,441 | 1,036 | 5 | 6,441 | 1,036 |
| Healthy Development | 11 | 935 | 30,519 | 9 | 935 | 2,220 |
| Parent Education and Support | 9 | 1,570 | 7,599 | 7 | 1,570 | 7,599 |
| **Total** | **28** | **11,046** | **39,454** | **24** | **11,046** | **11,155** |

Source: First Steps Kent contract data; authors' analyses.

**Measures.** In addition to exploring the number of individuals served and encounters completed, we constructed two measures – early child opportunity and exposure to Rb5 services – derived from a multi-step indexing process. We discuss each measure below.

[1] Rb5 signed 28 contracts with 19 unique service providers in fiscal year 2025. The Rb5 evaluation excludes contracts and service providers associated with translation and interpretation services, fetal infant mortality review, technology equipment, data services, and evaluation support.

[2] The reduction in number of projected individuals served and encounters in the final sample is the result of dropping one service ("Kent County Health Department – Health Education and Outreach") because it is considered an indirect service ("15-Minute Unit of Indirect Service").

*Early Childhood Opportunity Spectrum*. Basis researchers sought to identify areas of Kent County that present the greatest opportunity for early childhood services to promote students' kindergarten readiness. To do so, we first reviewed peer-reviewed literature to identify community-level determinants of kindergarten readiness. This search yielded 21 measures associated with kindergarten readiness (see Table A1 in Appendix A for a complete list of measures). We then grouped these measures into four categories referenced in prior literature:

- **Socioeconomic:** measures of the socioeconomic characteristics of communities—such as education, income, and employment rates—that are linked to kindergarten readiness.
- **Health and well-being:** community-level measures of health—such as the percentage of children with health insurance, access to medical and dental care, and the availability of healthy food –that positively contribute to factors of kindergarten readiness.
- **Crime and violence:** measures relating to family-based or community violence that have a negative correlation to kindergarten readiness, such as local crime rates and instances of abuse or neglect.
- **Access to resources:** measures regarding the prevalence of and access to social services and resources related to kindergarten readiness, such as childcare supply, public transportation, and preschool participation rates.

These categories provided a framework for understanding different aspects of the community environment that influence kindergarten readiness and help identify areas of Kent County that could benefit most from early childhood services.

Next, we established quantifiable metrics for the 21 community-level measures associated with kindergarten readiness. For the current report, we identified publicly available data sources we could calculate results across measures for all 31 ZIP Codes in Kent County. Basis researchers identified 10 measures currently included in publicly available ACS data for each ZIP Code in Kent County (see Table A1 in Appendix A for a list of the measures included in this current version of the early childhood opportunity spectrum).

Basis researchers then compiled results for all measures with publicly available ACS data by Kent County ZIP Code. We standardized results by ZIP Code to ensure comparability across different measures and ZIP Codes. Standardizing a measure involves rescaling it to have a mean of zero and a standard deviation of one. This process allows for different measures, potentially having different scales and units, to be compared and combined in a meaningful way. This is particularly important when creating an index that combines multiple measures, as it ensures each measure contributes equally to the index.

We then calculated an index score for each ZIP Code using these standardized results. Specifically, the index score was computed by summing the individual standardized scores across the 10 measures included in this version of the index. During this process, we performed a correlation check and found that three measures – neighborhood income, community economic disadvantage, and public assistance income – were highly correlated with each other. A high correlation between measures can lead to redundancy and overemphasis on the shared aspect they measure. To avoid this, we removed the measures associated with neighborhood income and community economic disadvantage. Thus, we computed the final index using eight measures.

Next, we grouped the index scores into categories using a natural breaks classification method. Natural breaks classification is a data classification method that seeks to partition data into categories based on natural groups in the distribution. It minimizes the variance within categories and maximizes the variance between categories. This method is useful when the data is not evenly distributed, as it can identify meaningful breaks in the data that other methods might miss.

Basis researchers assigned four categories to the data: most opportunity, significant opportunity, moderate opportunity, and modest opportunity. These categories represent the varying levels of potential for early childhood services to enhance kindergarten readiness within different areas of Kent County based on the identified social determinants. The 'most opportunity' class signifies areas with the most immediate need and, thus, the greatest potential for improvements through early childhood services. On the other hand, the 'modest opportunity' class, while representing areas with less immediate need, still holds the potential for early childhood services to promote optimal kindergarten readiness.

*Exposure to Rb5 Services*. We calculated community-level Rb5 exposure by dividing the number of young children directly or indirectly participating in Rb5 services by ZIP Code in fiscal year 2025 by the number of children ages 0 to 5 living in the respective ZIP Code. Directly served refers to children who received services directly from Rb5 providers, while indirectly served includes children whose parents or guardians participated in services. We recognize this approach may overestimate the share of children served because it includes children directly served and those indirectly impacted through services received by their parents or guardians. However, the ACS does not have data on the number of eligible parents or guardians by ZIP Code; despite this limitation, this approach provides an estimate of community-level exposure of eligible participants.

We also accounted for the children aged 0 to 5 living in ZIP codes only partially located in Kent County (e.g., 48809, 48838). For these "partial" ZIP codes: (1) we calculated the percentage of the population aged 0 to 5 using data from the entire ZIP code; (2) we limited the ZIP code's total population to only those residing in Kent County; and (3) we multiplied the percentage from step 1 by the population from step 2 to estimate the number of children aged 0 to 5. We acknowledge this approach may not perfectly reflect the actual distribution of young children within each ZIP code. However, since ACS data only reports child age down to the census tract level, this approach offers a more accurate estimate of community-level exposure than using full ZIP code data alone.

Basis researchers then grouped community-level Rb5 exposure into classifications using the natural breaks classification previously described. We assigned four categories to the data: minimal exposure, limited exposure, moderate exposure, and substantial exposure. These categories represent community-level exposure to Rb5 services based on the number of eligible children in a particular community. The cut points for community-level exposure to Rb5 services were:

- **Minimal exposure:** less or equal to 8%
- **Limited exposure:** 9% to 16%
- **Moderate exposure:** 17% to 23%
- **Substantial exposure:** 24% to 33%

We discuss the distribution of ZIP Codes by community exposure levels in the forthcoming results section.

**Analytic Strategy.** To address the first research question, Basis researchers conducted a series of descriptive analyses using Rb5 demographic, services, and referral data from fiscal year 2025. We also use Geographic Information System (GIS) mapping software to overlay two measures: early childhood opportunity and exposure to Rb5 services. Where necessary, we include results from fiscal year 2024 and Kent County demographics as reference points against which we compare results from fiscal year 2025.

To complement these analyses, we analyzed open-ended narrative responses from all Rb5 contracts in their Q3 and Q4 fiscal year 2025 quarterly reports. Providers were asked to describe what they learned from participant feedback and the strategies they used to reach families from historically marginalized communities. Responses were analyzed using an inductive thematic approach, allowing themes to emerge from the data rather than being determined in advance. Qualitative findings are reported at the network level and by service category and are presented in the results section where they add context to quantitative findings.

# Results

**1 | To what extent did Rb5 providers implement services with fidelity?**

We answer this research question in two parts. First, we describe the individuals served and encounters completed in fiscal year 2025 across all contracts and service providers included in the final sample (henceforth titled "Rb5 Network"). We then break down results by the four service categories.

***Rb5 providers exceeded reach expectations by 52% in fiscal year 2025.***

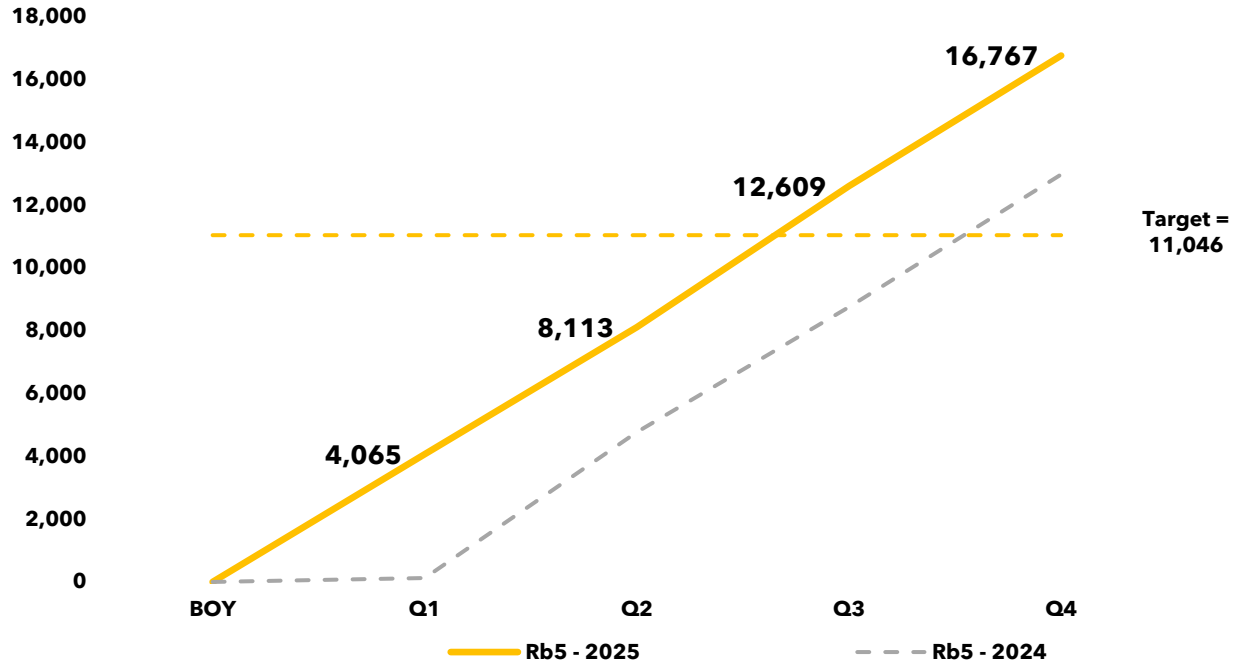
Figure 1 displays both the cumulative number of young children and families[3] (henceforth titled "individuals") Rb5 providers served in fiscal year 2025. We include the cumulative number of individuals served in fiscal year 2024 (grey dashed line) and the projected number of individuals served in fiscal year 2025 (yellow dashed line) as reference points for comparing results from fiscal year 2025. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals served by ON, HD, and PES providers and duplicated individuals from select EL and HD group providers from October 2024 to September 2025. Results indicate Rb5 providers served 16,767 individuals in fiscal year 2025 (Table A2 in Appendix A included the number of individuals served by provider). Rb5 providers served 3,787 more individuals during fiscal year 2025 compared to results from fiscal year 2024[4].

We also calculated the percentage of projected individuals served (henceforth titled "reach") in fiscal year 2025. Reach refers to the extent providers delivered services to the intended audience (Center for Disease Control, 2011). To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The providers included in the final sample reached 16,767 individuals and were projected to serve 11,046 in fiscal year 2025. Thus, providers exceeded reach expectations by 52% in fiscal year 2025, which is equivalent to the share of individuals served in fiscal year 2024.

[3] Individuals served by ON and HD providers include both young children and families. Individuals served by EL providers include only young children, while individuals served by PES providers include only families.

[4] The provider composition of the Rb5 network is not identical across fiscal years, as contracts are renewed, added, or discontinued annually. Changes in the number or type of providers included in the final sample can affect total counts of individuals served and encounters completed independent of provider performance. Percentage-based measures, such as the percentage of projected individuals served and the percentage of encounters completed, are the more reliable basis for year-over-year comparison and are emphasized throughout this report.

**Figure 1. Number of individuals served by Rb5 providers in fiscal year 2025.**




Note: The number of individuals served from October 2024 to September 2025 is the total of unduplicated individuals served by ON, HD, PES, and EL service providers and duplicated individuals from EL-Play and Learn service providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month. The percentage of projected individuals served is the cumulative number of individuals served in fiscal year 2025 divided by the projected number of individuals served.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***Twenty-six percent of ZIP Codes had moderate or substantial exposure to Rb5 services in fiscal year 2025.***

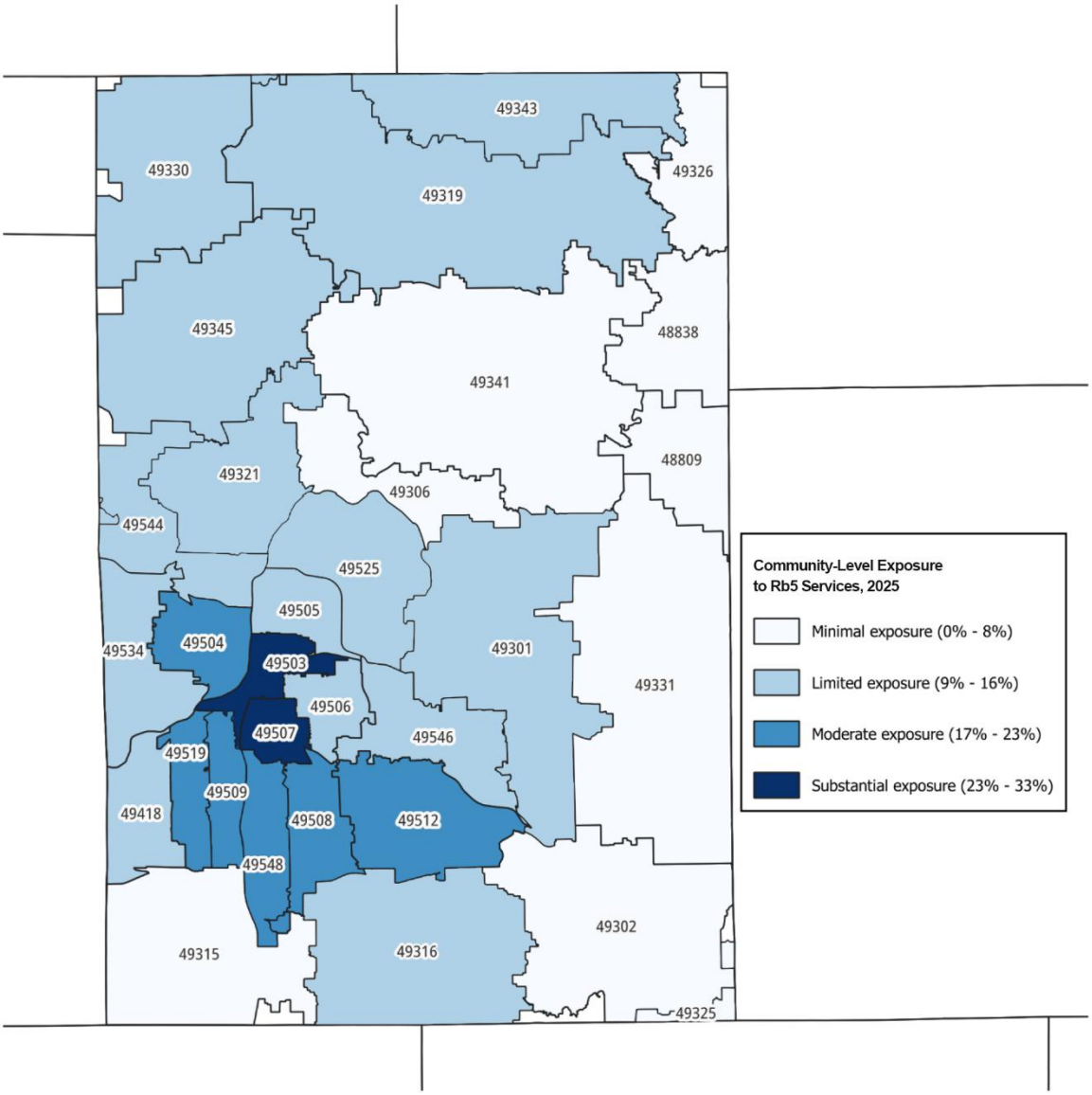
Next, we sought to explore community-level exposure to Rb5 services in fiscal year 2025. To do so, we compared the number of children in each ZIP Code who Rb5 providers directly or indirectly served to those aged 0 to 5 living in that ZIP Code. Directly served refers to children who received services directly from Rb5 providers, while indirectly served includes children 0 to 5 whose parents or guardians participated in services[5]. We then grouped community-level exposure into four classifications: minimal exposure (less than or equal to 8%), limited exposure (9% to 16%), moderate exposure (17% to 23%), and substantial exposure (24% to 33%). These categories represent community-level exposure to Rb5 services based on the number of eligible children in a particular community (see pages 4-6 for a description of the process).

Figure 2 displays the geographic distribution of community-level exposure to Rb5 services in fiscal year 2025. Twenty-six percent of ZIP Codes in Kent County (n=8) had moderate (19%, darker blue) or substantial (6%, darkest blue) community-level exposure to Rb5 services in fiscal year 2025. This translates into Rb5 providers directly or indirectly serving 17% to 33% of children in these

[5] We recognize this approach may overestimate the share of children served because it includes children directly served and those indirectly impacted through services received by their parents or guardians.

communities. In contrast, 74% of ZIP Codes in Kent County (n=23) had limited (45%, lighter blue) or minimal (29%, lightest blue) community-level exposure to Rb5 services in the past year. We include a list of ZIP Codes associated with the four exposure classifications in Table A3 in Appendix A.

**Figure 2. Geographic Distribution of Community-Level Exposure to Rb5 Services in fiscal year 2025.**




Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

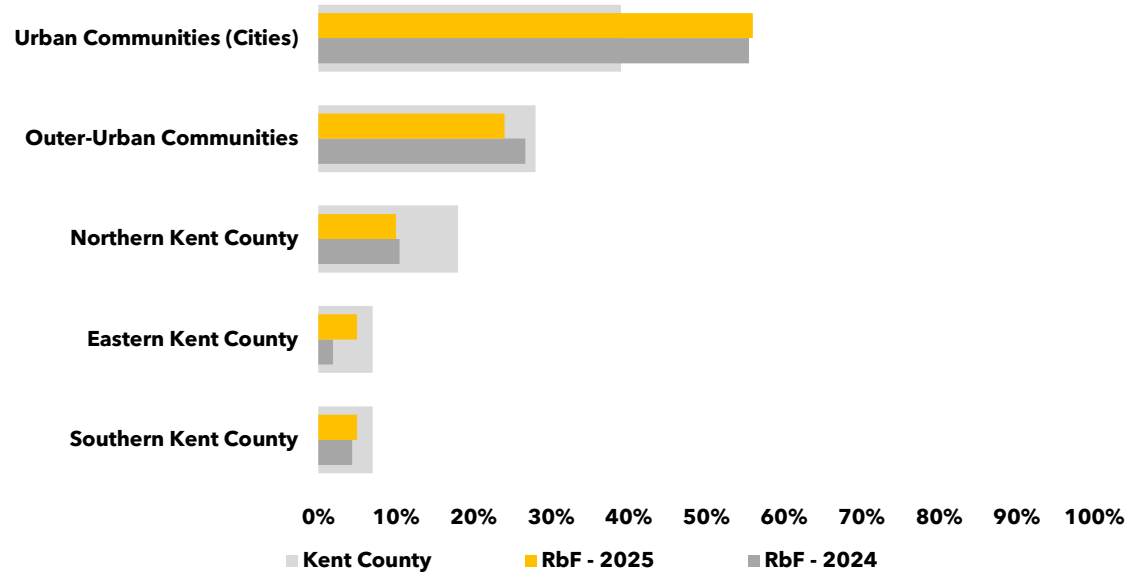
We also sought to explore changes in community-level exposure to Rb5 services in the past year. To do so, we analyzed the share of communities in Kent County grouped into different classifications of community-level exposure in fiscal year 2025. Four ZIP codes (13%) moved up at least one classification compared to the previous year. On average, these communities experienced a two percentage point increase in the share of children 0 to5 directly or indirectly participating in Rb5 services. In contrast, 22 ZIP Codes (71%) had no change in the classification of community-level exposure, while five ZIP Codes (16%) moved down at least one classification compared to the previous year.

