

Childcare Supply in Wyoming

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Pathways to Prosperity Project
White Paper

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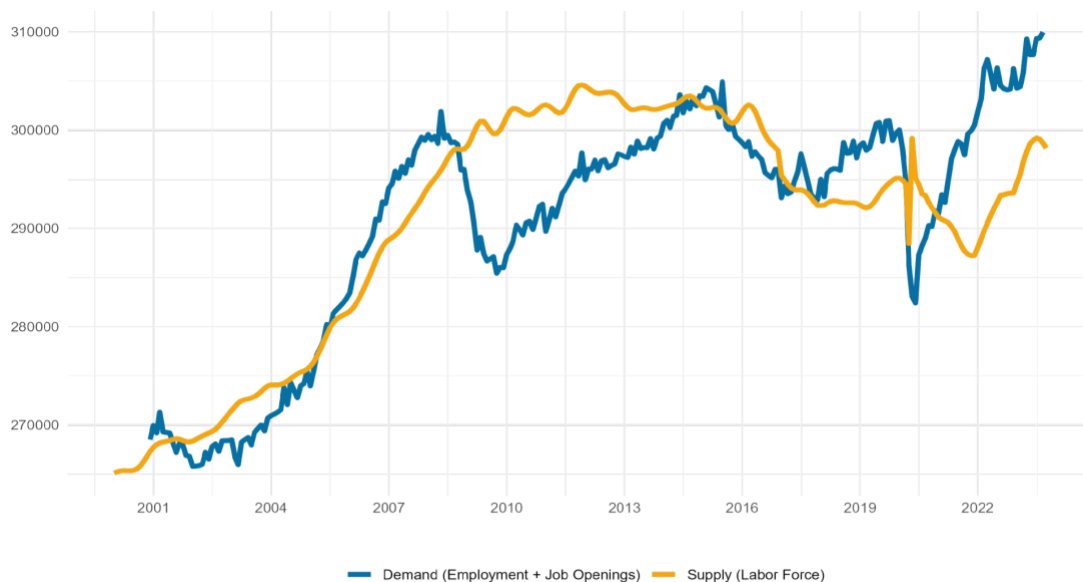
I. Purpose

This white paper summarizes evidence showing that childcare supply in Wyoming is a business problem with business solutions and outlines a set of initiatives and policy ideas that would enable expansion of early childhood education slots across the state. This white paper is an output of ongoing collaboration between the Wyoming Business Council, Department of Family Services, Department of Workforce Services, and other stakeholder groups from across Wyoming, with analytical support of Harvard University's Growth Lab.

II. Problem Summary

Lack of access to childcare for parents of young children hampers the growth and competitiveness of the Wyoming economy. Wyoming is facing a historically tight labor market, with labor demand outstripping labor supply (Figure 1). Wyoming businesses are actively seeking to expand operations but are prevented from doing so due to a lack of available labor. This makes insufficient childcare supply in Wyoming a business problem. Data sources do not allow for a precise estimation of parents who are out of the labor force due to a lack of childcare availability, but reasonable estimates using the American Community Survey point to over 10,000 individuals who may be out of the workforce in Wyoming completely due to lack of childcare. This also creates a significant long-term problem, as childcare is an area in which states ultimately compete to attract business. Childcare affects the bottom line of business because it affects worker pay. Wyoming is failing to compete and losing out on growth and opportunity as a result. Businesses and young families are drawn to Wyoming's excellent K-12 education system but face an important gap in Pre-K childcare and early childhood education.

Figure 1: Wyoming Labor Demand vs. Supply



Source: Growth Lab elaboration based on Bureau of Labor data

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The childcare market is constrained in supply, not in demand. A recent estimate by the Bipartisan Policy Center estimated a childcare gap of nearly 28% for Wyoming overall, amounting to over 5,000 children with both parents in the labor force, with many parts of the state at a much higher rates and considered “childcare deserts”. However, this underestimates the problem, as many parents are out of the labor force completely and those children are not captured in this rate. A recently completed review of statewide data and in-depth interviews of providers across Sublette and Sweetwater counties found that wait lists are ubiquitous among providers, even as some providers operate below their licensed capacity. These providers often cannot operate at their licensed capacity due to staffing constraints. Many families are willing to pay the going rate for childcare, especially as providers are hesitant to raise rates. Nonetheless, insufficient supply leaves many families without options. Others do not have any licensed childcare within their area, especially in rural settings.

Undersupply is a rural and urban problem in Wyoming. Much of rural Wyoming is functionally a childcare desert. The percent gap in childcare slots is so significant that no access to professional childcare exists for parents of young children in many Wyoming counties. Although the percent gap is smaller in urban areas, the depth of the problem is still significant. The shortage in slots in absolute numbers is greater, as more children under the age of five live in urban than rural areas.

Childcare is a business and can be expanded via private sector-led solutions. This white paper responds to the question of what holds back supply in the market? Why don't more providers expand and why don't new providers enter to close the gap with demand? Most policy attention in Wyoming (and nationally) has been focused on the demand-side, especially through subsidies to families to help them afford childcare. However, the real question for attention is what prevents supply from growing. Demand-side subsidies alone do not expand supply in a market. This only happens if providers create new slots and new providers enter the market in response to the increased demand. Unfortunately, the number of available childcare slots has failed to grow in proportion to unmet demand in the state. Per DFS totals, total licensed slots have expanded little from 2014 to today (from 20,307 to 21,586) while the number of providers across the state has fallen (721 to 552). As noted earlier, many of these licensed slots only exist on paper as childcare providers struggle to operate at full licensed capacity.

III. Features of the Early Childhood Education Market in Wyoming

The United States childcare industry struggles with supply, affordability, and access. Wyoming is no exception, but the first problem in Wyoming is supply. As seen in Annex 1, the cost of childcare in Wyoming is in line with its neighbors. However, costs are not the central issue for parents and families if there are no available slots. Recent trends show a consolidating childcare market with shifts towards urban areas and towards childcare centers, as seen in the supply analysis in Annex 1. Deep childcare markets require a diverse array of options for parents to choose a provider that fits their needs. Without a variety of options matching wide parental preferences (including different price points and quality levels, as well as geographical needs) parents of young

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children lack options for childcare and may refrain from joining the labor force, working from home, or working fewer hours than desired.

Who generates supply? There are two main types of providers function in the market – center-based providers and home-based providers.

- **Centers can provide a higher number of slots per facility and represent roughly 85% of licensed childcare slots in Wyoming (DFS data, May 2024).** Market fundamentals limit the ability of centers to operate in smaller markets. This matters for viability across the rural state but does not fully explain why Wyoming does not have many of the leading national providers present in even its largest markets. Per recently completed research, centers struggle with profitability in Wyoming, which is not surprising given the highly labor-intensive nature of the business. Centers are regulated by ratio requirements (number of children per teacher/staff member supervising) as well as other requirements concerning group size (number of children in a room together) and facility licensing (maximum number of children in a facility).
- **Home-based providers offer childcare in their homes within regulated limits. They are a preferred option for many families and have viability in markets that are not large enough for centers.** The categorization includes Family Child Care Homes (FCCHs) with up to ten children with just the owner, as well as Family Child Care Centers (FCCCs) with up to fifteen children with an additional staff member. Home-based providers have a lower barrier to entry as they require less up-front capital investment than centers and can operate at full capacity even in less population dense areas. Recently completed research shows that home-based providers can also be quite profitable for the owner in Wyoming.

