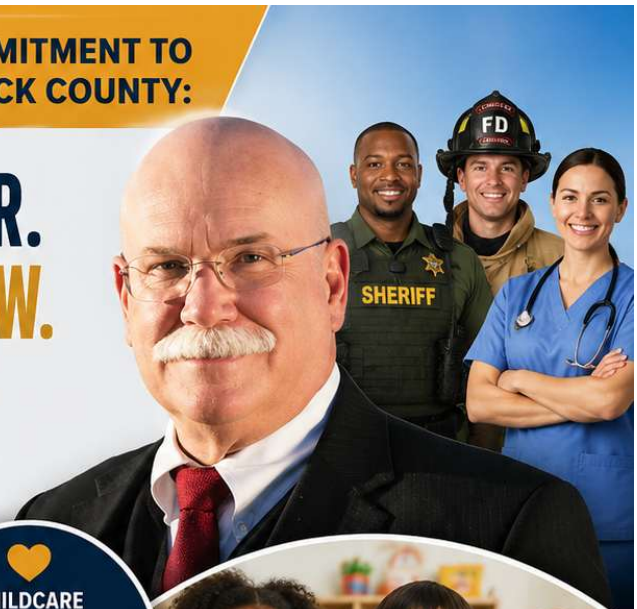
KARL BICKEL
★ FOR SHERIFF ★

MY COMMITMENT TO FREDERICK COUNTY:

STRONGER TOGETHER.
STRONGER TOMORROW.



INVESTING IN OUR PEOPLE.
INVESTING IN OUR COMMUNITY.

As Sheriff, I will champion the creation of the **Public Safety & Healthcare Child Development Center** — a regional, extended-hours childcare facility for the men and women who protect and serve our community and deliver critical healthcare. Because when we support our families, we strengthen our entire community.

CHILDCARE SUPPORTS PUBLIC SAFETY. STRONG FAMILIES. STRONGER COMMUNITIES.

AS YOUR SHERIFF, I WILL:

SUPPORT OUR HEROES
Reliable, extended-hours childcare helps our public safety and healthcare professionals stay on the job.

IMPROVE RETENTION
Reduces turnover, overtime, and hiring costs—strengthening our workforce.

BUILD A STRONGER WORKFORCE
Makes Frederick County a more competitive place to recruit and retain top talent.

SUPPORT FAMILIES
Gives working parents peace of mind knowing their children are safe, nurtured, and close by.

INVEST IN OUR FUTURE
Expands quality childcare in our community and creates a better future for our children.

I'm Karl Bickel,
AND THIS IS MY COMMITMENT TO YOU.
STRONG FAMILIES. SAFE COMMUNITIES. A BETTER FREDERICK COUNTY.

LEADERSHIP. EXPERIENCE. INTEGRITY.
A COMMITMENT YOU CAN TRUST.

LEARN MORE. GET INVOLVED. MAKE A DIFFERENCE. ★
★ **BICKEL4SHERIFF.COM** ★

Authority: Friends of Karl Bickel, Marc Weinberg, Treasurer

FREDERICK COUNTY

PUBLIC SAFETY & HEALTHCARE CHILD DEVELOPMENT CENTER

A Regional Workforce Recruitment, Retention, and Family Support Initiative

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Prepared for consideration by:

Office of the Frederick County Executive
Frederick County Council
Frederick County Sheriff's Office
Frederick Police Department
Frederick County Division of Fire and Rescue Services
Maryland State Police
Frederick Health
Maryland General Assembly Delegation — Frederick County

White Paper — July 2026

Prepared by Karl W. Bickel as a planning and discussion document to inform a formal feasibility study and interagency agreement.

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Executive Summary

Frederick County is the fastest-growing county in Maryland, having added roughly 11 percent to its population between 2020 and 2025. That growth is placing sustained pressure on housing, roads, schools, healthcare capacity, and public safety staffing. It has pushed an already-strained childcare system past its breaking point. A countywide childcare market study found that families spend an average of nearly 19 percent of household income on childcare, roughly three times the federally recommended affordability benchmark of 7 percent, and that some parts of the county have more than three children for every licensed childcare slot, the threshold researchers use to define a "childcare desert."

For public safety and healthcare employees, the problem is compounded by schedules that no conventional childcare center is built to serve. Sheriff's deputies, police officers, firefighters, paramedics, 911 dispatchers, correctional officers, and emergency department nurses regularly begin shifts before sunrise, work mandatory overtime, respond to emergency call-backs, and rotate through nights, weekends, holidays, and severe-weather events. When a deputy cannot find someone to open a center at 5:00 a.m., or a nurse cannot find overnight care for a double shift, the practical result is a missed shift, a declined promotion, a resignation, or a candidate who withdraws from the hiring process altogether.

This white paper proposes that Frederick County Government, the Frederick County Sheriff's Office, the Frederick Police Department, the Frederick County Division of Fire and Rescue Services, the Maryland State Police, and Frederick Health jointly establish a regional Public Safety & Healthcare Child Development Center. It would be a shared, extended-hours facility open from approximately 5:00 a.m. to midnight on a daily basis, with a defined protocol for emergency overnight care during mandatory overtime, activated emergency operations, or declared disasters.

