

**OREGON PRESCHOOL DEVELOPMENT GRANT**

# **Accessing Child Care for Infants and Toddlers: Family Perspectives and Challenges in Receiving Quality Care**



*Report to the* **Oregon Early Learning Division**

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**Photo Credit: Multnomah County Healthy Birth Initiative**

# Family Perspectives and Challenges in Receiving Quality Care

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# Introduction and Background

In March and April 2022, six focus groups were conducted with families of infants and toddlers living in Oregon to hear about their experiences accessing and using affordable quality early learning and child care services for these younger children. All participating parents/caregivers had at least one child under the age of 3 years. Focus groups were designed to prioritize hearing from families at the margins of Oregon's early learning and care sector, a strategy that has been identified as a way to increase equity (Safir & Dugan, 2021). Specifically, focus groups involved families from four specific communities: (1) English-speaking families living in rural/frontier areas of Oregon; (2) Spanish-speaking families living in both rural/frontier and suburban areas of Oregon; (3) families identifying as Native American/American Indian living in rural/frontier areas of Oregon; and (4) families identifying as African American or Black (note that we use this term to refer to a diverse group including African, North African, and Moorish families) living in the Portland Metro area. These families were identified as priority populations by the Early Learning Division because they had not been a focus of prior needs assessment work.

Focus groups were one component of a series of interviews, surveys, and listening sessions funded by Oregon's Birth to Age 5 Preschool Development Grant (PDG) as a part of the state's ongoing early learning needs assessment. This work was designed to expand on information collected from families, early learning and education providers, and other early childhood partners in a prior needs assessment conducted in 2019-2021 (for copies of prior reports, please see the [PDG page of the Oregon Early Learning Division's website](#)).

The goal of the focus groups was to include the experiences and perspectives of marginalized families with infants and toddlers in assessing family needs and informing future planning and investments. The ELD identified the need to hear from families with infants and toddlers as a high priority for this year's statewide strengths and needs assessment, as prior work had focused primarily on hearing from families with preschool-age children (ages 3-5 years). Further, the ELD prioritized hearing from these specific populations due to the documented challenges for rural families and communities of color in accessing quality, affordable child care generally and, in particular, for infants and toddlers (Pratt & Sektnan, 2020).

This report will be used by the ELD in their ongoing work to ensure all families have access to quality, culturally- and linguistically-appropriate early education and child care services, and more specifically to inform decisions related to recent and future investments in expanded infant and toddler care. A summary of the results will be available in five languages (English, Spanish, Russian, Standard Chinese, Vietnamese) and distributed to local and regional organizations throughout the state.

The PDG strengths and needs assessment is being conducted as a collaboration between Portland State University's Center for Improvement of Child and Family Services; OSLC Developments, Inc., AB Cultural Drivers, and the Oregon Early Learning Division. The focus groups were codesigned, organized, and facilitated by AB Cultural Drivers, OSLC Developments, Inc., and Portland State University, working closely with community-based organizations to support the process.

For clarity, and with the knowledge that word choice is powerful and always imperfect, a list of key terminology, our working definitions, and acronyms is provided in Appendix C.

## Methodology

### Family Outreach and Recruitment

Six community organizations worked with a team of researchers from AB Cultural Drivers and PSU to engage racially, ethnically, culturally, and linguistically diverse communities throughout Oregon: Black Parent Initiative (Portland—Black and African American population), Community Action (Washington County—Spanish-speaking population), Eastern Oregon Early Learning Hub (Rural—English-speaking and Spanish-speaking population), Healthy Birth Initiative (Multnomah County—Black and African American population), and the Oregon Child Development Coalition (Rural—Native American population). These organizations agreed to support recruitment of families with infants and toddlers (birth to age 3 years) to participate in focus groups. Organizations also worked with the research team to adapt focus group protocols to each specific priority population and provided feedback on findings and on this report. Organizations were provided with a \$2,000 stipend for their collaboration in the project.

Families were invited to participate in the focus groups by each organization using a combination of in-person invitations, fliers, newsletters, direct email, and social media that presented a short video overview of the project. Parents/caregivers who showed interest were contacted by email or telephone and provided with a survey link and a consent form with more

information about the project, research goals, and activities. Each participant received an incentive of a \$100 gift card for their participation. All participants consented to their participation and to the recording of each session.

### Data Collection

We conducted a total of six focus groups in March and April 2022. These consisted of two groups of parents/caregivers who identified as Black or African American, one group of those who identified as Native American, two groups of parents/caregivers living in rural communities (one held in Spanish and one in English), and one group of Spanish-speaking parents/caregivers living in urban and suburban areas. We conducted focus groups by videoconference, and each lasted 1.5–2 hours. Questions were designed to address the following key questions (see Appendix A for a copy of the protocol):

- How are families accessing quality infant and toddler care that meets their needs?
- What does quality infant and toddler care look like for these families, and in particular what is important for creating culturally-specific and responsive child care?
- What challenges do parents/caregivers face in finding and accessing quality infant and toddler care, and in particular, what experiences have they had with racism and discrimination within child care?
- What recommendations do families have for improving care for infants and toddlers?

Families also completed a brief survey that included questions about their child care situation, family composition, and demographics.

We audio recorded, transcribed, and translated all focus groups into English if conducted in Spanish. Transcriptions were stored in Atlas Ti software, which was used for content coding and synthesis of findings. Members of the research team who were present at the focus groups developed initial codes by identifying key themes within each question. Pairs of coders then coded the transcripts independently and used an iterative process to reach consensus and agreement on final coding. The lead investigator and research team then worked collaboratively to synthesize coded data, identifying key themes both across focus group questions and between/among specific participant communities. Results are presented in an aggregate form, highlighting throughout any findings that were specific to a particular racial/ethnic focus community.

## Description of Participants

A total of 45 parents/caregivers participated across the 6 focus group sessions. 62% resided in the Portland Metro area (Washington, Multnomah, and Clackamas Counties) and 38% resided in Malheur, Wallowa, and Klamath Counties. Ethnically and racially, 44% of the participants identified as Hispanic and/or Latino, 42% as African American or Black, 20% as White, 9% as American Indian (Klamath Tribe), and 9% as Middle Eastern/North African or Native Hawaiian/Pacific Islander.

Family structure varied; 62% of families had between two to five children and 38% of participants were single-child households.

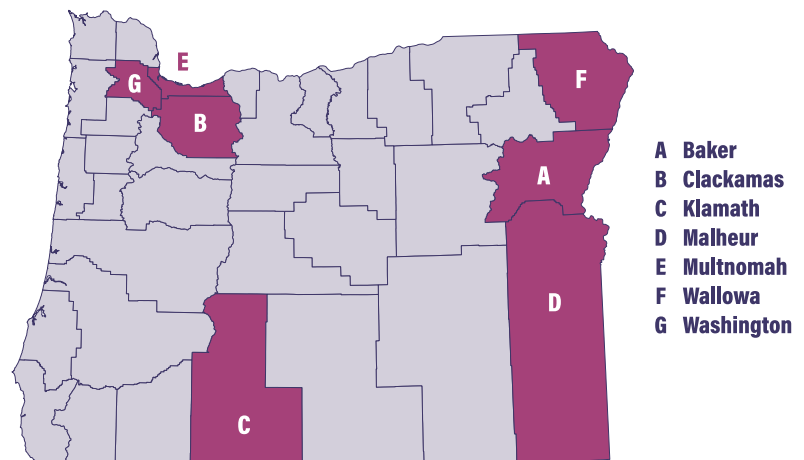
Fewer than five children had an Individualized Family Service Plan (IFSP), developmental delays, or medical needs, and even fewer reported that their child needed early intervention or were experiencing hearing loss or language delays.

80% of participants spoke English at home, with 43% of these participants also speaking Spanish at home; 20% of participants spoke only Spanish at home; and 11% spoke other languages in the home such as Russian or Mandarin.

Families used different types of child care. 46% sent their child to a family, friend, or neighbors' home or to a home-based child care provider, and 18% received child care services in their own home. 25% of families reported that the parent was the only one currently providing care for the child. About one third (32%) utilized the services of a child care center or Head Start. Percentages add to more than 100% because some families (20%) utilized more than one type of child care service.

Additional information about the family characteristics for the priority communities can be found in Appendix B.

## Participant Location by County



## Findings

We have organized the findings around several key questions and underscore the key messages and themes that emerged from the focus groups. We use quotes throughout to allow the voices of participants themselves to illustrate the findings, and provide high-level “key takeaways” for each section. Results focus on parents'/caregivers' experiences in accessing quality care for their infants and toddlers, and their deep knowledge of what quality care should look like to best meet the needs of their families and young children. Overall, we find that many of the messages and experiences shared were similar across the families we spoke with, reflecting considerable shared value for affordable, reliable, and accessible care that welcomes families and responds to children's needs. There were some issues that emerged for particular groups, and these are identified as such; however, it is important to understand that this may not mean that this is not a similarly important issue for other parents, only that it did not emerge in the limited time we had for dialogue with these families.



# How Did Parents/Caregivers Find Quality Care?

We talked with families about how they found infant and toddler child care, and what this process was like for them. Although some families reported that they were able to find child care that met their needs, often this process was stressful, time consuming, and required multiple different strategies and sources of information. Families described the considerable work it took to locate care they could trust, as well as showing resourcefulness in seeking out information to help them make decisions. One of the primary ways that parents/caregivers were able to find child care was through word-of-mouth and trusted referrals. Focus group participants mentioned that trusted referrals came from other community members, medical providers, friends and family members with years of relationship with providers, colleagues, and employees at trusted community organizations that support families in seeking child care. Once families were able to find a trusted provider, they in turn were very happy to pass on referrals to other families.

## KEY TAKEAWAYS

### How Parents with Infants/Toddlers Find Care

- 1 Families want to be informed, educated consumers of child care.**
- 2 Families trust the information that they get from families, friends, and trusted community providers and organizations.**
- 3 Child care information systems need to provide up-to-date information about location, cost and availability** as well as information about quality of care, availability of culturally and linguistically appropriate care, and information from parent consumers about their experiences.
- 4 Information systems need to be available in multiple languages and easy for parents to access and navigate.**

*"...my mom knows the lady who owns the daycare. I never knew her, but my mom has... know[n] her for years."*

—Black and African American Focus Group Participant

*"I'm from Louisiana. I have zero family, zero friends, nothing, and became pregnant during the pandemic. Finding child care for my little Black baby to be in Portland, Oregon was super scary to me. I was really blessed to [go] through the midwife process, and my midwife gave me a recommendation of her own personal nanny."*

—Black and African American Focus Group Participant

Photo Credit: Multnomah County Healthy Birth Initiative



Families also highlighted additional strategies they used to be able to find and vet providers. Families clearly were spending significant time, energy, and resources to search for care, and described their need for better, more detailed, and more easily accessible information about available child care resources. Key strategies shared included:

**1 Visiting many providers and remaining patient as they were being rejected multiple times for multiple reasons (i.e., wait lists, not being in the age range, requiring special accommodations, etc.).**

*"It made it really hard to try and look for anyone to take care of my son, especially with COVID going on. It was impossible to find anything. I did try to get child care through DHS and stuff, but because I was working two jobs, they said that I was overqualified, I wasn't able to get the assistance for the child care. That was the struggle that I constantly had."*

—Rural English-Speaking Focus Group Participant

**2 Undergoing detailed internet searches and carefully reading reviews by other parents.**

*"Encontré este centro que tiene muchos años, lo busqué yo sola en internet y por las referencias me guíe. Me gusta mucho porque son pacientes. Mi primer lenguaje es español, no hablo bien inglés. y son pacientes a entenderme. Siempre buscan encontrar a alguien que me pueda ayudar si no me sé expresar."*

*"I found this center that has been around for many years, I looked it up on the internet by myself and I was guided by the references. I like it a lot because*

*they are patient. My first language is Spanish, I don't speak English well. They are patient in trying to understand me. They always try to find someone who can help me if I don't know how to express myself."* —Spanish-Speaking Focus Group Participant

**3 Looking for providers at trusted local community centers and/or at centers with long-term presence in the community, sometimes with help from community-based staff.**

*"[The community organization liaison] has been super fantastic working so hard, trying to find us someone."*

—Rural English-Speaking Focus Group Participant

In looking for care, it was clear that parents/caregivers were seeking information that could help them assess quality, as well as balance accessibility concerns such as location, hours, and costs. They shared that the information that was readily available did not allow them to easily assess these key important factors.

To better understand what parents were looking for in their quest for infant and toddler care, we asked them to describe what aspects of care were important to them and to reflect on what quality infant and toddler care looked like to them. These findings are summarized below.