***Eighty percent of individuals served in fiscal year 2025 reside in urban communities.***

In addition to exploring community-level exposure to Rb5 services, we examined the community types where services took place in fiscal year 2025. FSK separates Kent County into groups of ZIP Codes associated with five community types – urban communities (cities), outer-urban communities, eastern Kent County, northern Kent County, and southern Kent County – to identify where services occurred. Table A4 in Appendix A includes the ZIP Codes and description of the area associated with each community type. We include the community types of individuals served in fiscal year 2024 (dark grey bars) and the percentage of the Kent County population residing in the respective community types (light grey bars) as reference points for comparing results from fiscal year 2025. A yellow or dark grey bar surpassing a light grey bar indicates that Rb5 providers served a larger percentage of the respective community types relative to the share of the Kent County population residing in the different community types.

Figure 3 reveals that 80% of individuals served across Rb5 providers reside in urban or outer-urban communities. The two urban community types include ZIP Codes associated with Grand Rapids, East Grand Rapids, Kentwood, Comstock Park, Grandville, and Wyoming, among others. This finding is expected given that Figure 2 (see page 10) reveals that all ZIP Codes with moderate or substantial exposure (n=8) are associated with urban (n=5) and outer-urban (n=3) community types. In contrast, 20% of individuals served in fiscal year 2025 were from northern, eastern, and southern Kent County communities. This finding is also consistent with results in Figure 2 that found two-thirds of ZIP Codes with limited or minimal community-level exposure in fiscal year 2025 (n=15) were associated with southern, eastern, and northern Kent County community types. Compared to individuals served in fiscal year 2024, Rb5 providers served a slightly smaller percentage of individuals from outer-urban communities in fiscal year 2025 (three percentage point difference), while serving a larger share of individuals from southern and eastern Kent County (one and three percentage point difference). Finally, Rb5 providers served a larger percentage of individuals from urban communities (cities), and a smaller percentage of individuals from the other four community types when compared to the percentage of Kent County residents living in the respective community types.

**Figure 3. Percentage of individuals served by community type in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses

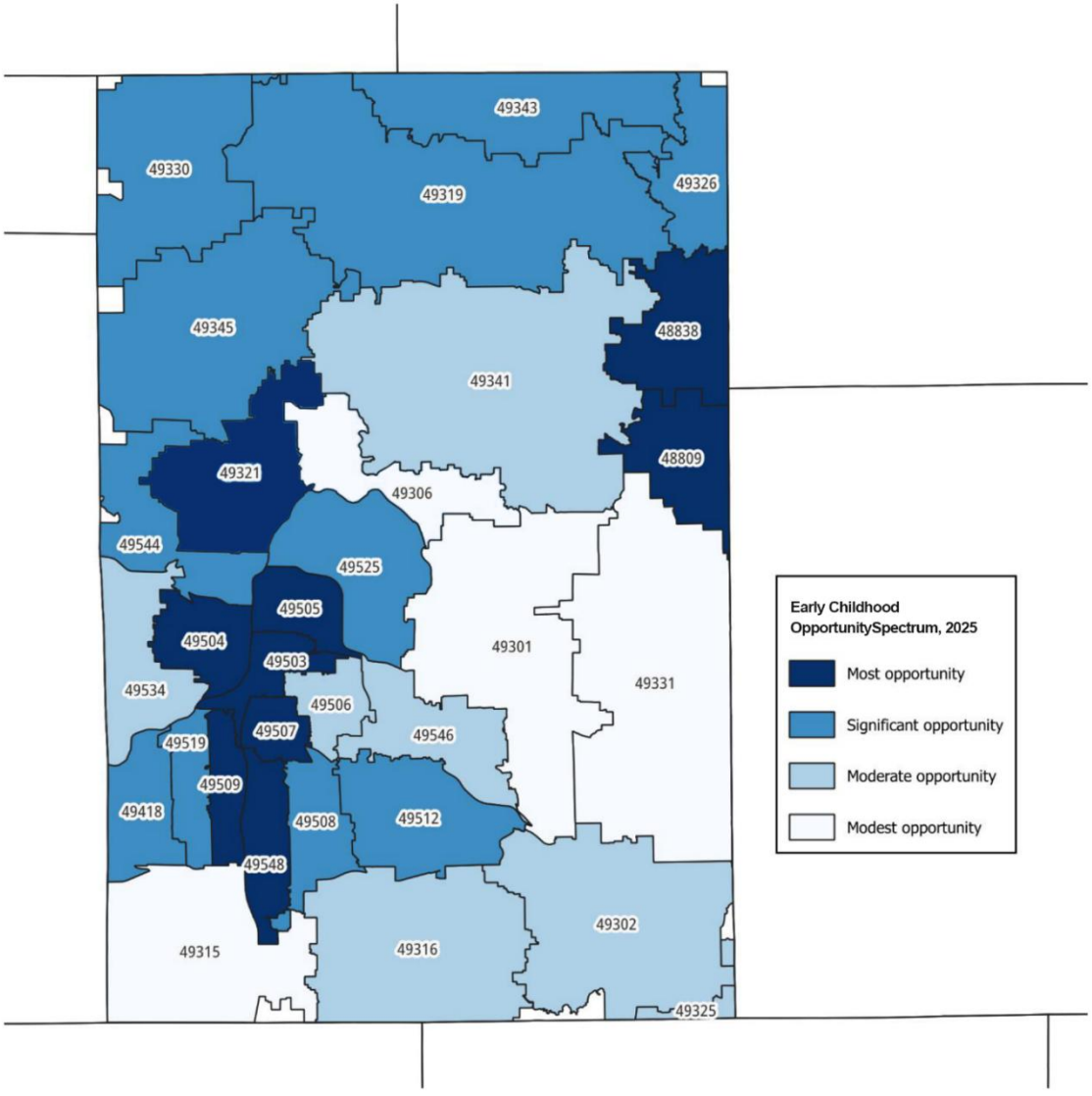
Finally, between 37% and 47% of individuals served in fiscal year 2025 declined to share their race, ethnicity, household language, and household income data, or had these fields missing from the records. Consequently, reporting on these demographic characteristics might not reflect the true population served in fiscal year 2025 due to the extent of missing data. It is also worth noting that the direction of this missing data is unlikely to be random. Families from historically marginalized communities, including immigrant and undocumented families, families with limited English proficiency, and families with prior negative experiences of institutional data collection, may be more likely to decline to share demographic information, which means the demographic profile likely underrepresents those communities. While we do not analyze this demographic data in the present report, we include the available race, ethnicity, language, and income data in Tables A5-6 in Appendix A for reference.

***Twenty-nine percent of ZIP Codes have the most opportunity for early childhood services to promote students' kindergarten readiness.***

Figure 4 displays the geographic distribution of early childhood opportunity in Kent County. Thirty-one ZIP Codes had results for all eight community-level measures associated with the early childhood opportunity spectrum (see pages 4-6 for a description of the process) and had Rb5 participation data from fiscal year 2025. We classified 29% (n=9) of ZIP Codes in Kent County as having the most opportunity for early childhood services to promote improvements to kindergarten readiness (darkest blue). Four of the nine ZIP Codes with the most opportunity are associated with the urban communities (cities) community type. Furthermore, 35% (n=11) of ZIP Codes in Kent County have a significant opportunity for early childhood services to enhance kindergarten readiness (darker blue). Five of these ZIP Codes are associated with northern Kent County

community types. This yields 65% of ZIP Codes in Kent County having either the most or significant opportunity for early childhood services to promote students' readiness for kindergarten. Furthermore, 35% (n=11) of ZIP Codes in Kent County have moderate (23%, lighter blue) or modest (13%, lightest blue) opportunity for early childhood services to enhance kindergarten readiness. Fifty-five percent (n=6) of these ZIP Codes are associated with eastern and southern Kent County community types. We include a list of ZIP Codes associated with the four categories in Table A3 in Appendix A.

**Figure 4. Geographic distribution of early childhood opportunity in Kent County.**




Note: We recognize the varying demographics within the 49506 ZIP Code, with different areas representing diverse levels of need and opportunity. It is important to note that ACS data provides information at the ZIP Code level and does not disaggregate within ZIP Code, which precludes us from displaying the varying level of need and opportunity within the 49506 ZIP Code.
Source: ACS data; authors' analyses

The geographic distribution of early childhood opportunity in fiscal year 2025 is mostly comparable to results from fiscal year 2024. However, two ZIP Codes – 49306, 49321 – were grouped into different classifications of early childhood opportunity in the past year due to updated ACS data on the community-level measures. Table 2 indicates that one of these two ZIP Codes changed in their early childhood opportunity classification. This suggests these communities have further opportunity to promote kindergarten readiness given the changes in the community-level measures in the past year. Multiple changes in community-level indicators drove this reclassification. In 49321, a higher percentage of the population reported being uninsured (2.6 percentage point difference), with a larger share of children under five also being uninsured (6.1 percentage point difference). We also find a smaller share of children participating in preschool in the past year (1.5 percentage point difference).

**Table 2. Changes in early childhood opportunity classification in fiscal year 2025.**

| ZIP Code | 2024 Classification | 2025 Classification |
|---|---|---|
| 49306 | Moderate | Modest |
| 49321 | Significant | Most |

Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***Forty percent of ZIP Codes with the most opportunity had substantial community-level exposure to Rb5 services* in *2025*.**

Lastly, we sought to understand the extent to which community-level exposure to Rb5 services is concentrated in communities with the greatest opportunity for early childhood services to promote kindergarten readiness. To do so, we grouped ZIP Codes into four categories based on two factors: early childhood opportunity and community-level exposure to Rb5 services. Each category represents a unique combination of these two factors:

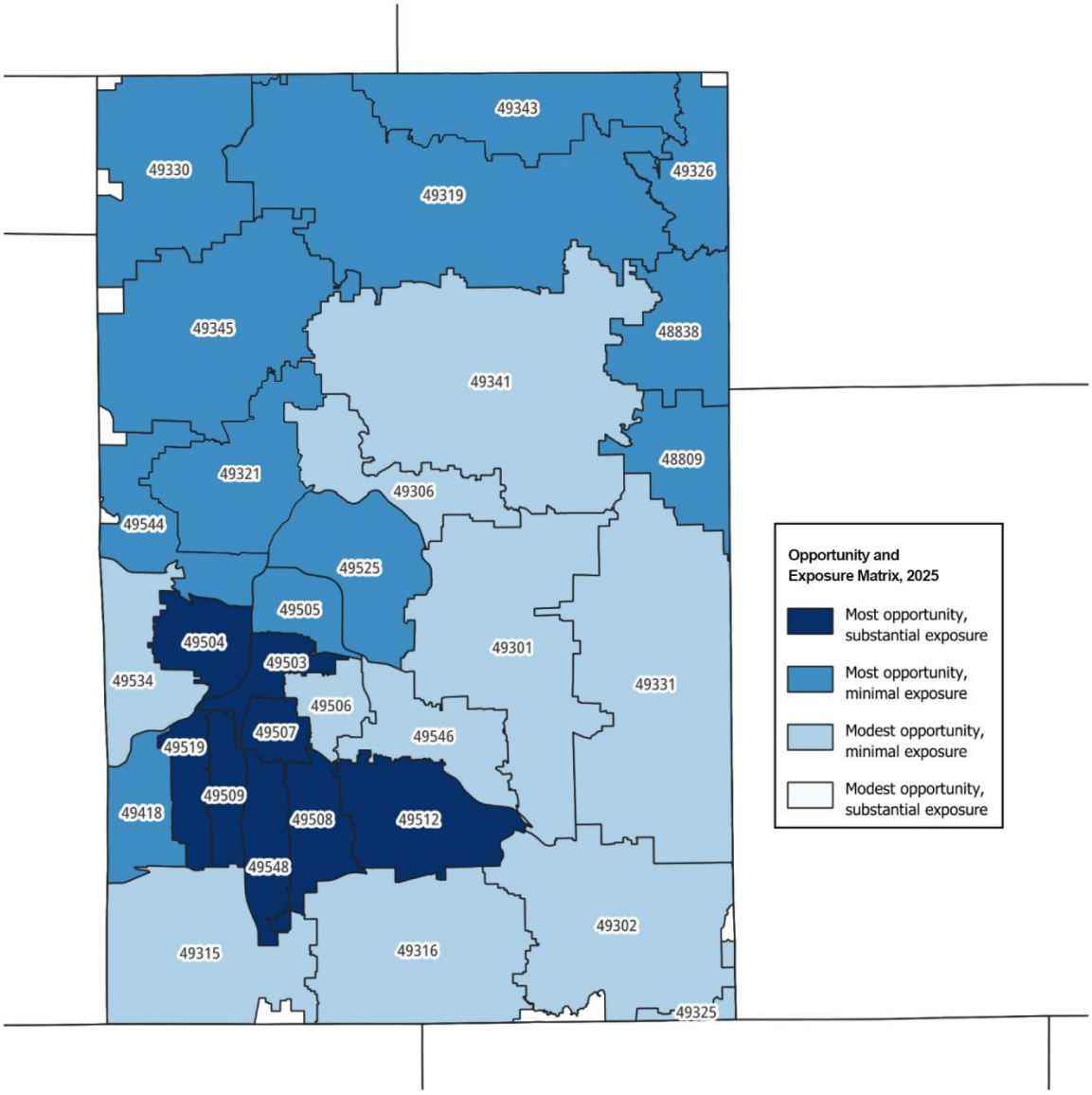
- **Most opportunity and substantial community-level exposure**: This group includes communities with the most or significant early childhood opportunity and moderate or substantial community-level exposure to Rb5 services. These communities have the most immediate need, represent the greatest opportunity for improvements through early childhood services, and have had moderate or substantial community-level exposure to Rb5 services in fiscal year 2025. This is an ideal scenario as it indicates that Rb5 services are reaching the communities that have the greatest potential for improvements through early childhood services.
- **Most opportunity and minimal community-level exposure:** This group includes communities with the most or significant early childhood opportunity and limited or minimal community-level exposure to Rb5 services. These communities have the greatest need and represent the greatest opportunity for improvements through early childhood services, but have had minimal community-level exposure to Rb5 services. This is a critical area of concern as these communities with the most opportunity had minimal exposure to Rb5 services.
- **Modest opportunity and minimal community-level exposure:** This group includes communities with modest or moderate opportunity and limited or minimal community-

level exposure to Rb5 services. These communities have modest opportunity for early childhood services to enhance kindergarten readiness, but less immediate need and minimal community-level exposure to Rb5 services. This indicates that community-level exposure to Rb5 services is not being over-utilized in communities with less immediate need.

- **Modest opportunity and substantial community-level exposure**: This group includes ZIP Codes with modest or moderate opportunities and substantial community-level exposure to Rb5 services. These communities have modest opportunity for early childhood service to enhance kindergarten readiness and less immediate need, but substantial community-level exposure to Rb5 services. This indicates that community-level exposure to Rb5 services is potentially over-utilized in communities with less immediate need.

Figure 5 displays the geographic distribution of early childhood opportunity and community-level exposure to Rb5 services across Kent County ZIP Codes in fiscal year 2025. Forty percent of the ZIP Codes (n=8) in Kent County with the most opportunity had substantial community-level exposure to Rb5 services (darkest blue). This represents a 10 percentage point decrease relative to the prior year, suggesting fewer communities with the most opportunity had substantial community-level exposure in the past year. This decline is attributed to two Zip Codes – 49321 and 49343 – who had substantial exposure in fiscal year 2024 but had minimal community-level exposure in fiscal year 2025. Conversely, the remaining ZIP Codes with the most opportunity (n=12) had minimal community-level exposure to Rb5 services (darker blue). The latter finding is particularly concerning as these communities have the most immediate need and represent the greatest opportunity for improvements through early childhood services but had minimal community-level exposure to Rb5 services in fiscal year 2025.

**Figure 5. Geographic distribution of early childhood opportunity and community-level Rb5 exposure in fiscal year 2025.**




Note: We recognize some ZIP Codes contain areas where residents are not eligible to receive Rb5 services. Thus, exposure may in fact be higher in some ZIP Codes due to a lower percentage of the population being eligible to receive Rb5 services. We will explore what percentage of the population in these "partial" ZIP Codes in Kent County are eligible to receive Rb5 services in future discussion with First Steps Kent.
Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

Furthermore, all ZIP codes in Kent County with modest opportunity (n=11) had minimal community-level exposure to Rb5 services (lighter blue). This indicates that communities with modest opportunity but less immediate needs are not over-utilizing Rb5 services. This positive finding suggests that resources are not disproportionately consumed in areas with less immediate need.

***Providers across the Rb5 network built their outreach around meeting families where they are, physically, culturally, and emotionally.***

Provider quarterly reports offer context for both sides of that finding. They describe the deliberate strategies that produced substantial exposure in 40% of communities with the most opportunity, and the conditions that have kept 60% of those same communities at minimal exposure despite sustained effort. Providers across all program types described locating services and outreach in environments that families from historically marginalized communities already inhabited, accessed for other reasons, and trusted, including food pantries, community health centers, WIC offices, libraries, parks, cultural festivals, emergency shelters, and neighborhood schools. By embedding programming within settings families already traveled to for essential needs, providers reduced the additional time, transportation, and planning that a dedicated program visit would require, and positioned services as something families encountered rather than something they had to seek out. Central to this approach was an extensively cultivated network of community-based organization partners that served multiple functions at once, including co-location sites for Rb5 programming, active referral sources based on direct knowledge of family needs, and trusted channels through which program information reached families in ways that carried more credibility than external outreach. Providers described the quality of these relationships, not the number of partners listed, as the factor that determined whether outreach produced equitable reach. Several providers also used community-level data, including housing age, social vulnerability indices, Medicaid enrollment patterns, and internal demographic reports, to guide decisions about where to focus outreach rather than relying on historical patterns or program convenience, treating demographic data as a planning tool rather than a reporting requirement.

