



The Infrastructure of Child Care in Dallas-Fort Worth

Perry Robinson, Isabelle Donohoe, Chelsea Robles PhD, Shelly Masur EdD



Acknowledgements

The Low Income Investment Fund (LIIF), a national Community Development Financial Institution (CDFI) that supports thriving communities through investments in affordable housing and child care facilities, undertook this study as a collaborative effort involving contributions and expertise from many child care stakeholders and organizations in the Dallas-Fort Worth region.

Funding for this project was the result of Charles Schwab’s commitment to strengthening communities and deepening the understanding of the child care infrastructure in the Dallas–Fort Worth region. Their investment enabled LIIF to carry out this project for the purpose of better understanding providers’ operational and neighborhood conditions, the challenges they face in sustaining and expanding their programs, and what they need to increase capacity so more families can access care. We are grateful for Schwab’s partnership and dedication to advancing policy and funding decisions intended to support children, families, and the child care providers who serve them.

We are especially grateful to Melanie Rubin, early care and education expert; Kara Waddell and team at Child Care Associates; Nicole Allen at Workforce Solutions for Tarrant County; Susan Hoff at United Way; Shari Anderson and Rhonda Rakow at ChildCareGroup; and Glenn Forbes at CDFI Friendly Fort Worth – all of whom provided thoughtful advice, expertise, and helped our survey reach child care providers in Dallas and Tarrant Counties.

Together, we are advancing meaningful change, and this work would not have been possible without this support.

April 2026

Table of Contents

Background and Purpose of the Study	4
Overview of the Dallas-Fort Worth Region and Policy Environment	6
Methods and Sample	8
Center-Based Providers Form the Core of Early Care and Education.....	10
Licensed Capacity and Actual Enrollment: How Wide is the Gap?	11
Finances and the Proposition 2 Tax Exemption.....	14
Housing Affordability and Child Care Enrollment.....	15
Local Infrastructure: Taking a Closer Look at the Conditions of Care	20
How Extreme Weather Affects Providers’ Facilities.....	24
Expansion Plans and Challenges.....	28
Recommendations for Policy and Funding Decisions	30

Figures and Tables

Figure 1: Supply of Licensed Seats and Potential Demand for Care.....	7
Figure 2: Child Care Providers by License Type (N=199)	10
Figure 3: Provider Sample by Locations and Program Type (N=199).....	10
Figure 4: Fifty Percent of Licensed Seats in DFW are Unused (N=197)	11
Figure 5: Number of Children Enrolled in Surveyed Child Care Facilities (N=197)	12
Figure 6: Tarrant County Infant and Toddler Capacity and Enrollment (N=9)	13
Figure 7: Dallas County Infant and Toddler Capacity and Enrollment (N = 18)	13
Figure 8: Proposition 2 Awareness and Utilization (N=147)	14
Figure 9: Estimated Median Value of an Owner-Occupied Home by ZIP code	16
Figure 10: Nine-Color Matrix Equation	16
Figure 11: Enrollment and Estimated Home Median Value by ZIP code	18
Figure 12: Indoor Facility Conditions	21
Figure 13: Outdoor Facility Conditions.....	22
Figure 14: Families’ Pick-Up and Drop-Off Transportation Patterns	23
Figure 15: Neighborhood Conditions	24
Figure 16: Impact of Extreme Weather Events on Indoor Space	25
Figure 17: Impact of Extreme Weather Events on Outdoor Space.....	27
Figure 18: Reasons Providers Did Not Consider Expansion in the Last 3 Years (N=74)	28
Figure 19: Age Groups Targeted by Providers Planning to Grow (N=34)	29
Table 1: Survey Responses by County.....	9
Table 2: Survey Respondents by Race and Ethnicity.....	9
Table 3: All Licensed Child Care Providers in Dallas and Tarrant Counties.....	11
Table 4: Home Ownership by Child Care License Type.....	20

Background and Purpose of the Study

The overarching purpose of this project is to assess the child care ecosystem in Dallas and Tarrant Counties, with a focus on the facilities needs of providers while identifying drivers of growth and the barriers to expansion faced by child care providers, especially for infant and toddler care. This report focuses on these two counties because the Dallas-Fort Worth area functions as an integrated regional economy where families might live in one county and work in the other, making child care access and workforce challenges closely linked across both.¹ Based on a survey of providers in these counties, this project presents insights into their current operational and neighborhood conditions, resource needs, and interest and capacity for future expansion to serve more children. Additionally, this project examines existing data to uncover broader demographic trends, such as rising housing costs, and the impact of external factors, such as extreme weather events, on the child care sector. The findings from this study provide data and insights that could inform policy and funding decisions.

¹ Dallas Regional Chamber. (2024). *Economic Development*. Retrieved from <https://www.dallaschamber.org/economic-development/>

Overview of the Dallas-Fort Worth Region and Policy Environment

Texas is one of a small number of states that houses child care oversight within the workforce development agency, specifically the Texas Workforce Commission, rather than within a department of health, human services, or education. This structure reflects the state's emphasis on child care as an economic and workforce development priority.²

In the North Texas region, many local areas are designated as "child care deserts," defined by the Texas Workforce Commission as regions where children under age six outnumber available seats by at least a three-to-one ratio.³ Yet, providers across the region simultaneously struggle with low enrollment, leaving many seats unfilled.⁴

The findings from the report, *More Than a Seat: Parent Preference and Child Care Characteristics in Dallas, Texas*, demonstrate points of disconnect between available child care seats and families' preferences. While an adequate supply of seats may exist, parents struggle to find the specific care that they need, including during non-traditional hours. Simultaneously, providers face financial strain from low subsidy reimbursement rates and decreased demand for preschoolers due to free public pre-K, which leaves some providers serving more costly-to-care-for infants and toddlers without the compensation they need to sustain their operations.

Looking across the interconnected DFW region, there is a need for care for children ages 0-5 in both Dallas and Tarrant Counties.⁵ Figure 1 below compares licensed child care supply and potential demand in DFW. Potential demand is defined as children age 5 and under with all parents in the workforce. A comparison of these totals indicates a shortfall of 16,480 seats in Dallas County and 11,420 in Tarrant County. In calculating a number closer to the actual gap, The Buffet Early Childhood Institute estimates the child care gap based on the number of children age 5 and under with all parents in the labor force who lack access to a licensed seat within a reasonable driving distance. Taking proximity into the equation, there are an estimated 11,650 children in Dallas County and 9,960 in Tarrant County in need of care that is accessible based on their location. These families face a particularly challenging situation, and the data point to the need to consider geography when identifying ways to expand care to serve more families. Whether considering the overall potential shortfall of seats or the access-based gap,

² Pedigo, S., Gilliam, L., & Belk, C. (2024). How policymaking can address urgent child care challenges and opportunities in Texas. LBJ Urban Lab, Lyndon B. Johnson School of Public Affairs, The University of Texas at Austin.

³ Prenatal-to-3 Policy Impact Center. (2024). *More than a seat: Parent preference and child care characteristics in Dallas, Texas*. Peabody College of Education and Human Development, Vanderbilt University.

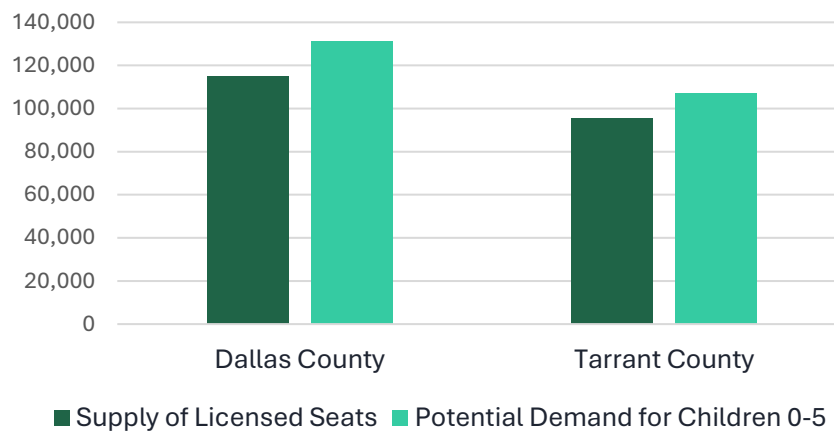
⁴ Prenatal-to-3 Policy Impact Center. (2025). *The North Texas Child Care Workforce Study*. <https://pn3policy.org>

⁵ Child Care Gaps Assessment. (n.d.). Retrieved March 6, 2026, from <https://childcaregap.org/>

both measures reveal that there are thousands of children in the DFW region in need of care. Expanding child care to best serve working families would require creating new seats where they are most needed, within a reasonable distance of where parents live and work, so that care is both available and accessible.

As some families struggle to find the care they need, child care providers face challenges that often include operating on thin financial margins exacerbated by enrollment instability, calling for policies and investments that can help stabilize the sector.