# What Are Families' Experiences of Quality Infant and Toddler Care?

We talked with parents about their own experiences with child care providers who they felt were delivering quality care, as well as what else they might seek in a quality infant-toddler setting. A number of key themes emerged from these discussions. The factors on the following page showed up repeatedly as we talked with parents about the important elements of quality care for their infants and toddlers.



## KEY TAKEAWAYS

### What is Quality?

- 1** The importance of trust, especially for parents of non-verbal children, cannot be understated;
- 2** Families trust family and friends and professionals who are professional, communicate frequently, encourage parent visitation, and who develop warm, caring relationships with themselves and their children;
- 3** Having a provider who speaks their language and who shares their cultural background and community is important for many families;
- 4** Quality care includes providing a developmentally and emotionally supportive curriculum and environment;
- 5** Quality care for infants requires low child-to-staff ratios to ensure one-on-one attention;
- 6** Quality care should be affordable and available when families need it.

Photo Credit: Multnomah County Healthy Birth Initiative

**1 Trusting relationships with providers. Having trust that the child is happy and receiving warm, responsive, healthy, and safe care was fundamental for parents. Key ways that parents ensure trust are by:**

- Using family or friends for care;
- Engaging with providers with professional values, behaviors, and attitudes;
- Engaging with providers who establish warm, personal connections with family members and the child;
- Seeking providers who encourage parents/caregivers to visit and have an “open door” policy;
- Engaging with providers who have frequent, bidirectional communication with parents.

**2 Culturally-specific and/or culturally-responsive care that reflects children and families’ racial/ethnic backgrounds in materials, staffing, and values.**

**3 Supportive, nurturing, and developmentally stimulating environments characterized by:**

- Healthy, safe routines for children;
- Provision of educational, developmental, and enrichment activities;
- Warm, welcoming environments for both children and parents/caregivers;
- Low staff-child ratios;
- Well-trained providers who can attend to different learning styles and are able to identify children who may have developmental delays or disabilities;
- Ability to support families to access resources;
- Being open during the hours families need them.

Photo Credit: Multnomah County Healthy Birth Initiative



## Quality Care is Based on Trust

It is clear that one of the most important foundations for quality child care is having caregivers that parents/caregivers trust, especially with their nonverbal/preverbal infants and toddlers.

Some families secure trust by relying on family and friends for child care. Rural parents/caregivers in Eastern Oregon especially noted that opting for family care or taking care of children themselves was the best way to ensure shared values, although sometimes parents/caregivers felt that this meant educational or developmental support might be more lacking in those settings.

*"[...] because the people watching my children are my friends and family right now. We're all on the same wavelength, you could say. Having friends and family do it is great, but there's the drawbacks like there's not a whole lot of educational stuff and other things. I do OK with that, but I don't know what it would be like in an actual daycare facility here in town."* –Rural English-Speaking Focus Group Participant

Other factors that participants described as important for building trust or feeling that they could trust a child care provider, included:

### 1 Providers having a professional attitude and who understand the importance and value of being a child care provider, as well as being reliable and responsible.

*"[Un padre] quiere un centro, quiere un lugar donde puede tener esa estabilidad de saber, 'Mañana no me cancelan, mañana si me lo van a cuidar'..."*

*"[A parent] wants a center, wants a place where they can have that stability of knowing, 'Tomorrow they don't cancel on me, tomorrow they're going to take care of him'..."* –Spanish-Speaking Focus Group Participant

This also included seeking providers who expressed a sense of the value of their child care work and acted accordingly. Families spoke of wanting providers to recognize the enormous role that they were playing in the lives of their children—helping them learn life skills—and to take that into consideration when interacting with their children.

*"Pienso que tiene que ser alguien que tenga vocación, porque no es decir nomás de tener un daycare y que lo haga porque necesita ganar dinero, sino...tienen que tener vocación para atender a los niños. Porque no es nomás de estar con los niños. Uno tiene que estar, por ejemplo, activo con ellos, jugando, y tenerles paciencia."*

*"I think that it has to be someone who has a vocation, because it's not as easy as saying that they have a daycare and they do it because they need to earn money, but instead...they have to have a vocation to take care of children. It's more than just being with them. You have to be, for example, active with them, playing, and you have to have patience."* –Spanish-Speaking Focus Group Participant

## 2 Providers who are able connect with the family and child on a personal/familial level and who create a warm, supportive environment.

Latinx parents/caregivers especially explained how a close relationship between parent and caregiver was essential, and that this was engendered by the manner in which caregivers treated the children under their care as if they were their own. Trust in a provider was built when parents/caregivers could see indications from their children that they felt “at home” in their place of care, which can be difficult to assess for those with the younger children.

*“Lo que realmente uno busca es el bienestar para sus hijos, la cercanía...el que conectes con esa persona que va a cuidar a tu hijo, es lo más cercano como una hermana, o tu mamá. “Que te den esa misma confianza.”*

*“What you are really looking for is the well-being of your children. The closeness... you connect with that person who’s going to take care of your child, they should be as close to you as possible, like a sister or your mom. They should give you that same confidence.”* –Spanish-Speaking Focus Group Participant

*“Cuando [mi niño] la ve [a su proveedora], no le importa si yo me voy. Él entra a su casa, le da la mano, se van y no le importa si yo me estoy yendo o no. Siento que los valores que ahí me está demostrando ella, es que es una persona que es muy empática, es una persona muy cariñosa.”*

*“When [child] sees [his care provider], he doesn’t care if I’m leaving. He comes into her house, he holds her hand, they leave, and he doesn’t care if I’m leaving or not. I feel that the values that she is showing me there, is that she is a person who is very empathetic, she is a very loving person.”* –Spanish-Speaking Focus Group Participant

## 3 Having an “open door” visitation policy for parents/caregivers.

Another important way child care providers build trust with parents/caregivers was to give them the opportunity to visit the place of care before registering their children, and to feel like they had access inside the facility. This allowed parents to see where their child was being taken care of and in what manner. This type of access was especially important for parents/caregivers of children who were too young to vocalize their own experiences. However, this type of access was restricted due to the COVID pandemic, causing some stress and concerns for families.

*“Tener la oportunidad de conocer el lugar antes de llevar a mi niña en el futuro, para que yo pueda conocer el ambiente, su forma de ver a los niños, para que yo tenga la confianza de dejarle a mi niña en un futuro y saber que va a estar bien.”*

*"Have the opportunity to get to know the place before taking my child in the future, so that I can get to know the environment, their way of watching the children, so that I have the confidence to leave my child in the future and know that she is going to be okay."* –Spanish-Speaking Focus Group Participant

*"If more parents got to come and view the center, before they put their kid in there, like how COVID restricted you from going in and seeing your kids in the classroom. I feel like that would help as well."* –Native American Focus Group Participant

#### **4 Having frequent and bidirectional communication with families.**

Positive and helpful communication between caregiver and parent was another element of quality child care. This included a provider's careful attention to the child, regular feedback on the child to the parent, and acting as a resource clearinghouse for parents/caregivers—giving them information pertinent to their child's particular social, educational, and developmental needs. Parents/caregivers also wanted the provider to be open to their input.

Positive communication enabled families to feel comfortable with the care their child was receiving, work with providers to seek internal and external resources for their children as needed, and grow parents'/caregivers' ability to support and advocate for their children.

*"...Good communication they have with us too. They text us updates. They keep us in the loop on when the daycares are going to be closed ahead of time. They ask us ahead of*

*time what days they'll be there. It's also good communication around events though. Family events that they organize, and then the extra resources. They reach out to us. They follow up with us too. If we make a comment about how our day went or something like that, all of this, staff have taken the time to follow up with us the next day."* –Rural English-Speaking Focus Group Participant

*"I would want to know...that it's OK if I have a disagreement that I won't feel my input is not being heard."*

–Black and African American Focus Group Participant

*"El personal, me gusta mucho la comunicación que hay, que yo tengo con la maestra de mis hijos, con todo el personal. Incluso he llegado a hablar directamente con la directora del plantel...si tengo algún problema se los hago saber, ellos me ayudan, buscan la manera de ayudarme. Ellos mismo ahí cuentan con psicólogos. Si hay algún problema en el desarrollo de mis hijos, ellos mismos me ayudan también. Es lo que me gusta, que tiene de todo...Algo que no tienen, ellos buscan ayuda por fuera."*

*"The staff, I really like the communication they have, that I have with my children's teacher, with all the staff. I have even spoken directly to the director of the center...If I have any problem I let them know, they help me, they look for ways to help me. They have psychologists there themselves. If there is any problem in my children's development, they help me too. That's what I like is that they have everything...if there is something that they don't have, they look for outside help."* –Spanish-Speaking Focus Group Participant

## Quality Care Is Culturally- and Linguistically Specific and/or Responsive

Parents/caregivers felt that quality care should reflect their family's values and culture. For all of the parents/caregivers of color that we spoke with, having their children in child care settings that reflected their own family history, values, and racial/ethnic and linguistic culture was a central factor in defining quality. Moreover, families in certain focus groups identified particular elements of culturally-responsive or specific care that were important to them.

Native American parents/caregivers indicated that quality care must include their cultural traditions, as a means to revitalize them—teaching their children knowledge that often had not been taught to themselves.

*“ [cultural tradition is]...really important to me because growing up, my family didn't teach me the most about it. I had to go and learn from my other uncles and my other aunts and everything because only certain people knew certain things. It was like tricks to the trade. I had to go and learn. I feel like, for my son, it would be important for him to learn his culture and his heritage because the fact that our culture is dying as it is ...”* –Native American Focus Group Participant

Native American parents/caregivers also emphasized their positive experiences with Native child care providers who were able to teach and reinforce cultural traditions. They were doubtful that non-Native providers would have the knowledge of those traditions to incorporate in their daily activities. They appreciated living

in a small community, where these culturally-based care providers were available.

*“ I think that is awesome so that our younger generations can learn. In other daycares, I'm not sure if they would still go with the cultural things due to the fact that they don't know what our cultural heritage would even be. We get to play with our hand drums and sing and teach the kids songs. We get to learn our numbers. We get to learn our colors. We get to learn our animals and we're teaching our infants and toddlers sign language as well....I'm not sure if other daycares would be able to do that.”* –Native American Focus Group Participant

Similarly, it was important to the Latinx Spanish-speaking families that child care providers reflect and share the same home values, are from the same background they come from, speak Spanish, and celebrate the same cultural holidays. They also mentioned that they prefer when providers provide home-cooked meals to their children.

*“ [La proveedora] tiene muchas creencias igual que un Latino...como el Día de las Madres, Día de Muertos, cosas así, tradiciones de uno, ella ya las trae. Una persona Americana, China o de otra cultura, no va a saber lo que uno representa, o en mi familia.”*

*“ [The provider] shares similar beliefs and customs as Latinos, such as Mother's Day, Day of the Dead, and other familiar Latino traditions. An American or Chinese person, or someone from another culture is not going to know what that represents to you and your family.”* –Spanish-Speaking Focus Group Participant

*“Compartimos muchas tradiciones. También habla español. Para mí es muy importante que ella hable español. Todo eso se refleja. El niño ha aprendido bastante con ella. Se nota el amor que ella le da y que él tiene hacia ella. Lo puedo ver y eso me hace sentir bien.”*

*“We share many traditions. She also speaks Spanish. For me it is very important that she speaks Spanish. All of that shows. The child has learned a lot with her. You can see the love that she gives him and that he has for her. I can see it and it makes me feel good.”* –Spanish-Speaking Focus Group Participant

Some Black and African American families described preferring to have a care provider who was also Black and/or African American, in order to have someone with shared cultural history bringing traditions and ways of being with their children. Program materials and environments that reflect Black and African American culture, and with African American and/or Black staff, were noted as being centrally important; these spaces also felt safer for these parents.

*“I have always gone to primarily African American child care providers because that’s my belief. I can relate to them. It’s so easy going, so I never had to worry about racial issues.”* –Black and African American Focus Group Participant

*“It was imperative for...his daycare providers to be of color, Black....I wanted him to understand who he is...I wanted him to see people that look like him....”*

–Black and African American Focus Group Participant

For some Black and African American families, culturally-responsive care also reflected a broader concern with diversity and inclusion. This was described as ensuring that their children were around a racially/ethnically diverse group of children, so that they were not the only Black child in a group, and/or that care was provided by individuals who understood how to deal with diversity. It also meant having a child care provider who could navigate issues of diversity and support positive inclusion.

*“Our child care spaces have multiple [cultures] represented even in their toys, even in their books. A big part of what’s being said is that there’s not a healthy representation of us, and we’re already in one of the whitest cities in the country. Our children need that.”* –Black and African American Focus Group Participant

*“I would love to have a space where my daughter sees people that look like her and reflected by her, and that she’s not the only Black girl in the class, or one of three Black girls.”* –Black and African American Focus Group Participant



## Quality Care Provides a Healthy, Safe, and Developmentally Stimulating Environment

### 1 Quality is Adhering to and Promoting Healthy Routines

A number of parents/caregivers described quality in terms of having providers who could create structure and routines during the day.