***Cultural and linguistic responsiveness was a core design principle across the Rb5 network.***

Language access was the strategy providers named most consistently for reducing barriers and building trust with families from historically marginalized communities. Approaches ranged from bilingual staff as a regular part of how programs operated, to contracted interpretation for home visits and enrollment conversations, to multilingual printed materials, to wordless picture books for families not literate in any written language. Beyond language, providers described cultural responsiveness as encompassing hiring staff who reflect the racial and cultural backgrounds of the families they serve, using curricula and materials that families see themselves in, and adapting program formats and communication styles to community preferences rather than program convenience. This fiscal year, that trust-building work took on urgency for providers serving immigrant and undocumented families. Provider quarterly reports described families expressing heightened fear of institutional contact, reluctance to share personal information, and reduced willingness to enroll in programs despite perceiving them as beneficial. Several providers responded by keeping community event information off public platforms, distributing program information exclusively through trusted partner channels and word of mouth, and approaching all family interactions with explicit awareness of the fears families may be carrying. These are not incidental program adjustments but responses to an environment that is affecting whether and how families from historically marginalized communities are willing to engage, and one that cannot be fully resolved at the individual program level. That same climate helps explain the demographic

data gap documented earlier in this section, with between 37% and 54% of individuals declining to share demographic information depending on service category.

Provider reports also documented a pattern that warrants attention. One ON provider noted in Q4 that reductions in millage-funded interpretation and translation services were creating language access barriers without having clear alternatives. One HD provider acknowledged that outreach to rural and northern county communities, an intentional equity priority, had been scaled back due to staffing shortages. The strategies most effective for reaching families from historically marginalized communities are also the most resource-intensive, and their reduction carries disproportionate consequences for the families most dependent on them.

***The demands placed on families to access and navigate services were a consistent barrier to engagement across the Rb5 network.***

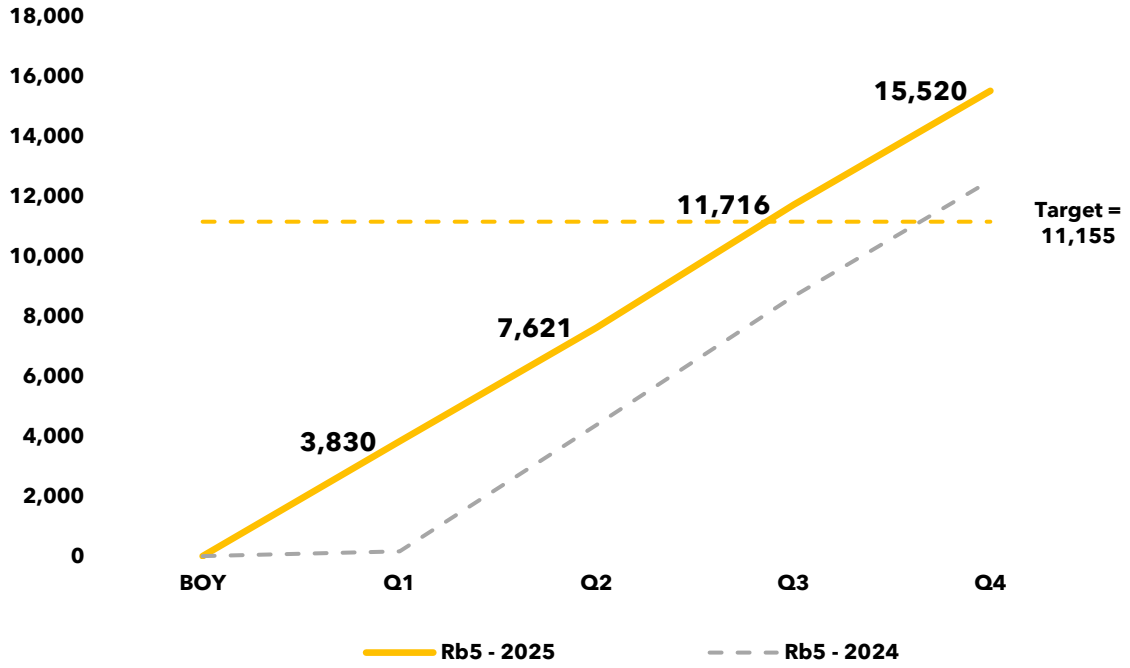
Provider quarterly reports describe conditions on the family side that help explain why 60% of high-opportunity communities had minimal exposure despite sustained provider effort. For many families served across the Rb5 network, the daily experience of securing support meant navigating eligibility requirements, managing appointments across different systems, and repeatedly advocating for basic needs, a process that was itself a source of exhaustion. Provider quarterly reports described families characterizing the experience as feeling like "jumping through hoops just to get the basics," a frustration providers noted fell hardest on families with the least capacity to take on additional demands. HD and PES providers documented a related set of pressures, including housing instability, food insecurity, and rising childcare costs that shaped how consistently families were able to engage with services. At the same time, provider reports noted that families consistently described Rb5 navigation and support services as accessible, responsive, and low-barrier in ways that many other systems they encountered were not, a distinction families named unprompted across multiple providers.

***Rb5 providers exceeded encounter expectations by 39% in fiscal year 2025.***

Figure 6 displays the cumulative number of encounters completed in fiscal year 2025. We include the cumulative number of encounters completed in fiscal year 2024 and the projected number of encounters completed in fiscal year 2025 to serve as reference points for comparing results from fiscal year 2025. The number of encounters is limited to EL, PES, and select HD and ON service providers[6]. To calculate the number of encounters, Basis researchers identified the number of duplicated counts from HD, ON, PES, EL (non-Play and Learn) providers and the number of events EL-Play and Learn providers hosted from October 2024 to September 2025. Rb5 providers completed 15,520 encounters with individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of encounters completed by providers). Rb5 providers completed 2,990 more encounters in fiscal year 2025 compared to results from fiscal year 2024.

[6] ON providers have historically been excluded from encounter calculations because they were not responsible for completed encounters; however, in fiscal year 2025, one ON provider completed 676 encounters.

**Figure 6. Number of encounters Rb5 providers completed in fiscal year 2025.**




Notes: The number of encounters in fiscal year 2025 includes the number of duplicated counts from HD, ON, PES, EL (non-Play and Learn) service providers and the number of events EL-Play and Learn service providers hosted from October 2024 to September 2025. The percentage of projected encounters completed is the cumulative number of encounters completed in fiscal year 2025 divided by the projected number of encounters in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters Rb5 providers completed in fiscal year 2025. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The providers included in the sample completed 15,520 encounters with individuals in fiscal year 2025 and were projected to complete 11,155. Thus, providers exceeded encounter expectations by 39% in fiscal year 2025, representing a 20 percentage point increase compared to fiscal year 2024.

***Families across the Rb5 network reported high levels of satisfaction with services in fiscal year 2025.***

Provider quarterly reports offer context for what is sustaining that level of engagement across the network. Family satisfaction data from quarters three and four was consistently high across the Rb5 network, with most providers reporting 90% or more of families were satisfied with services, and several reporting that 100% of respondents indicated they were "extremely satisfied." While these results are meaningful, they are also incomplete. Survey response rates varied considerably across the Rb5 network, from approximately 10–15% among some ON providers to 82% among some EL providers, and response rates alone do not tell the full story. Providers who work with families over extended periods noted that repeat attendance, unsolicited referrals to friends and neighbors, and families returning to programs as their circumstances changed may be equally or

more informative measures of satisfaction than formal surveys for families who engage continuously over time. Pairing patterns of sustained engagement alongside survey results offers a richer picture of how families experience Rb5 services.

***Families across the Rb5 network consistently described the quality of their relationships with providers as central to what made services meaningful.***

As providers described in their quarterly reports, families across the Rb5 network consistently characterized their providers as compassionate, consistent, trustworthy, and genuinely present. What made these descriptions notable was not that families valued professional expertise, but that the quality of the relationship consistently outweighed program content or setting in how families described what made their experience meaningful. Families in therapy described how their providers helped them understand their own emotional responses and develop strategies they could use at home. Families in playgroups described coaches who checked in individually and created conditions for genuine connection. Families receiving home visits described providers who arrived as partners rather than authorities.

Research suggests the impact of services depends on families not just receiving information or referrals but integrating new knowledge and sustaining change over time, and that this process is shaped by the quality of the relationship between a family and their provider (Wampold, 2001). Provider quarterly reports described families characterizing their providers as people who made them feel seen, respected, and less alone, which is precisely the condition that research links to that kind of change.

***Rb5 services helped families develop new ways of understanding and supporting their children's development.***

What providers documented in quarterly reports about family experiences went beyond what they learned to how their experiences with services changed their role as a parent. Provider quarterly reports described caregivers who were surprised to learn that reading aloud mattered before a child could understand words and began doing so, parents who came to see that their own emotional state shaped their child's behavior and began managing their responses differently, and families who learned to notice developmental cues and began responding in ways that strengthened those relationships. One family served by an HD provider put it plainly, "I have learned techniques and have been able to take some back to her teacher to also help her" (HD Provider 3). Provider reports noted these shifts appeared most often in programs where families felt their cultural identities and home languages were genuinely respected. Multilingual materials, bilingual programming, and culturally affirming curricula were among the most celebrated program features across the network.

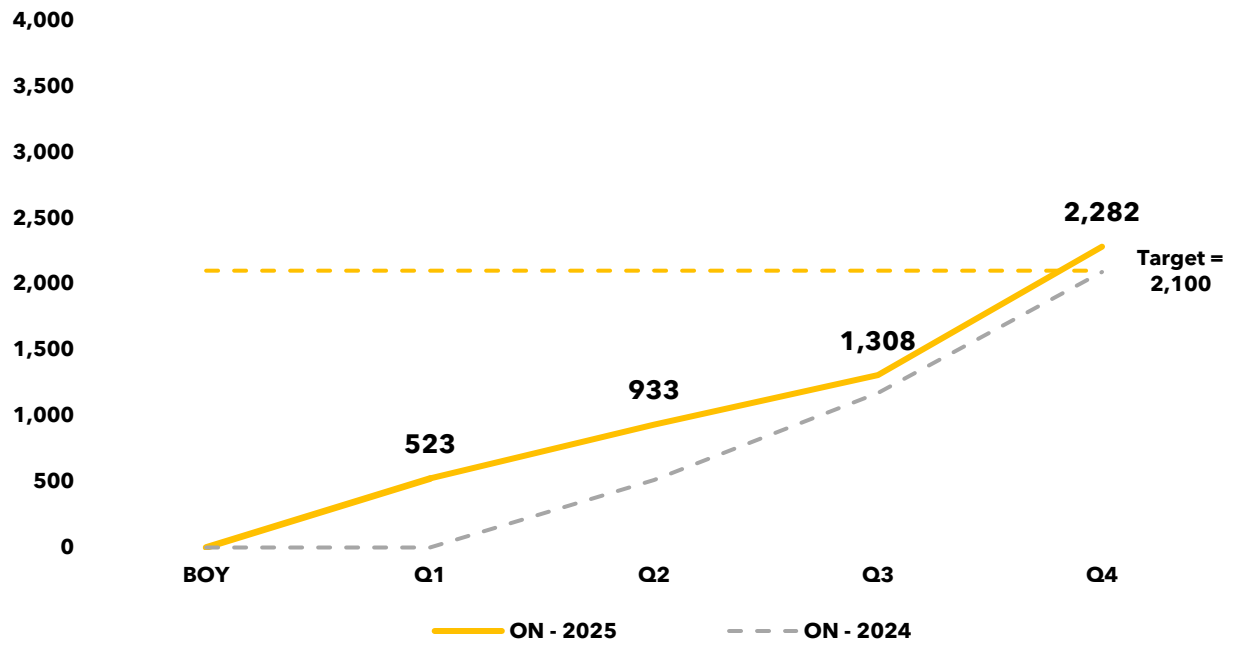
## Outreach and Navigation

Outreach and Navigation providers reach and engage families in finding available resources, information, and programs. Outreach is a universal service that connects with expecting families and families with young children who are not currently engaged in services in an effort to increase the usage of early childhood programs and community resources. Providers engage with families to identify needs through formal screenings and conversations. As needs are identified, navigation addresses barriers to accessing services, information, and resources to ensure families are successfully connected to referrals and information.

***ON providers exceeded reach projections by 9% in fiscal year 2025.***

The final sample included three ON contracts with three service providers. ON providers were expected to serve 2,100 individuals in fiscal year 2025. An individual is considered served if they engaged with a provider and had a known outcome of one or more referrals. The counts do not include informational contacts with families where no referrals were made. Figure 7 displays the cumulative number of individuals ON providers served in fiscal year 2025. We include the cumulative number of individuals served in fiscal year 2024 and the projected number of individuals served in fiscal year 2025 as reference points for comparing results from fiscal year 2025. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals ON providers served from October 2024 to September 2025. Results indicate ON providers served 2,282 individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of individuals served by ON providers). ON providers served 182 more individuals in fiscal year 2025 compared to fiscal year 2024.

**Figure 7. Number of individuals ON providers served in fiscal year 2025.**




Note: The number of individuals served in October 2024 through September 2025 is the total of unduplicated individuals served by ON service providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month. The percentage of projected individuals served is the cumulative number of individuals ON providers served in fiscal year 2025 divided by the projected number of individuals served in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

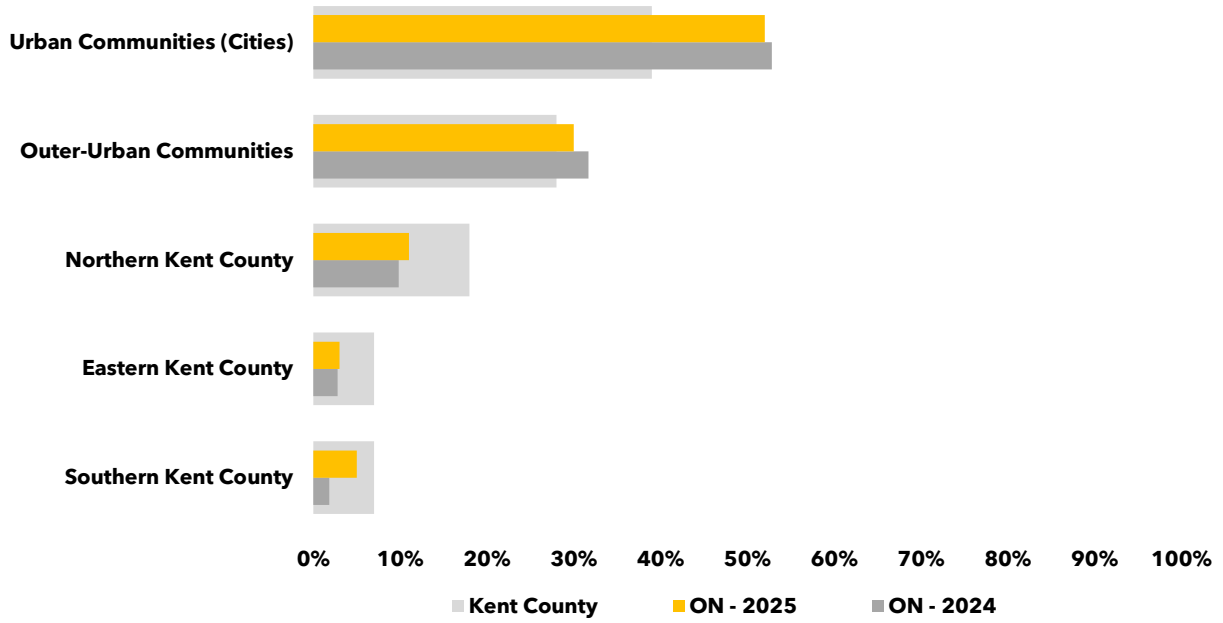
We also calculated the reach of ON services in fiscal year 2025. Reach refers to the extent ON providers deliver services to the intended audience. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The ON providers included in the final sample reached 2,282 individuals in fiscal year 2025 and were projected to serve 2,100. Thus, ON providers exceeded reach projections by 9% in fiscal year 2025, representing a 22 percentage point decline compared to fiscal year 2024. This finding is meaningful considering ON providers significantly underperformed reach expectations in 2022 and 2024. Finally, the percentage of projected individuals served is 43 percentage points below the Rb5-network average.

***Eighty-two percent of individuals ON providers served reside in urban communities.***

Figure 8 displays the percentage of individuals ON providers served in fiscal year 2025 by community type[7]. Eighty-two percent of individuals served in fiscal year 2025 reside in urban-type communities. In contrast, 18% of individuals served live in the eastern, northern, and southern communities of Kent County. ON providers served larger percentages of individuals from northern Kent County (one percentage point difference) and southern Kent County (three percentage point difference), and a smaller percentage of individuals from outer-urban communities (three percentage point difference) compared to the community types of individuals served in fiscal year 2024. Relative to the percentage of Kent County residents living in the respective community types, ON providers served a larger percentage of individuals from the urban type communities while serving a smaller percentage of individuals from northern, eastern, and southern Kent County communities. Finally, the percentage of individuals from urban-type communities ON providers served is two percentage points above the Rb5-network average.

[7] We do not discuss community-level exposure by service category. Applying the exposure classifications to the respective service categories would suggest that these categories had minimal or limited exposure, as the classifications were derived using network-wide results. Given that service categories are expected to service fewer individuals relative to the Rb5 network, discussing community-level exposure would not accurately reflect the actual reach of these individual services.

**Figure 8. Percentage of individuals ON providers served by community type in fiscal year 2025.**



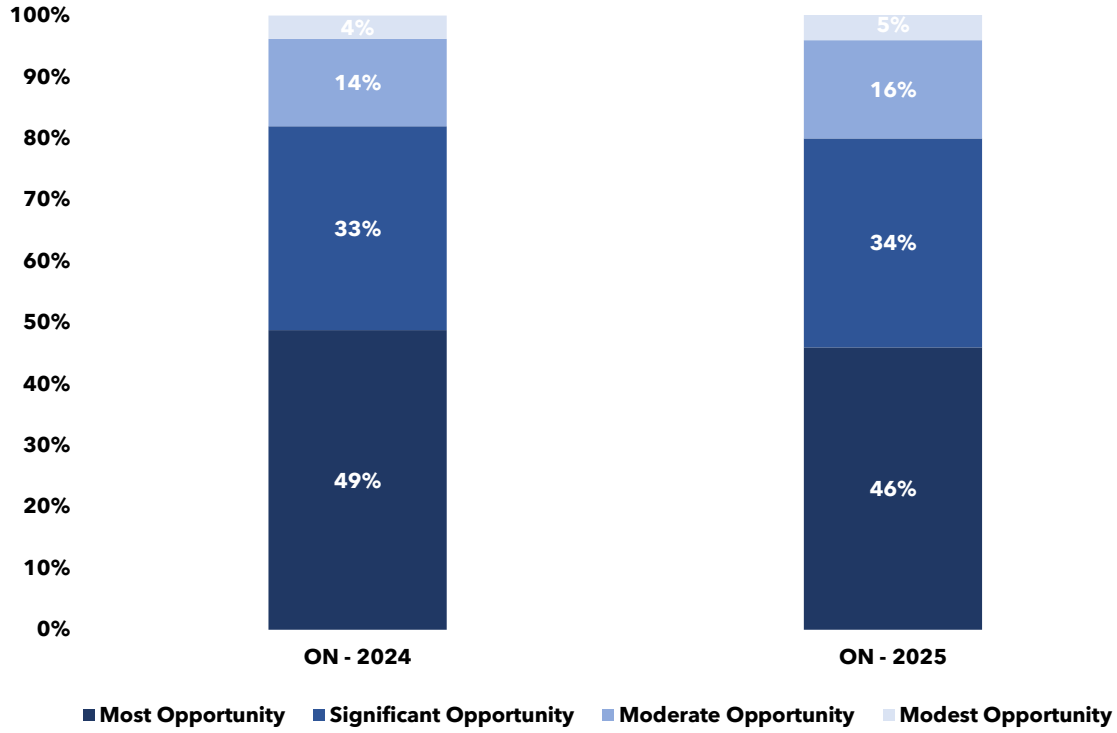

Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

Furthermore, between 13% and 43% of individuals ON providers served in fiscal year 2025 declined to share their race, ethnicity, household language, and household income data, or had these fields missing from the records. Consequently, reporting on these demographic characteristics might not accurately reflect the true population ON providers served in fiscal year 2025 due to the extent of missing data. As noted in the network-wide results, the demographic profile reported here likely underrepresents families from historically marginalized communities. While we do not analyze the demographic data in this report, we include the available race, ethnicity, language, and income data in Tables A5-6 in Appendix A for reference.