Figure 1: Supply of Licensed Seats and Potential Demand for Care for Children Age 0-5⁶



One policy offers some financial relief for child care centers in Texas, including those in the DFW region. Proposition 2, passed in 2023, allows counties or local municipalities to provide property tax exemptions to providers that are licensed, participate in the Texas Rising Star Program, and enroll at least 20% of their children through the Child Care Services (CCS) subsidy program. While home-based care is excluded, the law does require landlords to pass the savings along to centers that rent their facilities. By reducing or eliminating property tax burdens, this exemption has the potential to provide monetary relief that child care centers can use, for example, to invest in facility upgrades or expand their capacity.⁷

Proposition 2 requires that providers enroll children through the CCS subsidy program to qualify. Yet, in DFW there are many lower-income families who are waiting to receive this assistance. Currently, 9,084⁸ children in Dallas County and 21,425⁹ in Tarrant County qualify for

⁶ Child Care Gaps Assessment. (n.d.). Retrieved March 6, 2026, from <https://childcaregap.org/>

⁷ Harper, K. B. (2024, April 4). *Texas counties, cities embrace new child care center tax credit*. *The Texas Tribune*. <https://www.texastribune.org/2024/04/04/texas-child-care-tax-exemption/>

⁸ S. Anderson, personal communication, March 23, 2026.

⁹ Texas Association for the Education of Young Children. (2025). *Invest in child care scholarships: Tarrant County* [Policy brief]. <https://texasaeyc.org/wp-content/uploads/2025/03/Invest-in-Child-Care-Scholarships-Tarrant-County.pdf>

child care scholarships but cannot access them due to long waitlists. In the meantime, these families are unable to afford care, while there are seats that remain unfilled. In other words, even when licensed seats exist, families who cannot afford the full rate may be unable to access the care they need.

To understand how these challenges and policy issues are experienced on the ground, this study gathered data directly from child care providers through a survey that targeted Dallas and Tarrant Counties. The following section outlines the methodology used to administer the survey.

Methods and Sample

The provider survey was adapted from LIIF's previously developed questionnaire deployed in multiple statewide and neighborhood-level studies and tailored to the Dallas-Fort Worth context. The goal was to capture a broad and representative sample of child care provider insights to better understand the current conditions of their facilities and their interest in expanding to serve more children in the future.

The online survey was open to all licensed child care centers and homes, listed family homes, registered child care homes, and small employer-based child care in the Dallas-Fort Worth region from November 25 – January 9, 2026, in English and Spanish. Partners at Workforce Solutions for Tarrant County and ChildCareGroup in Dallas disseminated the survey via email directly to child care providers in their counties. To encourage participation, all survey respondents were offered the opportunity to enter their email address for a chance to win one of ten \$100 gift cards in a random drawing.

The survey was distributed to 590 providers in Dallas County and 600 in Tarrant County. While the survey was offered in both English and Spanish languages, all respondents selected the English version. A total of 199 child care providers completed the survey, yielding a response rate of 17%. Seasonal factors, including holiday schedules, may have affected providers' availability to take the survey. However, the response rate was considered robust for a survey disseminated by email. The resulting high-quality quantitative data and rich narrative responses to open-ended questions enabled an understanding of child care provider perspectives in the target counties.

While the survey targeted providers in Dallas and Tarrant counties, a small number of responses from providers located along the county borders in Collin County, Denton County, Ellis County, and Johnson County were received and included in the analysis. These areas are within commutable distance to the target counties and are considered to be part of the regional child care ecosystem, serving families who may live or work across county borders. As

shown in Table 1 below, the majority of the responses came from Dallas County (52%) and Tarrant County (43%). For the purpose of map readability, providers located near the border are not shown in the mapped graphics, which focus on Dallas and Tarrant Counties, but are included in the analysis throughout this report.

Table 1: Survey Responses by County

County	Count
Dallas	104
Tarrant	85
Collin	4
Denton	3
Ellis	2
Johnson	1
Total	199

In terms of demographic characteristics, among the 192 who responded to the question about gender, 96% identified as female, 4% identified as male, and 1% preferred not to disclose. Respondents encompassed numerous racial and ethnic identities, with the majority identifying as Black or African American, as shown in Table 2 below.

Table 2: Survey Respondents by Race and Ethnicity¹⁰

Race and Ethnicity	Count
American Indian or Alaska Native	1
Asian	8
Black or African American	102
Hispanic or Latino	21
Prefer not to say	11
Two or More Races	8
White	41
Total	192

¹⁰ Data collected via a single-select question combining racial and ethnic categories.

Center-Based Providers Form the Core of Early Care and Education

Among the providers who responded to the survey, licensed centers make up the vast majority of the sample at 79% and provide higher capacity care in the region (see Figure 2 below). The remaining portion of the respondents were home-based providers, including licensed (13%), registered (7%), and listed child care homes (1%).

Figure 2: Child Care Providers by License Type (N=199)

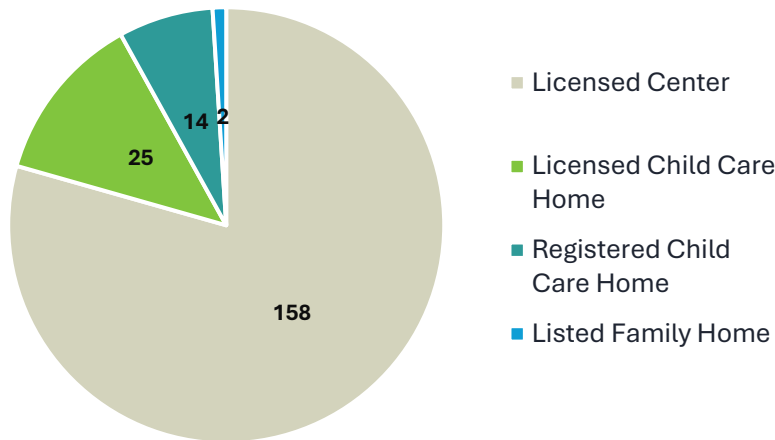
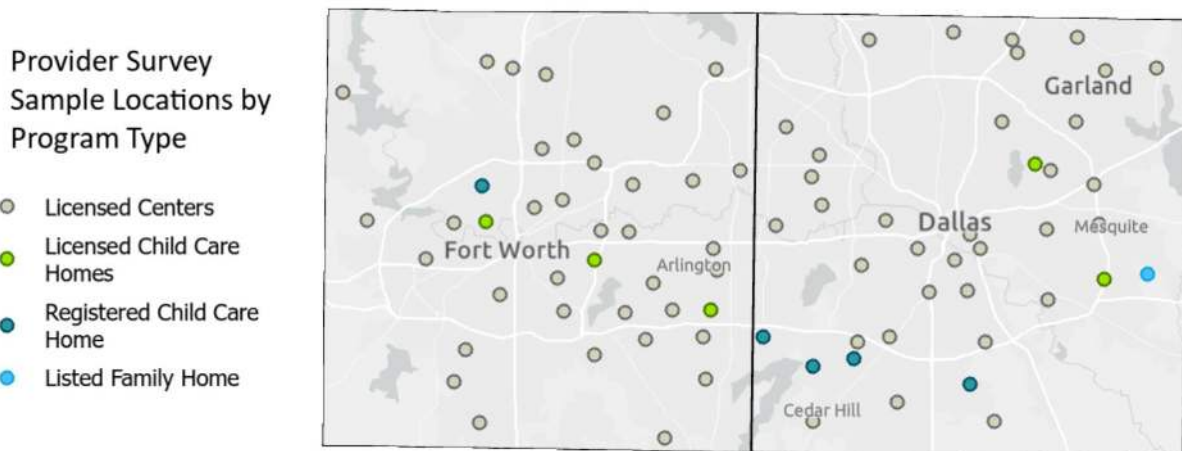


Figure 3 below, illustrates the geographic spread of the provider respondents across DFW by license type.

Figure 3: Provider Sample by Locations and Program Type (N=199)



The sample is representative of the overall licensed care available in Dallas and Tarrant Counties shown in Table 3 below, where center-based programs make up the majority of providers and home-based programs represent a smaller share.

Table 3: All Licensed Child Care Providers in Dallas and Tarrant Counties¹¹

County	Licensed Centers	Licensed Child Care Homes	Total
Dallas	727	113	840
Tarrant	632	107	739
Grand Total	1359	220	1579

While our survey includes a slightly higher proportion of homebased providers than exists in the region’s licensed population, the respondents still illustrate the center-based nature of child care in the DFW region.

Licensed Capacity and Actual Enrollment: How Wide is the Gap?

The data collected from the survey respondents reveals a wide gap between child care supply and actual enrollment across the Dallas-Fort Worth region. While the sampled providers offer a capacity of 21,495 total licensed seats, current enrollment stands at only 10,806 (50%) as shown in Figure 4.