The paper sets out, in the sections that follow, the market evidence for demand; the recruitment and retention pressures facing each partner agency; national precedents for public-safety and hospital-affiliated childcare partnerships; a proposed governance and interagency structure; planning-level capital and operating cost estimates with three funding scenarios; a phased implementation timeline; and an economic impact and return-on-investment framework showing how avoided turnover and overtime costs could offset a substantial share of the program's net cost to participating agencies.

Key Findings

- Frederick County's population grew approximately 11 percent from 2020 to 2025, the fastest rate in Maryland. The county's child-population estimates project a roughly 10 percent annual growth in the number of young children who will need care.
- The county's 2024–2026 childcare market studies identify persistent "childcare desert" conditions in the Golden Mile area of Frederick, Thurmont, Walkersville, Middletown, and southeastern Frederick County (New Market and Mount Airy), where the ratio of children to licensed slots is projected to worsen without intervention.
- Maryland's statewide childcare scholarship program was frozen to new enrollments in 2025 due to budget constraints, leaving an estimated 5,000 Maryland families on a waiting list. The traditional subsidy safety net cannot be relied on to close the gap for Frederick County's shift-working families in the near term.
- National case studies, including the Erik Hite Child Development Center in Tucson, Arizona[i]; the San Diego Police Officers Association childcare center[ii]; and Kansas City's first-responder childcare cost-sharing pilot[iii], demonstrate that purpose-built, multi-agency childcare partnerships are operationally viable and are already producing measurable retention benefits in comparable jurisdictions.

- Nationally, the fully loaded cost of recruiting, training, and bringing a new sworn officer to independent duty is commonly estimated at well over $100,000 per hire when academy costs, field training, overtime backfill, and lost productivity are included; the average cost to replace a single bedside registered nurse was estimated at roughly $61,000 in 2025. Reducing turnover by even a small number of positions per year across the partner agencies would offset a meaningful share of the Center's projected annual operating cost.
- A phased approach, including feasibility and site study, interagency agreement, capital funding, and phased enrollment, allows the County to validate demand and refine the operating model before committing to full build-out.

> ***This white paper is a planning and discussion document intended to support a decision by the County Executive, County Council, and partner agency leadership to commission a formal feasibility study, site analysis, and interagency memorandum of understanding. Figures presented throughout are planning-level estimates drawn from published national and regional benchmarks; they are not a substitute for agency-specific budget data, a certified cost estimate, or a licensed childcare facility feasibility study, and should be validated and refined by each participating agency and by qualified consultants before final decisions are made.***

Why Frederick County Should Act Now

Frederick County has reached a pivotal moment. Continued population growth is increasing demand for deputies, police officers, firefighters, EMTs, dispatchers, correctional officers, and emergency department nurses, while the childcare system has struggled to keep pace. Without reliable childcare, agencies risk losing experienced employees, delaying hiring, increasing overtime costs, and reducing operational readiness.

Three forces are converging at once:

- Population and demand growth. Frederick County's population grew from roughly 272,800 in 2020 to more than 300,000[iv] today, and county officials project the population of young children will keep growing by about 10 percent per year. Every additional resident increases the call volume, patient volume, and service demand that public safety and healthcare agencies must staff for, and increases competition for a limited supply of childcare slots.
- A childcare market that cannot expand fast enough. The county's own childcare market studies describe worsening "childcare desert" conditions in multiple regions, waitlists averaging roughly six months, and a widening affordability gap for working families. Frederick Community College closed its 83-slot childcare center in 2025 due to financial constraints, even as demand for slots was rising, illustrating how fragile the existing supply is.
- A stalled state safety net. Maryland's childcare scholarship program, which many working families rely on to afford care, was frozen to new enrollment in 2025 after outpacing its budget; a 2026 state appropriation is expected to reduce, but not eliminate, the resulting waitlist. Frederick County cannot count on the state subsidy system alone to solve a problem specific to its shift-working public safety and healthcare workforce.

By working together instead of independently, the Sheriff's Office, Frederick Police Department, Division of Fire and Rescue Services, Maryland State Police, Frederick Health, and Frederick County Government can create a shared regional resource that no single agency could easily provide alone. The result would be a nationally recognized model for workforce innovation, one that strengthens recruitment, improves retention, supports employee wellness, and enhances the county's ability to provide exceptional public safety and healthcare services.

1. Market Analysis of Childcare Demand in Frederick County

1.1 A County Growing Faster Than Its Support Systems

Frederick County added residents faster than any other county in Maryland between 2020 and 2025, growing roughly 11 percent to an estimated population exceeding 300,000 — nearly ten times the statewide growth rate over the same period. The county's median household income has climbed above $120,000, its gross domestic product reached roughly $15.4 billion (up 4.9 percent from 2022), and county economic development officials report that the senior population is growing about three times faster than the Maryland average, alongside continued growth in young working-age families.

That growth is a sign of a healthy, attractive local economy — but it also means Frederick County must expand every category of public infrastructure at once, including public safety staffing, healthcare capacity, and the childcare system that supports both.