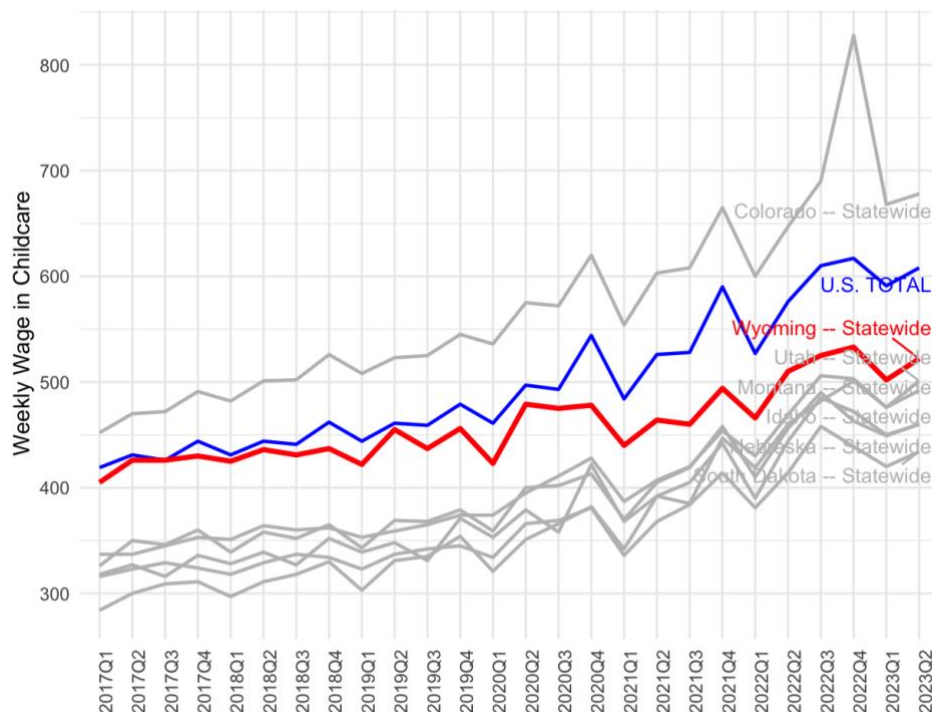
Key Issues

Centers often operate below licensed capacity, despite having waitlists, due to difficulties in hiring workers. Staffing challenges are well documented in Wyoming, and this was confirmed to be the top constraint raised during research interviews. Annex II provides a side-by-side comparison of revenues, costs, and profitability for a typical center-based provider and home-based provider in Wyoming. Staffing costs alone exceed revenues in the example case for a center. This is not due to high individual salaries. On the contrary, the US average weekly wage for childcare workers is just \$600 per week (\$31,200 per year) and the average wage for childcare workers in Wyoming is now even lower (Figure 2). Childcare workers in Wyoming have seen their wages stagnate relative to neighboring states since 2017, which indicates low profitability in centers in Wyoming and an inability to pay competitive wages. Figure 3 shows several characteristics of childcare workers in comparison to all workers in Wyoming. Childcare workers are approximately twice as likely to be in poverty than other workers. Hiring and retaining workers is additionally challenging because wages are uncompetitive versus K-12 jobs. The median elementary school worker salary in Wyoming is more than double that of the median childcare worker (BLS). This is before considering benefits offered, which include

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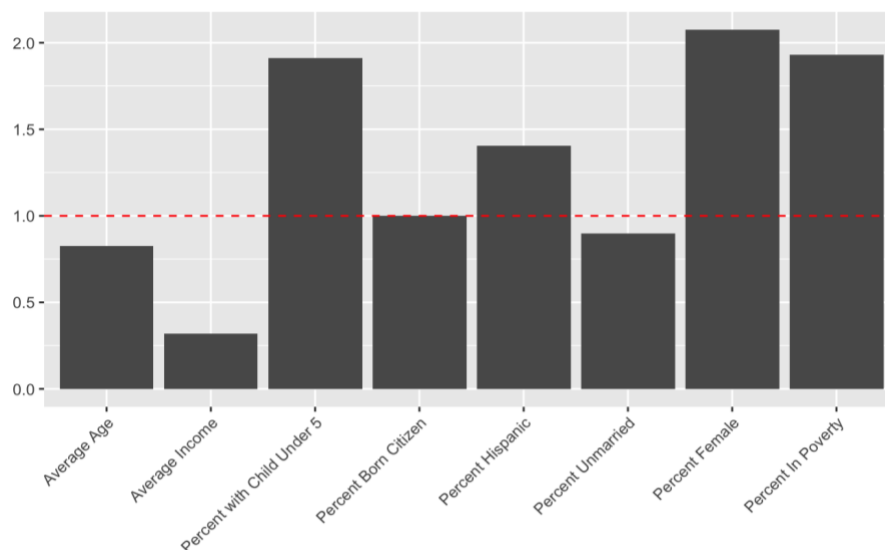
sick time, personal leave, health benefits, and pensions for elementary school workers. Since elementary schools have higher education requirements than childcare centers, workers will often leave to work in schools once they earn the minimum required degree.

Figure 2: Weekly Average Wage for Childcare Workers in US and Neighboring States



Source: Growth Lab elaboration based on data from the Bureau of Labor Statistics - QCEW

Figure 3: Ratio of Childcare Workers in Wyoming to All Workers in Wyoming



Source: Growth Lab elaboration based on data from the American Community Survey 2018 - 2022

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Home-based businesses have more attractive cost structures (see Annex II), but Wyoming has experienced a steady contraction in the number of home-based providers. As shown in Figure 4, there has been a net loss in the number of home-based providers in every year since 2019 as more providers have closed (“exited”) than have opened (“entered”). The decline in the number of business entrants per year has been especially stark, with just 23 new home-based providers opening across the entire state in the 11 months prior to May 2024. Since home-based providers are typically owner-operated, some business exit is normal as individuals retire or move. In a recent Department of Family Services exit survey of recently closed providers across the state (completed in June 2024), approximately one third of home-based providers (both FCCHs and FCCCs) closed for this reason. A few FCCHs (4 out of 19) indicated that shortfall in demand was their main reason for closing, but most providers had sufficient demand. In research interviews, it was clear that current providers saw the business as a good opportunity for more entrepreneurs but noted that it does require a certain skillset and desired lifestyle. This was true across both urban and rural parts of the state. Home-based providers are more prevalent in the larger markets of cities but also proved viable in smaller markets.

Figure 4: Number of Home-Based Providers, Entry, and Exit by Year

Year	Number of Home-Based	Provider Entrants Per Year	Provider Exits Per Year	Provider Exits as Percent of Total	Yearly Net Loss
2019	366	X	X	X	X
2020	337	29	58	16%	29
2021	323	41	55	16%	14
2022	304	30	49	15%	19
2023	288	29	45	15%	16
2024	273	23	38	13%	15

*Year refers to the midpoint of each year. 2024 is the 11 months from July 2023 - May 2024.

Source: Growth Lab elaboration based on Wyoming Department of Family Services data

Since distinct and different constraints hold back the supply of home-based providers and of childcare centers, separate policies and targeted response actions are relevant. The next two sections provide an overview of initiatives that would target the main issues holding back supply growth of home-based providers and centers. Home-based provision could expand significantly through a focus on enabling business start-ups and continued business support services to these small businesses. This package would require little-to-no policy change and little-to-no new public spending. Addressing the main constraint to centers requires a different set of potential policies and initiatives to ease providers’ ability to hire and retain workers.

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IV. Overview of Targeted Initiatives for Home-Based Provision

These proposed initiatives focus on lowering barriers to entry and supporting operations to reduce the number of closures. Taken together, these initiatives could enable more home-based providers to succeed across the state — in both urban and rural areas — and thereby ease the childcare shortage and expand Wyoming’s available workforce. Some of the initiatives would ease the start-up phase for businesses, while several would allow for continuing support at low public cost. In the recently completed survey by DFS of providers that have closed, former operators were asked if these initiatives would be helpful for providers like them. Annex III summarizes the results. At least 60% of these former home-based providers responded that each of these initiatives would help “a lot” or “a little” (except for initiative #3, which was not included as a survey question). The strongest positive responses were for outreach (initiative #1), small business support (initiative #2), and small start-up grants (initiative #4).