Figure 4: Fifty Percent of Licensed Seats in DFW are Unused (N=197)

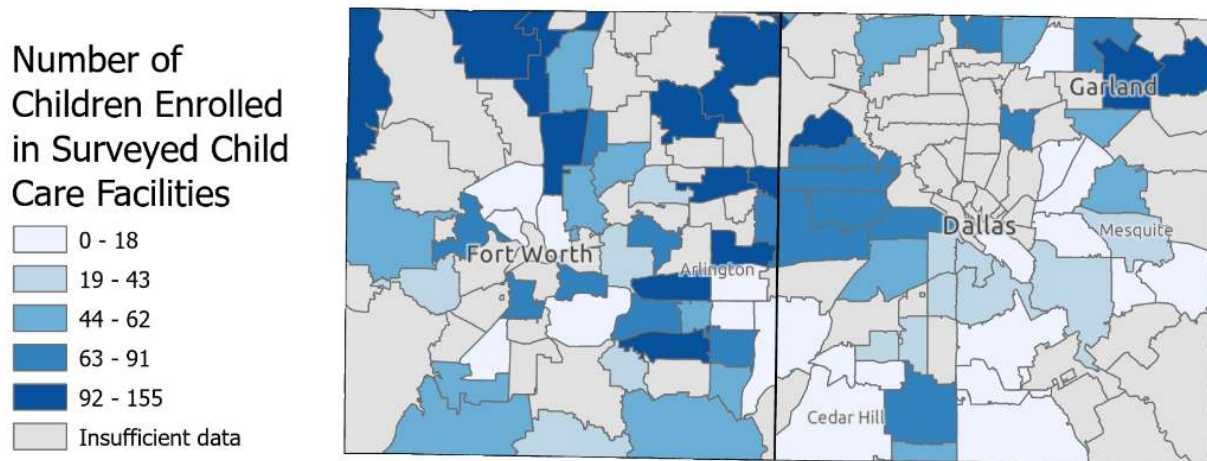


This finding indicates that providers are operating at half of their capacity. It also reinforces the findings of the *More Than a Seat* report, which found that, unlike many other locations in the U.S., the Dallas region is not facing a lack of physical facilities.

Mapping the survey results indicate that overall enrollment is not uniform across the region. As Figure 5 below shows, enrollment numbers vary considerably by location with darker blue shading illustrating areas with the highest enrollment, concentrated in Garland, Colleyville, Grapevine, and Irving. Meanwhile, lighter shading indicates locations with lower enrollment, in cities such as Cedar Hill, Balch Springs, and portions of Dallas.

¹¹ Texas Health and Human Services Commission. (2025). *Search Texas Child Care*. [Data set]. <https://childcare.hhs.texas.gov/Public/childcaresearch>

Figure 5: Number of Children Enrolled in Surveyed Child Care Facilities (N=197)



Understanding where enrollment is concentrated can help identify communities where child care businesses are relatively stable. The map also raises questions about the factors that drive or limit enrollment across the region. Do higher-enrollment areas offer a better match between available hours and parent work schedules or do their offerings better suit parent preferences? Are lower-enrollment locations serving more families who cannot afford care without CCS subsidies? Answering questions such as these can help to inform targeted support to underenrolled programs that may be at greater risk of closure, which could, potentially, further reduce access for local families who need care.

These questions are especially pressing for infant and toddler care, where high demand and high operating costs intersect. A subset of providers answered a follow up survey question regarding infant and toddler capacity and enrollment. Their responses provide a closer look at these age groups where demand often exceeds supply across the U.S., and reveal distinct gaps in both Dallas and Tarrant Counties (see Figure 6 and Figure 7 below).¹²

¹² The findings are drawn from a February 2026 follow-up question completed by a subset of providers from the main survey. The sample includes N=18 providers in Dallas County and N=9 in Tarrant County.

Figure 6: Tarrant County Infant and Toddler Capacity and Enrollment (N=9)

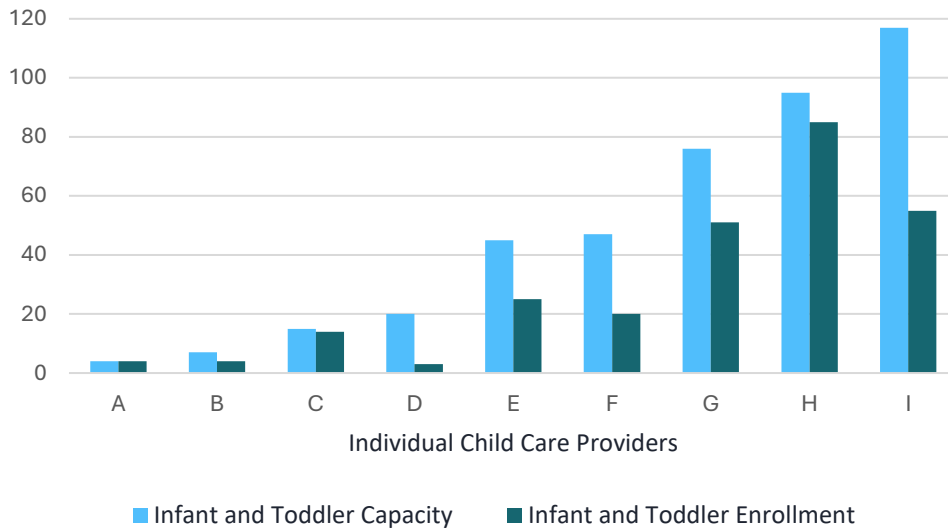
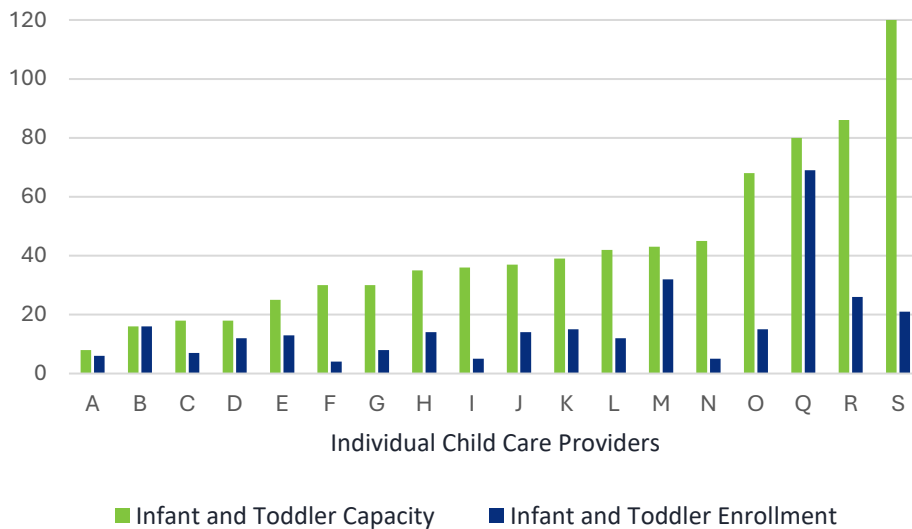


Figure 7: Dallas County Infant and Toddler Capacity and Enrollment (N = 18)



This specific under enrollment may be related to the higher operating costs associated with infant and toddler care, since these classrooms require more staff per child making them more expensive for providers to run. In fact, across North Texas, infants are the least served age group and the most expensive both for families to afford and for providers to offer care.¹³ This dynamic can make care for these age groups harder for families to afford, but further exploration is warranted.

¹³ Prenatal-to-3 Policy Impact Center. (2025). *The North Texas Child Care Workforce Study*. <https://pn3policy.org>

Finances and the Proposition 2 Tax Exemption

To better understand the financial landscape of child care providers in the Dallas-Fort Worth area, this section sets out the survey data on facility ownership or rental status, and utilization of the Proposition 2 tax exemption.

To understand how providers are engaging with the Proposition 2 tax exemption, the survey asked: “Have you applied for and received the Proposition 2 property tax exemption?”

The largest proportion of providers (42%) answered “No” to this survey question. It is important to note that this response indicates more than one possibility. Providers may have applied and been deemed ineligible, or they may have been eligible but did not apply due to the administrative burden or other barriers. Further, as illustrated in Figure 8, nearly one-third of respondents (28%) were

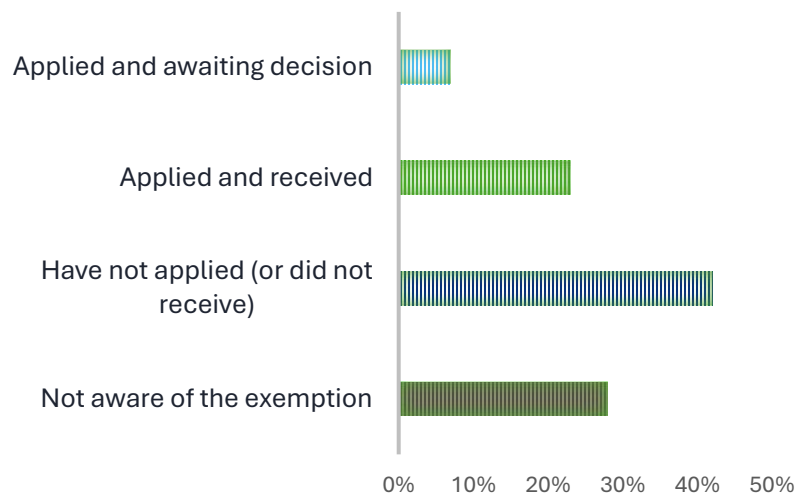
not aware of the exemption, suggesting that spreading awareness of this tax relief opportunity could help to ensure that eligible providers can access this financial benefit.