1.2 Countywide Childcare Supply Cannot Keep Pace

Frederick County's 2024 Child Care Market Study and its 2026 follow-up study both found significant, geographically uneven shortages of licensed childcare capacity. Key findings include:

- Families across the county spend an average of nearly 19 percent of household income on childcare, compared with the federal affordability benchmark of 7 percent.
- Some regions of the county have as many as 3.3 children for every licensed childcare slot, well past the threshold of three children per slot that the Center for American Progress uses to define a "childcare desert."
- Seventy-four percent of participating providers reported an active waitlist, averaging nine families each, with families waiting roughly six months on average for a slot (and longer for home-based providers).
- If current trends continue unaddressed, the county's studies project the countywide ratio could rise to roughly 2.6 children per licensed slot by 2035.
- ALICE households (Asset Limited, Income Constrained, Employed, families who earn above the threshold for subsidy eligibility but still struggle to afford market-rate care) face an estimated $25 million annual affordability gap if every such family sought the care they need.
- Frederick Community College closed its 83-child capacity childcare center in 2025 due to financial constraints, removing supply from the market even as demand continued to climb.

Table 1. Regional Childcare Access Gaps in Frederick County

Area	Children per Licensed Slot	Status
Southeastern Frederick County (New Market, Mount Airy)	3.3	Childcare desert
Northern Frederick County (Emmitsburg, Woodsboro, Thurmont)	2.8	Approaching desert status
Golden Mile area of Frederick, Walkersville, Middletown	Elevated	Priority access gap
Countywide average (current)	~2.0–2.2 (est.)	Constrained
Countywide average (2035 projection if unaddressed)	~2.6	Worsening

> *Source: Frederick County Division of Family Services / Division of Parks and Recreation, 2024 Child Care Market Study and 2026 Childcare Needs Assessment; Center for American Progress childcare desert methodology (three children per licensed slot). Countywide average figures are approximate, derived from county reporting; refer to the full published studies at FrederickCountyMD.gov/ChildCare for precise, current figures.*

1.3 The State Safety Net Has Reached Capacity

The Maryland Child Care Scholarship Program, the state's primary subsidy for working families, grew from serving about 21,000 children in January 2023 to more than 45,000 in 2025. In doing so it reached its maximum budget capacity. The Maryland State Department of Education froze new enrollment in the program effective May 1, 2025, creating a frozen status waitlist that reached an estimated 5,000 families statewide. State lawmakers approved a $20 million infusion in 2026 intended to reduce that waitlist by more than half, but the timing and scope of relief remain uncertain, and demand continues to grow faster than subsidized capacity. Frederick County's public safety and healthcare workforce, many of whom earn incomes just above subsidy eligibility thresholds, cannot depend on the state system to solve a shortage that is specific to shift-based, round-the-clock occupations that conventional childcare, subsidized or not, is not designed to serve.

1.4 A Gap That Is Structural, Not Just Financial

Even where licensed slots exist, they are overwhelmingly built around a school-day, weekday schedule. They are typically open between 6:30 and 7:00 a.m. and cloclose 6:00 p.m. That structure does not match the reporting times, shift lengths, rotating schedules, and call-back obligations of sworn law enforcement, fire and rescue, corrections, dispatch, and hospital clinical staff. The proposed Center is designed to close that structural gap directly, not simply to add more conventional daytime slots to an already strained market.

2. Recruitment and Retention Pressures Across Participating Agencies

Every prospective partner agency is competing for talent in a labor market where law enforcement, fire and rescue, corrections, dispatch, and clinical healthcare staff are all in short supply nationally, regionally, and in Frederick County. Precise, agency-by-agency vacancy, applicant-pipeline, and exit-interview data should be compiled directly from each partner's human resources division as part of the feasibility study that follows this white paper; national and regional benchmarks below are provided to frame the scale of the challenge.

2.1 Public Safety Staffing Context

The Frederick County Sheriff's Office and Frederick Police Department both maintain continuous, rolling recruitment for entry-level and lateral officers, itself an indicator of sustained turnover and hiring need rather than periodic, one-time hiring. Nationally, researchers tracking a cross-section of U.S. police departments have documented resignation and retirement rates running well above pre-2020 baselines in many agencies, with total sworn staffing in affected departments running several percentage points below authorized strength even before accounting for the normal, ongoing rate of attrition.

Sworn law enforcement and corrections recruits in Frederick County typically complete a six- to seven-month academy followed by up to 18 months of field training and probation before reaching independent duty. This is a multi-year investment period during which a new hire's departure represents an almost complete loss of the training investment made to that point.

2.2 Healthcare Staffing Context

Hospital systems nationally reported an average registered nurse turnover rate of 17.6 percent in 2025, with the average hospital carrying roughly 43 unfilled RN positions and needing an average of 78 days to fill an experienced RN vacancy. Emergency department, telemetry, and step-down units, the specialties most likely to run 12-hour rotating shifts around the clock, consistently show among the highest turnover of any hospital service line nationally. Frederick Health, as the county's primary emergency and inpatient healthcare provider, competes directly with the Baltimore and Washington, D.C. metropolitan hospital markets for the same limited pool of shift-working clinical staff, and stands to benefit from the same childcare access improvements proposed for public safety partners.