***Eighty percent of individuals ON providers served in fiscal year 2025 were from communities with the most or significant opportunity for early childhood services to promote kindergarten readiness.***

We also sought to explore the percentage of individuals ON providers served by early childhood opportunity grouping in fiscal year 2025. To do so, we identified the percentage of individuals ON providers served from ZIP codes with the most, significant, moderate, and modest opportunity for early childhood services to promote kindergarten readiness. Results in Figure 9 reveal that 80% of individuals ON providers served were from ZIP codes with the most (46%) or significant (34%) opportunity to promote kindergarten readiness through early childhood services. The share of individuals ON providers served from ZIP codes with the most or significant opportunity decreased by two percentage points in fiscal year 2025 compared to fiscal year 2024.

**Figure 9. Distribution of individuals ON providers served by early childhood opportunity grouping and year.**




Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***ON providers each described a different approach to reaching underserved families, ranging from community visibility to fully embedding staff within partner organizations.***

Provider quarterly reports describe the strategies behind the patterns documented above, including why 80% of individuals ON providers served came from urban communities and where efforts to reach families in other community types have run into constraints. The three ON providers each approached reaching underserved families differently, and together they illustrate the range of ways navigation programs can position themselves to reach families who are hardest to find through standard channels. One provider focused on visibility, using Spanish-language radio advertising, community event presence, and partnerships with organizations already serving families facing language, access, or trust barriers. Provider quarterly reports noted that word of mouth was carrying program awareness in ways formal outreach alone could not, with one parent reporting to the provider that they had recommended the program to many others in their community (ON Provider 2). Another provider went further, deploying navigators directly within healthcare facilities, community health centers, and programs for families experiencing housing instability, positioning them where families were already present rather than waiting for referrals to arrive. This provider also used internal reports analyzing reach by race, ethnicity, and geography to drive decisions about where staff are placed and which communities remain underrepresented. A third named the structural roots of access barriers directly in its quarterly reports, including language limitations, transportation, distrust of institutions, and limited awareness of available

services, and built its strategy around addressing each through trusted community settings, personal introductions to partner services, and flexible and virtual service options. One Q4 report noted that reductions in millage-funded interpretation and translation services were creating new access barriers without clear alternatives, a concern that extends beyond what any single provider can address.

***Seventy-five percent of ON referrals were directly or indirectly completed in fiscal year 2025.***

We also explored the extent navigation referrals were completed in the past year. Referrals are considered completed when the individual served, or the service provider referred to, either confirms an appointment has been made or the individual is eligible for the service. ON providers issued 5,183 referrals in fiscal year 2025. Most referrals addressed family and caregiver support (e.g., home visiting, transportation, baby supplies, food access support) while others addressed early childhood education (e.g., special education, ASQ screening, play groups). Of these referrals, 75% (n=3,910) were directly or indirectly completed. This implies navigators are confident that three-quarters of individuals receiving referrals were connected to services. Results indicate a one percentage point increase in the share of referrals directly or indirectly completed when compared to results from fiscal year 2024.

***ON providers described a meaningful shift in how families experienced navigation services across the fiscal year.***

Provider quarterly reports offer context for what the 75% referral completion rate represents in families' lives and how that experience shifted between quarters. In Q3, provider reports documented families describing the cumulative demands of navigating multiple systems simultaneously as demoralizing, with the weight falling hardest on those with the least capacity to absorb it. By Q4, reports from the same provider reflected a different picture, with families highlighting the value of flexible and virtual service options and describing their navigators as helping them build the confidence to navigate systems more independently over time, not just connecting them to resources but changing how they approached the process of seeking help. Among families who completed surveys, satisfaction was consistently high across all three ON providers, with over 90% of respondents reporting they felt respected by staff, confident using resources, and satisfied with their most recent interaction. Response rates were limited by the brief, often one-time nature of many navigation contacts, with one provider noting a rate of only 10–15%, a constraint that makes the informal indicators, word-of-mouth referrals and families returning as circumstances changed, at least as meaningful as the formal survey results for this service category.

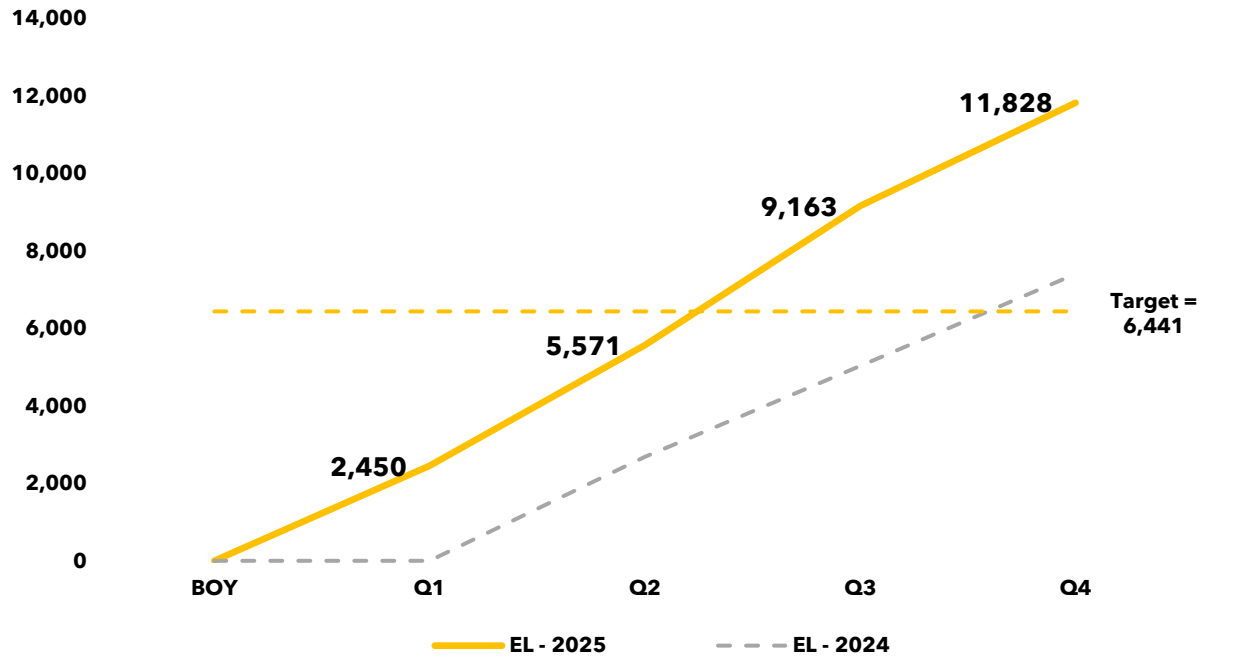
## Early Learning

Programming supports early learning and development while responding to the diverse needs of families and children residing in Kent County. Funded programs offer a number of nationally recognized, evidenced-informed models that incorproate elements from the Michigan Department of Education's Early Childhood Standards of Quality. Early learning providers apply under one of two types of programming: Play and Learn community programming and early literacy and learning programming.

***EL providers exceeded reach expectations by 84% in fiscal year 2025.***

The final sample included five EL contracts with five service providers. EL providers were projected to serve 6,441 individuals and complete 1,036 encounters in fiscal year 2025. EL providers are expected to serve more individuals than the number of encounters completed because multiple individuals often attend a single event. Figure 10 displays the cumulative number of individuals EL providers served in fiscal year 2025. We include the cumulative number of individuals served in fiscal year 2024 and the projected number of individuals served in fiscal year 2025 as reference points for comparing results from fiscal year 2025. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals EL providers served from October 2024 to September 2025. Results indicate EL providers served 11,828 individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of individuals served by EL providers). EL providers served 4,421 more individuals in fiscal year 2025 compared to fiscal year 2024.

**Figure 10. Number of individuals served by EL providers in fiscal year 2025.**



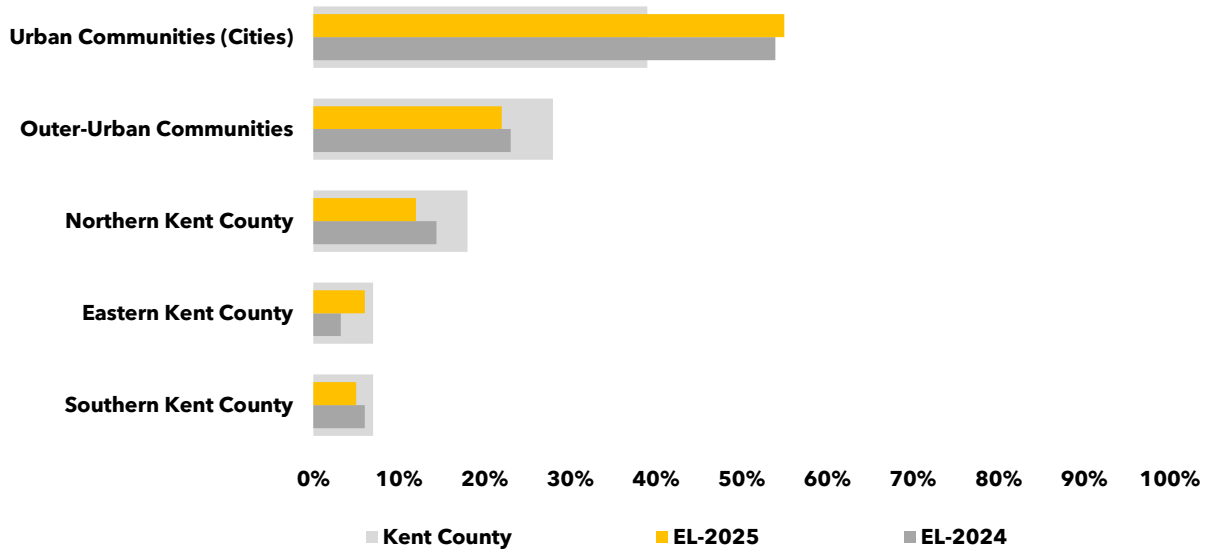

Note: The number of individuals served from October 2024 through September 2025 is the total of unduplicated individuals served by EL service providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month. The percentage of projected individuals served is the cumulative number of individuals EL providers served in fiscal year 2025 divided by the projected number of individuals served in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the reach of EL services in fiscal year 2025. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts. The EL providers included in the final sample reached 11,828 individuals in fiscal year 2025 and were projected to serve 6,441. Thus, EL providers exceeded reach expectations by 84% in fiscal year 2025, representing an 8 percentage point increase compared to the prior year. Finally, the percentage of projected individuals served is 32 percentage points above the Rb5-network average.

***Seventy-six percent of individuals EL providers served reside in urban communities.***

Figure 11 displays the percentage of individuals EL providers served in fiscal year 2025 by community type[8]. Seventy-six percent of individuals served in fiscal year 2025 reside in urban communities. In contrast, 24% of individuals served live in the eastern, northern, and southern communities of Kent County. Compared to the community types of individuals served in fiscal year 2024, EL providers served larger percentages of individuals from eastern Kent County (three percentage point difference) and a smaller percentage of individuals from northern Kent County (two percentage point difference). Relative to the percentage of Kent County residents living in the respective community types, EL providers served a larger percentage of individuals from the urban communities (cities) while serving a smaller percentage of individuals from the other four Kent County community types. Finally, the percentage of individuals from urban-type communities EL providers served is four percentage points below the Rb5-network average.

**Figure 11. Percentage of individuals EL providers served by community type in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

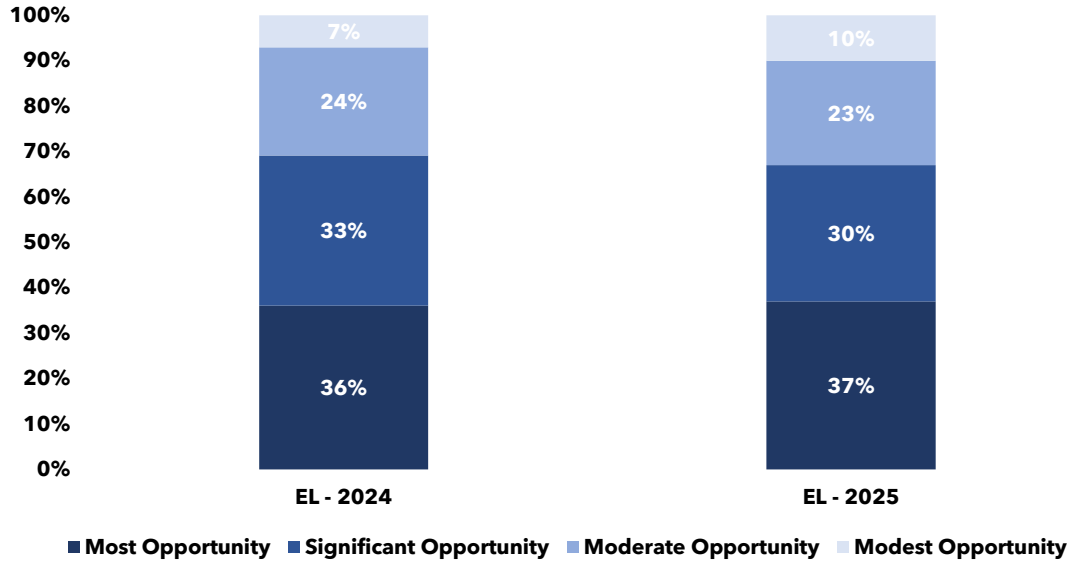
[8] We do not discuss community-level exposure by service category. Applying the exposure classifications to the respective service categories would suggest that these categories had minimal or limited exposure, as the classifications were derived using network-wide results. Given that service categories are expected to service fewer individuals relative to the Rb5 network, discussing community-level exposure would not accurately reflect the actual reach of these individual services.

Finally, between 32% and 47% of individuals EL providers served in fiscal year 2025 declined to share their race, ethnicity, household language, and household income data, or had these fields missing from the records. Consequently, reporting on these demographic characteristics might not accurately reflect the true population EL providers served in fiscal year 2025 due to the extent of missing data. As noted in the network-wide results, the demographic profile reported here likely underrepresents families from historically marginalized communities. While we do not analyze the demographic data in this report, we include the available race, ethnicity, language, and income data in Tables A5-6 in Appendix A for reference.

***Two-thirds of individuals EL providers served in fiscal year 2025 were from communities with the most or significant opportunity for early childhood services to promote kindergarten readiness.***

We also sought to explore the percentage of young children EL providers served by early childhood opportunity grouping in fiscal year 2025. To do so, we identified the percentage of young children EL providers served from ZIP Codes with the most, significant, moderate, and modest opportunity for early childhood services to enhance kindergarten readiness. Results in Figure 12 reveal that 67% of young children EL providers served were from ZIP Codes with the most (37%) or significant (30%) opportunity for improvements through early childhood services. In contrast, 33% of individuals EL providers served were from ZIP Codes with moderate (23%) or modest (10%) early childhood opportunity. The share of individuals EL providers served from ZIP Codes with the most or significant opportunity is two percentage points less in fiscal year 2025 compared to fiscal year 2024, while the percentage of individuals EL providers served from ZIP Codes with moderate or modest opportunity increased by two percentage points in the past year.

**Figure 12. Distribution of individuals EL providers served by early childhood opportunity grouping and year.**




Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***EL providers brought services to families rather than waiting for families to find them.***

Provider quarterly reports describe the deliberate strategies behind these geographic patterns and the challenges that remain. EL providers were deliberate about where they offered services, consistently choosing sites where families with the greatest need already gathered. Provider reports described using demographic data on income levels, racial composition, and geographic concentration to guide decisions about where playgroups were hosted, with a consistent preference for sites already serving families through food, health, and community programming. By embedding playgroups within settings families already visited for other needs, providers reduced the additional time and transportation that a dedicated program visit would require and positioned early childhood programming as something families encountered rather than something they had to seek out.

That same intentionality shaped how providers approached families in the Hispanic and Latinx community, identified across multiple EL provider reports as a growing demographic priority. Bilingual staff and bilingual programming were described as essential rather than optional. One provider added a new bilingual English/Spanish playgroup in a specific neighborhood directly in response to community feedback identifying a gap in access for Hispanic families. Another maintained monthly distribution of bilingual books and materials through a food distribution program for families not yet comfortable attending in person. Provider quarterly reports described the results of community outreach events as reaching families who were predominantly Spanish-speaking, including recent immigrants who had not previously had access to resources in their communities (EL Provider 1). Building that presence created pathways toward deeper participation that a standard program calendar could not.

The low-pressure enrollment policy described by at least two providers extended this same principle into how families entered the program formally. Families could attend and observe before being asked to complete enrollment paperwork, acknowledging that for many families from historically marginalized communities, completing an enrollment form is a trust decision that takes time. One provider noted observing families willing to sign an attendance sheet but not yet ready to complete the enrollment form, a distinction worth honoring rather than treating as an obstacle.