1. Outreach campaigns to close the information gap for potential entrepreneurs.

Closing the information gap requires communicating with potential FCCH entrepreneurs. Target outreach can include work in partnership with community groups such as the Wyoming Family Resource Centers Collective, the Wyoming Community Foundation, and other partners. One possible demographic includes the parents of young children who watch over kids at home and wish to curtail childcare expenses by watching over neighbors’ kids as well. DFS agents work on a regional basis and already serve as the first point of contact for those interested in becoming licensed, and regional resource centers are being established. Information sessions and resources must discuss the ins-and-outs of starting a home-based childcare business and licensing. The home-based model boasts strong take-home profitability and has natural incentives including a tax write-off benefits for business expenses such as rent, mortgage payments, phone plans, and car usage. Similarly, [the regulatory burden](#) is light, especially as compared to centers. Research interviews with home-based providers testify to the appeal of the business through comments like *“My taxable income is a lot less than what I actually make. Utilities, cell phone, house, car...”* and *“The state is not your enemy. [DFS is] there as a safety net to [its] providers.”* Yet, the business opportunity is not widely known, and existing providers believe that potential entrepreneurs overestimate the start-up challenges.

2. Small business training support.

Small businesses often struggle with business management challenges that can be eased with ongoing small business training and support. Home-based providers are small businesses operating in a key, yet challenging, industry. Childcare is a multi-faceted industry that exists at the intersection of care, education, and market demands. Business training support should encompass both business needs (accounting, billing, childcare management software, accessing the subsidy system) as well as childcare quality support (curriculum planning resources, ongoing educational opportunities, best practices from across the state). Resources should not only be accessible online but complemented by in-person guidance. DFS agents informally share best practices on

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operations and are currently developing a one-stop-shop website for licensing ease. Such support has already proven useful and should be expanded to best disseminate to potential and existing providers. A potentially fruitful avenue is working with community colleges to offer childcare specific trainings. A targeted course could include information on curriculum and childcare-specific support tools, as well as tips for running the business as profitably as possible, like any small business training. Similarly, the Wyoming Business Council has deep experience in building partnerships with small businesses and could apply their expertise to the childcare industry. Lastly, support and training should not require providers to close for a day to benefit and should be optional for providers. Support could be delivered through such approaches as free business consulting services and training resources provided through asynchronous learning content or outside business hours.

3. Seed and support network or community of practice.

Peer-to-peer support can often be more consequential to providers than publicly provided support. A strong community of practice can complement other business support in at least three ways. First, home-based providers already lean on each other informally by providing guidance on business operations and by sending excess demand from one to the other, including when a provider needs to close unexpectedly for the day. Such networks should be encouraged especially for new home-based providers. Second, home-based childcare can be isolating for the owner, as they are typically one-employee operations who remains at home. A support network limits the personal difficulties often inherent in the business. Lastly, communities of practice can serve as immediate and on-the-ground sources of information for provider needs, in turn ensuring agile and targeted support from DFS. Support networks can be spearheaded by local provider leadership, potentially with business support delivery from DFS and associated partners as an anchor. When business leaders frequently coordinate, they may also develop some approaches on their own, such as developing a system or pool of substitutes for when one provider needs to take time off.

4. Small start-up grants to partially offset start-up costs.

Small start-up grants would help to offset small but meaningful start-up costs. Although home-based providers need less up-front capital investment than centers, required home renovations to become licensed are nonetheless a barrier to potential providers. Home renovations can become costly for a household operating on a shoestring budget without taking on significant debt. Renovations and capital investments can include push bar exits replacing doorknobs, two points of egress in a home, fencing, or deck renovations. A relatively small fund of \$200,000 could provide \$2,000 to 100 new providers, which would amount to 1,000 new slots if each provider offered 10 openings. This alone would boost licensed capacity by nearly 5% across the state. Importantly, these childcare providers would not be reliant on state funds for continued operation and the initial state investment would not become an ongoing expense to maintain.

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5. Channel demand towards licensed operators.

Parents and guardians do not always know about home-based providers as an option. A central portal for providers to advertise their business [is already in development](#) by the DFS. Initiatives like these are win-wins for both parents and providers. An additional focus could be put on public information to help families find providers and have the confidence that home-based provision is an option for high-quality, licensed early childhood education.

6. Remove unnecessary zoning restrictions.

Home-based operators too often face onerous zoning restrictions that create roadblocks or even completely prohibit the opening of a home-based childcare. The recent passage of [HB0126 - Child care is a residential use of property](#) is one important step, but other zoning hurdles remain. Potential home-based operators across the state have been impeded by allowing neighbors to veto the start-up of a home-based operation. Efforts should be made, including at the local level, to repeal unnecessary zoning restrictions.

7. Study group size caps and thresholds for home-based licensing.

Although the effects of regulations on profitability are often overstated, there may be degrees of freedom in loosening regulations by supporting business viability while limiting negative effects on children health and safety outcomes. To this end, Wyoming DFS is undertaking a regulatory review process. One regulation relevant to home-based providers is the number of unrelated children who can be watched in a single household without the need to become licensed. Another is the licensed capacity maximum for Family Child Care Homes. Additional thresholds apply for Family Child Care Centers, which could be further studied to optimize their ability to deliver safe, high-quality childcare.

V. Overview of Targeted Initiatives for Center-Based Provision

Proposed initiatives for expanding childcare slots in centers focus on overcoming the challenge of hiring and retaining workers. Since many providers cannot fully reach licensed capacities at their current staffing levels, this is the most binding constraint. Due to market fundamentals, centers will not be viable in many small towns and remote areas, but childcare centers will continue to provide the largest number of slots in the state even under a scenario where home-based provision significantly expands. Annex III once again summarizes the responses of recently closed providers to the question of if these initiatives would be helpful to expanding supply. There was a small number of centers represented in this survey, but indications were clear that healthcare subsidies (initiative #1), childcare subsidies for childcare workers (initiative #2), and transferable background checks (initiative #3) would be impactful.

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1. State subsidized health insurance/other benefits.

In addition to wages, workers look for basic benefits in their job search and options exist to cover more childcare staff under public health insurance plans. A general lack of health insurance and other benefits adds to recruiting and retention challenges of childcare centers. Of the 63 childcare center respondents in a 2022 Cost of Care Survey by DFS, only 17 document healthcare expenses, indicating that most centers do not offer health insurance. This is because childcare centers operate on extremely thin margins and cannot raise wages to competitive levels nor provide health insurance. Further, interviews with centers' staff indicates that the premiums are often too high even for employer-subsidized health insurance plans, with many forgoing even with the option available. Wyoming elected [not to expand Medicaid](#) to up to 138% of the Federal Poverty Line in 2021. [As noted by health policy organization KFF](#), Wyoming is one of the few states not to do so. However, healthcare policy experts have noted other paths to providing health insurance without expanding Medicaid. One path forward is taking advantage of [Waiver 1115 to expand eligible groups](#) to include childcare workers. Another possibility is that childcare workers participate in the federal health insurance marketplace [while simultaneously taking advantage of Advance Premium Tax Credits](#). This program would allow workers earning up to 150% of the federal poverty level to pay a \$0 monthly premium, with a subsidy applying on a sliding scale up to 400% of the federal poverty level. In a more expensive option, the state could consider providing health insurance to childcare workers that parallels benefits provided to public K-12 employees.