*“Para mí eso es muy importante hasta ahorita, con ellos estando grandes porque a mí me gusta todo en su lugar y como debe que ser, y ella tiene estructura.”*

*“For me that has always been very important, even with them being older because I like to have everything in its place and to be done as it should be, and she [provides] structure.”* –Spanish-Speaking Focus Group Participant

Regular feeding, changing, and hygiene routines, as they contributed to the health of their children, were mentioned by parents/caregivers in all focus groups as essential aspects of quality child care.

*“I need to make sure that my kids are being changed and cleaned properly. Then also the food that they’re eating, of course, kids like junk food. I really want to make sure that my kid is getting the proper nutrition that they need and also the education piece.”* –Black and African American Focus Group Participant

Parents/caregivers of children that need toilet training were very happy when providers were able to positively support toilet training within the care facility, as well as sharing tips and routine recommendations for parents/caregivers to bring home with them.

*“Right now, my daughter, she’s at the stage where we’re transitioning from pullups to full underwear. I would not want her to go to daycare or to somewhere and not feel like she’s not comfortable going to the bathroom and then being told she can’t come because she had an accident. That’s important also to me.”* –Black and African American Focus Group Participant

### 2 Quality Care Provides Educational, Developmental, and Enrichment Activities

Parents/caregivers made a distinction between a “daycare” and a “preschool” or “learning center”. They wanted child care settings that were not just “daycares” that kept their children safe but provided little else. They wanted child care that had a curriculum and/or a plan that involved exposing their children to a variety of educational experiences.

*“This new daycare that they go to...actually has a curriculum. They do story time, they color, they paint, they do different things. She has a backyard and a place that for the kids to go out and play. She’s really hands on and I feel that’s really important. Especially when kids are little, you want to get them in the habit of a routine before they get to school”* –Black and African American Focus Group Participant

*"Unless they're at a school setting like a preschool, I don't expect them to educate them fully, but it's nice when you have someone that is interested in helping your child grow in several areas."*

—Rural English-Speaking Focus Group Participant

In looking for quality care, some parents/caregivers also talked about successes in finding providers whose instructional approaches reflected the parents'/caregivers' preferences in terms of philosophy and curriculum.

*"I would say, part of what got us excited about the daycare was that, with the Montessori approach, there are a lot of elements there, and the philosophy around learning and child development that aligned with what we wanted for our child."* —Rural English-Speaking Focus Group Participant

Parents/caregivers clearly understood and talked about how the developmental supports that are provided to infants and toddlers are foundational for school readiness. To this end, they wanted their children to be exposed early to academic subjects and activities such as letter and number recognition, second language acquisition, and community rules, as well as the social interaction with their peers.

*"Que los niños también puedan a una temprana edad estimularse, aunque sean bebés. Yo trabajé un tiempo en daycare, allá en California y tuve la experiencia de que, aunque sean bebés, ellos con la lectura, con las rondas, con todo eso, van aprendiendo mucho. Sería bien, cuando los niños entran a un cuidado así, porque ellos van aprendiendo cosas académicamente y se preparan antes de ir al kindergarten."*

*"Children can also be stimulated at an early age, even if they are babies, I worked at a daycare in California and experienced that even though they are babies, they learn a lot with reading, with rounds, they can learn a lot with all that. It's good, when children are in a daycare like that, because they learn things academically and they are prepared before going to kindergarten."* —Spanish-Speaking Focus Group Participant

*"I would love to have a foreign language being taught. That is definitely...good quality and more so a learning center instead of a daycare."* —Black and African American Focus Group Participant

Parents/caregivers also pointed out the importance of their children engaging in play outdoors.

*"It was a small yard that they had around the child care facility, but they maximized the space and the kids were outside all the time. They were outside all the time. I felt that was really valuable for my daughter. The kind of play and learning that the kids could engage in seemed really powerful..."*

—Rural English-Speaking Focus Group Participant

### 3 Quality Care Ensures Emotionally Safe and Supportive Environments

The environment fostered by the child care center was very important to parents. Across all the focus groups, parents/caregivers felt that quality child care environments should have a “home away from home” feel and a positive and calm environment that was supportive of children’s social-emotional needs.

*“For me, it’s the emotional piece, when children are learning to speak and they’re trying to communicate. For my daughter, when she first started going to daycare, there was just a lot of noise. There was screaming. She felt really overwhelmed. Actually, going for fewer hours worked a little bit better for her. Just thinking about the emotional needs of children as well. It’s not that we’re asking too much for our children. We want all of their basic needs to be met and the academic part. It’s stimulating and their emotional needs and the social.”* –Rural English-Speaking Focus Group Participant

Black and African American families spoke about quality child care providers being able to provide opportunities for children to process when they were experiencing negative emotions, helping them to develop strong coping skills. They also wanted providers to promote positive interactions between children.

*“I get that daycare providers are not counselors, but checking in with [children], like their mental [state]...A child could be like, ‘I’m mad!’ Well, what is that you’re mad about? Recognizing their feelings, and meeting that child where they’re at.”* –Black and African American Focus Group Participant

Black and African American families also hoped quality child care could provide moral grounding and a foundation for their children to develop positive values.

*“...one of the most important things is establishing a moral base and foundation value system...what’s righteous and what’s not righteous in regards to behavioral patterns and decision making. Those things are very, very vital for a child’s growth and development, in my opinion. I think those things being the concrete essence of the child care is like the nucleus, essentially, that everything clings to.”* –Black and African American Focus Group Participant

### Quality Care has Low Staff-Child Ratios

Low staff-to-child ratios were also considered important to families to ensure children were given needed one-on-one attention. Black and African American families expressed particular interest in low staff-to-child ratios in order to reduce the possibility of their children getting sick, reflecting ongoing concerns with COVID-19. Black and African American families also shared negative experiences of needing to put children in child care centers with a large number of children per staff member and seeing regression in their children.

*"I wanted him to have more of a school curriculum. Head Start seems like everything is on schedule, but it's so many kids. I don't know. I feel like he doesn't get that one-on-one time. I've seen a little bit of a regression, not progressing as well as he was when it was more one on one. It's different. It's been different, especially since COVID. The social skills, it's just different."*

—Black and African American Focus Group Participant

## Quality Care is Well-Trained Providers

Parents/caregivers reported valuing and feeling more confident in providers with training and experience. They felt that a provider that offers quality child care is one that could detect developmental delays in children and can make a referral for early intervention services, and/or that could support children with developmental delays, disabilities and varied learning styles.

*"Cuando él entró ahí [guardería] y se dieron cuenta de la deficiencia que tenía mi hijo en el habla, ellos mismos también me notificaron inmediatamente '¿Sabes qué? Las maestras han notado esto en el niño. ¿Estás de acuerdo en que mandemos una referencia a ESD?'"*

*"When he was enrolled and [provider] noticed my son's speech impairment, they also immediately notified me: 'You know what? The teachers have noticed this in the child. Do you agree that we send a referral to ESD?'"*

—Spanish-Speaking Focus Group Participant

*"Encouraging our children to know that they are important and being more patient with children who have special needs is also important to me as well. Because I feel like they don't get some of the attention or they get pushed to the side because of their sensitivity or inability to do certain things."*

—Black and African American Focus Group Participant

## Quality Care Provides Families with Additional Support Resources

Families were also extremely happy with care providers who offered them important material supplies (diapers, wipes, food, etc.) as well as educational supports for their children. Providers also sometimes offered much-appreciated resources to cover other basic needs for families, such as clothing and food.

*"También nos proveen banco de comida. Hay muchas ayudas que yo he tenido por parte de ese centro. Ya tengo casi siete años conviviendo con ellos desde mi primera niña."*

*"They also provide us with a food bank. There is a lot of help that I have received from that center. I have been interacting with them for almost 7 years since my first daughter."*

—Spanish-Speaking Focus Group Participant

*"They've been the best, and they are just behind us 100%. They gave our 2-year-old a winter jacket, last year or the year before. I think it was last year, when we were in need, and they've given others to other kids too, jackets, and they're amazing. I'm just so blessed."*

—Rural English-Speaking Focus Group Participant

## Quality Care is Available When Parents Need It

Families also talked about the importance of provider’s hours of operation as a key factor in ensuring a good fit to parents’ needs, noting that some providers were able to offer child care at irregular hours while they had to go to work, and flexibility when those hours were not consistent or needed to be changed.

*“ Luckily, I found a lady that was doing in-home daycare, and she was a blessing. She watched our kids for us with the weird hours and everything that we had going on.” –Rural English-Speaking Focus Group Participant*

*“ Me siento, más que nada, apoyada. Porque la babysitter me ha dicho que, si yo trabajo de día o en la noche, ella me puede cuidar a [Child’s Name]. Es muy flexible.”*

*“I feel, more than anything, supported. Because the babysitter has told me that, if I work during the day or at night, she can take care of [Child’s Name]. She is very flexible.” –Spanish-Speaking Focus Group Participant*

## Components of Quality Infant and Toddler Care Identified by Families



# Challenges Experienced Accessing Culturally Responsive, Quality Care

While parents/caregivers were quite clear in describing what quality child care should look like, they also shared the tremendous challenges they face in finding quality, affordable care for their youngest children. Below we describe the challenges that parents/caregivers experienced in accessing and using quality child care and the impacts of these challenges on their work, family, and personal lives.



## KEY TAKEAWAYS

### Challenges and Compromises

- 1** The lack of affordable, available, and culturally appropriate care requires parents to make difficult choices in order to secure care.
- 2** Parents/caregivers make sacrifices related to work, personal well-being, and family financial stability in order to access care.
- 3** Families face discrimination related to race, language, economic class, and marital status from child care providers.
- 4** COVID-19 continues to exacerbate existing disparities in access to care for families who are currently and historically marginalized.
- 5** The lack of affordable, quality care for infants and toddlers requires immediate, substantial, and significant investments in expansion and quality improvement.

Key issues that came up during the focus groups fell into four primary categories:

### **1 Lack of available child care programs and slots, including:**

- COVID-related impacts on availability of care
- Limited supply and long waiting lists, especially for quality providers
- Limited hours and lack of part-time options

### **2 Cost and the lack of affordable care, and the need to use lower quality but more affordable care:**

- Trading quality for affordability
- Challenges in using child care subsidies and instances of discrimination and bias
- Use of “patchworks” of care because of lack of quality, affordable care

### **3 Accessibility and discrimination issues:**

- Lack of care in families’ home language
- Experiences of discrimination and bias

### **4 Lack of trusted child care providers:**

- Fears of abuse and neglect for infants and toddlers
- Sacrificing quality for care provided by family and friends

To meet these systemic challenges, families were called upon to make compromises and draw on their own resources and networks in order to secure child care that could meet their needs. As families shared their stories about their search for quality child care, they clearly described the emotional burden and stress of having to make often difficult compromises in order to access needed child care. The most frequent compromises included:

- 1** Sacrificing quality care for more affordable care;
- 2** Employment-related compromises, such as leaving their jobs, working “swing” or other stressful schedules, or reducing hours worked;
- 3** Financial compromises, in particular, paying more than they felt they could actually afford to get quality care;
- 4** Compromises related to COVID safety precautions and preferences;
- 5** Reliance on trusted family members at the expense of quality;
- 6** Creating patchworks of care involving multiple caregivers that were often tenuous and unreliable.

# 1 Lack of Availability and Limited Supply

## Challenges and the COVID-19 Context

Parents/caregivers were asked to talk about the challenges they experienced accessing culturally-relevant, quality care for their infants and toddlers. These stories and experiences were largely in the context of the past 2 years during which the COVID-19 pandemic continued to significantly impact families and the child care system. While not all the challenges shared with us were specifically related to COVID-19 (the dire need for infant and toddler care in Oregon, and the many “child care deserts” had been previously documented in [Oregon’s Child Care Deserts: Mapping Supply by Age Group, Metropolitan Status, and Percentage of Publicly Funded Slots](#)<sup>1</sup>), the pandemic no doubt exacerbated many issues—especially those related to accessibility, affordability, and parents’ desire for appropriate health and safety routines. As has been documented elsewhere ([By the Numbers: COVID 19’s Impact on Child Care](#)<sup>2</sup> and the report [Key Highlights, Impacts of COVID-19 on Families’ Experiences with Child Care](#)<sup>3</sup>) COVID-19 led to widespread child care closures (especially for “drop-in” care) as well as reductions in available slots and increased costs for those providers who continued to offer care.