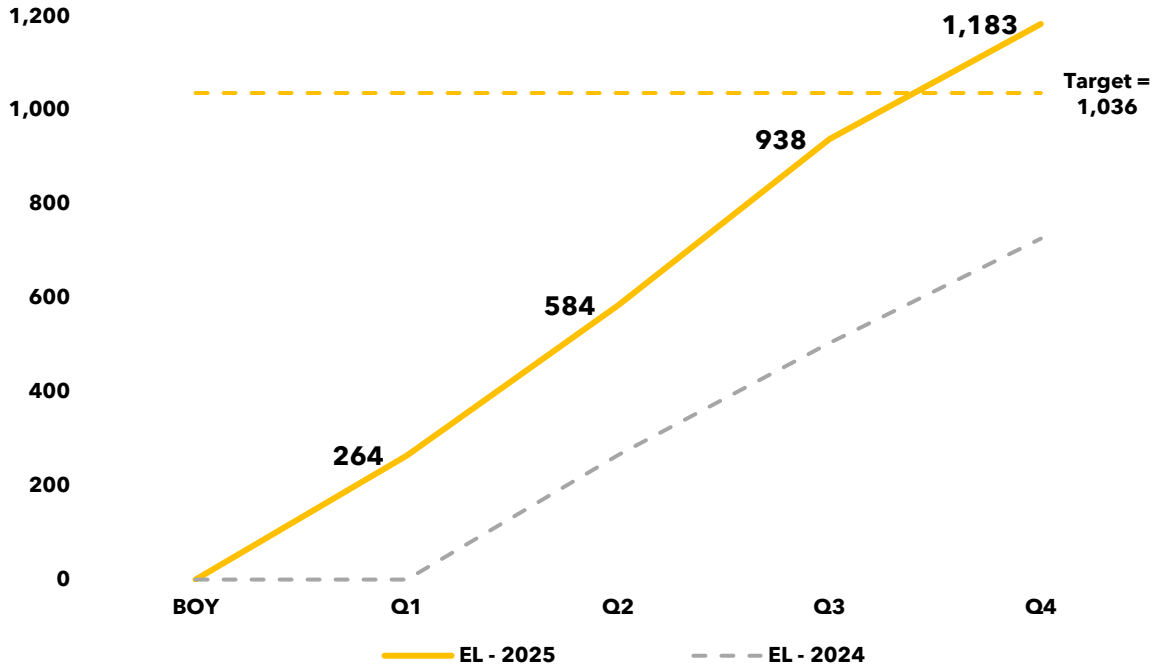
Providers also acknowledged what remained difficult. Reaching families without legal status was a persistent challenge despite sustained efforts, and transportation limitations in areas without public transit continued to constrain reach in specific communities. The voluntary nature of playgroup programming means that families who most need early childhood support may be the least likely to seek it out, and that active, personalized outreach through trusted intermediaries remains the most reliable way to close that gap.

***EL providers exceeded encounter expectations by 14% in fiscal year 2025.***

Figure 13 displays the cumulative number of encounters EL providers completed in fiscal year 2025. We include the cumulative number of encounters EL providers completed in fiscal year 2024 and the projected number of encounters completed in fiscal year 2025 as reference points for

comparing results from fiscal year 2025. To calculate the number of encounters, Basis researchers identified the total number of duplicated counts from non-Play and Learn providers and the number of events EL-Play and Learn providers hosted from October 2024 to September 2025. EL providers completed 1,183 encounters with individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of encounters completed by EL providers). EL providers completed 457 more encounters in fiscal year 2025 compared to fiscal year 2024.

**Figure 13. Number of encounters EL providers completed in fiscal year 2025.**



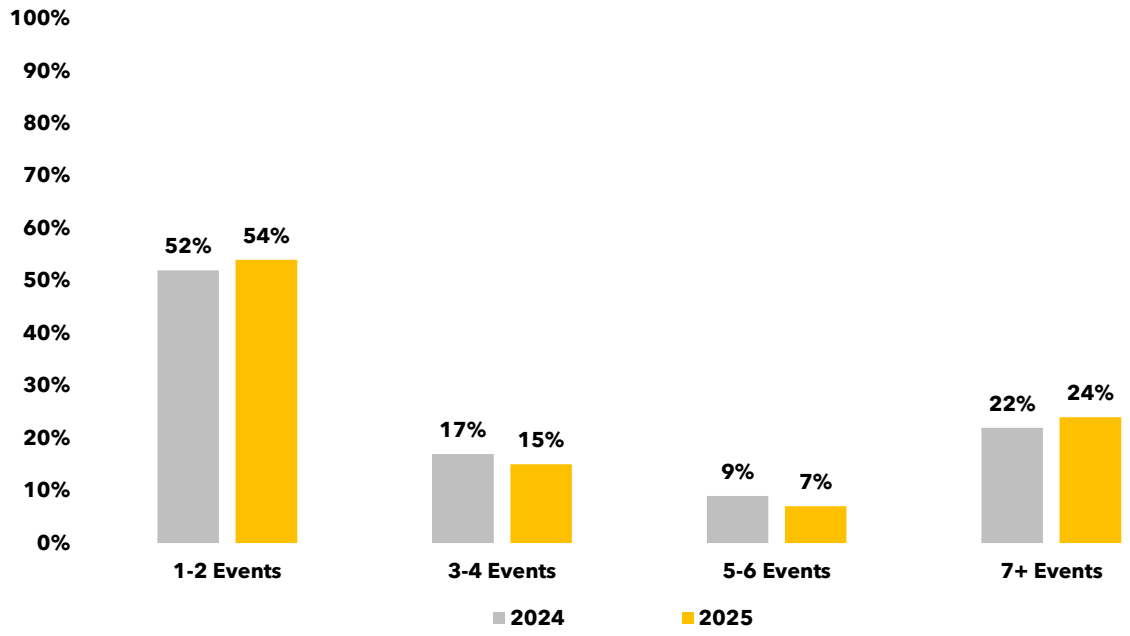

Notes: The number of encounters in fiscal year 2025 includes the number of duplicated counts from EL (non-Play and Learn) service providers and number of events EL-Play and Learn service providers hosted from October 2024 through September 2025. The percentage of projected encounters EL providers completed is the cumulative number of encounters completed divided by the projected number of encounters in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters EL providers completed in fiscal year 2025. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The EL providers included in the final sample completed 1,183 encounters with individuals and were projected to complete 1,036 in fiscal year 2025. Thus, providers exceeded encounter expectations by 14% in fiscal year 2025, representing a 9 percentage point increase compared to results from fiscal year 2024. Finally, the percentage of projected encounters completed is 38 percentage points below the Rb5-network average.

***Fifty-four percent of individuals participating in Play and Learn programming attended between one to two events in fiscal year 2025.***

FSK does not expect individuals to attend a certain number of Play and Learn events. Programming is on a drop-in basis, and parents are welcome to bring their children to any event they choose. However, Basis researchers sought to understand the number of play and learn events young children attended in the past year. Results in Figure 14 indicate that 54% of young children participating in play and learn programming attended one to two events in fiscal year 2025. In contrast, 46% of young children participated in at least three play-and-learn events. A slightly smaller share of young children participated in three or more play and learn events in the past year compared to fiscal year 2024 (two percentage point difference). This implies that slightly fewer young children had sustained engagement in play and learn[9] events in fiscal year 2025. For comparison, 40% of young children and caregivers participating in Kaleidoscope Play and Learn events in California attended one or two play and learn events while 60% attended three or more events (California Childcare Research and Referral Network, 2018).

**Figure 14. Percentage of young children attending ranges of play and learn events in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***Playgroups functioned as both learning environments and community-building spaces.***

That dosage pattern, with 46% of young children attending three or more events across the year, is consistent with what EL provider quarterly reports described about why families returned. Provider

[9] We define sustained engagement as participating in at least three Play and Learn events in a given year.

quarterly reports described families characterizing playgroups as welcoming spaces where they felt neither judged nor alone, and this was especially true for families who had recently relocated, were parenting without nearby extended support, or had not previously found welcoming spaces in their communities. One EL provider documented a father describing the playgroup as a space where he could learn and grow alongside his daughter in an environment that felt genuinely safe and inclusive (EL Provider 2). Coaches were consistently credited with making this possible, showing up as people who helped families connect with each other as much as they taught.

EL providers also documented meaningful knowledge and skill transfer that extended beyond playgroup sessions into families' home routines. Provider-reported survey data indicated that between 78% and 93% of caregivers across the two quarters reported increased knowledge of child development through playgroup participation, and 85-86% reported implementing activities and suggestions at home. Knowledge gains were most notable in programs where families received services in their home languages or through culturally affirming materials. One provider observed a decrease in reported knowledge gains between the third and fourth quarters, attributing this in part to less experienced summer staff. For families who attended across multiple seasons, repeat attendance alongside these knowledge gains offers a more complete picture of what playgroup participation produced than either measure alone.

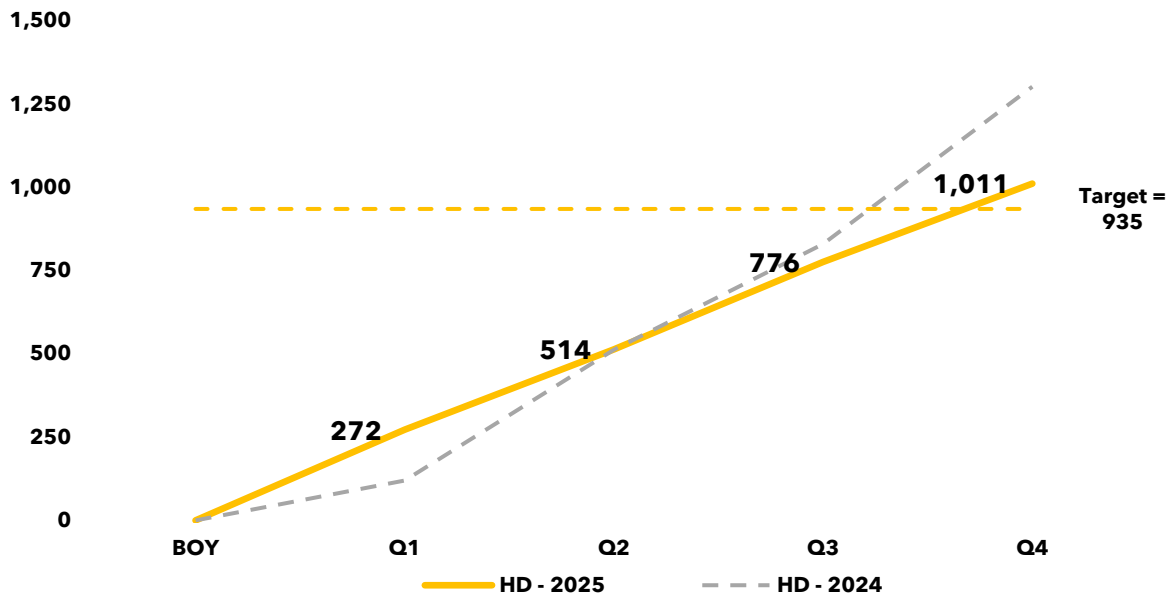
## Healthy Development

Healthy Development programming supports positive behaviors that drive better outcomes related to healthy births, child health, well-being, and early development. Providers include one of four types of programming: healthy and expectant new parent programming, development, social emotional screening, and referral programming, healthy and safe home environment programming, and niche family supports. Healthy Development providers may also work with specialized populations to provide support with accessing resources and information.

***HD providers exceeded reach expectations by 8% in fiscal year 2025.***

The final sample included nine HD contracts with eight service providers. HD providers were expected to serve 935 individuals and complete 2,200 encounters in fiscal year 2025. Figure 15 displays the cumulative number of individuals HD providers served in fiscal year 2025. We include the cumulative number of individuals served in fiscal year 2024 and the projected number of individuals served in fiscal year 2025 as reference points for comparing results from fiscal year 2025. To calculate the cumulative number of individuals served, Basis researchers added the total number of unduplicated individuals receiving one-on-one direct services from HD providers, the total number of duplicated individuals receiving group services from HD providers, and the total number of individuals with a completed referral for HD referral services from October 2024 to September 2025. HD providers served 1,011 individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of individuals served by HD providers), which is 291 fewer individuals compared to results from fiscal year 2024.

**Figure 15. Number of individuals HD providers served in fiscal year 2025.**




Note: The number of individuals served in October 2024 through September 2025 is the total of unduplicated individuals served by HD service providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month. The percentage of projected individuals served is the cumulative number of individuals HD providers served divided by the projected number of individuals served in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

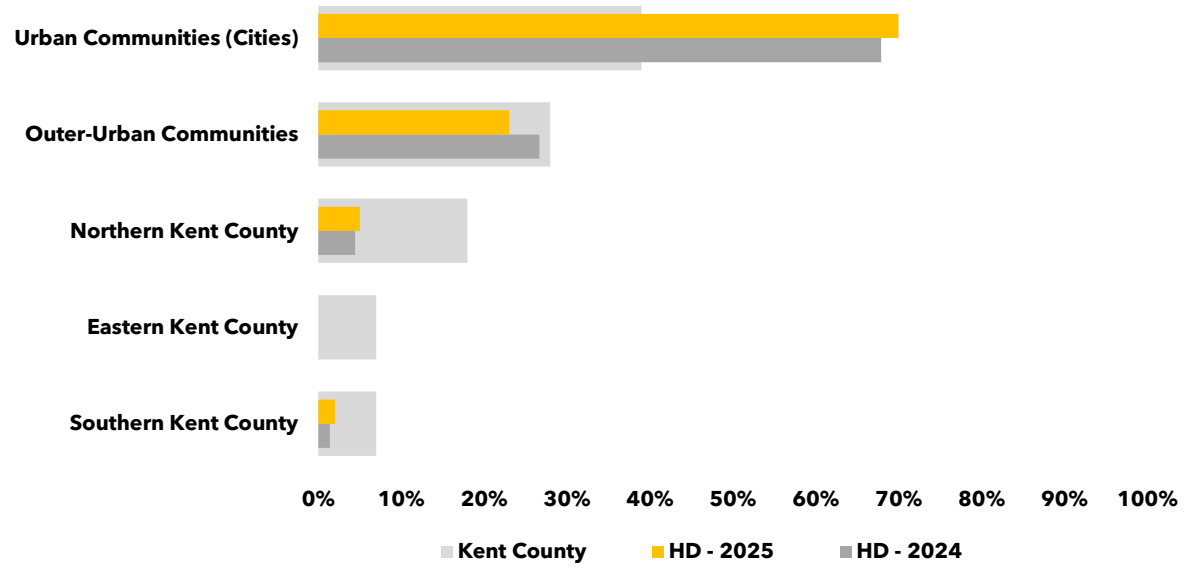
We also calculated the reach of HD services in fiscal year 2025. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts.

The HD providers included in the final sample reached 1,011 individuals and were projected to serve 935 in fiscal year 2025. Thus, HD providers exceeded reach expectations by 8% in fiscal year 2025. This also represents a 54 percentage point decrease compared to fiscal year 2024. Finally, the percentage of individuals served is 44 percentage points below the Rb5-network average.

***Ninety-three percent of individuals HD providers served reside in urban communities.***

Figure 16 displays the percentage of individuals HD providers served in fiscal year 2025 by community type[10]. Ninety-three percent of individuals served in fiscal year 2025 reside in urban communities. In contrast, 7% of individuals served were from northern, eastern, and southern Kent County. Compared to the community types of individuals served in fiscal year 2024, HD providers served larger percentages of individuals from urban communities (cities) (two percentage point difference) while serving fewer individuals from outer-urban communities (four percentage point difference). Relative to the share of Kent County residents living in the respective community types, HD providers served a larger percentage of individuals from urban (cities) communities (31 percentage point difference) and a smaller percentage of individuals from the other four community types. Finally, the percentage of individuals served from urban communities is 13 percentage points above the Rb5-network average.

**Figure 16. Percentage of individuals HD providers served by community type in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

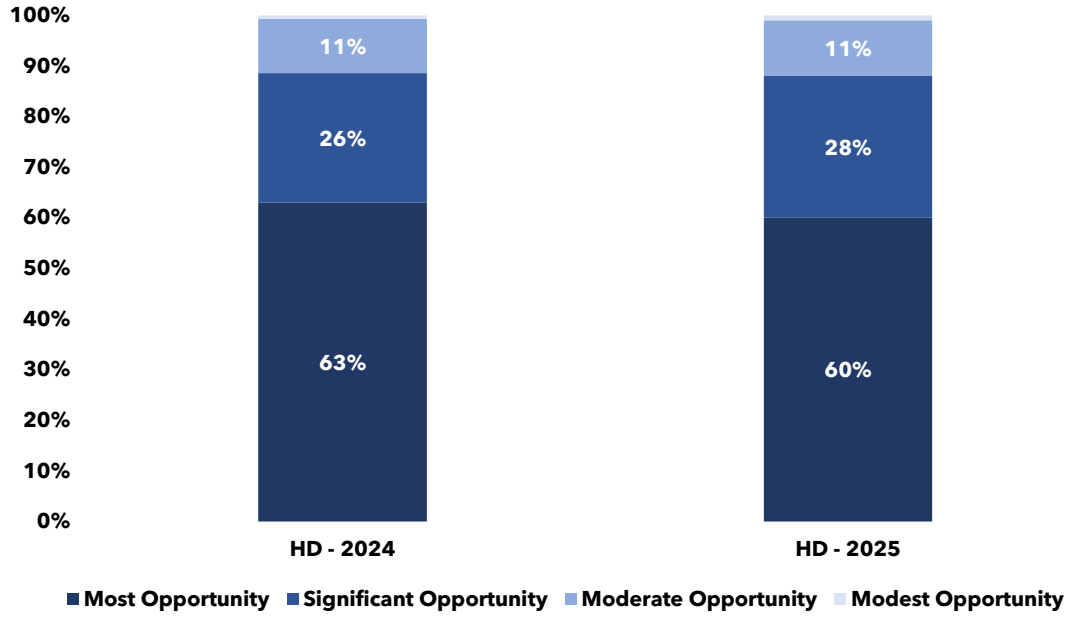
[10] We do not discuss community-level exposure by service category. Applying the exposure classifications to the respective service categories would suggest that these categories had minimal or limited exposure, as the classifications were derived using network-wide results. Given that service categories are expected to service fewer individuals relative to the Rb5 network, discussing community-level exposure would not accurately reflect the actual reach of these individual services.

Finally, between 37% and 54% of individuals HD providers served in fiscal year 2025 declined to share their race, ethnicity, household language, and household income data, or had these fields missing from the records. Consequently, reporting on these demographic characteristics might not accurately reflect the true population HD providers served in fiscal year 2025 due to the extent of missing data. As noted in the network-wide results, the demographic profile reported here likely underrepresents families from historically marginalized communities. While we do not analyze the demographic data in this report, we include the available race, ethnicity, language, and income data in Tables A5-6 in Appendix A for reference.

***Eighty-eight percent of individuals HD providers served in fiscal year 2025 were from communities with the most opportunity or significant opportunity for early childhood services to promote kindergarten readiness.***

We also sought to explore the percentage of individuals HD providers served by early childhood opportunity grouping. To do so, we identified the percentage of individuals HD providers served from ZIP Codes with the most, significant, moderate, and modest opportunity for early childhood services to enhance kindergarten readiness. Results in Figure 17 reveal that 88% of individuals HD providers served in fiscal year 2025 were from ZIP Codes with the most (60%) or significant (28%) opportunity for early childhood services to enhance kindergarten readiness. In contrast, 12% of individuals HD providers served were from ZIP Codes with moderate (11%) or modest (1%) early childhood opportunity. The share of individuals HD providers served in fiscal year 2025 from ZIP Codes with the most or significant opportunity is comparable to fiscal year 2024.