2. Childcare subsidy for early childhood education workers.

Parents of young children are a dependable segment of the childcare workforce in this notoriously high-turnover industry. As shown previously in Figure 3, parents of children below the age of 5 are already overrepresented in the childcare workforce in Wyoming when compared to the overall workforce. Their representation in the industry is nearly double the proportion overall, representing 24% of the Wyoming childcare workforce compared to representing just 13% of employed Wyomingites. Childcare workers in licensed providers could be permitted to apply for the state-provided childcare subsidy, regardless of family income. Similar programs already exist in [Iowa](#), [Rhode Island](#), and [Kentucky](#). Such a program would encourage parents of young children currently out of the workforce to contribute directly to the Wyoming economy while providing the childcare needed for other parents to join the workforce. These policies appear to be working.

3. Transferability of background checks.

Delays in processing federal background checks are onerous for hiring staff. Federal background checks last weeks, during which candidates often leave for another job. The current system of working "on variance" is cumbersome as the staff member cannot be alone with the children until the federal background check is processed.

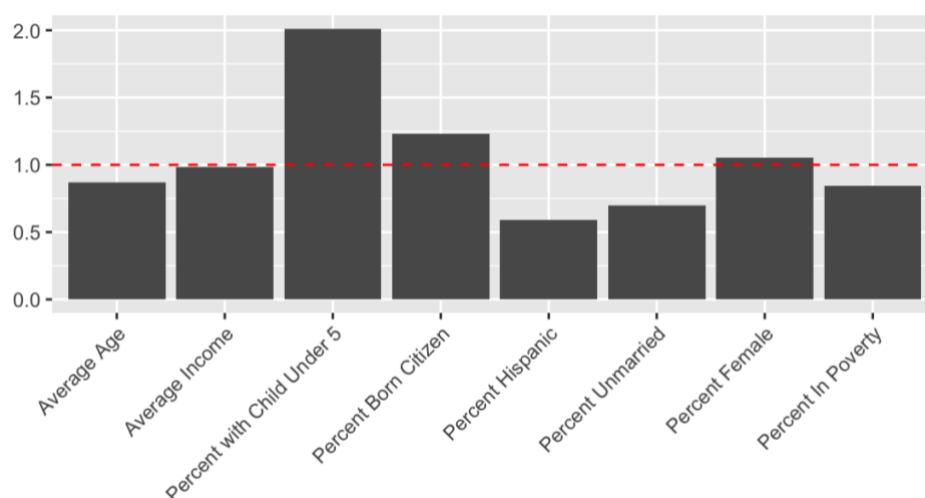
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Although DFS cannot directly resolve a federal delay, the agency is taking steps to allow credentials to apply across all centers in the state. This will allow workers to easily switch providers, including acting as rovers to fill staffing emergencies, without having to re-do the background check.

4. Expand utilization of available visa programs.

Wyoming does not utilize immigrant labor in the childcare industry at the same proportion as other states. As seen in Figure 5, which compares Wyoming's childcare workers with norms across the United States, childcare workers in Wyoming are more likely to be "born citizens" of the United States (i.e. not immigrants) as well as less likely to be Hispanic. The reason for this is the lower proportion of immigrants in the Wyoming workforce than in the country overall. To better take advantage of immigrant labor, employers can leverage existing visa programs that often function as a cross between employment and cultural exchange or English learning. Various J1 visa programs targeted toward au pairs can be a starting point for centers wishing to recruit in this manner. A question on this topic was not included in DFS's exit survey of providers and thus little is known about potential business interest in this initiative.

Figure 5: Ratio of Childcare Workers in Wyoming to Childcare Workers in USA



Source: Growth Lab elaboration based on data from the American Community Survey 2018 - 2022

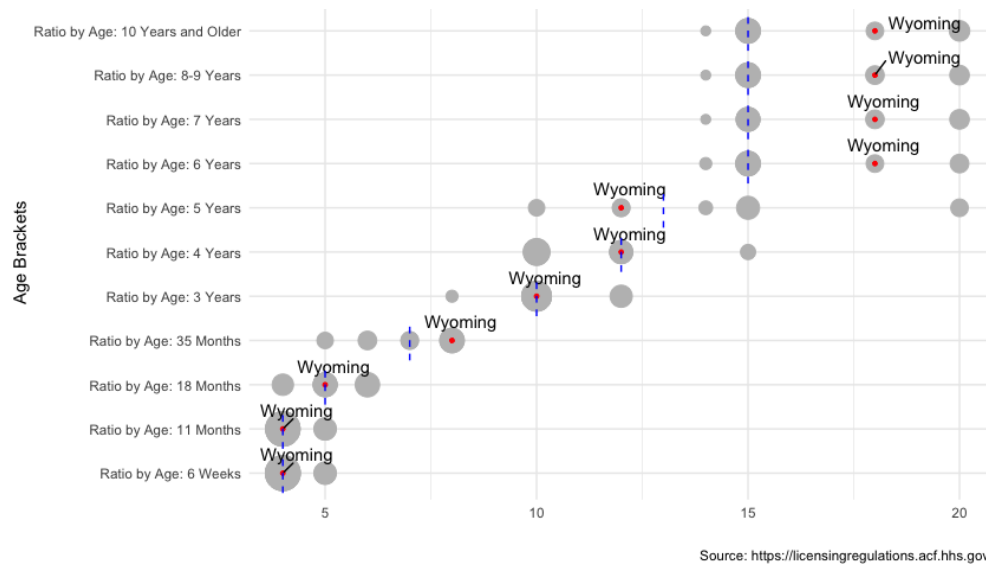
5. Study looser staff-to-child ratios in comparison with other states.

DFS is undertaking a regulatory review process to understand where Wyoming regulations stand compared to its neighbors. An initial analysis shows Wyoming ratio requirements as broadly in line with the Mountain West as a whole, as seen in Figure 6, with further analysis in Annex IV. The relationship between ratios and key outcomes of supply, cost, and quality are not clear in evidence or academic literature on the topic. Figure 7 displays a simple comparison of average childcare costs by state relative to income with ratio requirements. Although the two are negatively correlated (i.e. looser

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ratios are associated with lower costs), the explanatory power is particularly low. An R-squared of 0.17 means that just 17% of the variation in the price of childcare relative to income is associated with changes in ratio requirements. Information on this question was also not available from the DFS exit survey.

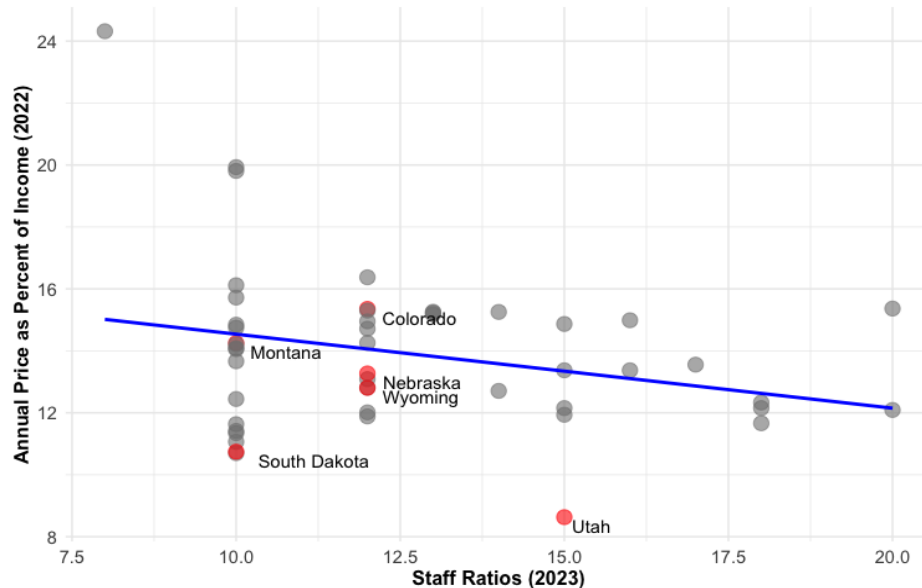
Figure 6: Childcare Staff Ratio Requirements by Age for Centers (2023)



* Mountain West states in in grey with median shown as a blue dash.