1 Available at <https://health.oregonstate.edu/>.

2 See <https://childcarerelief.org>.

3 See [https://oregonearlylearning.com/form\\_sets/key-highlights-a-summary-of-listening-sessions-with-families-with-young-children/](https://oregonearlylearning.com/form_sets/key-highlights-a-summary-of-listening-sessions-with-families-with-young-children/).

*“En mi caso fue un poco difícil, porque fue empezando la pandemia y era muy limitado... los daycares que estaban abiertos.”*

*“In my case it was a little difficult, because the pandemic was starting and the availability was very limited...for the daycares that were open.”* –Spanish-Speaking Focus Group Participant

*“This is our challenge. If the daycare provider gets sick, there’s no one to take your children, because you can’t take them to a daycare. Because of COVID, they don’t take any drop ins. You’re limited to try to find a friend. In our instance, we can’t get reimbursed at all if they aren’t willing to have a background check.”* –Rural English-Speaking Focus Group Participant

Limited child care slots, in general, made it that much more difficult for parents/caregivers to find providers that mirrored the type of attention to COVID safety that parents/caregivers wanted taken with their young children.

*“Some people don’t think the mask is important. Some people think it’s really important. Some people will wash their hands a lot. Other people think, ‘Oh, it’s not that big of a deal.’ Just getting somebody that has the same beliefs and standards that you have, it is hard to find.”*

–Black and African American Focus Group Participant

Overall, parents/caregivers reported having to make concessions around their fear of exposure to COVID for themselves and their children, and noted the tensions they felt between wanting children to have social interactions with others and their desire to protect their child from COVID exposure. For



some families, the opportunity for their children to engage in social interaction and other supports for their social-emotional development outweighed the risk of exposure to disease.

*"We had to be willing to say, OK, we feel like our child is really isolated. Let's take this, what felt like a big risk to us, to have them start attending daycare where they're going to be with a lot of other children. Who knows what's happening in terms of children who could go to daycare, if they were having symptoms, like a cough and a runny nose, and that's really hard to differentiate when they're so young. Is that just a regular, young toddler thing that's happening?"* –Rural English-Speaking Focus Group Participant

### Limited Offerings and Long Waitlists

Many families spoke of there being a lack of available child care in their area in general, and described ongoing challenges with long waitlists that could represent a wait of 6 months to 3 years in some cases. Families also reported a lack of offerings, especially for infant care. The lack of child care was especially evident when speaking with families living in rural areas, reflecting known patterns of "child care deserts" in the state. These families described a paucity of providers serving infants that were geographically accessible to parents.

*"That's just how life is around here. You hope you can find somebody. Just like I said, we happened to find somebody for these 4 days."* –Rural English-Speaking Focus Group Participant

*"I feel like we have one child care facility in our community right now that offers both [care for different age groups]. They can only take 15 kids, and they're*

*servicing 3 towns. It really makes me feel sad."* –Native American Focus Group Participant

This issue was not unique to rural parents, however, and many Black and African American, Native American, and Spanish-speaking families reported experiencing long waits for infant care or not finding care for their infants.

*"No hay cupo para las edades que necesitas, hay para las edades más grandes, pero, para infantes, no hay cupo en lugares certificados que le quieres poner tú confianza con tu infante."*

*"There are no available slots for the ages needed. There is space for the older ages, but for infants, there is no availability in certified places that you want to trust with your infant...."* –Spanish-Speaking Focus Group Participant

*"Then I'm learning, because this is my first child, that apparently having younger children, I guess 6 months to 1 year is even harder, maybe to break through the daycare scene. At least, that's been my experience so far."* –Black and African American Focus Group Participant

Staffing shortages in rural communities, where Native American parents/caregivers lived, were identified as a key reason that there was a limited supply of openings.

*"There's a shortage. I know that my niece multiple times doesn't have anywhere to go, because they'll be too short staffed. They'll tell my sister, 'Yeah, she can't come to school today, because they don't have any staff.'"* –Native American Focus Group Participant

*"The staffing is the whole issue. There's only one daycare out here where it takes infants. Like I said, it only takes 10. They'll take them up to 3 years. There's only two people in that classroom at all times. That sucks because only 10 babies can get to go to daycare."* –Native American Focus Group Participant

Families with multiple children also experienced more difficulty finding child care that could take more than one child.

*"Trying to find daycare in Baker City is almost impossible. Because of the laws in Oregon that limit the ages of children, we had to split them at one point and take one to one daycare and two to another, because the daycares either they have a child of their own under two, or they had one, and they were only able to have two."* –Rural English-Speaking Focus Group Participant

*"My difficulties with child care, I would say, in finding a child care that I can take all of my kids. Sometimes there's an age difference, or they don't have room for this age group, or they're not taking this age group at the moment. That's hard as well because you never want your kids to be split up between different daycares. That puts a hold on things, trying to find the right daycare to take all the kids."* –Black and African American Focus Group Participant

## Limited Hours of Operation

Even if families were able to afford particular child care options, the hours of operation available often did not meet their needs. Most child care providers did not offer hours outside of typical "business" working hours, which is a challenge for families working nontraditional work schedules. This further exacerbates disparities in access for families of color, who are more likely to be working jobs that require them to work evenings, weekends, and other "nontraditional" (e.g., not Monday to Friday 8 am to 5 pm) work schedules (Schneider & Harknett 2019).

*"The fact that I work 12-hour shifts at the hospital, it's hard for the hours to find child care that is available....I work from 7:00 am to 7:30 pm. It's hard to find a child care provider that does those long stretches of hours."* –Black and African American Focus Group Participant

*"Sí, es mucho la necesidad, y muchos padres que necesitan por las tardes. Casi nadie está dispuesto a cuidar niños en la tarde. Nada más tienen un horario de 8:00 a 4:00 o a 5:00 y ya cierran su negocio, y muchas cuidadoras no quieren después el horario más tarde."*

*"Yes, there is a lot of need, and a lot of parents with needs in the evenings. Almost no one is willing to take care of children in the evening. They only have a schedule from 8:00 to 4:00 or 5:00 and then they close their business, and many caregivers don't want to work later."* –Spanish-Speaking Focus Group Participant

The challenge of finding infant and toddler care with flexible hours of operation led a number of parent/caregivers to need to reduce or change their own work schedules, a frequent compromise described by families. Rural English-speaking and Spanish-speaking parents/caregivers spoke most directly about how they needed to change their employment due to limited child care options.

***"Tuve que cambiar mi horario de trabajo para poder encontrar quién cuidar a mis niños."***

*"I had to change my work schedule so I could find someone to take care of my children."* –Spanish-Speaking Focus Group Participant

***"I stepped back further from work, went even more part time, and I'm now home until we can find a situation that supports, hopefully, a classroom teacher's hours in addition to a doctor's hour."*** –Rural English-Speaking Focus Group Participant

For some of the Spanish-speaking families, these employment challenges were related to their change of status as migrant workers.

***"Cuando tuve a la niña, mi esposo fue lamentablemente deportado a México...[entonces] yo ya no calificaba [al cuidado de guardería], sí calificaba porque era de bajos ingresos, pero como [yo] no trabajaba en el campo [...] estaba en una lista de espera. Hasta ahorita, tres años después, todavía no llego [...] A base de eso, yo tuve que cambiar mi horario de trabajo y turnarme con mis hermanas, para que entre una y otra nos ayudáramos a cuidar los niños."***

*"When I had my daughter, my husband was, unfortunately, deported to Mexico...so I no longer qualified [for child care], I did qualify because I was low income, but since I didn't*

*work in the fields, [...] I was put on a waiting list. Even now, 3 years later, I'm still there. Because of that, I had to change my work schedule and take turns with my sisters, so that we could help each other take care of the children."* –Spanish-Speaking Focus Group Participant

Parents/caregivers spoke eloquently about the stress, burnout, and exhaustion that can come with trying to balance work schedules and child care options. Black and African American participants, in particular, highlighted how draining this can be.

***"For a very long time, it was just me and their dad. He would work at night and I would work in the morning. Then eventually that got tiring for the both of us."*** –Black and African American Focus Group Participant

Part time care for infants and toddlers, in particular, was noted as a difficult need to fulfill:

***"She has a couple therapy appointments and counseling every week. It's a challenge trying to get someone to watch for like 3 hours, because we go all the way to Nampa to do that. It's just been a struggle, because it's not really affordable, which I know... people that work there don't make a whole lot of money but yet you pay a lot of money, [laughs] it feels like. It's just been really tough, especially because I don't need someone full time. To find someone that will take them just 3 or 4 hours a day, they don't really want to do that. I don't have the ability to be able to pay for days that I'm not there just to hold a slot."*** –Rural English-Speaking Focus Group Participant

*"También yo he batallado demasiado con ese aspecto de que no me la quisieron recibir en varios lugares, porque yo les decía que no iba a quedarse muchos días."*

*"I have also struggled a lot with the fact that they didn't want to receive her in several places, because I told them that she wasn't going to stay many days."* –Spanish-Speaking Focus Group Participant

## 2 Cost and the Lack of Affordable Care

The issue of cost—and the particularly high cost of infant and toddler care—was, not surprisingly, a huge challenge for families. The high cost of infant/toddler care has been well-documented. For example, [a recent report](#) (Pratt, 2021) found that the average median cost per year for a toddler in center-based care is \$15,900, far exceeding the cost of a semester of college tuition in Oregon's university system. Further, costs for child care have increased at a rate far exceeding any increases in family median income. For families in these focus groups, this issue came up repeatedly. Moreover, parents/caregivers shared examples of how additional, related expenses can accumulate, as parents pay for transportation costs, additional fees and supplies, and the costs of care for families with multiple children.

*"For two children that comes out to be \$10,000 a month. I can't afford that. Plus, you want me to provide everything for them (i.e., diapers, snacks, etc..)"*

–Black and African American Focus Group Participant

*"Also, with before care and after care, transportation to school, now with gas prices being so high, the transportation fee of getting them to school and picking them up is also an issue."* –Black and African American Focus Group Participant

To be able to afford care, parents/caregivers frequently needed to look for alternatives—often that they recognized as being lower quality; this was clearly a source of stress and concern for parents who spoke with us across all the focus groups.

*"Mi ingreso es más de lo que ellos piden, pero es imposible. También veo otras opciones, otros lugares, otras guarderías y es demasiado costoso a la semana. No puedo. Me toca buscar otras opciones como las niñeras."*

*"My income is more than what they ask for, but it's impossible. I also see other options, other places, other daycares, and it's too expensive per week. I can't do it. I have to look for other options like babysitters."* –Spanish-Speaking Focus Group Participant

*"I've been looking into, what does that look like? What do daycares here in Portland look like? They're extremely expensive and easily half or third of my check. That's for what I feel like are the good ones, or have the values that I like, they're wait listed."*

–Black and African American Focus Group Participant

*"Me encantaría que mi hijo estuviera en un ambiente más educativo, que sería lo ideal para mí, pero no puedo, porque no lo puedo costear. Algo que me gustaría que cambiara a lo futuro, que sea un poco más accesible para las familias de bajos recursos."*

*"I would love for my son to be in a more educational environment, which would be ideal for me, but I can't, because I can't afford it. Something that I would like to change in the future, that this would be a little more accessible for low-income families."* –Spanish-Speaking Focus Group Participant

*"Tenemos que volver otra vez con la niñera, porque no puedo costear otro lugar, no califico para las otras organizaciones que hay a mi alrededor."*

*"We have to go back again with the babysitter, because I can't afford another place, I don't qualify for the other organizations around me."* –Spanish-Speaking Focus Group Participant

Other families found that they had to make the difficult decision to pursue child care opportunities that exceeded what they felt they could realistically afford. These families described the sacrifices they made to pay for what they felt was important for their child.

*"Even though they're on the expensive side, because I also tried applying for state help, and we make \$50 over income. That's our other biggest challenge too, is just paying \$1,250 a month for the babies, which is more than our \$900 house mortgage. It's eating us alive, but they're the best daycare around, they're the most reliable."*

–Rural English-Speaking Focus Group Participant

A few families recognized their privilege to be able to afford higher-quality care:

*"We found someone who was incredible. She was loving, she was knowledgeable, she had worked in preschools and other locations. It was incredibly expensive, but we had the privilege of having three families with doctors and doctor's salaries. We were able to pay for that."* –Rural English-Speaking Focus Group Participant

Finally, one family with foster children described how the lack of sufficient state support for foster children's child care costs led them to have to choose to pay out of pocket for better quality care.

*"I guess, my frustration is that one entity can't talk to the other, and they should be able to. The state of Oregon shouldn't drop their foster care children in this deep dark well...Foster children should fall right into that [state subsidies] also. It was a hard 2 months to get them to acknowledge that. My husband and I have paid a lot of money out of pocket for daycare, because we love these girls a lot. I know a lot of foster parents would never have done that, but we care for our kids."* –Rural English-Speaking Focus Group Participant

## Challenges with Subsidies

Although some families were able to access state subsidies to help with costs, the use of these subsidies sometimes came with challenges. Family income variability led to inconsistency in families' ability to qualify for subsidies, yet often additional income was not significant enough to cover child care expenses.