Notably, 98% of survey respondents participate in the CCS program and 79% are center-based (see

Table 4 for license details), both key eligibility requirements for the exemption. While meeting these criteria does not guarantee eligibility, as there are additional requirements, it is possible that a portion of this group is indeed eligible but has not yet successfully obtained it. These findings suggest a need for further research to better understand the specific reasons this group did not apply for or did not receive the exemption.

A combined 30% of child care providers have either received the exemption (23%) or have an application pending (7%). Despite a general lack of uptake, the survey did find that a combined 30% of providers are utilizing the policy. Should awareness campaigns increase across the region, this 30% figure may serve as a baseline for measuring future progress in provider application rates.

Figure 8: Proposition 2 Awareness and Utilization (N=147)



Housing Affordability and Child Care Enrollment

Understanding how housing costs vary across the Dallas-Fort Worth region is essential when examining child care access, affordability, and availability. The cost of rent or a mortgage is typically an inflexible expense. Whether housing costs are high or low, the amount families can spend on child care is shaped by what remains after housing and this calculation depends on each family's overall household finances.

Housing affordability also affects the child care workforce, whose wages are typically low when compared to the cost of living. In fact, only 4% of all early childhood educators in North Texas earn a living wage.¹⁴ Many child care providers struggle to live near their places of work, particularly in areas with high home values, contributing to long commutes, high turnover, and challenges retaining qualified staff. These challenges are a particular issue for providers serving infants, who require the highest staffing ratios.

To better understand how these factors play out across the region, the maps that follow explore how home values and child care enrollment reported by survey respondents intersect by ZIP code. Figure 9 below maps the estimated median value of owner-occupied homes by ZIP code in DFW. The map illustrates home values across the region with darker shades of green representing higher median home values and lighter shades indicating lower values. ZIP codes shown in the darkest green report estimated median home values ranging from approximately \$407,200 to over \$1.7 million, while the lightest green areas represent values between \$0 and \$159,800.

Higher-value ZIP codes cluster primarily in and around communities such as Plano, McKinney, Flower Mound, and parts of North Dallas. Notably, ZIP code 75205 in North Dallas stands out as one of the most expensive areas, with a reported median home value of approximately \$1.52 million. In contrast, lower-value ZIP codes are more prevalent in parts of Fort Worth, Arlington, Mesquite, and southern Dallas County. For example, ZIP code 75210 in southern Dallas reports a median home value of \$107,503, among the lowest in the region.

¹⁴ Prenatal-to-3 Policy Impact Center. (2025). *The North Texas Child Care Workforce Study*. <https://pn3policy.org>

Figure 9: Estimated Median Value of an Owner-Occupied Home by ZIP code¹⁵

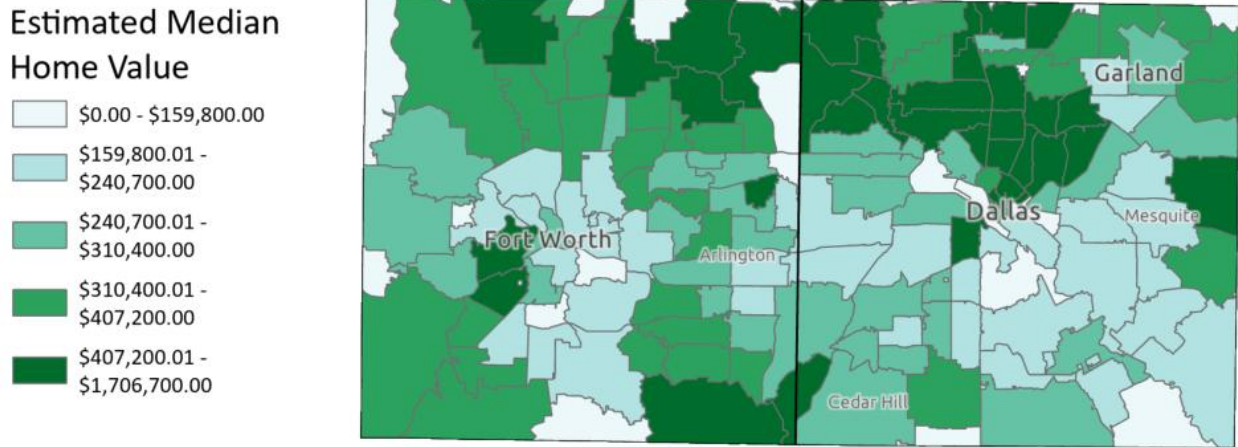
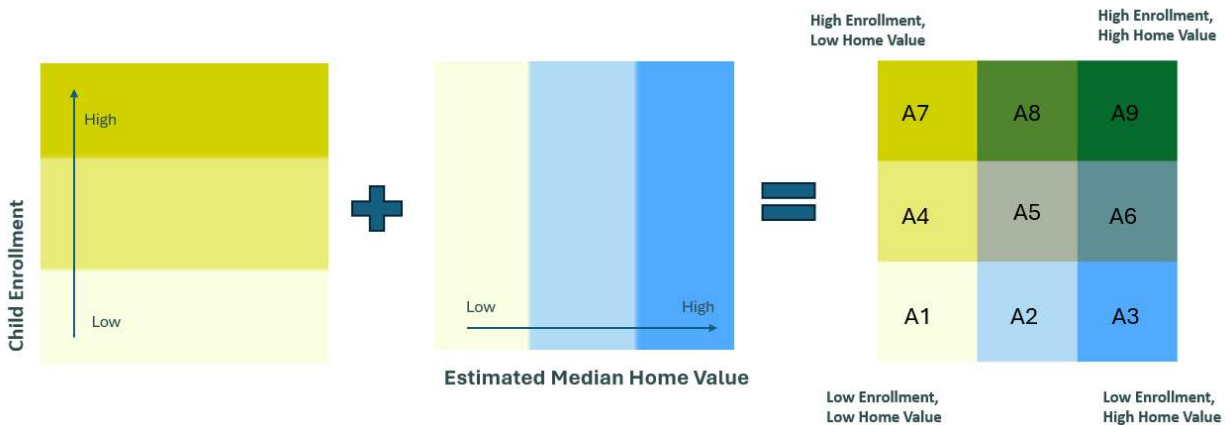


Figure 10 below combines the estimated median value of an owner-occupied home (blue) with enrollment data reported by the survey respondents (green/yellow). This analysis creates nine color classifications that categorize different levels of home value and child enrollment among the surveyed providers. Interpreting the four corners of this matrix helps visualize how neighborhood housing conditions relate to child care demand, access, and workforce sustainability. Each designation is described below.

Figure 10: Nine-Color Matrix Equation



¹⁵ PolicyMap. (n.d.). Estimated median value of an owner-occupied home, between 2020-2024 [Map based on data from Census: US Bureau of the Census]. Retrieved March 3, 2026, from <http://www.policymap.com>

Bottom Left Corner (A1)

This designation represents ZIP codes with the lowest enrollment and lowest home values. While these communities may have available seats, enrollment remains low. Efforts should start with understanding why families aren't filling existing seats. For example, are affordability or available hours of care out of sync with families' needs? Identifying the barriers and addressing them through targeted investments can help families in these areas access the child care that already exists.

Top Left Corner (A7)

This designation represents ZIP codes with higher child care enrollment and lower home values, suggesting a strong reliance on child care services among working families. Because enrollment is already high in these communities, it is likely that there is a demand for care, making these neighborhoods well-positioned to expand to serve more children. Targeted support, such as assistance with facility improvements, staffing, or navigating regulatory requirements, may be especially valuable in these areas.

Top Right Corner (A9)

This designation represents ZIP codes with the highest levels of enrollment and highest home values, indicating higher-income families that use child care. Providers in these neighborhoods appear to be meeting the needs of their communities. Nevertheless, local policymakers and child care advocates should remain attentive to the needs of providers in these areas to ensure programs sustain their operations and any emerging challenges are addressed.

Bottom Right Corner (A3)

This designation represents ZIP codes with lower child care enrollment and higher home values. Higher housing costs may increase the operating expenses for providers and create barriers to program expansion. It is also possible that available care does not meet family needs or preferences, and that households instead choose alternative arrangements such as family, friends, or neighbors. Providers in these neighborhoods may face two key challenges: fewer may be able afford to own their facility, and their lower-wage earning staff might not be able to afford to live near their workplaces. For providers who rent, reliance on landlords can constrain their ability to invest in repairs, maintenance, or expansion projects to meet the needs of children and families. For staff, long commutes, high turnover, and staffing shortages can strain the sustainability of programs in these communities.