Source: Growth Lab based on data from the U.S. Department of Health and Human Services

Figure 7: Annual Childcare Costs vs Staff Ratio for Four-Year-Olds



*The correlation has an R-squared of 0.17

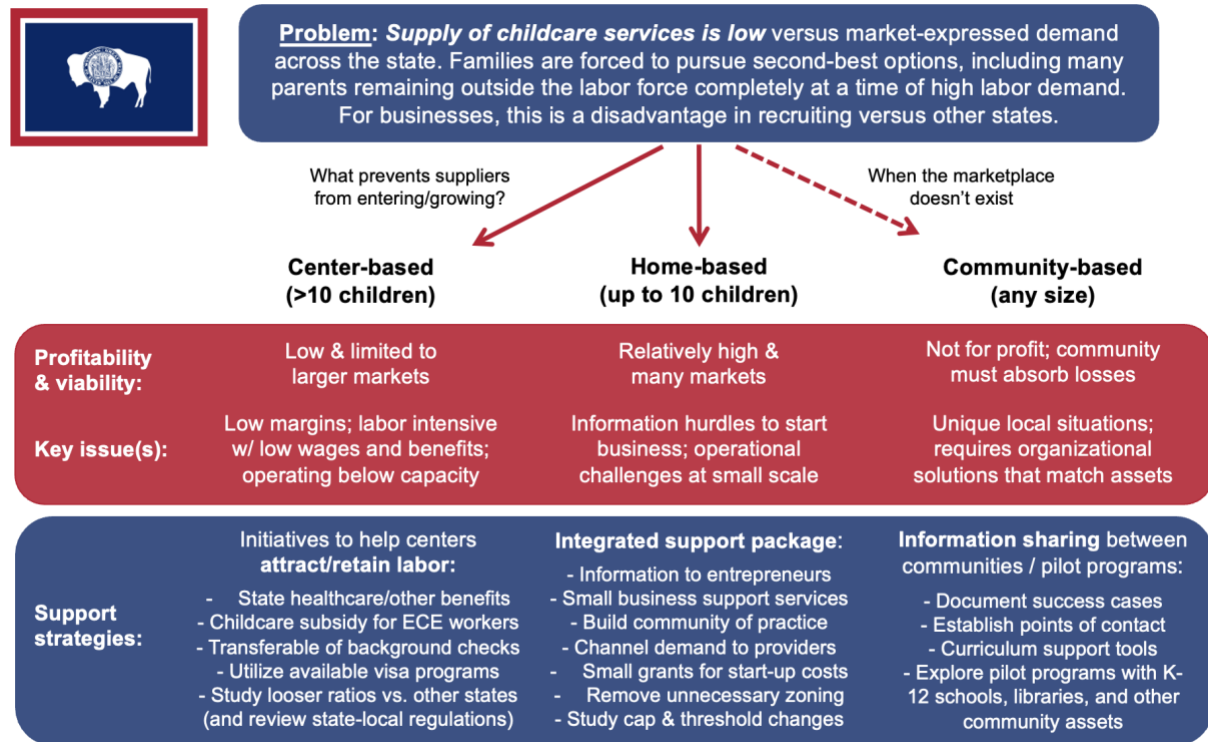
Source: Growth Lab elaboration based on data from Child Care Aware, US Department of Health and Human Services, St. Louis FRED

VI. Conclusion

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Expanding childcare supply in Wyoming is critical to fostering economic growth and competitiveness. The tight labor market, exacerbated by the unmet demand for childcare, presents significant challenges for parents and businesses alike. By promoting private-sector-led solutions, Wyoming can stimulate the expansion of childcare providers and support Wyoming business. Home-based childcare providers, with their ability to function in small markets, higher take-home profits, and lower barriers to entry, play a crucial role in rural areas and urban areas alike. Meanwhile, addressing workforce constraints in childcare centers is essential to achieving supply growth at scale. Tailored policy packages targeting both home-based providers and centers, as discussed in this white paper, are essential to address the key barriers to growth and entry of early childhood education businesses. A summary graphic capturing these approaches is provided below.

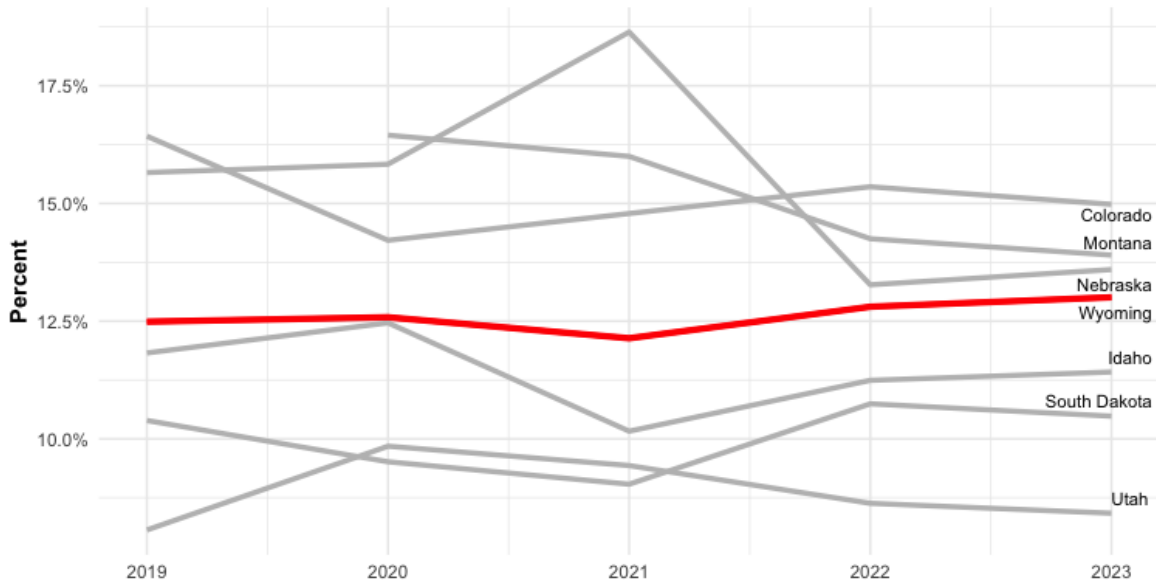
Figure 8: Summary of Problem, Key Issues, and Support Strategies



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Annex I: Wyoming Childcare Supply Decomposed

Figure A1: Percent of Child Care Costs to Median Household Incomes



Source: Growth Lab elaboration based on data from Childcare Aware and FRED Economic Data

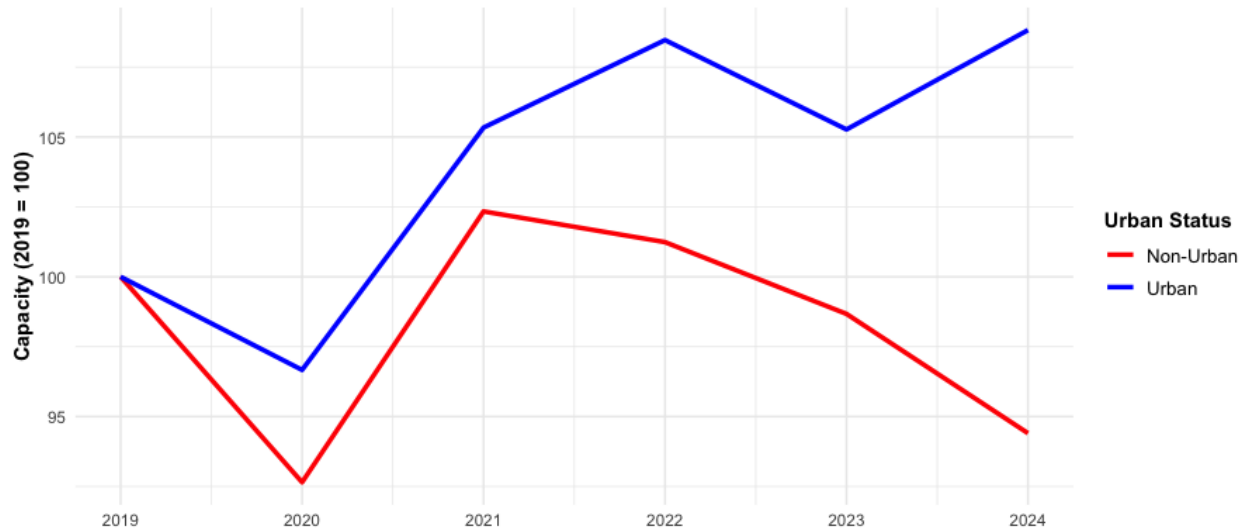
Figure A2: Total Licensed Capacity and Number of Providers by Year