2.3 What Each Agency Should Contribute to a Full Feasibility Study

To finalize staffing projections, enrollment demand, and the interagency cost-sharing formula described in Section 6, each partner agency should provide the following data, ideally covering the most recent three fiscal years:

- Current authorized versus filled positions (vacancy rate) by job classification.
- Annual voluntary separation (turnover) rate and, where available, exit-interview themes related to scheduling and childcare.
- Average time-to-fill and average fully loaded training cost per new hire (academy, field training, uniforms/equipment, and supervisory time).
- Overtime hours and cost attributable to vacant positions and mandatory call-backs.
- Estimated number of employees with children under age 13 who work non-standard hours (before 7:00 a.m., after 6:00 p.m., overnight, or rotating shifts), to size projected Center enrollment.

> *A structured data-collection template covering the items above should be distributed to each agency's human resources and finance divisions at the outset of the feasibility study, so that the cost-benefit analysis in Section 7 can be updated with agency-verified figures rather than national benchmarks alone.*

Table 2. Illustrative National Benchmarks Relevant to Frederick County Partner Agencies

Workforce Segment	Benchmark	Source
Sworn law enforcement	Fully loaded cost to recruit, train, and reach independent duty commonly estimated at $100,000–$240,000 per officer; shorter-run estimates of 1–5x salary	Police Foundation; academic and municipal cost studies
Registered nurses (hospital)	Average replacement cost ~$61,000 per RN; national turnover rate 17.6% (2025); ~78 days average time-to-fill	NSI National Health Care Retention & RN Staffing Report, 2026
Hospital-wide turnover cost sensitivity	Each 1-percentage-point change in RN turnover costs or saves the average hospital ~$289,000–$295,000 per year	NSI National Health Care Retention & RN Staffing Report, 2026
Frontline childcare-related attrition	Survey of one large-city police union found 21% of officers had considered leaving the department over childcare difficulties	San Diego Police Officers Association childcare needs survey

3. National Case Studies of Public Safety Childcare Partnerships

Frederick County would not be the first jurisdiction to treat childcare as public safety workforce infrastructure. A growing number of cities and states have launched dedicated childcare programs for first responders and shift-based public employees over the past decade, using several different structural models. Four representative examples are summarized below, followed by a comparison table.

3.1 Erik Hite Child Development Center — Tucson, Arizona

Following the line-of-duty death of Tucson Police Officer Erik Hite, the Tucson community organized to create the Erik Hite Child Development Center, which has operated since 2011. The center serves families across multiple agencies — including municipal police, county sheriff's deputies, state highway patrol, the U.S. Air Force, and the FBI — demonstrating that a single regional facility can successfully serve personnel from several different public safety and federal agencies at once, not just one department. Since opening, the center's founders report receiving inquiries from agencies around the country seeking guidance on replicating the model, underscoring both the demand for this kind of facility and the scarcity of existing examples.

3.2 San Diego Police Officers Association Childcare Center — San Diego, California

The San Diego Police Officers Association opened a childcare center for its members' families in 2024 through a public-private partnership with a national childcare provider. The center offers extended hours tailored to shift work and is funded through a mix of grants and philanthropic support, with tuition rates roughly half of prevailing market rates in the surrounding area. The project followed an internal survey that found roughly one in five officers had considered leaving the department specifically because of childcare difficulties — a finding that mirrors the qualitative pressures reported by shift workers in Frederick County's own public safety agencies.

3.3 Kansas City First Responder Childcare Cost-Sharing Pilot — Kansas City, Missouri

In 2025–2026, Kansas City and the State of Missouri launched a one-year, $3 million pilot in which the city and state jointly cover roughly two-thirds of childcare costs for police and fire department employees, modeled on Michigan's Tri-Share approach (described below). The pilot uses one of the only 24-hour childcare providers in the metro area, directly targeting the overnight and rotating-shift gap that conventional daytime childcare cannot fill. City leaders have framed the program explicitly as a workforce retention tool intended to help stabilize police and fire staffing and offset losses from retirements.

3.4 Michigan Tri-Share Child Care Program — Statewide, Michigan

Michigan's Tri-Share program, operating statewide since 2021, splits the cost of a participating employee's licensed childcare equally three ways among the employer, the employee, and the state, coordinated through regional nonprofit "facilitator hubs." Independent evaluation found that participating families saw their average monthly out-of-pocket childcare costs fall by roughly two-thirds, and that 82 percent of participating employees agreed the benefit made them more likely to stay in their current job, while 63 percent of participating employers agreed the program helped them retain staff. The state reports more than 250 participating employers and cumulative family savings exceeding $8.6 million since inception, and the legislature is currently advancing bipartisan legislation to make the program permanent. Several other states — including Indiana, Kentucky, North Carolina, Ohio, and West Virginia — have since adopted variations of the Tri-Share cost-sharing model.