Figure 11: Survey Sample Enrollment and Estimated Home Median Value by ZIP code¹⁶

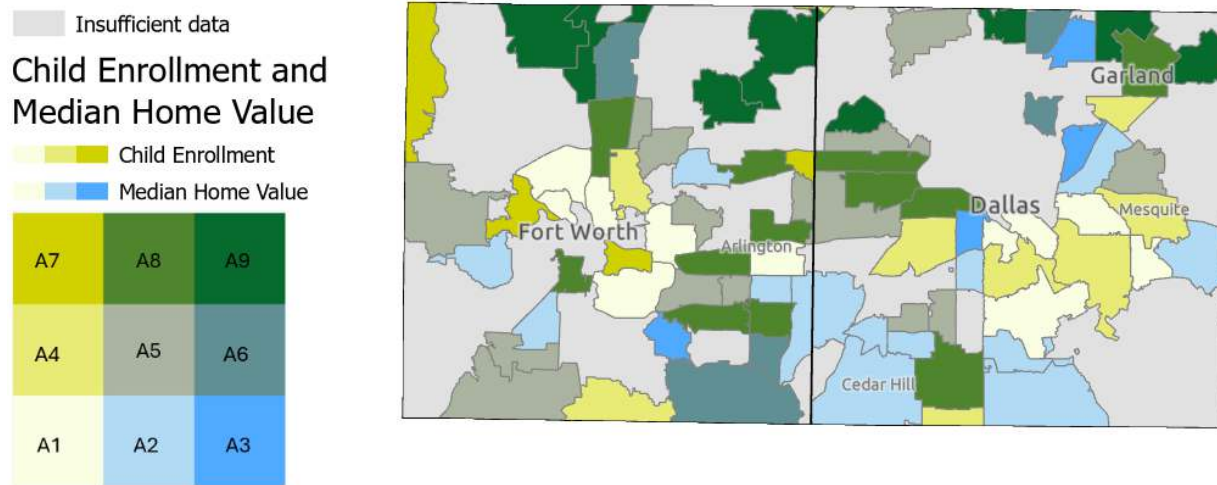


Figure 11 illustrates the nine bivariate color classifications across Dallas-Fort Worth ZIP codes, showing how child care enrollment levels among the survey respondents intersect with estimated median home values as discussed above. Several ZIP codes in northern Tarrant and Dallas County show higher enrollment and higher estimated home values (A9), indicating strong utilization of child care services despite higher housing costs. In contrast, pockets of Fort Worth, Arlington, and Dallas show lower enrollment and lower median home values (A1), reflecting neighborhoods where both housing values and formal child care enrollment are comparatively lower.

Within this context of differing enrollment levels and housing values, the survey responses shed some light on where providers identify opportunities for facility expansion. While respondents were geographically spread widely across DFW, those who indicated that they have expanded their program in the past three years and have plans for further expansion were clustered most noticeably in two ZIP codes: 75237 (Dallas) with four providers, and 76108 (White Settlement) with three. Both ZIP codes fall into the A5 color classification, indicating moderate levels of enrollment and estimated home values. Programs in these areas likely have around 44-62 children enrolled and the estimated home value is around \$240,700-\$310,400. These findings suggest that, despite only moderate enrollment levels relative to the broader DFW region, providers perceive sufficient demand and operational stability to confidently increase their child care capacity.

¹⁶ PolicyMap. (n.d.). Estimated median value of an owner-occupied home, between 2020-2024 [Map based on data from Census: US Bureau of the Census]. Retrieved March 3, 2026, from <http://www.policymap.com>

In contrast, some respondents who indicated that they are not considering expanding their program¹⁷ were located in the 76002 (Grand Prairie), 75146 (Lancaster), and 76052 (Haslet) ZIP codes. As with the expansion clusters, these findings are based on a small number of respondents per ZIP code and while they are not generalizable, they offer preliminary insights into possible expansion patterns.

Unlike the providers who have already expanded their programs, these ZIP codes span multiple color classifications. Providers in Grand Prairie fall within the A6 color classification, characterized by moderate enrollment levels and higher estimated home values. This pattern may indicate that providers are not pursuing expansion either because they are not fully enrolled or because increasing capacity would require renting or purchasing additional space in a higher-cost housing market, creating financial risk. In Lancaster, the map illustrates an area with lower enrollment and lower estimated home values, suggesting that providers may not be planning to expand to serve more children. This situation may be due to less demand in the neighborhood and/or fewer families being able to afford care. Finally, providers in Haslet fall within the A9 classification, reflecting the highest enrollment and highest estimated home values. In high-cost areas like Haslet, strong enrollment could reflect strong demand, but high housing costs may also limit the number of young families with children living there. Understanding the total number of children who need care in these areas would help clarify whether low enrollment stems from a lack of demand or a lack of affordable housing for families with children. In addition, high home values may pose a financial barrier to providers who wish to expand because facility space is likely less affordable. These providers may benefit from targeted technical assistance to help them develop expansion strategies in a potentially high-demand and high-cost real estate market.

These spatial patterns provide important context when viewed alongside provider facility ownership trends shown in Table 4 below. Fifty percent of the survey respondents own their facility while the other half rent – a balance that varies across license types. Over half (67%) of licensed child care homes own the home where they operate their child care business, while 44% of licensed centers own their facility space. In higher-cost ZIP codes identified in Figure 11, limited facility ownership among centers may pose challenges for maintenance, expansion, and long-term stability. Together, these figures illustrate how housing costs, child care utilization, and provider real estate constraints intersect to shape child care access and sustainability across the Dallas–Fort Worth region.

¹⁷ Results for this question are based on responses from 2 providers per ZIP code.

Table 4: Home Ownership by Child Care License Type

License Type	Own	Rent	Grand Total	Percent Own	Percent Rent
Licensed Center	47	59	106	44%	56%
Licensed Child Care Home	14	7	21	67%	33%
Listed Family Home	1	0	1	100%	0%
Registered Child Care Home	8	3	11	73%	27%
Grand Total	70	69	139	50%	50%

Ownership status can shape the physical conditions and long-term stability of child care programs. Providers who own their facilities often have greater control over expenses and are able to make repairs or improvements on their own timeline, while renters may face restrictions or suffer from lack of response from their landlords that can potentially limit facility upkeep. Ownership is also one of the key eligibility requirements for Proposition 2 property tax exemption and for those who qualify, the resulting savings could be used to cover facility maintenance costs. When providers cannot complete needed repairs or upgrades, it can create unsafe conditions, negatively affect their ability to maintain their program, or to expand to serve more children.

Local Infrastructure: Taking a Closer Look at the Conditions of Care

Providers were asked to respond to questions about their perception of the conditions of their indoor and outdoor spaces, as well as the streets and neighborhood immediately surrounding their facility. For each setting, the survey presented a series of statements for respondents to indicate levels of agreement on a scale of Strongly Disagree to Strongly Agree.

Conditions of Indoor Space

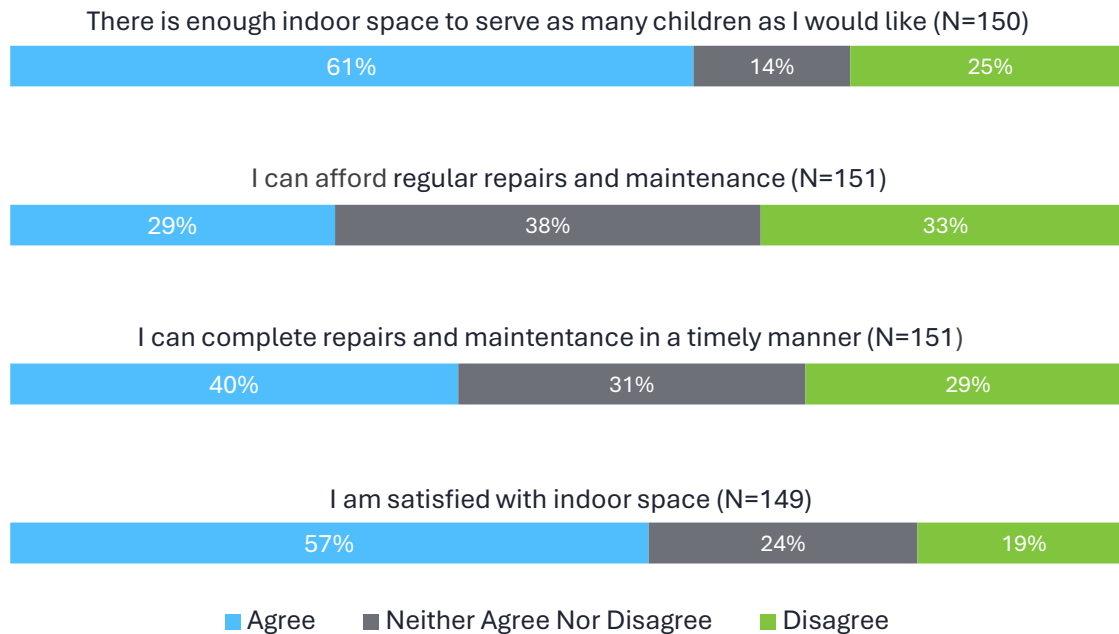
Figure 12 presents responses to selected statements related to indoor facility conditions. Overall, a majority of respondents expressed satisfaction with the amount of indoor space available. More than half (61%) of all respondents agreed with the statement “There is enough space for

“A larger space would allow me to service more children. It will also allow for my classrooms to be larger and have more learning spaces. Being able to have more earnings can allow the upkeep of the building.”

me to serve as many children as I would like” and 57% of respondents agreed with the statement “Overall, I am satisfied with the indoor space in my facility.” While there was overall satisfaction with the amount of space they had, constraints were identified related to the costs

of regular repairs and maintenance and the ability to complete repairs within a timely manner. Only 29% of respondents agreed with the statement, “I am able to pay for regular repairs and maintenance needs for the indoor space in my facility” and fewer than half (40%) of respondents agreed with the statement “I feel confident my program can complete repair and maintenance projects in a timely manner.”