Source: DFS elaboration using DFS data

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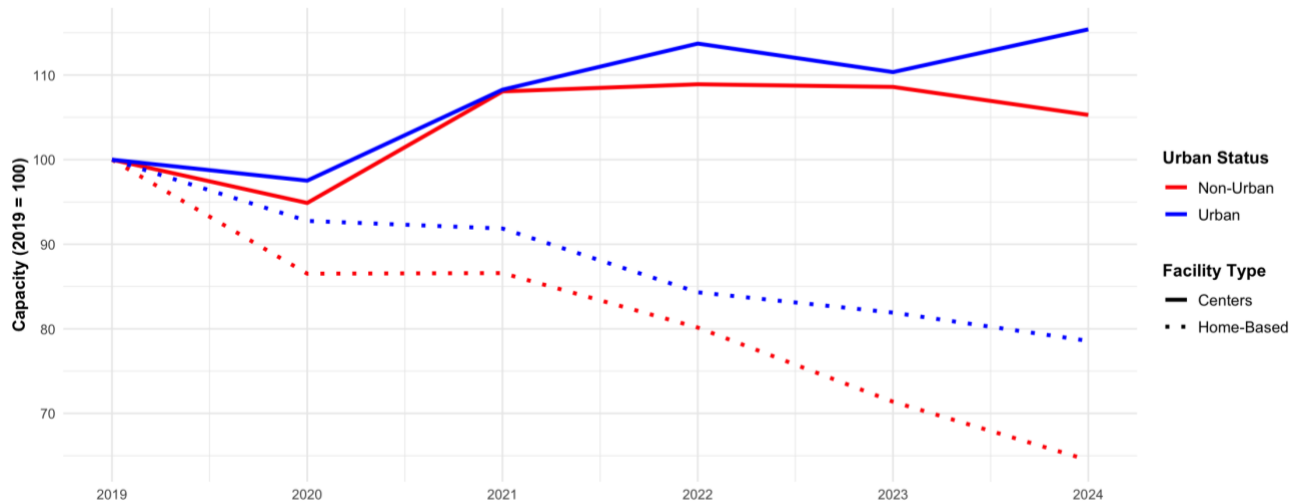
Figure A3: Licensed Capacity Growth by Urban Status (2019 = 100)



Source: Growth Lab elaboration based on data from the Wyoming DFS

*Urban areas include cities with at least 7,500 residents: Cheyenne, Casper, Gillette, Laramie, Rock Springs, Sheridan, Evanston, Green River, Jackson, Riverton, Cody, Rawlins, Lander

Figure A4: Change in Licensed Capacity Count by Facility Type and Urban Status since 2019 (2019 = 100)

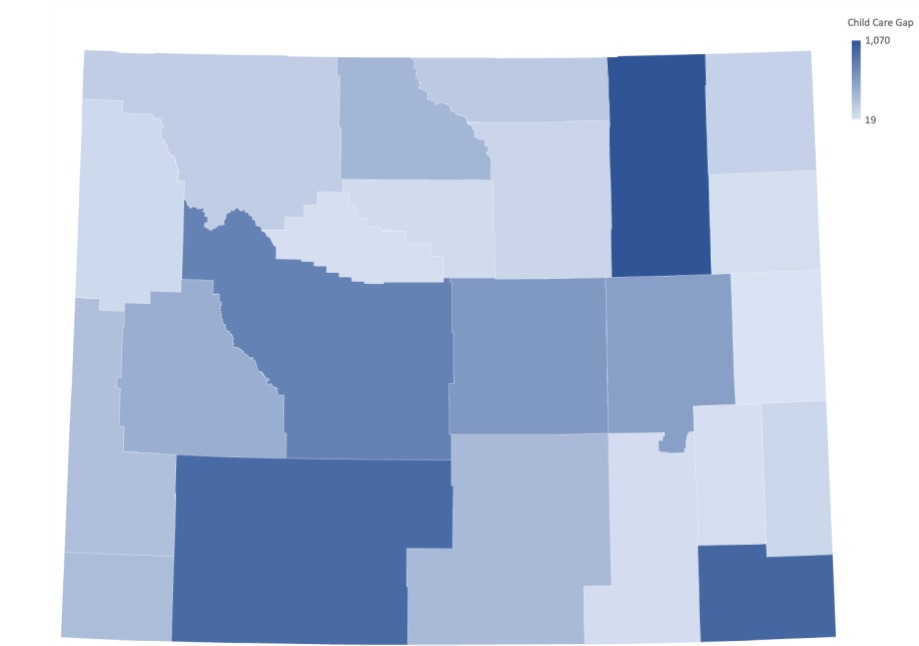


Source: Growth Lab elaboration based on data from the Wyoming DFS

*Urban areas include cities with at least 7,500 residents: Cheyenne, Casper, Gillette, Laramie, Rock Springs, Sheridan, Evanston, Green River, Jackson, Riverton, Cody, Rawlins, Lander

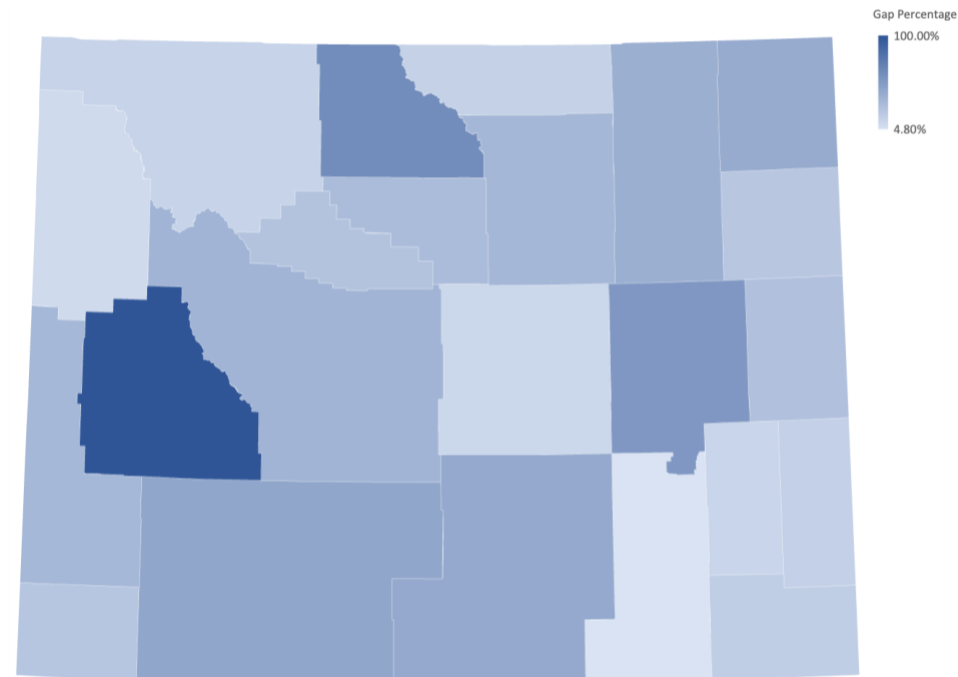
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Figure A5: Estimated Childcare Gap per the Bipartisan Policy Center (2018)