Table 3. Comparative Summary of National Case Studies

Program	Model	Key Reported Outcome	Relevance to Frederick County
Erik Hite CDC — Tucson, AZ	Single dedicated facility serving multiple agencies	13+ years of continuous operation; replicated interest from agencies nationwide	Proves multi-agency shared-facility model
SDPOA Childcare Center — San Diego, CA	Union-driven public-private partnership with national childcare operator	Tuition ~50% below market; extended hours for shift work	Model for below-market pricing via philanthropic/grant support
First Responder Pilot — Kansas City, MO	City–state cost-sharing (two-thirds subsidy) with an existing 24-hour provider	Framed explicitly as a retention and staffing-stabilization tool	Model for a phased pilot before full capital build-out
MI Tri-Share — Statewide, Michigan	Equal three-way cost split: employer / employee / state	82% of employees more likely to stay; 63% of employers report improved retention	Model for the funding-scenario cost-sharing formula in Section 6

> *These case studies illustrate a range of viable structural and funding models rather than a single template; Section 6 recommends that Frederick County's feasibility study evaluate a hybrid approach drawing on elements of each.*

4. Proposed Program Model

The Center is proposed as a single, centrally located, licensed childcare facility (with a possible second satellite location in a later phase, subject to demand data from the feasibility study) designed specifically around public safety and healthcare shift patterns.

4.1 Core Service Design

- Hours of operation: approximately 5:00 a.m. to midnight, seven days a week, 365 days a year.
- Emergency overnight care: a defined, pre-authorized protocol for care between midnight and 5:00 a.m. for employees on mandatory overtime, activated emergency operations, declared disasters, or documented critical incidents. Not a standing overnight program, but a surge capacity that can be activated with agency authorization.
- Age range: infants through school-age children (approximately six weeks through 12 years), including before/after-school care and full-day coverage on school holidays, snow days, and teacher workdays, which are common friction points for shift-working parents.
- Eligibility: employees of the participating agencies, prioritized initially by hardship criteria (single parents, shift-only households, mandatory-overtime-heavy roles) if enrollment demand exceeds initial capacity, expanding as capacity grows in later phases.
- Licensing and quality: full licensure through the Maryland State Department of Education Office of Child Care, pursuit of accreditation (e.g., NAECY[v] or equivalent) as a long-term quality goal, and staffing ratios that meet or exceed state minimums.
- Pricing: tuition set below prevailing full-time market rates in Frederick County, subsidized through the interagency funding structure described in Section 6, with a sliding scale or income-based adjustment modeled on the Tri-Share approach for lower-income employee households.

4.2 Illustrative Capacity

For planning purposes, this white paper models a Phase 1 facility licensed for approximately 100 children, scalable to 150–175 children in a later phase if demand and funding support expansion. These figures should be validated against the enrollment-demand data collected under Section 2.3 before being finalized in the feasibility study.

5. Governance and Interagency Partnership Structure

A shared facility serving six independent government and healthcare entities requires a clear governance structure before construction or enrollment begins. This section outlines a recommended structure for further legal review by the Frederick County Attorney's Office and counsel for each partner agency.

5.1 Recommended Governance Model

- Lead fiscal agent: Frederick County Government, acting through an appropriate existing department (e.g., Division of Family Services, Division of Human Resources, or a newly designated Office of Workforce Support), to hold the facility lease or title, manage capital funds, and administer day-to-day operations or a contracted childcare operator.
- Interagency Governing Board: a joint board or advisory committee with a designated seat for each partner agency (County Government, Sheriff's Office, Frederick Police Department, Division of Fire and Rescue Services, Maryland State Police, and Frederick Health), meeting quarterly to review enrollment, budget, and service quality, and to resolve cost-sharing or eligibility disputes.
- Memorandum of Understanding (MOU): a single master MOU, with agency-specific funding and enrollment-allocation addenda, establishing each agency's financial contribution formula, guaranteed enrollment slots or priority tier, data-sharing terms for eligibility verification, term length, and withdrawal/renewal provisions.
- Operator model: the County should evaluate, as part of the feasibility study, whether to operate the Center directly through a County department, contract with an established regional or national childcare operator (as San Diego did with a public-private partnership), or engage a nonprofit intermediary (as used in the Tri-Share "facilitator hub" model) — each carries different staffing, liability, licensing, and cost implications.
- State and legislative role: Maryland State Police participation, and any state grant funding, will likely require a parallel state-level agreement or appropriation; state legislators representing Frederick County can help identify applicable state early-childhood facility grant programs and champion any enabling legislation needed for a multi-agency public safety childcare model.

5.2 Legal and Risk Considerations for Further Review

- Liability allocation and insurance coverage across County, municipal, state, and healthcare-system partners.
- Compliance with Maryland childcare licensing requirements (COMAR Title 13A) for a facility with unusual, extended operating hours.
- Nondiscrimination and eligibility rules, including how the Center will treat waitlisted community members if any non-employee slots are ever considered.
- Data-sharing and privacy protocols for verifying employee eligibility across multiple independent employers.
- Labor and collective bargaining implications, since childcare access may be treated as a negotiable benefit under existing union contracts for sworn and clinical staff.