Figure 12: Indoor Facility Conditions



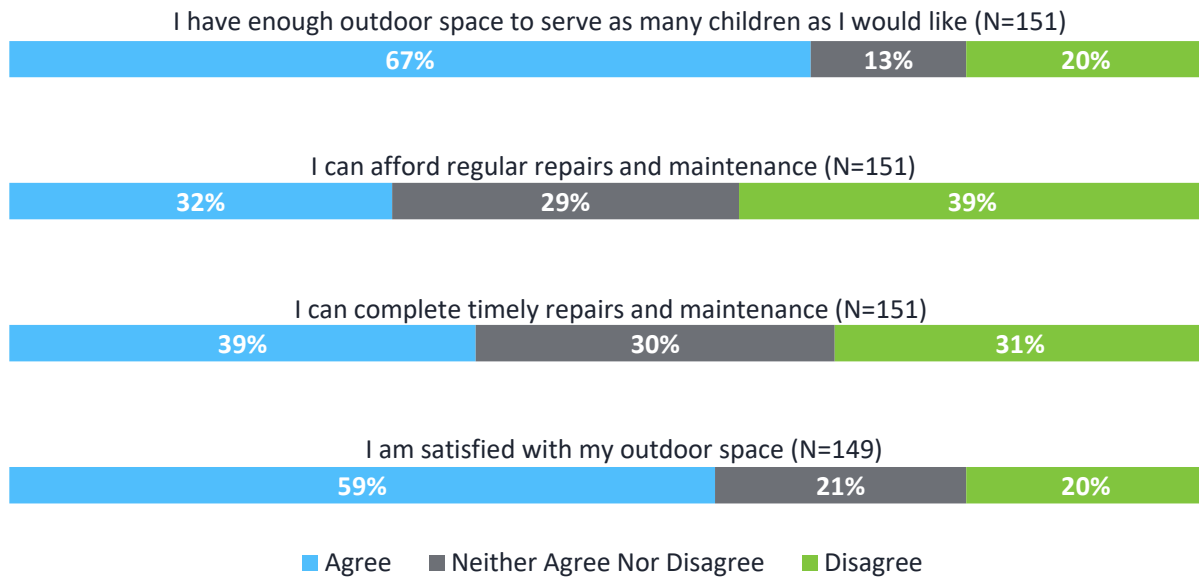
The survey’s open-response section provided additional context for these challenges. One provider shared, “I can’t afford to [repair my] daycare center due to low attendance.” another noted, “Did not have enough children enrolled to sustain after grant funding ended.”

These responses suggest a strong connection between enrollment and a provider’s ability to maintain facility conditions. Limited enrollment constrains revenue, which can restrict a providers capacity to invest in repairs and ongoing maintenance which can lead to long term program sustainability concerns.

Conditions of Outdoor Space

Figure 13 presents provider responses to survey questions related to the availability and condition of outdoor space at their facilities. Similar to findings on indoor space, a majority of respondents expressed general satisfaction with outdoor capacity, 67% agreed with the statement, “There is enough outdoor space to serve as many children as I would like” and 59% agreed that “Overall, I am satisfied with the primary outdoor space my program uses.”

Figure 13: Outdoor Facility Conditions



More than half of the respondents stated that they are satisfied with their outdoor space. However, far fewer reported having the financial or operational capacity to maintain these spaces. Only 32% agreed that, “I am able to pay for regular repairs and maintenance needs in my facility’s outdoor space,” and just 39% agreed that “I feel confident my program can complete repair and maintenance projects in my facility’s outdoor space in a timely manner.” These responses suggest that even when providers report satisfaction with their outdoor spaces, the cost of upkeep is a significant challenge.

Open-ended responses further illustrate these constraints. One provider shared, “We had to tear our playground down due to costly repairs. We have won playground equipment, but it’s not age appropriate for all kids in care.” Another noted, “The outdoor play area is far from the classrooms and front office. There is no easy way for teachers to allow children to use the restroom while outside. Parents become frustrated at pickup time because it takes so long for staff to retrieve children from the playground.”

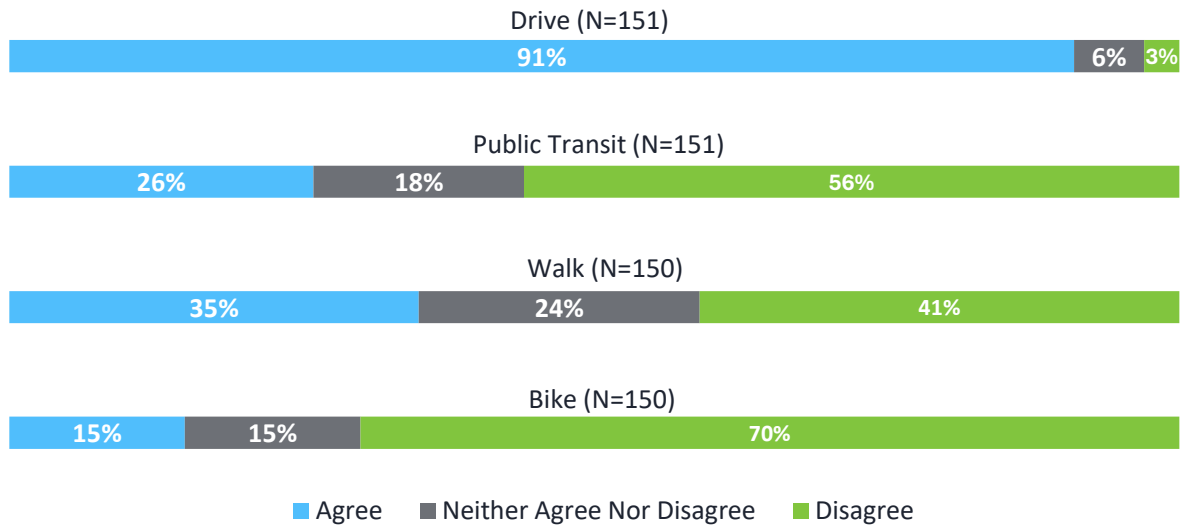
“There are no shaded areas on the playground, and we have not been able to afford much in the way of playground equipment”

Together, these responses highlight the high cost of maintaining outdoor play spaces and the difficulty providers face in securing age-appropriate equipment. These challenges can directly affect program quality, family satisfaction, and ultimately enrollment, indicating a need for targeted investment in outdoor infrastructure for child care facilities.

Families' Transportation Patterns

Figure 14 illustrates parent and family pick-up and drop-off transportation patterns. The highest level of agreement was overwhelmingly for driving, with nearly all respondents (91%) indicating that “Parents/families my program serves drive with their children for pick up and drop off.” The second most common mode was walking, with 35% of respondents agreeing that “Parents/families my program serves walk with their children for pick up and drop off.”

Figure 14: Families' Pick-Up and Drop-Off Transportation Patterns



Fewer providers reported that families use public transportation (26%) or bicycling (15%) for pick-up and drop-off, drawing attention to the limited use of sustainable transportation options. One provider emphasized this challenge, stating, “I am concerned that public transportation is not available in our city and there are a few missing needs of the community that I would like to address and provide,” directly linking transportation access to child care enrollment opportunities.