Source: Growth Lab elaboration using data from Bipartisan Policy Center – Childcare Gaps Assessment

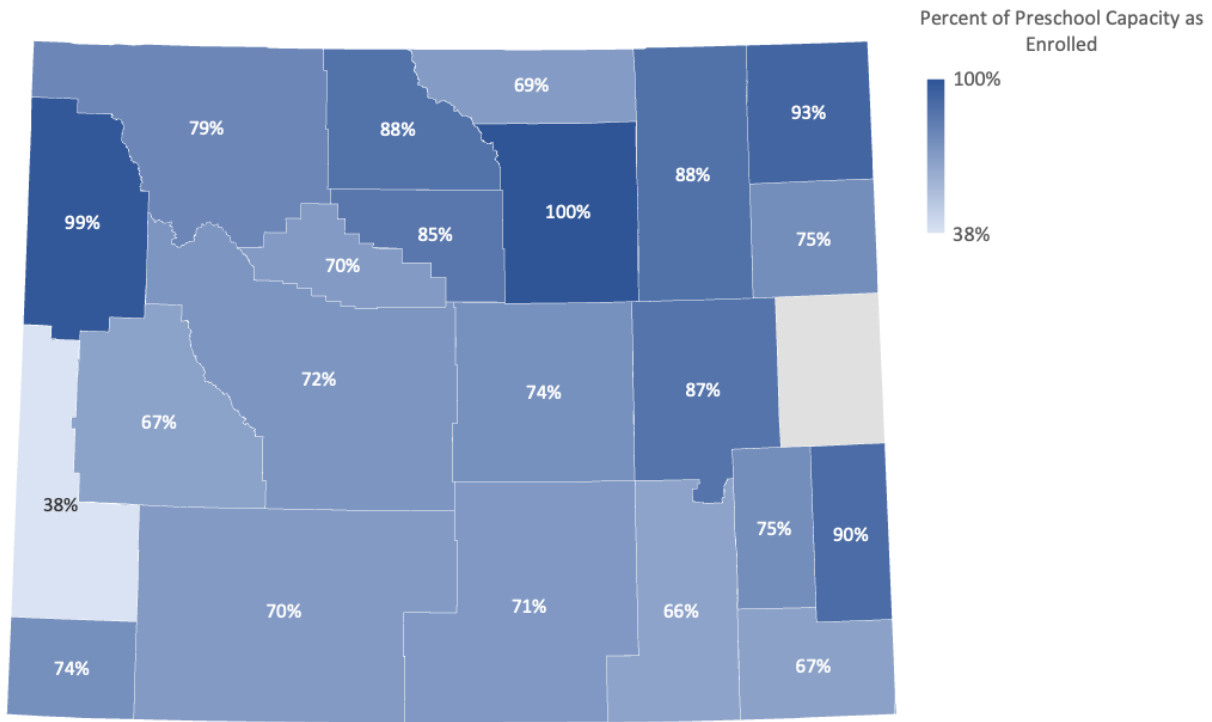
Figure A6: Estimated Childcare Gap by Gap Percentage per the Bipartisan Policy Center (2018)



Source: Growth Lab elaboration using data from Bipartisan Policy Center – Childcare Gaps Assessment

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Figure A7: Actual Enrollment as a Share of Licensed Preschool Capacity



Source: Growth Lab elaboration based on data from the Wyoming Department of Family Services data

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Annex II: Illustrative Comparison of Center and Home-Based Profitability

Using 2022 cost and price data, we estimate an illustrative home-based provider earned a profit of nearly \$50,000. However, this number undersells the profitability of operating as a home-based provider. Per interviews, home-based providers can write off other household costs (rent, mortgage, car expense, cell phone) on their taxes, meaning the tax burden on the \$50,000 is very low and the take-home pay is quite high.

Figure A8: Comparison of Finances of Illustrative Center and Home-Based Providers

	XXX	XXX
Type	Center	Home-Based
City	XXX	XXX
Licensed Capacity	82	10
Actual Enrollment	37	10
Daily Revenues	\$ 1,202.50	\$ 272.73
Estimated Annual Tuition Revenues	\$ 300,625.00	\$ 68,182.50
Salaries	\$ 313,356.54	\$ -
Health Insurance	\$ 63,811.00	\$ -
Total Personnel	\$ 377,167.54	\$ -
Annual Rent	\$ -	\$ -
Other Non-Personnel	\$ 45,500.00	\$ 19,920.00
Total Non-Personnel	\$ 45,500.00	\$ 19,920.00
Total Annual Costs	\$ 422,667.54	\$ 19,920.00
Annual "Profit"	\$ (122,042.54)	\$ 48,262.50

Source: Growth Lab elaboration based on Wyoming Department of Family Services data

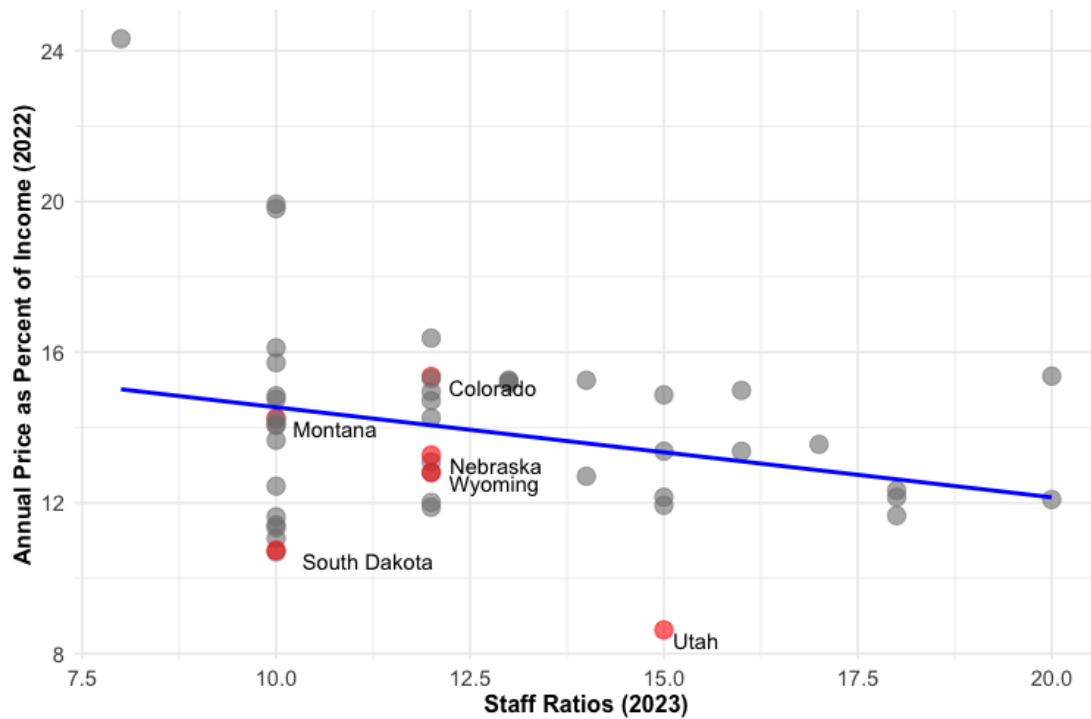
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Annex III: Responses By Recently Closed Providers on Proposed Initiatives