*"Cost has always been a struggle when it comes to daycare, because my husband and I will either make too much to qualify for things, or not enough to qualify. You're in the middle and it's stuck. I can't get these resources, but then I'm paying practically a mortgage for my child to go to daycare."*

—Black and African American Focus Group Participant

*"It was impossible to find anything. I did try to get child care through DHS and stuff, but because I was working two jobs, they said that I was overqualified, I wasn't able to get the assistance for the child care. That was the struggle that I constantly had."*

—Rural English-Speaking Focus Group Participant

Spanish-speaking families described other troubling issues related to the use of subsidies, such as providers demanding that families report more hours than had actually been provided, and outright discrimination and bias toward families who were receiving subsidies.

*"[Proveedor] exigía que yo pusiera [en la hoja de asistencia] que era toda la semana, cuando solamente iba a ir lunes, a veces, porque mi novio descansa. Esos días él a veces la puede cuidar. Iban a ser alternados, se iba a quedar, miércoles, martes y viernes. [Provider] me exigían que yo pusiera que se iba a quedar de lunes a sábado."*

*"[Provider] demanded that I put [on the timesheet] the whole week, when she was only going some Mondays, because my boyfriend has the day off. Those days he can sometimes take care of her. We were going to be alternate days, she was going to stay, Wednesday, Tuesday, and Friday. But [Provider] demanded that I put down*

*that she was going to stay from Monday to Saturday."*

—Spanish-Speaking Focus Group Participant

*"Yo nunca quise llenar los papeles. Ellos me decían que nada más pusiera como si estuviera trabajando muchas horas, y no me lo quisieron cuidar por ese motivo."*

*"I never wanted to fill out the paperwork. They told me to just complete it as if I were working long hours, they didn't want to take care of her for that reason."*

—Spanish-Speaking Focus Group Participant

### Unreliable and Unstable Care

Challenges finding child care that was available and affordable, and was offered at hours that reflected families' needs, led to more instability in child care settings for children, as parents had no other option but to put together a "patchwork of care" for their children. This was especially challenging for families with multiple children who differed in age.

*"To get the preschool experience, her child starts out at a preschool that does 8:00 to 11:00. Then another parent takes her and another child from that preschool to more of a daycare situation, but that daycare only goes till 3:30, then they have to go to a third location until the parents can pick them up at 5:30. Those little 4-year-olds are going to three different care providers during the day. I'm sure they're handling it, and I'm sure that they're doing beautifully, but I don't feel like that's quality. I don't feel like that's ideal. They probably deserve some more stability and consistency."*

—Rural English-Speaking Focus Group Participant

Parents/caregivers often found themselves scrambling to find a solution in the face of unexpected events, illness, and other changes in their child care situation.

*"We went to an in-home daycare from a lady from church. She was great, but she started changing her pricing and hours. Anyways, that fell through. Then we had to find another in-home daycare in the area, she was even better than the other lady, but then she started going through with a family lawsuit situation, and she had to shut down her doors. We were running into bad luck again with daycare. We had to find another in-home daycare in the area. That was a bad situation, because one of the teenagers started showing scary movies to my little boys, and they would have nightmares and stuff."* –Rural English-Speaking Focus Group Participant

*"I have always been the one to have a backup plan, and I don't have that right now...What if my mom needs a break? What if she's going on vacation? What if she gets sick? Who's going to be that emergency person? I don't have that, so that's been really hard."* –Black and African American Focus Group Participant

### 3 Accessibility and Discrimination

#### Language Barriers for Spanish-Speaking Families

Spanish-speaking families spoke about challenges finding a provider who was bilingual, Spanish speaking, or that had assistants or aides that could do language interpretation for their child. With the language barrier, it was difficult for parents/caregivers to communicate with potential caretakers and to assess whether they are a good fit for them and their children.

*"[211 línea telefónica de servicios comunitarios esenciales] ... me da una lista de proveedores. A todas esas listas yo marcaba, y marcaba, y me contestaban, preguntaba si hablaban en español, pero no hablaban en español. Sí se me dificultó bastante [encontrar una guardería]."*

*"[211 essential community services phone line]...gave me a list of providers to call. I called everyone from all those lists and I asked if any one spoke Spanish, but no one did. Therefore, yes, it was quite difficult [finding child care]."* –Spanish-Speaking Focus Group Participant

The lack of access to Spanish-speaking providers led families to place their children in care in which no one spoke their home language, a situation that parents recognized as potentially harmful for their children. Parents/caregivers of Spanish-speaking children shared that children felt socially isolated and fearful when they could not communicate with their English-speaking peers and teachers. Children's fear resulted from a lack of ability to express their basic needs, ask for support, or ask for explanations. Parents/caregivers also worried about their child being discriminated against and bullied for not speaking English.

*"No había nadie que hablara Español. De hecho, ahorita si busco, no voy a encontrar a nadie porque no lo hay de habla hispana. Eso es lo que a mí tanto se me ha dificultado, el idioma. Más porque mi niño se sentía muy inseguro al llegar, con lenguaje diferente a todos y que no se entendía con nadie. Era un horror para él quedarse así, y para mí también dejarlo, porque yo no sabía si mi niño ocupaba algo y no podía decir. Que los otros niños también lo hicieran a un lado porque no habla igual que ellos. Es difícil."*

*"There was no one who spoke Spanish. In fact, if I look now, I won't find anyone because there are no Spanish-speaking providers. That's what made it so difficult for me, it's because of the language. More because my child felt very insecure when he arrived, with a different language than everyone else and he didn't understand anyone. It was a horror for him to stay like that, and for me to leave him too, because I didn't know if my child needed something, and he couldn't tell them. Or if the other kids would also push him aside because he doesn't speak the same as them. It is difficult."* –Spanish-Speaking Focus Group Participant

*"Me parece bien importante que tengan en cuenta que también, a veces los niños no hablan el mismo idioma. Por ejemplo, yo aquí vivo en un lugar donde hay muy poca comunidad hispana. Muy pocos somos. Por ejemplo, cuando mandaba a mi niño a Head Start, no había quién hablara español. Ni un niño siquiera hablaba español. Mi niño era el único. Solamente iba una intérprete que ellos tenían, pero no iba todos los días. Iba como dos días a la semana, solamente como por una hora. Mi niño siempre llegaba buscando su carro y decía, "Es que no ha venido, y yo no*

*me quiero quedar porque nadie me entiende. ¿Qué voy a hacer si me pasa esto, si me pasa lo otro? Siempre él tenía ese miedo de que le pasara algo y él no lo supiera decir. Siento que hace muchísima falta que haya más intérpretes físicamente ahí porque, a veces te ponen uno por teléfono, pero, de aquí a que lo encuentran, es bien difícil para los niños."*

*"I think it's very important to keep in mind that sometimes children don't speak the same language. For example, here I live in a place where there is very little Hispanic community. There are very few of us. For example, when I sent my child to Head Start, there was no one who spoke Spanish. Not even one child spoke Spanish, my child was the only one. There was only one interpreter that they had, but she didn't go every day. She went about 2 days a week, only for about an hour. My boy would always arrive looking for her and would later say to me, "It's just that she didn't come, and I don't want to stay because nobody understands me. What am I going to do if this happens to me, if that other thing happens to me? He was always afraid that something would happen to him, and he wouldn't know how to say it. I feel that there is a great need for more interpreters being physically there."* –Spanish-Speaking Focus Group Participant

### **Discrimination Based on Race, Language, and Income Level**

Families of color shared the all too common experiences of discrimination and prejudice in child care settings, and they talked about discrimination based on language, marital status (single mothers), physical appearance, and using child care subsidies.



*"I do know that I've communicated with families that have thought they had spots, and then all of a sudden didn't, when other families got those spots. Inconsistency in admission. I can't prove that any of those choices were made because one family is one thing and one family is another. I can tell you that I know that families felt like those were choices that were made because of work hours, work situations. I've never heard that it was connected to a racial bias. It's been more about employment, family, culture. I wanted to share that. I'm guessing that if I know this exists, that it probably exists in other communities."* –Rural English-Speaking Focus Group Participant

*"With me, I have a two-page list of allergies. I don't want, ever, my child to be given food and not know if it was going to harm her or... Sometimes the baby has to sit at a different table because she has to eat this type of food... It was, I felt, because she was the only Black girl in the classroom."*

–Black and African American Focus Group Participant

*"He sufrido la discriminación por ser madre soltera. Primero he intentado buscar babysitting, uno busca lo más cerca. He buscado y a pesar de que sí cuidan niños, he sentido la discriminación de ellos hacia mi persona."*

*"I have suffered discrimination for being a single mother. I started by looking for the babysitting that is closest to me... I looked and even though they do babysit, I have felt discrimination from them towards me."* –Spanish-Speaking Focus Group Participant

Spanish-speaking families reported a number of instances of discrimination and harassment because of their use of child care subsidies.

*"Aunque siempre tratan de ser cordiales conmigo, siempre siento esa diferencia a la hora de firmar el papel del pago. Paso con otra mamá, porque en el daycare solo somos dos mamás que hacen pago con DHS. Lo que quiero decir, es una zona de gente de dinero, pudientes. No es común. Siento que por eso es el rechazo o el disgusto."*

*"Although they always try to be cordial to me, I always feel that difference when it's time to sign the payment paper. It also happens to another mom, because in the daycare we are the only two moms who make payment through DHS. If I may add, it is an area of people with money, wealthy people. I feel that's the reason for the rejection or dislike."* –Spanish-Speaking Focus Group Participant

*"Por ejemplo, me dice: 'Es la única opción que tú tienes para pagar' Siento eso... no sé cómo decirlo, esa tensión en la conversación siempre que se habla del pago. Ahorita por la pandemia, el pago completo lo hace DHS, siempre me está diciendo que se va a acabar el tiempo y voy a tener que sacar dinero de mi bolsa, que si estoy preparada para eso, que si ya he buscado otras opciones."*

*"For example, they say to me: 'Is this the only option you have to pay?' I feel that... I don't know how to say it, that tension in the conversation whenever you talk about payment. Now because of the pandemic, the full payment is being made by DHS, they're always telling me that time is going to run out and I'm going to have to take money out of my own pocket, and if I'm prepared for that, and they ask if I've already looked for other options."* –Spanish-Speaking Focus Group Participant

## 4 Lack of Trusted Child Care

### Experiences and Fears of Neglect or Abuse

Parents/caregivers explained how difficult it was, in general, to trust care providers with their youngest children. Often this lack of trust came from negative experiences or stories of negative experiences in child care, as well as parents' own historical trauma in child care spaces.

*"I do want to put my son in a daycare center to help me out, but the whole reason why I don't want to is the fact that I work in one. I see what goes on there every day."* –Native American Focus Group Participant

*"El bebé apenas tiene cuatro meses y la verdad, como mamá, no me siento segura de dejarlo en un lugar por cosas que uno pasó en su niñez, uno se vuelve protectora de sus hijos y no puede confiar a sus hijos con cualquier persona."*

*"Right now, the baby is only 4 months old, and the truth is, as a mom, I don't feel safe to leave him in a place because of things you go through in your childhood, you become protective of your children and you can't trust your children to just anyone."* –Spanish-Speaking Focus Group Participant

*"To be honest, when I was younger my mom really never let us, let nobody really watch us...We only stayed around our family. We didn't want to go outside our families. I'd say now I have a 6-month-old baby, and I have a 4-year-old, and I haven't put either one of them inside daycare. I don't trust people around my kids. It's a lot of things that be going on...I just have trust issues with people...I'd rather just keep my kids around my family than put*

*them inside of a daycare or something like that."* –Black and African American Focus Group Participant

Families in most groups shared stories of neglect and physical harm to their children or other children they knew, typically leading them to withdraw the child from care.