**Figure 17. Distribution of individuals HD providers served by early childhood opportunity grouping and year.**




Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***HD providers reached families from historically marginalized communities through deep community ties and service models that extended their reach beyond individual families.***

Provider quarterly reports describe how HD providers built the community ties that produced these patterns of engagement and where resource constraints are beginning to limit that work. The HD providers who reached the most underserved families were not necessarily those with the broadest outreach. They were the ones with the deepest ties to the communities they served. What those ties looked like varied considerably across HD program models, with some providers maintaining sustained presence at community events serving immigrant and refugee families, others building institutional partnerships with schools and childcare centers, others targeting outreach in historically underserved ZIP codes, and others providing on-site services within shelter facilities. The form differed across these models, but the underlying dynamic was the same: providers who had built trust and presence in their communities over time were able to reach families that a newer or more distant program could not.

Among providers serving immigrant and refugee communities, that long-term investment produced results that were visible in scale. One Q3 community event drew over 400 attendees, more than double the prior year, with 76 individuals requesting one-on-one navigation follow-up. The planning behind that outcome was specific and deliberate. Venues were selected for proximity to public transit, in-person interpretation was arranged in advance, media attention and public promotion were deliberately excluded to protect the safety and privacy of families with immigration concerns, and program information traveled exclusively through trusted partner channels and word of mouth. One HD provider described the care taken in how clients are served, including in parent engagement and event planning, as central to producing that kind of turnout (HD Provider 1). For families navigating an unfamiliar system of services in a new country, that provider's sustained presence served as a primary source of guidance and stability.

HD providers offering early childhood mental health consultation extended their equity work to the institutional level. Rather than working exclusively with families, these providers trained educators in approaches responsive to trauma and cultural context, embedded consultants within schools and childcare centers serving high proportions of children from low-income and diverse backgrounds and used professional development to shift classroom culture in ways that benefit the children most often underserved by standard approaches. The impact of these providers extended to children whose families may never directly engage with a Rb5 program.

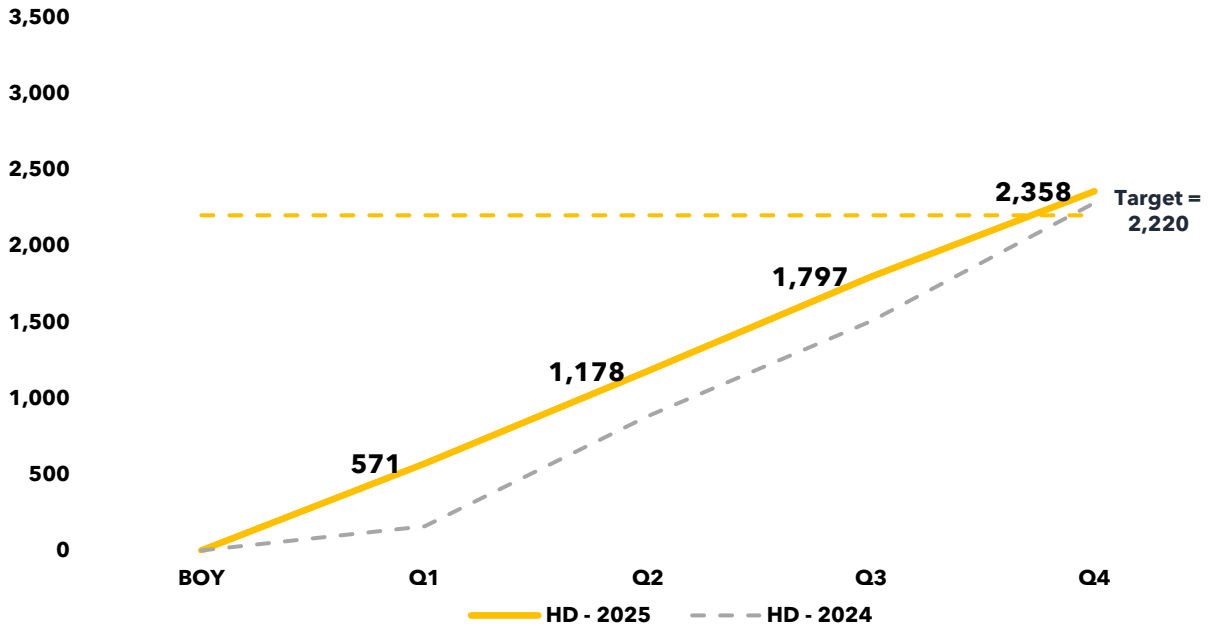
Environmental health providers used housing age data and state-reported elevated blood lead level data to prioritize historically underserved ZIP codes for outreach and enrollment. One provider recruited community residents as trained home hazard screeners, extending program reach while building local capacity and employing people from within underserved communities as trusted program representatives. One HD provider serving families experiencing housing instability described embedding an early childhood specialist directly within shelter facilities, acknowledging that families in those circumstances face practical constraints that make standard outreach approaches inaccessible. Outreach to rural and northern county communities was named as an

intentional equity priority by at least one provider, though staffing shortages in Q4 constrained that effort.

***HD providers exceeded encounter expectations by 7% in fiscal year 2025.***

Figure 18 displays the cumulative number of encounters HD providers completed in fiscal year 2025. We include the cumulative number of encounters HD providers completed in fiscal year 2024 and the projected number of encounters completed in fiscal year 2025 as reference points for comparing results from fiscal year 2025. To calculate the number of HD encounters, Basis researchers identified the total number of duplicated counts from HD providers from October 2024 to September 2025. HD providers completed 2,358 encounters with individuals in fiscal year 2025, which is 77 more encounters compared to fiscal year 2024.

**Figure 18. Number of encounters HD providers completed in fiscal year 2025.**



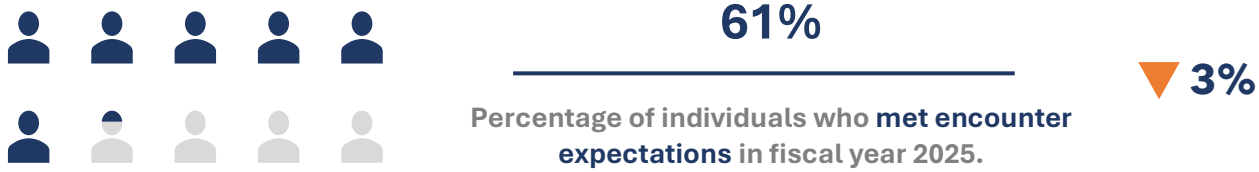

Notes: The number of encounters includes the number of duplicated counts from HD providers in fiscal year 2025. The percentage of projected encounters HD providers completed is the cumulative number of encounters completed in fiscal year 2025 divided by the projected number of encounters in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters HD providers completed in fiscal year 2025. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The HD providers included in the final sample completed 2,358 encounters with individuals in fiscal year 2025 and were projected to complete 2,220. Thus, providers exceeded encounter expectations by 7 percentage points in fiscal year 2025, representing an 18 percentage point increase compared to results from fiscal year 2024. Finally, the percentage of encounters HD providers completed is 45 percentage points below the Rb5-network average.

***Sixty-one percent of individuals met encounter expectations with HD providers.***

Three HD providers with four services set expectations for the number of encounters participants complete in one year. Basis researchers sought to understand what percentage of participants in these services met the encounter expectations. We consider participants to have met encounter expectations if participants met the expected number of encounters as specified in the service contract by the end of fiscal year 2025. For example, Arbor Circle (contract R7250226) expects to complete 750 encounters with 70 individuals for their Infant and Toddler Development Services in fiscal year 2025. Thus, Arbor Circle expects a single individual to complete about 11 encounters per year to meet expectations. Results in Figure 19 indicate 61% of individuals participating in HD services with encounter expectations met those encounter expectations within one year of their first encounter. Results reveal a three percentage point decrease in the share of individuals completing encounter expectations in fiscal year 2025 when compared to the prior year.

**Figure 19. Percentage of individuals who met encounter expectations in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***HD provider feedback showed how the effects of strong provider relationships extended well beyond individual sessions.***

Provider quarterly reports offer context for what the encounter completion rates in the HD results represent in families' lives. For families receiving therapy, providers helped caregivers understand their own emotional responses, recognize patterns rooted in experience, and develop strategies they could apply at home, in childcare settings, and in other parts of their lives. Provider quarterly reports described one parent attributing their child's progress directly to the ongoing support of the program, stating that without it they did not believe their child's development would have come as far as it had (HD Provider 2). One provider's consultation model, which works with teachers and childcare staff rather than families directly, generated feedback from educators describing meaningful improvements in classroom climate and from parents who noticed their children's behavior shifting in response. That pattern, in which change moved from provider to educator to child to family, is among the more distinctive features of HD service delivery in fiscal year 2025.

One HD provider's Q4 national benchmarking analysis found that families scored above the national average on 100% of Parent Gauge questions across more than 12,000 comparator interviews nationwide. One HD provider serving families experiencing housing instability reported lower satisfaction scores in Q3 that improved by Q4. Those figures reflect the circumstances of that population rather than a program performance issue, and direct comparison to providers

serving families in more stable situations would not be appropriate, though the scores merit continued attention.

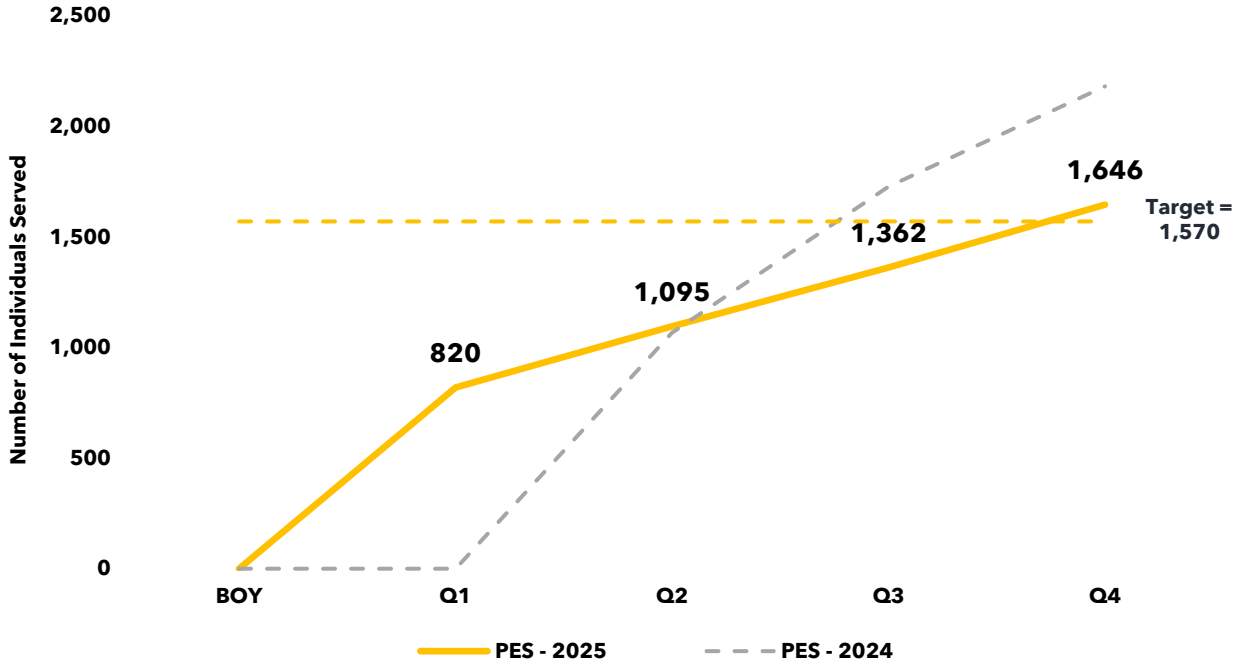
## Parent Education and Support

Parent Education and Support programming ensures families have the knowledge and skills to support their children's health, development, and learning. Programs offer parent education through home visiting and ancillary support that addresses the preventable causes of infant and child mortality. Through these services parents with young children have access to the information, resources, and social support needed to be more confident and empowered to make informed choices for themselves and their families. Parent Education and Support providers apply under one of two types of programming: home visting programming and child safety initiatives.

***PES providers exceeded reach expectations by 5% in fiscal year 2025.***

The final sample included seven PES contracts with six service providers. PES providers are expected to serve 1,646 individuals and complete 7,599 encounters in fiscal year 2025. Figure 20 displays the cumulative number of individuals PES providers served in fiscal year 2025. We include the cumulative number of individuals served in fiscal year 2024 and the projected number of individuals served in fiscal year 2025 as reference points for comparing fiscal year 2025 results. To calculate the cumulative number of individuals served, Basis researchers identified the total number of unduplicated individuals PES providers served from October 2024 to September 2025. Results indicate PES providers served 2,181 individuals in fiscal year 2025 (Table A2 in Appendix A includes the number of individuals served by PES providers), which is 535 fewer individuals compared to results from fiscal year 2024.

**Figure 20. Number of individuals PES providers served in fiscal year 2025.**




Note: The number of individuals served in October 2024 through September 2025 is the total of unduplicated individuals served by PES service providers within each month. We identified duplicate individuals using agency code, record code, encounter year, and encounter month. The percentage of projected individuals served is the cumulative number of individuals PES providers served in fiscal year 2025 divided by the projected number of individuals served in fiscal year 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

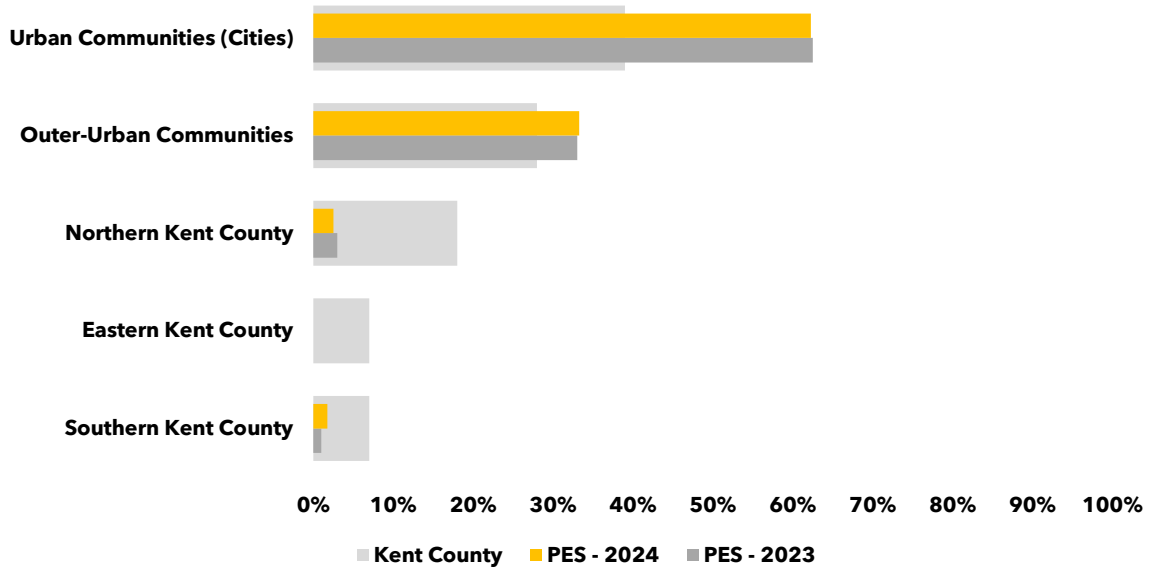
We also calculated the reach of PES services in fiscal year 2025. To do so, we compared the actual number of individuals served to the projected number of individuals served listed in FSK contracts.

The PES providers included in the final sample reached 1,646 individuals and were projected to serve 1,570 in fiscal year 2025. Thus, PES providers exceeded reach expectations by 5% in fiscal year 2025, representing a 7 percentage point decrease compared to fiscal year 2024. Finally, the percentage of individuals served is 47 percentage points below the Rb5-network average.

***Ninety-five percent of individuals PES providers served reside in urban communities.***

Figure 21 displays the percentage of individuals PES providers served in fiscal year 2025 by community type[11]. Ninety-five percent of individuals served in fiscal year 2025 reside in urban communities. In contrast, 5% of individuals served were from northern and southern Kent County. Compared to the community types of individuals served in fiscal year 2024, PES providers served larger percentages of individuals from outer-urban communities while serving fewer individuals from urban communities (cities). Relative to the share of Kent County residents living in the respective community types, PES providers served a larger percentage of individuals from urban (cities) and outer urban communities and a smaller percentage of individuals from the other three community types. Finally, the percentage of individuals from urban communities is 15 percentage points above the Rb5-network average.

**Figure 21. Percentage of individuals PES providers served by community type in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

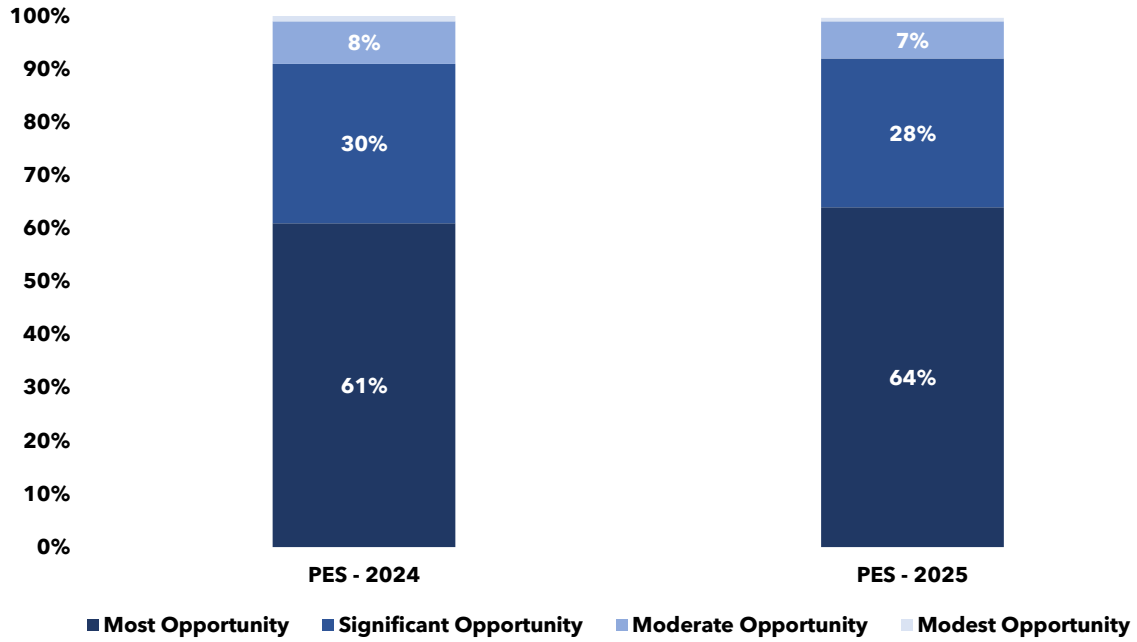
[11] We do not discuss community-level exposure by service category. Applying the exposure classifications to the respective service categories would suggest that these categories had minimal or limited exposure, as the classifications were derived using network-wide results. Given that service categories are expected to service fewer individuals relative to the Rb5 network, discussing community-level exposure would not accurately reflect the actual reach of these individual services.