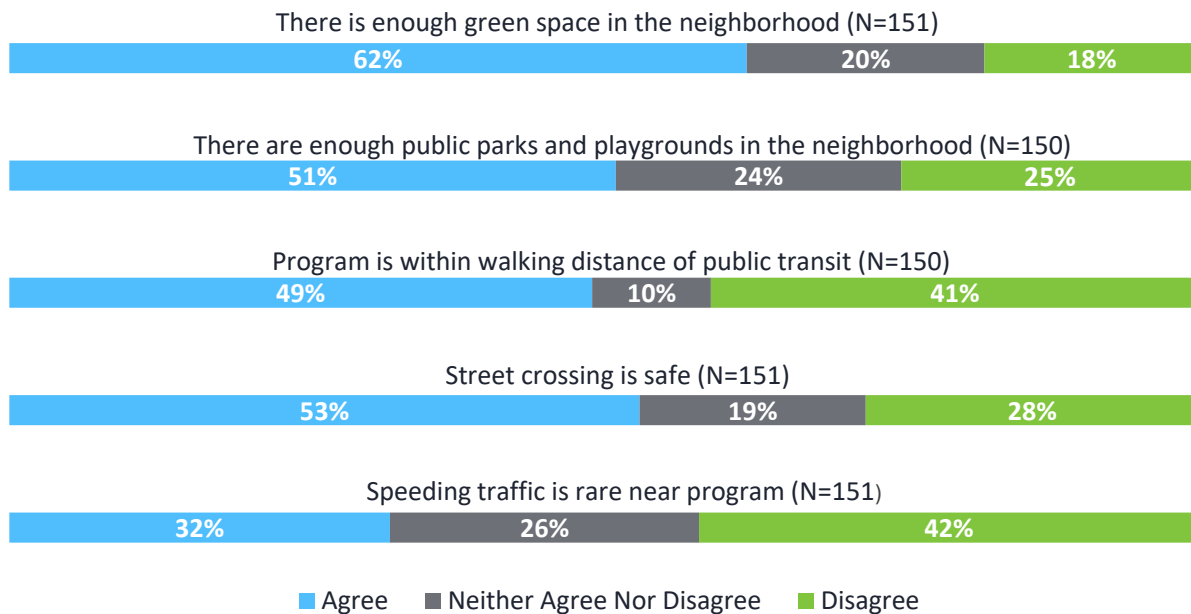
Given that Arlington, Texas is the largest city in the United States without a public transportation system,¹⁸ these findings demonstrate broader regional transportation gaps. Greater investment in transportation infrastructure across the Dallas-Fort Worth region could significantly improve family access to child care services.

¹⁸Ionescu, D. (2023, November 27). *The largest U.S. city lacking mass transit*. Planetizen. <https://www.planetizen.com/news/2023/11/126516-largest-us-city-lacking-mass-transit>

Community Conditions

Respondents were asked to assess the built environment surrounding their child care facilities. Figure 15 below presents results from several neighborhood related questions. Overall, the findings suggest that many facilities are located in areas with some supportive infrastructure, though notable safety concerns remain.

Figure 15: Neighborhood Conditions



Over half of respondents (62%) agreed with the statement, “There is enough green space in the neighborhood where my facility is located,” and 51% agreed that “There are enough public parks and playgrounds in the neighborhood where my facility is located.” In addition, 53% of respondents agreed with the statement, “It is easy for parents traveling with young children to cross the street the program is located on,” suggesting that sidewalks and pedestrian infrastructure around many facilities may be adequate for caregivers and parents using strollers.

However, perceptions of traffic safety were less favorable. When asked whether “Cars driving near my facility rarely go faster than the speed limit,” 43% of respondents disagreed, indicating that speeding vehicles may pose a safety risk near a significant number of surveyed child care facilities.

How Extreme Weather Affects Providers’ Facilities

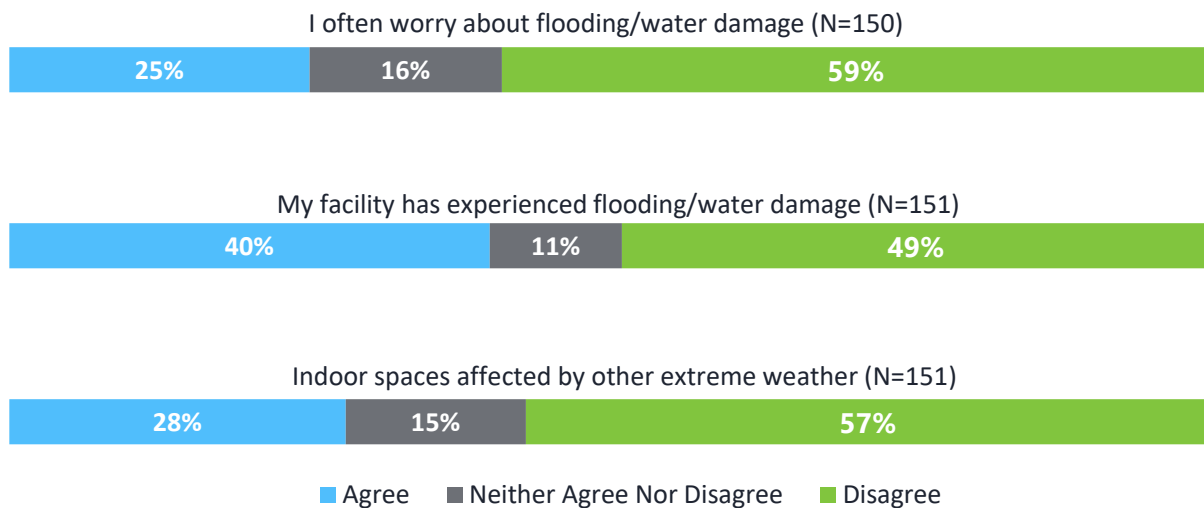
According to the Federal Emergency Management Agency’s (FEMA) National Risk Index (NRI) dataset Dallas County is ranked as “Very High” and Tarrant County is ranked at “Relatively High”

for the likelihood of experiencing and ability to recover from natural hazards and weather-related events.¹⁹ These rankings indicate the vulnerability of the Dallas-Fort Worth region to the escalating impacts of extreme weather and highlight the urgent need for more resilient community infrastructure.

Extreme Weather and the Conditions of Indoor Spaces

To better understand how these risks affect child care spaces, the survey collected data on the ways extreme weather has affected both indoor and outdoor conditions at facilities. Figure 16 illustrates provider responses related specifically to the impacts of extreme weather on indoor conditions, offering insight into the operational and safety challenges in this high-risk geography.

Figure 16: Impact of Extreme Weather Events on Indoor Space



As illustrated in Figure 16 above, a substantial share of respondents (40%) agreed with the statement: “My facility has experienced flooding or water damage (e.g., roof leaks, water seepage through walls),” indicating that many providers in the DFW region likely must invest in repairs and weather proofing for their facilities. In the open-response section, one provider elaborated:

If a heavy rain storm occurs, sometimes the roof leaks and water enters under the doors. The roofing issues continue due to landlord patching the roof and not properly resolving the matters. We have approached the owner requesting sale of the property, allowing us to invest the monies paid to him into the building and staff. Currently, no avail!

¹⁹ Federal Emergency Management Agency. (2026, January 6). *National Risk Index data*. U.S. Department of Homeland Security. <https://www.fema.gov/about/openfema/data-sets/national-risk-index-data>

Another provider shared that, “in 5 years of being open we have had 4 major extreme weather events that has put a strain on the center after everyone. I am always scared that another event can/will occur.” Together, these responses shed light on the financial burden that extreme weather trends place on DFW’s child care providers who are responsible for the safety and well-being of one of the most vulnerable populations: children age five and under.

Extreme Weather and the Conditions of Outdoor Spaces

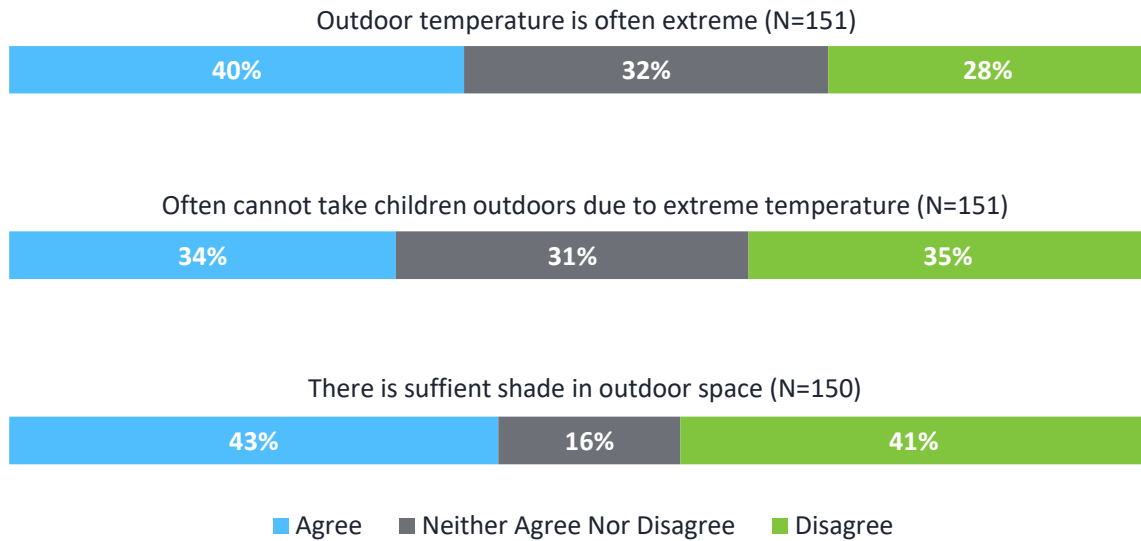
Figure 17 below provides insight into how respondents evaluated their outdoor space under the context of extreme weather. Many providers identified temperature as their primary concern, noting that extreme heat or cold can complicate day-to-day operations. More than 40% of providers agreed with the statement “The temperature in our primary outdoor space is often extreme (e.g., very hot or very cold).” Additionally, 41% of respondents indicated that they do not have sufficient shade in their primary outdoor space.