*"I remember when my nephew was young. He's 7 now. He was around 2, and he was at the [program] daycare. I remember him getting a black eye there. Other things would happen there. The history of knowing what happens or could happen at daycares makes me nervous. I know that our [NAME] daycare has all new staff now, but it's still the fact that these types of things do happen. Is what makes me nervous."* –Native American Focus Group Participant

*"Una vez me llegó con muchos rasguños en toda la cara, despeinada y así. Yo la pasé a traer, pero como estaba dormida, no le puse atención. Ya cuando llegué a casa, la iba a bañar, le alcé el cabellito y eran demasiados (rasguños). Inmediatamente, hable a esa guardería. Me dicen que se peleó con una niña. Le dije, "¿Y por qué no me lo comentaron cuando fui por ella?" Se le pasó a la señora que la tenía cuidando, le dije, "Pero mi bebé, es una bebé. ¿Cómo se va a pelear con una niña?" Me comentaron ellas que por un juguete. Le digo, "Los accidentes pasan," puede ser que a lo mejor sí, pero eran más de 20, 30 rasguños. Alguien no hizo su trabajo como debía de ser. Entre eso y otros motivos, la tuve que retirar de esa guardería."*

*"Once she came to me with a lot of scratches all over her face, disheveled and so on. I picked her up, but since she was asleep, I didn't pay attention to her. When I got home,*

*I was going to give her a bath, I lifted up her hair and there were too many (scratches). Immediately, I spoke to that daycare center. They tell me that she got into a fight with a little girl. I said, 'And why didn't you tell me when I went to pick her up?' The lady who was taking care of her forgot to tell me, I said, 'But my baby, is just a baby. How is she going to fight with a little girl?' They told me that it was over a toy. I told them, 'accidents happen,' maybe they do, but it was more than 20, 30 scratches. Somebody didn't do the job the way they were supposed to. Between that and other reasons, I had to take her out of that daycare."* –Spanish-Speaking Focus Group Participant

A number of parents/caregivers also shared experiences with providers who did not maintain proper hygiene and/or environments that were not clean.

*"Yo fui con cuatro diferentes centros registrados del Estado, y con los cuatro había problemas. Era duro cómo era el cuidado, cómo estaba de sucio, había así problemas."*

*"I went to four different state-registered centers, and there were problems with all four. It was hard to see how the care was, how dirty it was, there were problems like that."* –Spanish-Speaking Focus Group Participant

*"I'm supplying the diapers and the wipes. I'm asking them to be changed every hour and a half. They tell me they set a timer for 2 hours. There's no way, because they pee through their diapers into their clothes, so they have to have their clothes changed."*

–Rural English-Speaking Focus Group Participant

*"Nos los mandaba a la casa, no llamaban, no hacían la notificación en ese mismo día, se esperaba hasta el fin de la semana. A todos les mandaba una nota diciendo, 'Oh, el lunes encontramos a un niño con liendres, chequeen a sus hijos.'" Era de cada semana. No había una semana que no tenían liendres."*

*"They wouldn't send them home, they wouldn't call them, they wouldn't do the notification that same day, they would wait until the end of the week. They would send a note to everybody saying, 'Oh, on Monday we found a child with nits, check your kids.' It was every week. There wasn't a week that they didn't have nits."* –Spanish-Speaking Focus Group Participant

### **Reliance on Family and Friends at the Expense of Quality**

Because of these and other issues related to finding trusted care, some families chose to rely on family and friends in order to feel comfortable leaving their child with an alternative care provider. However, this decision sometimes came with concerns about the quality of care, especially in terms of providing support for learning and development during care hours. Parents/caregivers are well aware of the potential skill development their children may not receive from family and friends and, as a result, expressed concern about the long-term repercussions for school readiness.

*" With the family and friends watching them, they really don't...They do what family does. They hang out with the kids and things like that and watch and care for them. They don't do a whole lot of learning and teaching stuff, which I really felt would have been great."* –Rural English-Speaking Focus Group Participant

Some parents also acknowledged that they felt more comfortable making this decision when they knew they could supplement their child's development in other ways.

*" That [an educational curriculum] would be really important, but I think that regardless if I put my son into a city daycare, and I know that that's not going to be a viable option. I think that I'm still comfortable with that because I know, personally, my family would teach my son that. Knowing that my family has a strong unity, connection, and the different things we do together, I feel knowing that my son will have that to fall back onto and to not to rely on the child care center he goes to."* –Native American Focus Group Participant

A woman with long dark hair and glasses is sitting outdoors, holding a young child. They are both looking down at a book or tablet she is holding. The woman is wearing a grey t-shirt and the child is wearing a blue and white striped polo shirt. The background shows green foliage.

## Recommendations from Parents and Caregivers for Improving Infant and Toddler Child Care Systems

When we asked focus group participants to share their recommendations for improving child care systems, they had a lot to say. Not surprisingly, these recommendations largely align with what parents/caregivers described as important to them in terms of quality care.

**Foundational to their recommendations was the clear need for greatly expanded access to affordable, quality, culturally- and linguistically-appropriate child care, across the state but particularly in rural areas.**

In considering statewide investments to increase availability, it is notable that parents/caregivers varied in what kinds of programs they need and see as the “best fit”; therefore, having multiple options for facilities and settings is important. Not surprisingly, child care affordability, especially for the youngest infants and toddlers, was a key issue across the board for families.

Key changes parents/caregivers called for included both system-level recommendations related to affordability, accessibility, and professional development, as well as provider-level recommendations for areas for quality improvement and program enhancements. Specific recommendations included:

- Increasing resources and information about child care options, quality, and availability for parents seeking care;
- Increased affordability of infant/toddler care;
- More child care facilities and programs, especially in rural areas;
- An expanded qualified workforce and, in particular, an increased number of racially, ethnically, and linguistically diverse providers;
- Expanded hours and flexible scheduling options;
- Improving systems for monitoring and reporting bias, discrimination, and child neglect and safety;
- Providing more training, supervision, and support for providers, as well as more adequate wages and benefits;
- In particular, parents/caregivers called for training to help providers improve their ability to:
  - Communicate with parent/caregivers
  - Build warm, supportive relationships and partnerships with families
  - Provide opportunities for creating a sense of belonging to a parent/caregiver community
- Ensure high levels of safety and hygiene.

Additionally, while parents/caregivers did not directly share ideas for supporting families who experience discrimination and bias in their interactions with child care providers, the frequency of these experiences suggest that this is an important area for the state system to address. Thus, a final recommendation is to **ensure mandatory training for implicit bias** for all providers and to communicate clearly with parents/caregivers a mechanism for reporting these experiences to state oversight agencies.

## 1 Increased Information and Resources for Families Seeking Care

Parents we spoke with had a strong desire to be informed, educated consumers of child care services. This requires having better, more up-to-date, detailed information in a format that is easily accessible. Given how parents are currently accessing information, such a system should also involve working through trusted community-based organizations and family health care (i.e., pediatricians) to provide resources and help connect families to care. [A recent national report](#) highlights the importance for families of having this kind of information available, key elements of effective child care consumer education systems, as well as noting the general lack of such systems nationally.

Families in these focus groups specifically spoke about the importance of having access to an updated referral list of available child care providers, local community resources, and parenting programs, as well as educational resources and services for their children. One parent/caregiver suggested having this information available at pediatricians' offices through flyers. Another suggested having a link on the Early Learning Hubs and DHS websites where they can easily have a list of local child care providers and their current openings.

*"I just even think about going to a pediatrician visit, if there had been some resources there like, oh, you're new or you're a new patient here. Here are all the resources for families. Here are different daycare possibilities or other kinds of enrichment or different supports for families. That might be a great*

*access point for people that are new to a community."* –Rural English-Speaking Focus Group Participant

*"The only other thing I can think too is maybe like a more updated list of child cares. I've seen a list of child cares in the area through the Head Start program, because I'm a board member for the Head Start program. The community needs the assessment before soliciting a list of child care providers that way. I wonder maybe if maybe there's a website through DHS or somewhere, or early learning hub, available child care resources or something like that. I think there's a link or something like that."* –Rural English-Speaking Focus Group Participant

## 2 Increased Affordability

Families expressed the importance of increasing state funding and support for the early childhood field. All working families shared the desire to make child care accessible and affordable to everyone, regardless of their income level.

*"Hay un lugar donde me encantaría llevar a mi hijo, donde solamente se habla español, pero no puedo costearlo, es demasiado caro. Para un cupo en Head Start, no calificó. Para otras organizaciones, no calificó. Sí quisiera llevarlo a otro lugar, pero es demasiado costoso."*

*"There is a place I would love to take my son, somewhere they only speak Spanish, but I can't afford it, it's too expensive. I don't qualify for a Head Start opening. For other organizations, I don't qualify. I would like to take him somewhere else, but it's too expensive."* –Spanish-Speaking Focus Group Participant

*"Algo que me gustaría que cambiara a lo futuro, que sea un poco más accesible para las familias de bajos recursos."*

*"What I would like to change in the future, is that child care would be a little more accessible for low-income families."* –Spanish-Speaking Focus Group Participant

Latinx families suggested that there should be more subsidized child care and child care subsidy options for low-income families who don't qualify for ODHS-related child care subsidies or other state- and federally-funded child care programs for lower-income families.

*"Que hay subsidios para esos padres que si tienen 'altos ingresos.' Son altos ingresos porque la vida cuesta cada vez más, y no alcanza para pagar un cuidado privado, o un cuidado de casa."*

*"There should be subsidies for those parents who have 'higher incomes'. They have higher income because life costs more and more, but it's not enough to pay for private child care or home child care."* –Spanish-Speaking Focus Group Participant

*"He visto la necesidad de los padres que vienen y preguntan si hay algún programa para que ellos puedan pagar, porque a veces son madres solteras que no tienen uno, tienen dos niños, y por un dólar que se pasaron, [provider name] ya no se los acepta."*

*"I've seen the needs of parents, they come and ask if there is a program that can help pay, sometimes they are single mothers who don't have just one, they have two children, and for being a dollar over, [provider name] doesn't accept them anymore."* –Spanish-Speaking Focus Group Participant

### 3 More Child Care Facilities, Programs, and Providers

The lack of child care facilities and providers, overwhelmingly in rural areas, is the main reason families want to see immediate changes in having access to more child care centers, family child care homes, and child care professionals at large. Parents/caregivers also expressed their desire to have child care facilities closer to where they live and work and reducing the time they spend on waiting lists.

*"I'm thinking in our community...there's also a physical lack of care facilities and care providers [in the area]."*

–Rural English-Speaking Focus Group Participant

*"That and then maybe having more staff members and bigger space, because it sounds like that's the issue. There's a shortage. I know that my niece multiple times doesn't have anywhere to go, because they'll be too short staffed. They'll tell my sister, 'Yeah, she can't come to school today, because they don't have any staff'."* –Native American Focus Group Participant

Parents/caregivers also see the need and suggest allocating state funding for infant and toddler (ages 0-3 years) care programs where they see a shortage of child care slots, primarily for infants (ages 0-1 years).

*"There's only one daycare out here where it takes infants. Like I said, it only takes 10. They'll take them up to 3 years. There's only two people in that classroom at all times. That sucks because only 10 babies can get to go to daycare."* –Native American Focus Group Participant



## 4 More Racially, Ethnically, and Linguistically Diverse Providers

Parents/caregivers want to see an increase in the number and availability of child care providers who reflect a variety of racial, ethnic, and linguistic backgrounds. Spanish-speaking families, in particular, noted the tremendous need for Spanish-speaking and bilingual providers. Speaking the same language is essential for parents/caregivers to be able to communicate with those who care for their children. For this reason, they desire to have child care providers share the same language as them, so that they can communicate easily and feel comfortable with them as well as with their children.

*"Me gustaría que, en su mayoría, los proveedores fueran bilingües. Realmente sí se nos complica a la mayoría de las personas que no sabemos el inglés, hablar con ellos."*

*"I would like it if most of the providers were bilingual. It really does make it difficult for most of us who don't know English to talk to them."* –Spanish-Speaking Focus Group Participant

## 5 Expanded Hours and Flexible Scheduling Options

Families would like to see child care providers offer extended child care hours beyond their Monday to Friday 8 am to 5 pm schedule and offer more flexibility in terms of the number of days children can be present as well as the number of hours. Moreover, some participants described a critical need for after-hours and emergency/drop-in care.

## 6 Increased Regulation and Monitoring as Quality Guardrails

Finally, some parents/caregivers also expressed a desire to see more monitoring and regulation of child care providers to ensure safety.

*"Me gustaría, algún tipo de regulaciones a los proveedores. Que los estén monitoreando a los propios proveedores, de alguna manera que ellos también sientan que alguien los está viendo, que no pueden hacer lo que ellos quieren."* –Spanish-Speaking Focus Group Participant

*"It would be nice to have some kind of regulations on the providers. That they monitor the providers themselves in some way, so that they also feel that somebody is watching them, that they can't do whatever they want."*

*"Más que nada para uno como padre, como madre, que dejamos a nuestros hijos ahí, sentirnos un poco más seguros de que también ellos están de alguna manera siendo, vigilados."* –Spanish-Speaking Focus Group Participant

*"More than anything as a father, as a mother, we leave our children there, to feel a little more confident that they are also somehow being monitored."*

Related to this, parents/caregivers recommended providing more access to information about how to report experiences of neglect and/or abuse in child care, and recommended requiring providers to give parents/caregivers information about how to make reports to DHS.