Finally, between 31% and 53% of individuals PES providers served in fiscal year 2025 declined to share their race, ethnicity, household language, and household income data, or had these fields missing from the records. Consequently, reporting on these demographic characteristics might not accurately reflect the true population PES providers served in fiscal year 2025 due to the extent of missing data. As noted in the network-wide results, the demographic profile reported here likely underrepresents families from historically marginalized communities. While we do not analyze the demographic data in this report, we include the available race, ethnicity, language, and income data in Tables A5-6 in Appendix A for reference.

***Ninety-two percent of individuals PES providers served in fiscal year 2025 were from communities with the most opportunity or significant opportunity for early childhood services to promote kindergarten readiness.***

We also sought to explore the percentage of individuals PES providers served by early childhood opportunity grouping in fiscal year 2025. To do so, we identified the percentage of individuals PES providers served from ZIP Codes with the most, significant, moderate, and modest opportunity for early childhood services to enhance kindergarten readiness. Results in Figure 22 reveal that 92% of individuals PES providers served were from ZIP Codes with the most (64%) or significant (28%) opportunity for early childhood services to enhance kindergarten readiness. In contrast, 8% of individuals PES providers served were from ZIP Codes with moderate (7%) or modest (1%) early childhood opportunity. The share of individuals PES providers served from ZIP Codes with the most or significant opportunity in fiscal year 2025 increased by one percentage point compared to the prior year.

**Figure 22. Distribution of individuals PES providers served by early childhood opportunity grouping and year.**




Source: ACS data, Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***PES providers used home visiting and peer relationships as their primary equity strategies.***

Provider quarterly reports describe the strategies behind the reach patterns documented above, including why 92% of individuals PES providers served came from ZIP codes with the most or significant opportunity and how providers gained access to families in those communities. PES provider reports described outreach built around going to families directly, on their terms, through people they already trusted. The home visiting model that characterizes most PES services put that into practice structurally, eliminating transportation and institutional access barriers and positioning providers as guests in family spaces rather than representatives of systems families may distrust. As providers reported, families from historically marginalized communities were more willing to engage with services delivered in their own homes by providers they had come to know personally.

Staff who shared the racial and cultural background of the families they served were described across multiple providers as among their most effective tools for reaching families from historically marginalized communities. These staff were effective at building trust, reducing reluctance around help-seeking, and introducing families to clinical providers in ways that made it more likely families would follow through with services. One provider described pairing community health workers with therapists so that a trusted staff member could personally introduce a family to a new provider and, in some cases, accompany a client to an initial session, a level of support that a standard referral process cannot replicate.

The most collaborative outreach in the PES category was a cross-program partnership in which community health workers from one provider were paired with parent coaches from another to conduct joint outreach, share referral pathways, and provide personal introductions between programs. WIC offices were named as a weekly outreach and enrollment site. Multiple providers described attending community events specifically designed to serve Black, Hispanic and Latinx, African, immigrant, and LGBTQ+ communities.

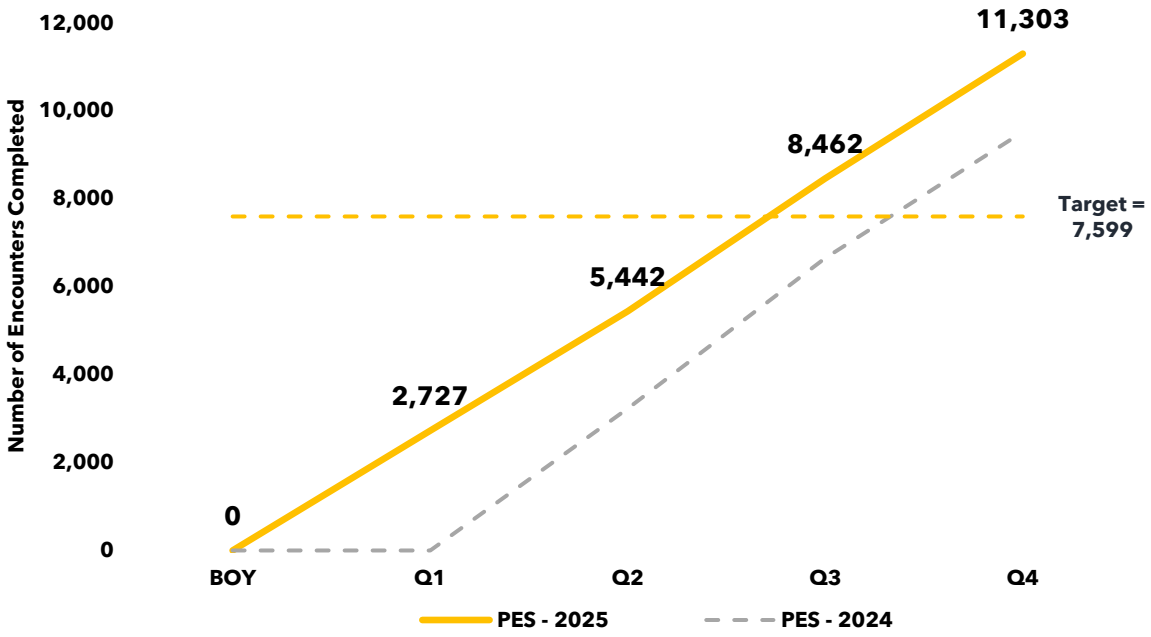
Providers serving immigrant and undocumented families described specific adaptations made in response to the current immigration enforcement climate, approaching all family interactions with awareness of the fears families may be carrying, offering flexible scheduling and locations to reduce visibility, and relying on trusted partner channels and word of mouth rather than public-facing promotion. Several providers acknowledged that families who remain hesitant to share personal information or open their homes represent a persistent challenge, and that continued attention and adapted approaches will be necessary going forward.

***PES providers exceeded encounter expectations by 49% in fiscal year 2025.***

Figure 23 displays the cumulative number of encounters PES providers completed in fiscal year 2025. We include the cumulative number of encounters completed in fiscal year 2024 and the projected number of encounters completed in fiscal year 2025 as reference points for comparing results from fiscal year 2025. To calculate the number of PES encounters, we identified the total number of duplicated counts from PES providers in fiscal year 2025. Results indicate PES providers

completed 11,303 encounters with individuals in fiscal year 2025, which is 1,780 more encounters compared to fiscal year 2024.

**Figure 23. Number of encounters PES providers completed in fiscal year 2025.**




Notes: The number of encounters includes the number of duplicated counts from PES providers in fiscal year 2025. The percentage of projected encounters PES providers completed is the cumulative number of encounters completed in fiscal year 2025 divided by the projected number of encounters in 2025.
Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

We also calculated the percentage of projected encounters PES providers completed in fiscal year 2025. To do so, we compared the actual number of encounters completed to the projected number of encounters completed. The PES providers included in the final sample completed 11,303 encounters with individuals in fiscal year 2025 and were projected to complete 7,599. Thus, providers exceeded encounter expectations by 49% in fiscal year 2025. Results represent a 19 percentage point increase compared to fiscal year 2024. Finally, the percentage of encounters PES providers completed is 10 percentage points above the Rb5-network average.

***Seventy percent of individuals met encounter expectations with PES providers.***

Five PES providers with six services set expectations for the number of encounters participants complete over the course of one year. Basis researchers sought to understand what percentage of participants in these services met these encounter expectations. We consider participants to have met encounter expectations if participants met the expected number of encounters as specified in the service contract by the end of fiscal year 2025.

For example, MomsBloom (contract R7250245) expects to complete 1,300 encounters with 150 individuals in fiscal year 2025. Thus, MomsBloom expects a single individual to complete about 9 encounters per year. Results in Figure 24 indicate that 70% individuals participating in PES services with encounter expectations met those encounter expectations within one year of their first encounter. Results are comparable to the share of individuals meeting encounter expectations in fiscal year 2024.

**Figure 24. Percentage of individuals who met encounter expectations in fiscal year 2025.**




Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

***PES provider feedback reflected the depth of home visiting relationships and the full complexity of what families were navigating.***

Provider quarterly reports offer context for what the 70% dosage completion rate represents in families' lives and where risks to that engagement exist. Home visits allowed providers to observe real family dynamics, including sibling interactions, daily routines, and household environments, in ways that made guidance more relevant and tailored than a group or clinic setting would allow. Families consistently described home-based services as changing the nature of the service relationship, with providers who came to a family's home experienced as partners rather than authorities, and that shift affected how openly families engaged with support. Providers also noted that when families began to notice visible progress, whether improved child behavior, greater confidence in parenting, or small but meaningful changes in daily life, it renewed their motivation to stay engaged.

Cultural and linguistic responsiveness in PES programs was distinguished by the depth of its implementation. Among providers serving Spanish-speaking, immigrant, refugee, and multilingual families, provider reports consistently noted that families valued services delivered in their home languages and through materials that reflected their cultural backgrounds. One provider's use of wordless picture books was enthusiastically received by families who were not literate in English, with families describing how these materials allowed them to read and engage meaningfully with their children regardless of language. Another provider described a multi-step, community-led process for developing client health education materials, drafting based on client requests, field-testing with families, translating into four languages, and having translations reviewed by multilingual community members before distribution.

For providers focused on perinatal and newborn support, the postpartum period was a particularly significant time for family need. Provider quarterly reports described one family expressing that

their parent educator consistently went above and beyond to address family needs and concerns during this period (PES Provider 1). Provider reports noted that the consistent presence of home visitors and volunteers during this period reduced loneliness, provided practical household relief, and helped families establish a sense of routine during one of the most demanding transitions in a parent's life. Feedback from one provider also identified service gaps that required a direct response: delayed volunteer matches, missed visits without notice, and occasional mismatches between volunteer skills and family expectations were described as most difficult when they occurred during the earliest postpartum weeks. That provider described concrete fourth quarter actions to strengthen volunteer training, communication protocols, and match timing in direct response to what families reported.

Provider reports also documented a broader set of pressures shaping how families engaged with PES services across both quarters. Rising childcare costs and concerns about availability, increasing enrollment of children with developmental needs, and persistent interest in culturally affirming educational options were all documented across multiple providers. One provider noted these concerns appeared consistently across both quarters rather than emerging as new issues, suggesting they reflect ongoing conditions in families' lives rather than a response to a particular moment. Provider quarterly reports described one family whose child had grown to love books and begun asking questions regularly, with the parent describing having learned to read their child's signals and respond to their needs (PES Provider 2).

## Discussion and Recommendations

In this report, we aimed to understand the implementation of Rb5 services in fiscal year 2025. Rb5 providers served 16,767 young children and families during this period, exceeding reach expectations by 52% and encounter expectations by 39%. These figures represent meaningful growth from fiscal year 2024 and reflect a network delivering services to a growing number of families across Kent County. Provider quarterly reports describe families across program types consistently characterizing their providers as compassionate, consistent, and genuinely present, and naming the quality of those relationships, more than program content or setting, as central to their engagement. Families returned to programs, referred neighbors and colleagues, and completed expected encounters at high rates, and provider quarterly reports consistently point to the quality of those relationships as central to that engagement.

Forty percent of ZIP Codes with the most opportunity for early childhood services to promote kindergarten readiness had substantial community-level exposure to Rb5 services in fiscal year 2025, a finding that reflects both meaningful progress and a persistent gap. The network is reaching its highest-need communities in meaningful numbers, with 88% of HD individuals, 92% of PES individuals, and 80% of ON individuals served coming from ZIP Codes with the most or significant opportunity. At the same time, 60% of ZIP Codes with the most opportunity had minimal community-level exposure, a pattern that has not meaningfully shifted from prior years. Provider quarterly reports help explain both sides of this gap. Providers described deliberate strategies for reaching families from historically marginalized communities, including co-locating services in trusted community settings, building deep partnership networks, investing in culturally and linguistically responsive practice, and using demographic data to guide where they showed up. Provider quarterly reports suggest these strategies have been most effective in communities where providers have the deepest relationships and the longest track records. Where progress has been harder to achieve, provider reports describe conditions on the family side that outreach alone cannot overcome. Provider quarterly reports documented families from historically marginalized communities describing the cumulative burden of navigating multiple disconnected systems as exhausting and demoralizing, a condition that limits engagement regardless of how well providers design their outreach.

Several additional findings across service categories merit attention. EL providers exceeded reach expectations by 84%, the highest rate in the network, and provider reports describe playgroups that families valued as community-building spaces as much as learning environments, helping explain why families return across multiple sessions. HD provider reports described the quality of provider-family relationships producing change that extended beyond individual sessions into classrooms and institutions, a pattern confirmed by a national benchmarking analysis in which families scored above the national average on 100% of Parent Gauge questions across more than 12,000 comparator interviews. ON providers exceeded reach expectations by 9% and completed 75% of referrals, with provider reports documenting a meaningful shift in how families experienced navigation across the fiscal year, moving from exhaustion in Q3 to growing confidence and independence by Q4. PES providers achieved the highest dosage completion rate in the network, with 70% of individuals meeting encounter expectations, and provider reports describe home

visiting relationships that families found deeply meaningful during some of the most demanding periods of early parenthood.

Despite these strengths, several areas warrant continued attention. The share of ZIP Codes with the most opportunity that had substantial community-level exposure to Rb5 services declined by 10 percentage points from fiscal year 2024, attributed to two ZIP Codes that had substantial exposure in the prior year but had minimal exposure in fiscal year 2025. This decline underscores the need for sustained and targeted outreach in communities where engagement has been hardest to establish and maintain. Between 31% and 54% of individuals served declined to share demographic data depending on service category, limiting the network's ability to understand who it is serving and whether services are reaching the populations most in need. Provider quarterly reports suggest this pattern is not random. Families from historically marginalized communities, including immigrant and undocumented families, are more likely to decline data sharing, meaning the network's demographic profile likely underrepresents the very populations Rb5 is designed to serve. Survey response rates also remained variable across the network, limiting the generalizability of satisfaction findings. Provider quarterly reports also documented an emerging concern at the system level. Reductions in millage-funded interpretation and translation services and constraints on rural and northern county outreach are beginning to strain the equity strategies providers have worked to build, with the greatest consequences for the families who are hardest to reach. The five recommendations that follow build on the Rb5 network's demonstrated strengths while addressing the conditions that continue to limit equitable reach. Three of the recommendations (1, 4, and 5) were included in the fiscal year 2024 interim report but warrant inclusion in the present report given their continued applicability.

**1 | Develop targeted outreach plans for communities with the most opportunity and minimal exposure to Rb5 services.**

Sixty percent of ZIP Codes with the most opportunity for early childhood services to promote kindergarten readiness had minimal community-level exposure to Rb5 services in fiscal year 2025, and the share of high-opportunity ZIP Codes with substantial exposure declined by 10 percentage points from the prior year. This pattern reflects both a provider outreach challenge and a family access challenge. Provider quarterly reports describe families in these communities navigating exhausting, disconnected service systems that make it harder to engage with additional programming even when families see value in it. Research on community engagement in early childhood services consistently finds that closing persistent reach gaps in high-need communities requires moving beyond awareness campaigns toward sustained outreach built around relationships with families, meeting them where they are and reducing the practical barriers to engagement (Dearing et al., 2006; Gomby, 2005).

*For FSK:*

- Require providers delivering services in ZIP Codes with the most opportunity and minimal exposure to submit a formal outreach plan as part of their contract renewal that describes specifically how they will build visibility and engagement in those communities, including the partners they will work with, the settings they will use, and how they will track progress.

- Use quarterly report prompts to document how outreach to communities with the most need develops over time. A suggested progression across quarters would be:
    - Q1: What specific outreach strategies are you using to reach families in high-opportunity communities with minimal prior exposure, and who are your key community partners for this work?
    - Q2: What early signs of engagement are you seeing, and what adjustments have you made based on what you have learned so far?
    - Q3: What is working, what is not, and what barriers on the family side are you encountering that your outreach strategies have not been able to address?
    - Q4: How has your approach changed across the year, and what would you do differently in the next fiscal year to deepen engagement in these communities?

  Responses across the four quarters would give FSK a clear picture over time of how outreach efforts develop and where network-wide support is most needed.
- Identify providers who have successfully built engagement in high-opportunity communities and create structured opportunities for those providers to share their approaches with peers across the network.

*For providers:*

- Prioritize co-location of services in settings that families in high-opportunity communities already access for food, healthcare, and social support, rather than expecting families to travel to program locations.
- Plan for the time that trust-building requires in communities with limited prior exposure to Rb5 services. Meaningful engagement rarely happens through a single event or contact.
- Track attendance and engagement by ZIP Code to identify which outreach strategies are reaching families in high-opportunity communities and which are not, and use that data to adjust approaches across quarters.

**2 | Leverage provider quarterly reports to support network learning and continuous improvement.**

In fiscal year 2025, provider quarterly reports documented evidence of what is working across the Rb5 network, what families are experiencing, and where gaps in service delivery persist. Across service categories, providers described what families valued most, where outreach strategies succeeded and fell short, and how the conditions families are navigating shaped their ability to engage with services. Research on adult learning and professional development in early childhood settings consistently finds that practitioners engage most deeply with new knowledge when it is grounded in problems they recognize from their own practice, connected to real examples from similar service contexts, and explored together rather than told (Knowles et al., 2015; Wenger, 1998). The Rb5 network's existing quality improvement consortium meetings and annual Discover Days are the right settings for this kind of learning.

*For FSK:*

- Structure at least one QIC meeting around a specific theme from provider quarterly reports and invite providers to discuss what resonates with their own experience and what they would do differently.
- Design Discover Day sessions that present quarterly report findings as case studies or practice scenarios rather than summary findings, giving providers the opportunity to work through real examples together and identify strategies they can carry back to their programs.
- Use the quarterly report arc described in Recommendation 1 to identify providers whose experiences or strategies would be most valuable to feature in peer learning sessions, so that what providers are experiencing informs what the network learns together.
- Share the network-wide findings from quarterly reports with all providers as a standalone resource, shared not as a formal report but as a direct look at what families across the network are experiencing and what providers are learning.

*For providers:*

- Use quarterly reports as an opportunity to reflect on what you are learning from families and how that learning is shaping your work, not just to document what you have done.
- At continuous improvement meetings and Discover Days, be prepared to share not just what is working but where the work has been difficult and why.
- When reviewing findings from across the network, look for providers in different service categories whose strategies or family feedback mirrors challenges in your own work, and reach out to those providers directly to share what you are learning.

**3 | Strengthen demographic data collection and improve survey response rates across the network.**

Between 31% and 54% of individuals served in fiscal year 2025 declined to share demographic data depending on service category, and survey response rates remained variable across the network. These gaps limit the Rb5 network's ability to understand who it is serving, whether services are reaching the populations most in need, and what families are experiencing. Provider quarterly reports suggest this pattern is not random. Families from historically marginalized communities are more likely to decline data sharing, which means the network's demographic profile likely underrepresents the very populations Rb5 is designed to serve. Research on data collection with historically marginalized communities consistently finds that participation improves when data collection is embedded in trusting relationships, when families understand clearly how their information will and will not be used, and when the process of sharing data feels safe rather than institutional (Minkler & Wallerstein, 2008). Improving data collection across the network is not primarily a technical challenge. It is a trust challenge, and the strategies most likely to work are the ones providers are already using to build engagement with families.