Provider Type	Intervention	% who responded that this would help "a lot"	% who responded this would help "a lot" or "a little"
FCCH (n = 19)	Business outreach	63%	79%
	Small business support	58%	79%
	Small start-up grants	60%	75%
	Addressing regulatory caps, etc.	47%	68%
	Channel demand	44%	67%
	Relax zoning	37%	63%
CCC (n = 10)	Healthcare subsidy	80%	80%
	Childcare subsidy for workers	70%	70%
	Transferable background checks	70%	70%
	Relax zoning	30%	50%

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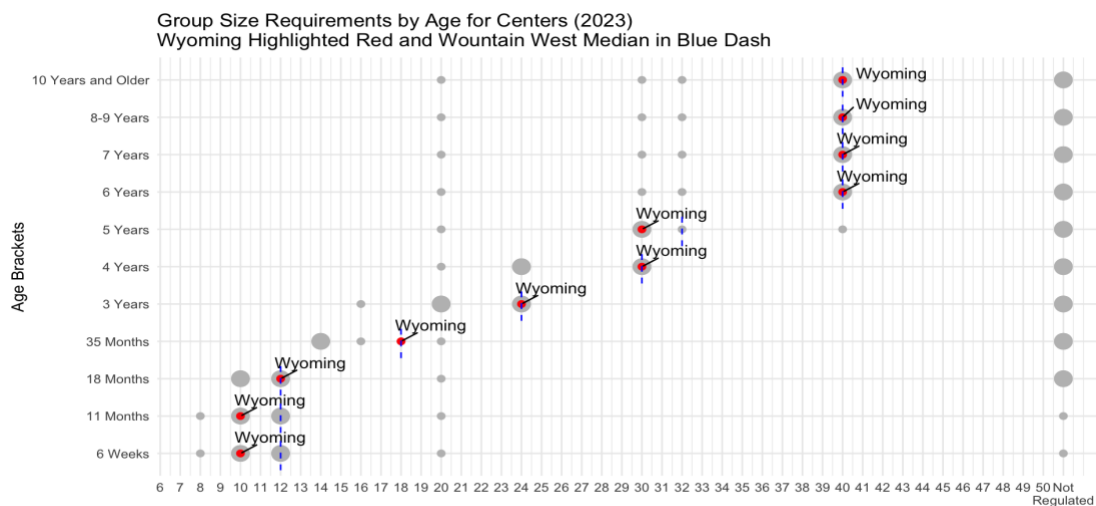
Figure A11: Childcare Costs vs. Staff Ratio for Four Year Olds.



*The trend line has an R-squared of .17

Source: Growth Lab elaboration based on data from Child Care Aware, US Department of Health and Human Services, St. Louis FRED

Figure A12: Group Size Requirements by Age for Centers (2023): Mountain West in grey with median in blue dash.

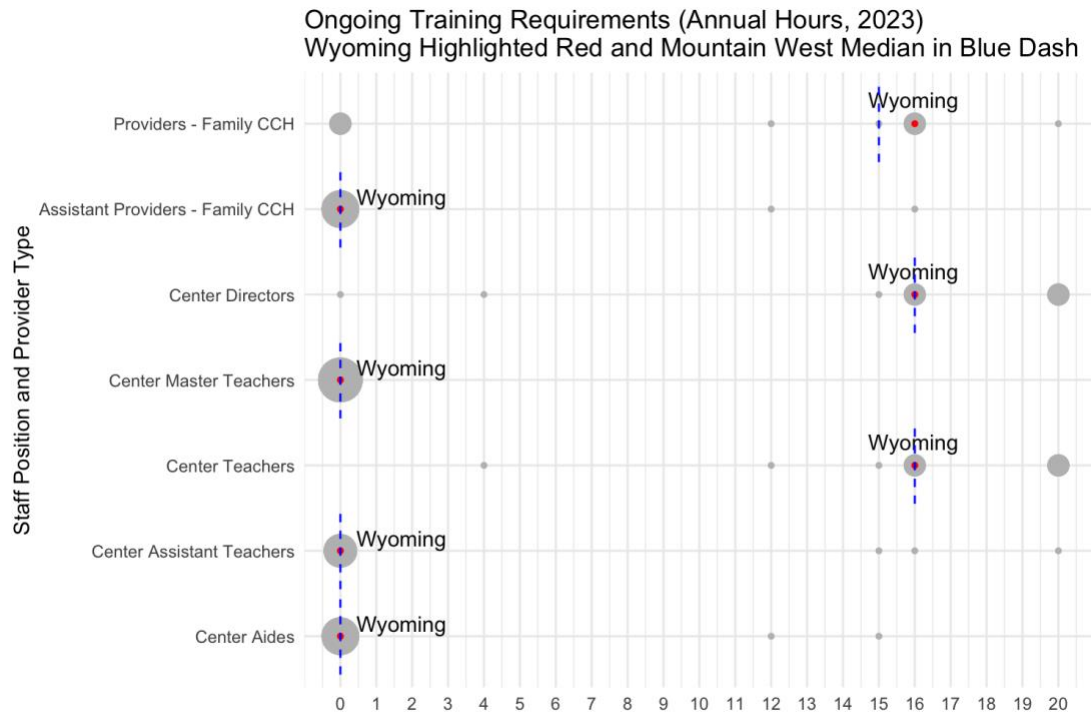


Source: <https://licensingregulations.acf.hhs.gov/>

Source: Growth Lab elaboration based on data from the U.S. Department of Health and Human Services

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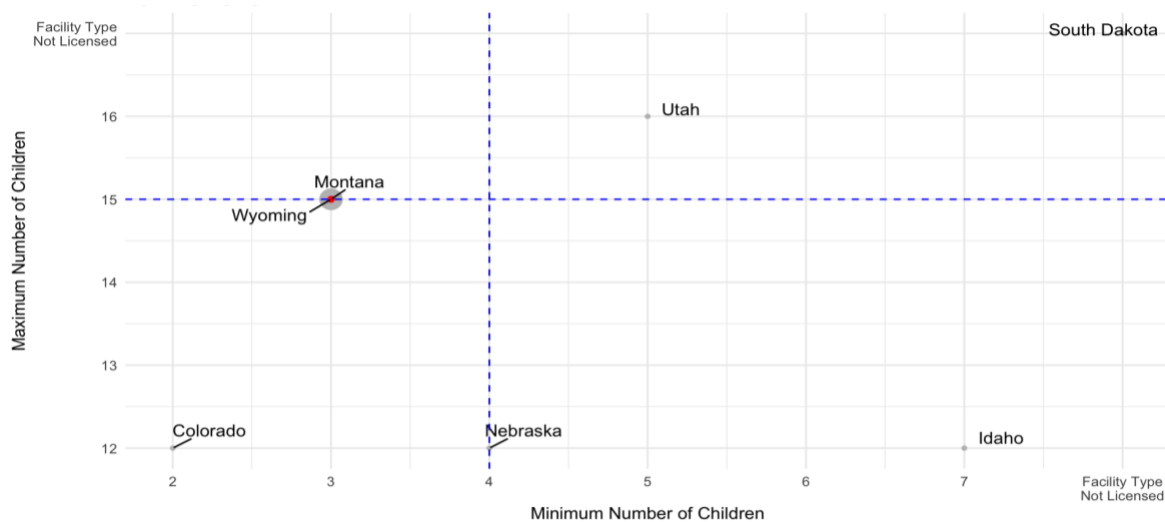
Figure A13: Ongoing Training Requirements for Centers (Annual Hours, 2023): Mountain West in grey with median in blue dash.



Source: <https://licensingregulations.acf.hhs.gov/>

Source: Growth Lab elaboration based on data from the U.S. Department of Health and Human Services

Figure A14: Number of Children in Licensed Home-Based Providers: Mountain West median in blue dash.



Source: <https://licensingregulations.acf.hhs.gov/>

Source: Growth Lab elaboration based on data from the U.S. Department of Health and Human Services