## 7 Better Financial and Other Professional Development Supports for Providers

Families felt that it was important to increase training and support for child care providers, both in terms of providing additional professional development, supervision, and training, as well as by ensuring livable wages and benefits for providers. Families see firsthand the challenges that child care providers experience, due to it being a profession that is low paid, exhausting, and has a high turnover rate. Families felt that it is very important that early childhood providers earn a decent living wage, have benefits, receive proper training, and be recognized as professionals.

*“Thinking about the other side of that, is making sure that our child care providers are supported, and maybe not supported by families, maybe supported by the state, or the government, or someone with more money than us. [laughs] I don’t know really how that would work, but that would be my dream.”* –Rural English-Speaking Focus Group Participant

*“I would just want to add or end on that I feel like it’s also really important on that flip side to make sure that early child care providers are being paid a living wage. Perhaps they’re receiving benefits, if that’s ever possible [laughs] in the long-term view, that they’re receiving adequate training and that they’re considered professionals.”*

–Rural English-Speaking Focus Group Participant

## 8 Areas for Provider Quality Improvement

Families spoke about a range of areas in which they felt child care providers could improve the quality of care they are providing. First, they talked about the importance of having open channels of communication with providers so they are kept informed of their child’s development and have a voice in the education of their children.

*“I probably would really love whether it’s like a quarterly newsletter, and it’s featuring some different things. I’d like a little almost like calendar of these are all the dates where we’re closed. It seems like sometimes it’s a week or two before we’re closed for spring break.”* –Rural English-Speaking Focus Group Participant

*“Those extra things I was talking about. Going above and beyond with the projects. A good communication they have with us too. They text us updates. They keep us in the loop on when the daycares are going to be closed ahead of time. They ask us ahead of time what days they’ll be there. It’s also good communication around events though. Family events that they organize, and then the extra resources. They reach out to us. They follow up with us too. If we make a comment about how our day went or something like that, all of this, staff have taken the time to follow up with us the next day.”* –Rural English-Speaking Focus Group Participant

Fundamentally, all families want to be heard by their child care providers when it comes to discussing their children's needs, and they want their children's education to be a collaborative effort between both the parents/caregivers and the providers. They described the need for providers to build skills, in order to learn to respect and listen to parents/caregivers and to work collaboratively with families.

*"I want to have that option of knowing what you're installing and knowing that it's OK to say, 'No. I don't want my child to learn that in this degree or at this time'"*

—Black and African American Focus Group Participant

Part of this was also a recognized need for providers to be better able to individualize their care to meet the specific needs of different children and to provide adequate attention to each individual child. Parents/caregivers would like to see more individualized attention and support for children and families and to not treat them like a paycheck or another number, but to be able to connect with and understand their family.

*"Sentir que es aceptado, que le ponen atención. Obvio que todos queremos eso, que les pongan atención a los niños. Entonces me gustaría eso, que no nomás dejen a mi niño ahí. Que le pusieran la atención que él requiere, si es posible."*

*"I want to feel that he is accepted, that they pay attention to him. Obviously, we all want that, that they pay attention to the kids. I'd prefer they don't just leave my child there. I would like them to give him all the attention he needs, if possible."* —Spanish-Speaking Focus Group Participant

*"I want my kids to be treated with respect and get their needs met."*

—Black and African American Focus Group Participant

Families spoke about the importance of having a sense of community in their child care settings and would like there to be opportunities to socialize with other families and their providers themselves, which would help them create a better sense of community.

*"Some things that my awesome daycare does already, and that helps make us feel more welcome and supported as every heart. They call it fall time, they have a barbecue at the center. All the families come to gather together...which is awesome. Would be able to connect with other families from the daycare."* —Rural English-Speaking Focus Group Participant

They also want to see ongoing training for both licensed and license-exempt providers—including safety, emergency and overall training—so they can be more welcoming and inclusive of culturally, linguistically, and economically diverse families, and children with developmental delays or disabilities.

*"Que tomen constantemente algún tipo de examen o algún tipo de clases para que tengan paciencia [con los niños]."*

*"They should constantly take some kind of exam or some kind of classes so that they have patience."* —Spanish-Speaking Focus Group Participant

*" They also did tell us about the teachers I've mentioned too that they do ongoing trainings too, like a CPR classes and different things too. That helps reassure us too what goes along with the other thing too of quality, children, the structure, and family aspect."* –Rural English-Speaking Focus Group Participant

## **9 Training and Reporting of Instances of Bias and Discrimination**

While not directly mentioned as a recommendation by parents/cargivers, the findings suggest that another important area for training and support for providers is related to reducing implicit and explicit bias related to language proficiency, race/ethnicity, family composition, and economic status. Thus, a final recommendation is for the early learning system to directly address bias and discrimination among providers by having required ongoing training focused on building racial equity consciousness, implicit bias, and racism, and to ensure parents/ caregivers have knowledge about how to report experiences of discrimination and harassment and have easy access to a system for doing so.



## Summary and Conclusions

Many of the messages and experiences shared were similar across the groups of families, reflecting considerable shared value for affordable, reliable, and accessible care that welcomes families and responds to children's needs.

## 1 How are families accessing quality infant and toddler care that meets their needs?

While some families reported that they were able to find child care that met their needs, often this process was stressful and time consuming. Parents/caregivers frequently turned to word-of-mouth and trusted referrals from other community members—including medical providers, friends and family members, colleagues, and employees at trusted community organizations—for support in seeking child care. They also developed different strategies to find quality, appropriate child care, such as visiting many providers and remaining patient as they experienced multiple rejections; undergoing detailed internet searches including reading reviews by other parents/caregivers; and looking for providers at trusted local community centers and/or at centers with long-term presence in the community. In looking for care, it was clear that parents/caregivers were seeking information that could help them assess quality, as well as balance accessibility concerns such as location, hours, and costs.

## 2 What does quality infant and toddler care look like for these families?

Parents/caregivers expressed their understanding of quality care under three dimensions: (a) having trusting relationships with providers, (b) experiencing care that is culturally specific and/or culturally responsive, and (c) occurring in supportive, nurturing, and developmentally stimulating environments.

In order to trust that the child is happy and receiving warm, responsive, healthy, and safe care, parents/caregivers frequently relied on family or friends for care. When engaging with

providers, they focused on their professional values, behaviors, and attitudes, and their ability to establish warm, personal connections with family members and the child. They also sought providers who encourage visits from parents/caregivers by having an “open door” policy and who have frequent, bi-directional communication with parents.

Culturally, parents/caregivers felt that quality care should reflect their family's values and culture. For all of the parents/caregivers of color, having child care providers and settings that reflected their own family history, values, racial/ethnic culture, and linguistic preferences was a central factor in defining quality. For them, quality care celebrates diverse cultures, languages, and traditions through materials, staffing, and values.

Quality care environments were characterized by having healthy, safe routines for children; engaging in educational, developmental, and enrichment activities; being welcoming for both children and parents/caregivers; having low staff-child ratios; and having well-trained providers for different learning styles and being able to identify developmental delays or disabilities. Quality care facilities were open when families needed them and supported them to access additional family-support resources.

Ongoing input from parents/caregivers on how to define, create, and monitor early learning programs that truly reflect their perspectives on quality will be important for building a more equitable and authentically family-centered system.

### 3 What challenges do parents/caregivers face in finding and accessing quality infant and toddler care?

Parents shared the formidable challenges they have faced in finding quality, affordable care for their youngest children and the impacts of these challenges on their work, family, and personal lives. Key issues that came up during the focus groups fell into three primary categories:

- a Lack of available child care programs and slots**—including COVID-related impacts, limited supply, and long waiting lists—especially for quality providers in rural areas where staffing shortages were also common, as well as limited hours and lack of part-time and emergency-care options;
- b Cost and the lack of affordable care**—including affiliated expenses, such as transportation fees and supplies—add a cost burden to families. Related to this, families who use subsidies to help allay high costs described numerous challenges and instances of discrimination and bias;
- c Concerns with quality, including the lack of quality care in families' preferred language**; care being unreliable and inconsistent; and the experiences and fears of discrimination, neglect, or abuse.

As families shared their stories of the many challenges they faced in their searches for child care, it was clear that many were forced to make compromises and/or adopt coping strategies, including: sacrificing quality care for more affordable care; employment-related compromises, such as leaving their jobs, working “swing” or other stressful schedules, or reducing hours worked; financial compromises, such as

paying more than they felt they could actually afford to get quality care; compromises related to COVID safety precautions and preferences; and reliance on trusted family members at the expense of quality educational experiences.

### High Level Recommendations

Focus group participants shared their recommendations for improving child care systems in Oregon to support families with infants and toddlers. There was a clear need for greatly expanded access to affordable, quality, culturally- and linguistically-appropriate child care across the state, particularly in rural areas and for infants. Child care affordability was a key issue across the board for families. Specific recommendations included:

- 1 Increasing resources and information about child care options, quality, and availability for parents seeking care;
- 2 Increasing the affordability of infant/toddler care;
- 3 Expanding child care facilities and programs, especially in rural areas;
- 4 Developing and supporting an expanded qualified workforce, in particular an increased number of racially, ethnically, and linguistically diverse providers;
- 5 Expanding providers' hours and flexible scheduling options;
- 6 Improving systems for monitoring and reporting bias, discrimination, and child neglect and safety;

- 7 Providing more training, supervision, and support for providers, as well as more adequate wages and benefits;
- 8 Helping providers listen to and partner with families more effectively. Fundamentally,, all families want to be heard by their child care providers when it comes to discussing their children's needs; families want their children's education to be a collaborative effort between both the parents/caregivers and the providers. As such, parents called for training to help providers improve their ability to:
  - Communicate with parent/caregivers;
  - Build warm, supportive relationships and partnerships with families;
  - Provide opportunities for creating a sense of belonging to a parent community;
  - Ensure high levels of safety and hygiene.

Additionally, while parents did not directly share ideas for supporting parents who experience discrimination and bias in their interactions with child care providers, the frequency of these experiences suggest that this is an important area for the state system to address. Thus, final recommendations are (a) to ensure mandatory training for implicit bias for all providers and (b) to communicate clearly with parents a mechanism for reporting these experiences to state oversight agencies.

## Conclusions

It is important to note that while many of the characteristics of quality that these parents emphasized are well-established in the field of early childhood and are recognized in existing state systems for quality improvement and assessment, parents bring additional components and priorities that should be incorporated into definitions of "quality care". Factors such as prioritizing culturally-responsive and specific care, the critical importance of having a shared language, and ensuring that facilities and settings feel like a "home away from home" are clearly central to what parents want from infant and toddler care, but have been less clearly prioritized in state quality definitions and assessments to date. Ongoing input from parents on how to define, create, and monitor early learning programs that truly reflect their needs and values will be important for building a more equitable and authentically family-centered system.

In summary, as this report details, parents/caregivers with infants and toddlers had much to say in terms of things that state and local policy makers could do to create both shorter-term systems improvements and to move forward with the deep systems transformations needed to create an equitable, quality system of early learning for all Oregon families. As a research team, we look forward to seeing how Oregon's early learning system leaders use these families' voices in their future policy and program investments.



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# Appendices

## Appendix A. Focus Group Questions

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### English

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#### Preschool Development Grant 2.0

#### Listening Session Questions: Infant/Toddler

#### Accessing Appropriate Infant and Toddler Child Care

- 1 Tell us about your experiences with finding a provider that you trust who is welcoming and respectful of your family.
  - a How easy or difficult was this process?
  - b Did you experience any challenges?
  - c Were you able to find appropriate childcare?
  - d How much choice did you feel you had in where your child would go for child care?
- 2 Thinking about the childcare you've used for your child(ren) who are under the age of three, tell me about what quality care looks like for your infant/toddler?
- 3 Did you feel you had to make compromises in what you wanted in child care for your infant/toddler?
  - a If yes, can you tell us more?
- 4 To what extent does your child care provider's approach reflect your family structure, values, languages, traditions and cultures?
  - a Can you provide some examples?
  - b To what extent do you think this is important for your child? Why or Why not?
- 5 Have you or your child experienced any bias or discrimination related to your race, family structure, gender identity, or other factors when interacting with child care providers?

#### Changes Needed

- 6 What could child care providers do to help you or other families with infants and toddlers feel more welcome and supported?
- 7 What else could be changed to make it easier to find high-quality care that meets your child's needs and your family's needs?
- 8 Anything else that you want us to know that is important for the early learning system overall?