6. Estimated Capital and Operating Costs, and Funding Scenarios

> *All figures in this section are planning-level, order-of-magnitude estimates built from published national childcare construction and staffing benchmarks, adjusted for the Washington–Baltimore metropolitan cost environment. They are intended to frame the scale of investment for discussion purposes only. A certified cost estimator, architect, and childcare licensing consultant should develop project-specific figures once a site is identified.*

6.1 Planning Assumptions

- Phase 1 licensed capacity: approximately 100 children (infant through school-age), roughly 15,000–17,500 square feet at the industry-standard planning ratio of about 35 indoor square feet and 75 outdoor square feet per child.
- National ground-up construction costs for licensed childcare facilities range roughly from $200 to $550 per square foot depending on region and finish level, exclusive of land; renovation of an existing building typically runs substantially lower, often $60,000 to $600,000+ depending on the scope of work required to meet licensing standards.
- Staffing follows Maryland's required staff-to-child ratios by age group (more staff-intensive for infants and toddlers, less for school-age children), blended across a mixed-age enrollment of 100 children.

Table 4. Illustrative Capital Cost Estimate — Phase 1 (100-Child Capacity)

Cost Category	New Construction (Scenario A)	Renovation of Existing County Asset (Scenario B)
Site / land	Assumed County-owned parcel ($0 incremental)	$0 (existing building)
Hard construction / renovation costs	$4.9M – $6.0M	$1.8M – $3.0M
Soft costs (design, permitting, licensing prep) ~15–18%	$0.85M – $1.0M	$0.3M – $0.5M
Furniture, fixtures & equipment ~8–12%	$0.5M – $0.65M	$0.25M – $0.4M
Contingency (10%)	$0.6M	$0.25M
Estimated Total Capital Cost	**$6.9M – $8.3M**	**$2.6M – $4.2M**

Table 5. Illustrative Annual Operating Budget — 100-Child Facility, Extended Hours

Line Item	Estimated Annual Cost	% of Budget
Staff salaries & benefits (~18 FTE, extended-hours coverage)	$1,020,000	~68%
Food service	$95,000	~6%
Facility (utilities, maintenance, custodial)	$140,000	~9%
Insurance & licensing	$75,000	~5%
Curriculum, supplies & classroom materials	$60,000	~4%
Administration & overhead	$110,000	~8%
Estimated Total Annual Operating Cost	**~$1,500,000**	**100%**

Less: projected tuition revenue (subsidized rate, ~90 FTE-equivalent enrollment)	~($1,050,000)	
Estimated Net Annual Subsidy Required	**~$450,000**	

> *Staffing costs assume a blended average fully loaded cost of roughly $57,000 per FTE (wages plus benefits) for a mixed team of lead teachers, assistant teachers, a director, and support staff, consistent with Maryland early-childhood workforce compensation ranges. Tuition revenue assumes a below-market rate designed to remain meaningfully cheaper than prevailing Frederick County full-time infant/toddler and preschool tuition, consistent with the discounted-rate approach used in the San Diego and Tri-Share case studies in Section 3.*

6.2 Funding Scenarios

Three funding scenarios are presented for discussion. Each blends capital and operating funding differently; the feasibility study should model all three against verified agency data before a scenario is selected.

Scenario 1 — County-Led Capital Investment with Proportional Interagency Operating Cost-Share

- Capital: Frederick County Government funds design and construction/renovation through its capital improvement program, potentially supplemented by a state early-childhood facilities grant.
- Operating: the annual net subsidy (Table 5) is shared among partner agencies in proportion to each agency's projected enrollment share, with Frederick Health's contribution reflecting its status as a distinct (and, unlike the government partners, tax-paying or nonprofit) entity.
- Advantage: simplest governance; County retains full control of the asset. Trade-off: requires the largest up-front County capital commitment.

Scenario 2 — Public-Private Partnership with Contracted Operator

- Capital: County contributes land/building (renovation scenario) or a capital grant; a contracted national or regional childcare operator (as in the San Diego model) finances or leases FF&E and operates the center under a management agreement.
- Operating: tuition revenue and a smaller, capped County/interagency subsidy cover the operator's costs; the operator may bring philanthropic or corporate-partner funding, as San Diego did.
- Advantage: shifts day-to-day operating and licensing risk to an experienced operator. Trade-off: less direct agency control over enrollment priority and pricing.

Scenario 3 — Tri-Share-Style Hybrid with State and Philanthropic Participation

- Capital: renovation of an existing County-owned building (Scenario B in Table 4) to minimize up-front capital need, paired with a state early-childhood facilities grant application and philanthropic/foundation fundraising (following the Erik Hite CDC model).
- Operating: costs split three ways among employee tuition, participating agencies, and a state or philanthropic subsidy, mirroring Michigan's Tri-Share structure and Kansas City's two-thirds cost-sharing pilot.
- Advantage: lowest net cost to any single party and strong precedent from peer jurisdictions. Trade-off: depends on securing state or philanthropic commitments that are outside the County's direct control, and may take longer to finalize.