These concerns are reinforced by FEMA’s NRI score, which includes a heat wave indicator.

Dallas County’s overall heatwave rating is “Very High”, and Tarrant County’s rating is “Relatively Moderate.” Knowing that this region experiences hotter temperatures and longer heatwaves it is essential to equip providers with shade structures and cooling infrastructure. For example, outdoor surfacing options that mitigate heat absorption, are permeable, and provide children with rich sensory and nature play opportunities are one way that providers can both address the effects of extreme weather and enrich their outdoor spaces. Trees are an ideal shade option because they also help with air quality. These investments would help ensure that children can continue to access outdoor spaces safely and that the child care workforce can care for children comfortably during extreme heat conditions.

“The storms, rains, and high winds often wash away the rubber mulch. It takes us time to replace it to the correct depth because it’s so expensive. We can’t afford to put in a playscape for the younger age group, get more shade structures, etc. [...].”

Figure 17: Impact of Extreme Weather Events on Outdoor Space



One provider summarized this challenge by explaining:

My only concern is when temperature outdoors is extremely hot, and I can't take the children outdoors due to hot temperatures. The sun beam[s] directly on my facility. I don't have a canopy tent [or] something that can bring shade to the play area due to lack of funds.

Addressing these challenges, especially in Dallas County where the heatwave rating is highest, will require targeted investments in weather-resistant upgrades, such as shade structures, cooling infrastructure, and heat-resistant surfacing. Without such support, providers will be unable to safely use outdoor spaces, limiting children's access to outdoor play and learning opportunities.

Expansion Plans and Challenges

The survey results indicate that 81% of providers are or have been engaged in some stage of expansion over the past 3 years, whether considering the idea, actively planning, or having recently expanded their capacity to serve more children. The other 19% have not considered expansion, primarily because their programs are not filled to capacity.

Figure 18: Reasons Providers Did Not Consider Expansion in the Last 3 Years (N=74)



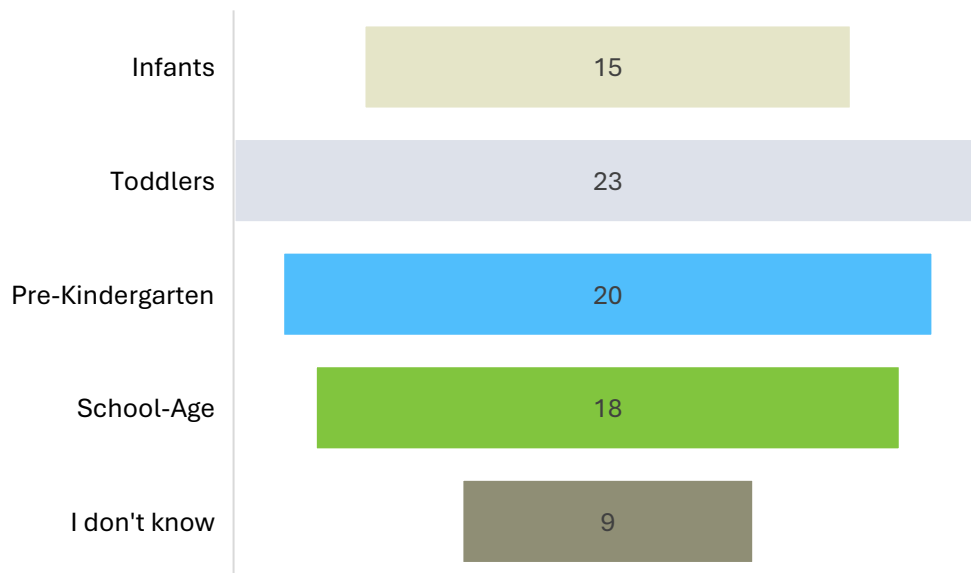
As Figure 18 above illustrates, enrollment challenges are the primary reasons that providers are not considering expansion. The majority of respondents noted that they are either not at full capacity or do not have a waitlist, reflecting a key finding of this study that, for some providers, demand is too low to justify growth. Financial constraints were another barrier, with 20% of providers reporting that they do not have the funds to support an expansion project. As one provider explained, "families cannot afford tuition and our enrollment is lower than ever." Another noted, "We need to fill the spaces we have open to think about expanding because that's going to cost more money." Smaller numbers of providers cited an array of other regulatory and administrative barriers, including difficulties with the Texas Rising Star and subsidy reimbursement process (8%), as well as the perceived complexity of building code, zoning (4%), and fire department review (3%). It is notable that only a small share of providers indicated that they are satisfied with the size of their programs (5%) or believed there was not a need for additional care in their communities (3%). Overall, the

"We have a beautiful facility, we just need more kids."

responses revealed that the primary reason for not expanding is low enrollment reflecting findings earlier in this study that showed significant under enrollment in programs.

Among the providers who indicated that they have successfully expanded during the past three years and are actively planning to expand further, the survey results visualized in Figure 19 below show broad interest across multiple age groups. Providers were able to select multiple response options, and the majority of the respondents (68%) indicated that they are interested in serving two or more age groups, which suggests that many providers are pursuing a mixed-age expansion strategy. While more providers indicated that they are interested in serving toddlers than any other age group, a smaller number are interested in serving infants. Further investigation into why fewer providers are planning to expand infant capacity could help identify strategies to better support them to serve infants and the working parents who need care for their youngest children.

Figure 19: Age Groups Targeted by Providers Planning to Grow (N=34)



Significantly, nine respondents (11%) selected “I don’t know,” revealing that some providers may have a need for targeted guidance, for example, on licensing requirements and local demand as they create their expansion plans.

Recommendations for Policy and Funding Decisions

Strengthen outreach and technical assistance to help providers apply for the Proposition 2 tax exemption:

This survey found that 28% of DFW’s providers were unaware of the property tax exemption. Outreach to increase awareness is important for this group. While 28% have received it, a significant number (42%) answered “no” to having applied and received it, indicating that they either applied and were deemed ineligible, or they may have been eligible but did not apply. Although nearly all (98%) of the respondents participate in the CCS program and 79% are center-based, meeting two key eligibility requirements, Proposition 2 also has additional criteria (such as Texas Rising Star participation and a minimum share of CCS-enrolled children) that can limit eligibility. For providers who do qualify or could take steps to qualify, targeted outreach and technical assistance can help them navigate the application process and make use of the financial benefits of the exemption, which could be used for facility repairs, maintenance, or expansion.

Reduce administrative barriers for providers: The survey findings revealed that child care providers across Dallas-Fort Worth are operating at half of their licensed capacity. At the same time, thousands of children in Dallas and Tarrant Counties remain on waitlists for child care scholarships, largely because state funding for subsidies is limited. Given the funding constraints, reducing the administrative barriers that discourage providers from enrolling subsidized children is one way to help address this issue. The survey data indicated that administrative burdens related to Texas Rising Star requirements deter providers from accepting more children receiving subsidies. While low reimbursement rates also present a challenge, this recommendation focuses on administrative processes. Streamlining these requirements and reducing paperwork could help providers fill empty seats with waitlisted children, making more efficient use of existing scholarship funds without requiring additional state investment.

Establish a shared facility fund to support providers who need to cover maintenance and weather-resilient upgrades, particularly given Dallas County’s designation as very high for risk of extreme weather impacts. The survey found that only 29% of providers agreed that they could afford indoor repairs and maintenance, and only 32% could afford outdoor upkeep. Notably, 40% of all surveyed providers reported flooding or water damage, and 41% do not have sufficient shade to comfortably use their outdoor spaces in hot weather. A shared fund – supported by public, private, and philanthropic contributions – could provide grants and/or low-interest loans to help providers address their most pressing infrastructure needs, which, in turn, would likely have positive implications for program quality, safety, and enrollment. Public funding could come, for example, from the State of Texas allocating a portion of its Child Care and Development Block Grant (CCDBG) quality improvement funds, using federal dollars

already designated to strengthen the child care system that can be used for minor facility repairs and upgrades. Additionally, providers would benefit from technical assistance to help them with the process of carrying out facility improvement projects from experts in child care facilities. Supportive communication that encourages them to tap into their community networks can help providers identify trusted contractors for making facility improvements.

Increase compensation to support workforce stability: The recommendations above indicate that improving providers' financial position, through expanded access to Proposition 2, greater assistance for families in the form of CCS subsidies, and dedicated facility funding, would help to create the financial conditions needed to raise the wages of educators. Turning to the analysis of housing affordability, this study revealed that high home values in parts of the region may affect both the cost of care and the workforce, as low wages make it difficult for educators to live near their workplaces. Additionally, fewer providers indicated interest in expanding infant capacity, a finding that merits further investigation into whether higher child-to-staff ratios are affecting expansion plans, particularly for the youngest children in DFW. Strengthening compensation is, therefore, essential to ensuring workforce stability, reducing turnover, and enabling programs to recruit and retain the qualified educators needed to serve DFW's children and families.