### Preguntas

- 1 Cuéntenos sobre sus experiencias al encontrar un proveedor en el que confíe, que sea acogedor y respetuoso con su familia.
- 2 Pensando en sus experiencias de cuidado infantil para sus hijos menores de tres años. ¿Cómo se ve ese cuidado de alta calidad para su bebé?
- 3 Sintió que tenía que hacer algún acuerdo/arreglo en lo que quería en el cuidado de niño para su bebé?
- 4 ¿En qué medida el método que tiene su proveedor de cuidado infantil refleja la estructura, los valores, los idiomas, las tradiciones y las culturas de su familia?
- 5 ¿Usted o su hijo han experimentado algún prejuicio o discriminación relacionado con su raza, estructura familiar, identidad de género u otros factores al interactuar con los proveedores de cuidado infantil?
- 6 ¿Qué podrían hacer los proveedores de cuidado infantil para ayudarlo a usted u otras familias con bebés y niños pequeños a sentirse más bienvenidos y apoyados?
- 7 ¿Qué más se podría cambiar para que sea más fácil encontrar cuidado de niños de alta calidad que satisfaga las necesidades de su hijo y de su familia?
- 8 ¿Hay algo más que quiera compartir con nosotros que sea importante para el sistema de aprendizaje temprano en general?

## Appendix B. Participant Characteristics

**Table 1. Participant Family Characteristics**

<b>Number of children cared for by parent/caregiver <i>n=45</i></b>	<b>Percentage</b>
1 child	38%
2 children	27%
3 children	20%
4-5 children	16%

<b>Ages of children cared for by parent/caregiver <i>n=45</i></b>	<b>Percentage</b>
Under 1 year old	36%
1 year old	27%
2 years old	31%
3 years old	22%
4-5 years old	22%
Kindergarten or above	36%

<b>Child has IFSP, developmental delays, or medical needs <i>n=44</i></b>	<b>Percentage</b>
No	91%
Yes	*

<b>Parent/caregiver has child who has been asked to leave care in last year <i>n=41</i></b>	<b>Percentage</b>
No	100%
Yes	0%

<b>Relationship to child <i>n=45</i></b>	<b>Percentage</b>
Parent/step parent/adoptive parent	84%
Foster parent, other legal guardian, other	16%

<b>Parent/caregiver gender identity <i>n=21</i></b>	<b>Percentage</b>
Female	93%
Male	*

<b>Parent/caregiver marital status <i>n=44</i></b>	<b>Percentage</b>
Single	46%
Married	34%
Domestic partnership / other	20%

<b>Language spoken at home <i>n=44</i></b>	<b>Percentage</b>
English	80%
Spanish	43%
Other: Mandarin, Russian, ASL, Baby Sign	25%

<b>Parent/caregiver education level <i>n=44</i></b>	<b>Percentage</b>
Up to High School diploma or GED	52%
Some college/2-year degree	30%
4-year or advanced degree	18%

\*Data suppressed for groups with fewer than 5 responses

**Table 1. Participant Family Characteristics***(continued)*

<b>Parent/caregiver employment status</b> <i>n=44</i>	<b>Percentage</b>
Work full-time	52%
Work part-time	16%
Not employed	32%

<b>Parent/caregiver ethnic identity</b> <i>n=45</i>	<b>Percentage</b>
African American and/or Black	42%
American Indian	*
Hispanic and/or Latino	44%
Middle Eastern or North African	*
Native Hawaiian or Pacific Islander	*
White	20%

<b>Parent/caregiver is member or descendent of a tribe</b> <i>n=45</i>	<b>Percentage</b>
No	96%
Yes	*

**Tribal affiliations represented include:**

- Klamath Tribes

**Table 2. Type of Child Care Used**

<b>Type of Care</b> <i>n=44</i>	<b>Percentage</b>
Childcare Center / Head Start	32%
Home provider	14%
At family, friend, or neighbor's home	32%
At home: abysitter, nanny, family, friend or neighbor	18%
Only parent/caregiver cares for child	25%

\*Data suppressed for groups with fewer than 5 responses

## Description of Participants by Focus Group

### Black/African American-identifying participants

A total of 20 Black/African American parents/caregivers participated in 2 focus groups. 100% resided in the Portland Metro area, consisting of Washington, Multnomah, and Clackamas Counties. 60% of these families had 2 to 5 children in their care, and 40% were single-child households. 100% identified as English speaking at home, with 5% also speaking Spanish and 5% also speaking Mandarin.

48% relied on family, friends, or neighbors or a home-based childcare provider for infant care; 14% reported having an in-home nanny or babysitter. Another 14% reported that only the parent/primary caregiver provided infant care. 29% utilized the services of a childcare center or Head Start. Percentages add up to more than 100% because some families utilized more than one type of care service.

### Native American-identifying participants

A total of two parent/caregivers participated in one focus group. All resided in Klamath County. Participants accessed child care by sending their child to a family, friend, or neighbors' home or had a parent as a primary care provider. 100% spoke English in the home.

### Spanish-speaking-identifying participants

A total of 17 parents/caregivers participated in 2 focus groups. 47% resided in the Portland Metro area (Washington County). The remaining 53% resided in rural counties: Baker and Malheur.

71% of families had anywhere from 2 to 5 children and 29% of participants were single-child households. 100% identified as Spanish speaking at home, with 47% of these participants also speaking English at home, and a further 24% also speaking Mandarin, American Sign Language, Baby Sign Language, and Russian.

48% accessed child care by sending their child to a family, friend, or neighbors' home or a home provider, 12% received care services in their own home. 41% of families had a parent as a primary care provider at home, and 12% utilized the services of a childcare center. Percentages add up to more than 100% because some families utilized more than one type of care service.

### English-speaking rural-identifying participants

A total of six parents/caregivers participated in one focus group. Participants resided in Malheur, Wallowa, and Baker Counties.

67% of families had anywhere from 2 to 5 children, and 33% of participants were single-child households. 100% identified as English speaking at home. 83% of participants identified as White, and 17% as Hispanic and/or Latino.

100% of participants reported utilizing the care services of a childcare center, while some also accessed care through a family member, friend, neighbor, or a home provider at their homes or in their own home.

## Appendix C: Definitions and Key Terminology

We provide the following list of definitions that we hope explain our choice of terminology as well as key acronyms used in this report. We recognize that word choice is powerful and complicated, and acknowledge that for many terms, there is no perfect choice. Our value is to use terms that are strengths-based (rather than deficit-based), that are inclusive, and that prioritize the ways that participants described themselves and their families.

The following resources were consulted when creating these definitions: OHSU Inclusive Language Guide, Center of Excellence Equity Statement, CDC Adolescent and School Health Terminology and Anti Bias | NAEYC.

**Abelism.** Discrimination in favor of people who are able-bodied.

**Anti-Bias.** Opposing or prohibiting unfair discrimination against people based upon race, ethnicity, age, sex, gender identity or expression, sexual orientation, religion, financial status, immigration status, marital status, educational level, family composition or disability. Preventing or counteracting bias.

**Anti-Bias Curriculum.** Approach to educational curricula which attempts to challenge biases. Anti-bias early care and education programs place diversity and equity goals at the center of the learning environment, curriculum, as well as program policies, structures, procedures and processes.

**Bias.** A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, that influences the ability of an

individual or group to evaluate a situation objectively or accurately. Biases can be either explicit or implicit. Explicit biases are the attitudes and beliefs we have about a person or group on a conscious level, while implicit biases are formed and held without our conscious knowledge.

**BIPOC.** Black, Indigenous, and People of Color. The term is used to highlight the specific injustices and differential experiences affecting Black and Indigenous groups and demonstrate solidarity among communities of color.

**Childcare subsidies** help families pay for child care. Subsidy programs are available from federal and state governments, as tax credits, and through employers, to name a few. Subsidies lower the cost of child care and are often based upon a family's income level.

**Children, persons or families of color** are terms primarily used in the U.S. and Canada to describe any child, person or family whose racial identity is not white. The term encompasses all non-white racial/ethnic groups and emphasizes the common experiences of systemic racism.

**Culturally Responsive.** A person, policy, or approach which includes the knowledge and skills to be able to work with, serve, respect, and understand the social, cultural, and linguistic needs of children and families from minoritized communities. A culturally responsive approach is one that is responsive to, and inclusive of, community cultural practices, values, and beliefs in their work.

**Culturally Specific Services.** Programs and services that are designed by or adapted for members of the community served; reflect the values, beliefs, practices and worldviews of the community served; provided in the preferred language of the community

served; and are led and staffed by people who reflect the communities served.

**Discrimination** is the unjust or prejudicial treatment of different categories of people, such as on the grounds of race, ethnicity, age, sex, gender identity or expression, sexual orientation, religion, financial status, immigration status, marital status, educational level, family composition or disability.

**EI/ECSE.** Early Intervention/Early Childhood Special Education is a child- and family-focused intervention to support the developmental and educational needs of children ages birth to five. Oregon's EI/ECSE program provides free screening and/or evaluation for children ages birth to five. EI/ECSE programs ensure that children who qualify for special education receive a Free and Appropriate Public Education (FAPE) as required in the Individuals with Disabilities Act (IDEA).

**IECMHC.** Infant and Early Childhood Mental Health Consultation involves providing training and coaching to child care and early care and education providers that helps promote healthy social-emotional development, and which builds on child, family, and provider strengths to ensure inclusive, supportive care for all children. IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, and early intervention.

**IEP—Individualized Education Plan.** An IEP is a required legal document that lays out the education supports and services needed for children with developmental delays or disabilities to meet their educational goals. For children ages 3-5 these plans

provide a guide for services provided through ECSE with identified delays/disabilities.

**ELD—Early Learning Division** is the state agency that works as an integrated team focused on: Child Care, Early Learning Programs and Cross Systems Integration, Policy and Research, and Equity. The mission of the Early Learning Division is to support all of Oregon's young children and families to learn and thrive.

**ERDC—Employment Related Day Care** helps working families pay for child care, including registration fees. ERDC is a subsidy program provided to families who are receiving supports related to their self-sufficiency and is designed to help families be able to participate in the workforce. This means families may pay part of the child care cost, called a copay. ERDC works with partners to help families find quality child care.

**Early Learning Hub (“Hub”).** The regional entity responsible for coordinating and investing in early childhood services and programs.

**Expulsion.** Family was asked to leave their current child care setting permanently because of emotional and/or behavioral concerns.

**Gender.** The cultural roles, behaviors, activities, and attributes expected of people based on their sex.

**Gender Diversity.** An umbrella terms that is used to describe gender identities that demonstrate a diversity of expression beyond the binary (male/female) framework.

**Gender Identity** describes a person's understanding of themselves as male, female, or another gender entirely, with reference to social and cultural differences rather than biological ones.



**Gender Nonconforming.** Denoting or relating to a person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender.

**Harassment.** Harassment is any behavior, whether physical, verbal, written, or otherwise, that is unwanted and unwelcome, and may offend, or humiliate, an individual. Harassment can be discrimination or abuse of various types. Often, harassment persists beyond the first incident and happens on multiple occasions.

### **IFSP—Individualized Family Service**

**Plan.** An IFSP is a written legal document that lays out the supports and services children with developmental delays may need to reach developmental milestones. They are a required document for infants and toddlers (through age 2 years) and their families who are receiving Early Intervention services.

**Latinx** is a gender-neutral or nonbinary term for a person of Latin American origin or descent (used as an alternative to Latino or Latina). Latine is also an emerging gender-neutral descriptor.

**LGBTQIA+** refers to people who are Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-spirit, Queer, Questioning, Intersex, Asexual, Allies, A-gender, Bi-gender, Gender Queer, Pansexual, Pangender, and/or Gender Variant. The terms used to refer to these communities are continuously evolving.

**Nonbinary.** Not relating to, composed of, or involving just two things. Denoting or relating to gender or sexual identity that is not defined in terms of traditional binary oppositions such as male and female or homosexual and heterosexual.

**Parent/caregiver** is used inclusively to refer to an adult who is a primary caregiver for a child, including parents, grandparents, foster parents or other legal guardians.

**Provider.** Broad term used in this report to refer to any staff providing early childhood care and education services in a classroom, home, or family child care setting, including teachers, assistant teachers, program directors/owners, and program staff who work directly with children.

**Queer.** Denoting or relating to a sexual or gender identity that does not correspond to established ideas of sexuality and gender, especially heterosexual norms. An umbrella term used to refer to the entire LGBT community.

**Sex.** An individual's biological status as male, female, or something else. Sex is assigned at birth and associated with physical attributes, such as anatomy and chromosomes.

**Sexual Diversity.** Refers to all the diversities of sex characteristics, sexual orientations, and gender identities, without the need to specify each of the identities, behaviors or characteristics that form this plurality.

**Suspension.** Family asked to leave their current child care setting temporarily because of emotional and/or behavioral concerns. This includes any situation in which the family is asked to pick up the child early from care, keep the child home temporarily, reduce their hours of care, or attend (or not attend) during select times or activities.

**Transgender.** Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.