7. Economic Impact and Return-on-Investment Analysis

The central financial argument for the Center is not that childcare access will eliminate turnover. It will not, but even a modest, defensible reduction in turnover and overtime costs across six large employers can offset a substantial share of a roughly $450,000 annual net operating subsidy. This section illustrates that logic using the national benchmarks introduced in Section 2 and Table 2; agency-specific figures collected under Section 2.3 should replace these placeholder assumptions once available.

7.1 Illustrative Avoided-Turnover Calculation

Table 6 models a deliberately conservative scenario: that the Center's availability contributes to retaining just a handful of employees per year across all six partner agencies combined. Employees who, based on national attrition patterns and exit-interview research, might otherwise have left in part due to childcare-related scheduling conflicts.

Table 6. Illustrative Annual Value of Avoided Turnover (Conservative Scenario)

Position Type	Positions Retained / Year (Illustrative)	Avg. Turnover Cost per Position	Estimated Annual Value
Sworn law enforcement / deputies	3	$150,000 (mid-range benchmark)	$450,000
Fire/rescue & EMS personnel	1	$120,000 (est., comparable training investment)	$120,000
Registered nurses / clinical staff	3	$61,000 (NSI national benchmark)	$183,000
Dispatch / corrections / other shift staff	2	$60,000 (est.)	$120,000
Estimated Total Annual Value of Avoided Turnover	**9**		**$873,000**

> *This table is illustrative, not predictive. It is intended to show that avoiding fewer than ten total departures per year across six large employers could offset roughly the full estimated net operating subsidy shown in Table 5. Actual retention impact should be measured against a baseline established before the Center opens and tracked over its first several years of operation.*

7.2 Additional, Harder-to-Quantify Benefits

- Reduced unscheduled overtime and shift call-outs caused by last-minute childcare breakdowns, which carry direct overtime-pay costs and operational readiness risk (e.g., minimum staffing shortfalls in patrol, corrections, or emergency departments).
- A stronger, differentiated recruitment offer in a competitive regional labor market, potentially shortening average time-to-fill and reducing reliance on costly lateral-hire signing bonuses.
- Improved employee wellbeing, morale, and perceived organizational support, which the Michigan Tri-Share evaluation and related workforce research associate with higher retention intent even beyond direct cost savings.
- Broader county economic impact: expanding licensed childcare capacity by roughly 100 slots directly addresses the countywide supply gap documented in Section 1, freeing parents (public safety, healthcare,

and otherwise) to remain in or enter the workforce, consistent with the goals of the County's own 2025 Childcare Initiative[vi].

7.3 Break-Even Framing

Under the conservative assumptions in Table 6, the estimated value of avoided turnover alone ($873,000) exceeds the estimated net annual operating subsidy ($450,000) by a wide margin, even before counting avoided overtime, reduced hiring-cycle costs, or the broader economic value of expanded childcare capacity to the county. Put differently, the Center would only need to prevent roughly four to five departures per year, combined across all six agencies, to fully offset its projected net subsidy. This is the central, quantifiable case for treating the Center as workforce infrastructure rather than solely as an employee benefit, and it should be validated with each agency's own historical turnover and cost data as the feasibility study proceeds.

8. Phased Implementation Timeline

A phased approach allows the County and its partners to validate demand, secure funding, and refine the operating model before committing to full build-out.

Table 7. Recommended Phased Implementation Timeline

Phase	Timeframe	Key Milestones
Phase 0 — Decision to Proceed	Months 1–3	County Executive, County Council, and partner agency leadership review this white paper; authorize a formal feasibility study and interagency working group; each agency begins compiling the data described in Section 2.3.
Phase 1 — Feasibility & Site Study	Months 3–9	Commission an independent feasibility study covering enrollment demand, site options (new construction vs. renovation), licensing pathway, and a refined pro forma; evaluate operator models; begin state grant and philanthropic scoping.
Phase 2 — Governance & Funding Commitment	Months 9–15	Negotiate and execute the master Interagency MOU and agency-specific funding addenda; secure County capital appropriation and/or state grant commitments; select site and operator/governance model (Section 6.2).
Phase 3 — Design, Permitting & Construction/Renovation	Months 15–27	Complete architectural design, obtain licensing pre-approval from the Maryland State Department of Education Office of Child Care, complete construction or renovation, procure FF&E, and hire and train the founding staff team.
Phase 4 — Phased Enrollment & Launch	Months 27–30	Open with partial enrollment (e.g., 50–60% of licensed capacity) prioritized by hardship criteria; ramp to full capacity over two to three months; establish baseline retention and satisfaction metrics.
Phase 5 — Full Operation & Evaluation	Month 30 onward	Operate at full capacity; report annually to the Interagency Governing Board on enrollment, finances, and retention impact (Section 7); evaluate feasibility of a Phase 2 expansion or satellite location based on demand.