*For FSK:*

- Review current data collection procedures across providers to identify where and how demographic information is collected, and assess whether the timing, setting, and framing of data requests may be contributing to high rates of families choosing not to share.

- Develop guidance for providers on how to introduce data collection in ways that are transparent, low-pressure, and explicitly connected to how the information benefits families and the communities they are part of.
- Consider piloting an opt-in approach to demographic data collection in which families are invited to share information over time as their relationship with their provider deepens, rather than at first contact when trust has not yet been established.

*For providers:*

- Introduce data collection as part of an ongoing conversation with families rather than as a form to be completed, explaining specifically what the information is used for, who has access to it, and what protections are in place, particularly for families with concerns about institutional data sharing.
- For families who decline to share demographic information at intake, create natural opportunities to revisit the conversation as the relationship develops, without pressure or repeated requests that could feel intrusive.
- Administer satisfaction surveys at moments when families are most engaged and most likely to feel the interaction is worth their time. Following a particularly meaningful session or at a natural milestone in the program tends to produce better responses than administering surveys at standardized points that may not align with where families are in their experience.
- Share feedback with FSK when current data collection processes feel at odds with the trust-based relationships you are building with families, so that network-wide procedures can be adjusted based on what providers are learning on the ground.

**4 | Use what providers have learned about sustained engagement to strengthen dosage and retention across the network.**

Dosage completion rates varied considerably across service categories in fiscal year 2025, with PES providers achieving the highest rate in the network at 70% and HD providers at 61%. Provider quarterly reports offer context for what is driving those rates and where risks to sustained engagement exist. Provider quarterly reports described families staying engaged not because of program structure or requirements but because the relationships they built with their providers made continued participation feel worthwhile. Provider quarterly reports described families noticing visible progress, including improved child behavior, greater confidence in parenting, and small but meaningful changes in daily life, and that progress renewed their motivation to return. Research on dosage and retention in home visiting and early childhood mental health services consistently finds that the quality of the provider-family relationship is the strongest predictor of sustained engagement, outweighing program structure, incentives, and logistical support (Korfmacher et al., 2007). The strategies that produce high dosage completion are not primarily administrative. They are built on the quality of provider-family relationships, and they can be learned and practiced across service categories.

*For FSK:*

- Use quarterly report prompts to ask providers directly about the strategies they use to sustain family engagement across multiple encounters, with particular attention to what providers do when families begin to disengage or miss sessions.
- Identify providers with strong dosage completion rates and create structured opportunities at QIC meetings and Discover Days for those providers to share what they are doing to sustain engagement, including the specific approaches to building relationships that families describe as most meaningful.
- For providers with lower dosage completion rates, use quarterly conversations to explore whether disengagement patterns are concentrated among specific populations or at specific points in the service relationship, and work with those providers to identify targeted strategies for addressing those patterns.

*For providers:*

- Pay attention to the moments when families begin to pull back from services and treat those moments as information rather than administrative problems. A family missing sessions is often signaling something about what they need, and asking directly often reveals what that is.
- Build in explicit check-ins with families at natural transition points in the service relationship, such as after the first month of services or at the midpoint of an expected service period, to ask directly how the experience is going and whether the support they are receiving is meeting their needs.
- Look for opportunities to make visible progress tangible for families by sharing specific observations about their child's development, naming the changes you have noticed, or reflecting back what families have accomplished. Families who can see their own progress are more likely to stay engaged.

**5 | Develop standardized procedures for setting targets for the number of individuals served and encounters completed.**

Rb5 providers exceeded reach expectations by 52% and encounter expectations by 39% in fiscal year 2025, continuing a pattern of substantial overperformance relative to projected targets that has appeared across multiple reporting years. While strong service delivery is genuinely reflected in these figures, targets that are consistently exceeded by wide margins may also reflect projections that were set conservatively rather than based on realistic estimates of capacity. When targets do not accurately reflect what providers can deliver, they limit FSK's ability to understand the true quality of implementation, allocate resources effectively, and identify where providers may need additional support. Research on performance management in social service settings finds that accurate target-setting is foundational to meaningful accountability, and that targets set without reference to historical data or standardized procedures tend to underestimate actual capacity over time (Heinrich, 2007).

*For FSK:*

- Develop standardized procedures for providers to use when setting targets for individuals served and encounters completed, including clear guidance on how to use prior year data, contract scope, and community need to arrive at realistic projections.
- Provide training or technical assistance to providers on target-setting as part of the annual contracting process, so that all providers have a consistent understanding of how projections should be developed and what they are expected to reflect.
- Conduct an annual review of targets alongside actual results to identify providers whose projections consistently diverge significantly from outcomes and use those conversations to refine projection-setting approaches for the following year.

*For providers:*

- Use prior year data on individuals served and encounters completed as the starting point for setting targets, adjusting upward or downward based on known changes in staffing, scope, or community context rather than defaulting to the prior year's projection.
- When setting targets, consider not just what you expect to deliver but what the community you serve needs, and document the reasoning behind your projections so that FSK and providers can have an informed conversation if results diverge significantly from expectations.
- Flag early in the fiscal year if circumstances change in ways that make your original targets unrealistic, rather than waiting until the end of the year when adjustments are no longer possible.

## References


Center for Disease Control and Prevention. (2011). *Program evaluation tip sheet: Reach and impact*. Retrieved April 5, 2023, from https://www.cdc.gov/dhdsp/programs/spha/docs/reach_impact_tip_sheet.pdf

Dearing, J. W., Maibach, E., & Buller, D. B. (2006). A convergent diffusion and social marketing approach for disseminating proven approaches to physical activity promotion. *American Journal of Preventive Medicine, 31(4S), S11–S23*.

Gomby, D. S. (2005). *Home visitation in 2005: Outcomes for children and parents*. Invest in Kids Working Paper No. 7. Committee for Economic Development.

Heinrich, C. J. (2007). False or fitting recognition? The use of high performance bonuses in motivating organizational achievements. *Journal of Policy Analysis and Management, 26*(2), 281–304.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2015). *The adult learner: The definitive classic in adult education and human resource development* (8th ed.). Routledge.

Korfmacher, J., Green, B., Spellmann, M., & Thornburg, K. R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal, 28*(5), 459–480.

Minkler, M., & Wallerstein, N. (Eds.). (2008). *Community-based participatory research for health: From process to outcomes* (2nd ed.). Jossey-Bass.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Lawrence Erlbaum Associates.

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press.

# Appendices

**Table A1. Social Determinants of Early Childhood Opportunity.**

The following table lists the community-level social determinants of kindergarten readiness established by Basis researchers as a part of the process for creating the Early Childhood Opportunity Spectrum. Bolded measures are included in the present version of the Early Childhood Opportunity Spectrum.

| Measure Category | Measure | Metric | Reference |
|---|---|---|---|
| Socioeconomic | **Neighborhood Education** | **Percent of neighborhood residents with a bachelor's degree or higher.** | **Chase-Lansdale, L., & Gordon, R. A. (1996)** |
| | **Neighborhood Income** | **Percent of neighborhood residents for whom poverty status is determined earning income at or below 200% of the poverty line** | **Jeon et al. (2014); Morrissey and Vinopal (2018)** |
| | **Community Economic Disadvantage** | **Percent of children eligible for free and reduced lunch during Kindergarten** | **Jeon et al. (2014); Morrissey and Vinopal (2018)** |
| | **Child Poverty** | **Percent of families with related children under 5 years below poverty level** | **Lipscomb et al. (2019)** |
| | **Public Assistance Income** | **Percent of households receiving food stamps/SNAP** | **Lipscomb et al. (2019)** |
| | **Employment Rate** | **Percent of the neighborhood residents that are employed** | |
| | **Household Type** | **Percent of married-couple households.** | **Janus and Duku (2007)** |
| Crime and Violence | Abuse and Neglect | Number of reported child abuse/neglect cases. | Pears et al. (2013) |
| | Crime Rate | Number of documented crimes within the jurisdiction. | Farver et al. (2005); McCoy et al. (2015). |
| Health and Well-Being | **Child Health Insurance** | **Percent of children under age 6 without health insurance** | **Levine and Schanzenbach (2009)** |
| | **Uninsured Rate** | **Percent of individuals without health insurance.** | |
| | Birth weight | Percent of low weight births. | Reichman (2005) |
| | PCP Ratio | The ratio of the population to the number of PCPs. | Lipscomb et al. (2019); Sells, J. M., & Mendelsohn, A. L. (2021) |
| | Dentist Ratio | The ratio of the population to the number of dentists. | Lipscomb et al. (2019) |
| | Grocery Store Ratio | The ratio of the population to the number of grocery stores. | Belsky et al. (2010); Kimbo and Denney (2015) |
| | Maternal Smoking | Percent of mothers that smoked while pregnant. | Batstra, L., Hadders-Algra, M., & Neeleman, J. (2003) |

| | | | |
|---|---|---|---|
| Access to Resources | Child Care Supply | The ratio of the population to the number of licensed child care slots. | Brilli, Y., Boca, D., & Pronzato, C. (2016). |
| | Public Libraries | The ratio of the population to the number of public libraries. | Mann et al. (2021); Slaby (2014); Lindsay (2010) |
| | Public Parks | The ratio of the population to the number of public parks. | Little et al. (2019) |
| | Public Transportation | Number of public bus stops within the jurisdiction. | |
| | **Preschool Participation** | **Population 3 years and over enrolled in school (nursery school, preschool)** | **Ansari, A. (2018).** |

**Table A2. Number of Individuals Served and Encounters by Provider**

Date Compiled: Monday, March 2, 2026

| Service Category | Program Name | Contract Number | Individuals Served | | | | | Encounters | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Q3 | Q4 | Total |
| Early Learning | Healing Through Play | R7250230 | 53 | 200 | 232 | 260 | 745 | 6 | 19 | 20 | 23 | 68 |
| | Therapeutic Playgroups | R7250238 | 26 | 28 | 11 | 6 | 71 | 5 | 5 | 7 | 4 | 21 |
| | Little Learners | R7250239 | 374 | 431 | 545 | 45 | 1.395 | 38 | 47 | 59 | 11 | 155 |
| | Bright Beginnings Playgroups | R7250240 | 660 | 841 | 898 | 944 | 3,343 | 64 | 77 | 72 | 60 | 273 |
| | Play and Learn GRCC | R7250241 | 1,337 | 1,621 | 1,906 | 1,410 | 6,274 | 151 | 172 | 196 | 147 | 666 |
| Healthy Development | Infant Toddler Development Services | R7250226 | 45 | 18 | 17 | 11 | 91 | 212 | 238 | 223 | 231 | 900 |
| | Keep Early Education Positive | R7250227 | 28 | 8 | 13 | 9 | 58 | 170 | 154 | 134 | 111 | 569 |
| | Hands Connected EC Navigation Service | R7250228 | 40 | 41 | 38 | 55 | 174 | - | - | - | - | - |
| | Niche Family Supports | R7250229 | 80 | 106 | 113 | 75 | 374 | 80 | 115 | 132 | 97 | 424 |
| | Child Family Advocate | R7250231 | 27 | 19 | 18 | 15 | 79 | - | - | - | - | - |
| | Family Support Services | R7250232 | 1 | 11 | 19 | 24 | 55 | - | - | - | - | - |
| | Lead Program Expansion | R7250233 | 17 | 14 | 13 | 16 | 60 | 17 | 14 | 13 | 17 | 61 |
| | Healthy Homes Ready by Five | R7250234 | 34 | 11 | 20 | 19 | 84 | 92 | 70 | 91 | 65 | 318 |
| | Childhood Lead Poisoning Prev. Program | R7250235 | | 14 | 11 | 11 | 36 | - | 20 | 26 | 40 | 86 |
| Outreach and Navigation | Childcare Navigation | R7250222 | 268 | 119 | 102 | 157 | 646 | 268 | 149 | 102 | 157 | 676 |
| | Health Net Outreach & Navigation | R7250223 | 121 | 112 | 96 | 155 | 484 | - | - | - | - | - |
| | Connections | R7250224 | 134 | 179 | 177 | 662 | 1,152 | - | - | - | - | - |
| Parent Education and Support | Maternal and Infant Health Program | R7250242 | 394 | 137 | 109 | 100 | 740 | 939 | 956 | 899 | 762 | 3,556 |
| | Early Childhood Attachment | R7250243 | 37 | 6 | 7 | 11 | 61 | 229 | 251 | 271 | 248 | 999 |
| | Bright Beginnings Home Visiting | R7250244 | 98 | 29 | 8 | 17 | 152 | 424 | 496 | 539 | 399 | 1,858 |
| | Postpartum Support | R7250245 | 76 | 35 | 35 | 50 | 196 | 318 | 368 | 487 | 494 | 1,667 |
| | Baby Scholars | R7250246 | 18 | 16 | 18 | 25 | 77 | 145 | 110 | 142 | 194 | 591 |
| | Strong Beginnings | R7250247 | 166 | 33 | 60 | 61 | 320 | 443 | 419 | 473 | 515 | 1,850 |
| | Little Scholars | R7250248 | 31 | 19 | 30 | 20 | 100 | 229 | 115 | 209 | 229 | 782 |
| | | **Total** | **4,065** | **4,048** | **4,496** | **4,158** | **16,767** | **3,830** | **3,791** | **4,095** | **3,804** | **15,520** |

**Table A3. Kent County ZIP Codes by Early Childhood Opportunity Grouping**

| ZIP | Early Childhood Opportunity Group | Community-Level Exposure |
|---|---|---|
| 48809 | Most Opportunity | Minimal Exposure |
| 48838 | Most Opportunity | Minimal Exposure |
| 49301 | Modest Opportunity | Limited Exposure |
| 49302 | Moderate Opportunity | Minimal Exposure |
| 49306 | Modest Opportunity | Minimal Exposure |
| 49315 | Modest Opportunity | Minimal Exposure |
| 49316 | Moderate Opportunity | Limited Exposure |
| 49319 | Significant Opportunity | Limited Exposure |
| 49321 | Most Opportunity | Limited Exposure |
| 49325 | Moderate Opportunity | Minimal Exposure |
| 49326 | Significant Opportunity | Minimal Exposure |
| 49330 | Significant Opportunity | Limited Exposure |
| 49331 | Modest Opportunity | Minimal Exposure |
| 49341 | Moderate Opportunity | Minimal Exposure |
| 49343 | Significant Opportunity | Limited Exposure |
| 49345 | Significant Opportunity | Limited Exposure |
| 49418 | Significant Opportunity | Limited Exposure |
| 49503 | Most Opportunity | Substantial Exposure |
| 49504 | Most Opportunity | Moderate Exposure |
| 49505 | Most Opportunity | Limited Exposure |
| 49506 | Moderate Opportunity | Limited Exposure |
| 49507 | Most Opportunity | Substantial Exposure |
| 49508 | Significant Opportunity | Moderate Exposure |
| 49509 | Most Opportunity | Moderate Exposure |
| 49512 | Significant Opportunity | Moderate Exposure |
| 49519 | Significant Opportunity | Moderate Exposure |
| 49525 | Significant Opportunity | Limited Exposure |
| 49534 | Moderate Opportunity | Limited Exposure |
| 49544 | Significant Opportunity | Limited Exposure |
| 49546 | Moderate Opportunity | Limited Exposure |
| 49548 | Most Opportunity | Moderate Exposure |

Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

**Table A4. Community Type by ZIP Code**

| ZIP Code (Description of Area) | Community Type |
|---|---|
| 49501 (Grand Rapids) | Urban Communities (Cities) |
| 49502 (Grand Rapids) | Urban Communities (Cities) |
| 49503 (Grand Rapids) | Urban Communities (Cities) |
| 49504 (Grand Rapids) | Urban Communities (Cities) |
| 49505 (Grand Rapids) | Urban Communities (Cities) |
| 49506 (Grand Rapids) | Urban Communities (Cities) |
| 49507 (Grand Rapids) | Urban Communities (Cities) |
| 49508 (Kentwood) | Urban Communities (Cities) |
| 49510 (Grand Rapids) | Urban Communities (Cities) |
| 49512 (Kentwood) | Urban Communities (Cities) |
| 49514 (Grand Rapids) | Urban Communities (Cities) |
| 49515 (Grand Rapids) | Urban Communities (Cities) |
| 49516 (Grand Rapids) | Urban Communities (Cities) |
| 49518 (Grand Rapids) | Urban Communities (Cities) |
| 49523 (Grand Rapids) | Urban Communities (Cities) |
| 49546 (Grand Rapids) | Urban Communities (Cities) |
| 49509 (Wyoming) | Outer-Urban Communities |
| 49519 (Wyoming) | Outer-Urban Communities |
| 49548 (Wyoming) | Outer-Urban Communities |
| 49544 (Walker) | Outer-Urban Communities |
| 49321 (Comstock Park) | Outer-Urban Communities |
| 49418 (Grandville) | Outer-Urban Communities |
| 49525 (Northview) | Outer-Urban Communities |
| 49534 (Walker) | Outer-Urban Communities |
| 48809 (Belding) | Northern Kent County |
| 48838 (Greenville) | Northern Kent County |
| 49306 (Belmont) | Northern Kent County |
| 49319 (Cedar Springs) | Northern Kent County |
| 49326 (Gowen) | Northern Kent County |
| 49330 (Kent City) | Northern Kent County |
| 49341 (Rockford) | Northern Kent County |
| 49343 (Sand Lake) | Northern Kent County |
| 49345 (Sparta) | Northern Kent County |
| 49301 (Forest Hills) | Eastern Kent County |
| 49302 (Alto) | Eastern Kent County |
| 49325 (Freeport) | Eastern Kent County |
| 49331 (Lowell) | Eastern Kent County |
| 49315 (Byron Center) | Southern Kent County |
| 49316 (Caledonia) | Southern Kent County |

Source: FSK internal documents; authors' analyses.

**Table A5. Percentage of individuals served with missing race, ethnicity, language, and income data.**

| Service Category | % Missing: Race | % Missing: Ethnicity | % Missing: Language | % Missing: Income |
|---|---|---|---|---|
| EL | 38% | 41% | 32% | 47% |
| HD | 27% | 36% | 54% | 30% |
| ON | 21% | 14% | 13% | 43% |
| PES | 53% | 32% | 31% | 69% |

Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.

**Table A6. Demographics of individuals served with non-missing race, ethnicity, language, and income data.**

| Service Category | % White | % Black | % Asian | % Multi-Racial | % Hispanic | % Non-English | % 0-40k Income |
|---|---|---|---|---|---|---|---|
| EL | 74% | 10% | 2% | 14% | 12% | 5% | 17% |
| HD | 26% | 67% | 4% | 3% | 26% | 54% | 85% |
| ON | 54% | 24% | 4% | 18% | 14% | 12% | 39% |
| PES | 31% | 48% | 2% | 13% | 47% | 50% | 70% |

Source: Rb5 demographic, referral, and service data provided by KCHD; authors' analyses.