> *This timeline is a planning framework, not a committed schedule. Actual timing will depend on site availability, the scope of any capital construction or renovation, Maryland childcare licensing review timelines, and the pace of interagency and legislative approvals.*

9. Risk Factors and Mitigation Considerations

Risk	Mitigation Approach	Owner
Enrollment demand does not match projections	Validate demand through the Section 2.3 data-collection process and a formal parent-interest survey before finalizing facility size	Feasibility study team
Capital costs exceed estimates	Pursue the renovation scenario (Table 4, Scenario B) as a lower-cost entry point; phase construction; pursue state facility grants	County capital budget office
Interagency cost-sharing disputes	Finalize a clear, formula-based MOU (Section 5.1) before construction begins, with an annual reconciliation and dispute-resolution process	Interagency Governing Board
Childcare workforce shortage limits staffing of the new Center	Coordinate with the County's existing 2025 Childcare Initiative workforce-training pipeline; offer competitive, benefits-inclusive compensation	Center operator / HR partners
Retention benefit is difficult to isolate and measure	Establish baseline turnover metrics before launch (Section 7.3) and track post-launch outcomes annually, adjusting the funding formula if warranted	Interagency Governing Board
State subsidy or grant funding falls through	Design Scenario 1 (Section 6.2) as a fully County/agency-funded fallback that does not depend on external funding	County Executive's Office

10. Conclusion and Recommended Next Steps

Frederick County's growth is a success story, but it has outpaced the childcare infrastructure needed to support the very employees who keep the county safe and healthy. The evidence assembled in this white paper, county-specific childcare market data, national recruitment and retention benchmarks, and proven precedents from Tucson, San Diego, Kansas City, and Michigan, points to a consistent conclusion: a shared, extended-hours Public Safety & Healthcare Child Development Center is both operationally achievable and financially defensible, with a plausible path to offsetting much of its net cost through avoided turnover, overtime, and hiring expense across the participating agencies.

This paper recommends that the County Executive and County Council, in partnership with the Sheriff's Office, Frederick Police Department, Division of Fire and Rescue Services, Maryland State Police, and Frederick Health, take the following steps:

- Authorize a formal feasibility study, including an independent site and construction-cost analysis and a parent-interest/demand survey of eligible employees across all six agencies.
- Direct each partner agency's human resources division to compile the vacancy, turnover, and cost data outlined in Section 2.3 to replace the national benchmarks used in this white paper with agency-specific figures.
- Convene an interagency working group to begin drafting the master Memorandum of Understanding and governance structure described in Section 5.
- Direct Frederick County's state legislative delegation to identify applicable Maryland early-childhood facility grant programs and any enabling legislation that may be needed to support a multi-jurisdictional public safety childcare partnership.
- Set a target decision date for selecting a funding scenario (Section 6.2) and site, informed by the completed feasibility study.

Just as Frederick County invests in roads, schools, public safety facilities, and utilities to support a growing population, investing in childcare as workforce infrastructure directly supports the people who protect public safety and deliver emergency healthcare every day. This will position Frederick County as a national model for how a fast-growing community can innovate to keep its most essential workforce in place.

Appendix A: Data Sources and Methodology Notes

This white paper draws on publicly available government reports, news reporting, and industry research current as of July 2026. Key sources referenced by section include:

• Frederick County population and economic data: U.S. Census Bureau population estimates; Frederick County Division of Economic Opportunity, FY2025 economic update; World Population Review county growth rankings.

• Frederick County childcare market data: Frederick County 2024 Child Care Market Study and 2026 Childcare Needs Assessment (FrederickCountyMD.gov/ChildCare); Frederick County Workforce Services Childcare Initiative; WYPR and Maryland Matters reporting on the 2026 study and the state scholarship enrollment freeze; Maryland State Department of Education Division of Early Childhood.

• Childcare desert methodology: Center for American Progress, national analysis of licensed child care deserts.

• Frederick public safety agency staffing context: City of Frederick and Frederick County Sheriff's Office recruitment and careers pages.

• Police workforce cost benchmarks: Police Foundation and academic research on police turnover costs; municipal police academy cost studies; City Journal analysis of post-2020 police attrition.

• Hospital nursing workforce benchmarks: NSI Nursing Solutions, National Health Care Retention & RN Staffing Report (2025–2026 editions), as reported by Becker's Hospital Review and related industry publications.

• National case studies: reporting on the Erik Hite Child Development Center (Tucson, AZ); San Diego Police Officers Association childcare center; Kansas City first responder childcare pilot; Michigan MiLEAP Tri-Share program materials and Federal Reserve Bank of Chicago and U.S. Chamber of Commerce Foundation analyses.

• Childcare facility construction and staffing cost benchmarks: industry construction-cost guides and calculators for licensed childcare facilities (2025–2026 editions).

> *Because several of these sources are evolving news items, government studies subject to periodic update, and industry estimates rather than audited financial data, all figures should be independently reverified at the time the feasibility study is commissioned, and agency-specific data should supersede national benchmarks wherever available.*

End Notes:

[i] https://erikhitefoundation.org/programs/education/child-care
[ii] https://sdpoa.org/foundation/childcare-center
[iii] https://trisharechildcare.com/states/missouri/kansas-city-first-responders.htm
[iv] U.S. Census Bureau QuickFacts: Frederick County, Maryland
[v] https://www.naeyc.org
[vi] https://www.frederickworks.com/childcare-initiative