

Oregon Preschool Development Grant

Statewide Household Survey Results

2022



Acknowledgements

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Glossary

CCR&R	– Child Care Resource and Referral Network
DEL C	– Division of Early Learning and Care
ECE	– Early Care and Education
IFSP	– Individualized Family Service Plan
ODI	– OSLC Developments, Inc.
PSU	– Portland State University
PDG	– Preschool Development Grant

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Introduction

Project Overview

The state of Oregon Department of Early Learning and Care (DELIC) received a Preschool Development Birth through 5 (PDG B-5) Grant from the Administration for Children and Families, in coordination with the U.S. Department of Education, in 2019. The grant has supported a range of state-level activities, including ongoing needs assessments to determine the strengths and challenges of the existing landscape of early care and education (ECE) services for families with children from birth through age 5 years. Statewide PDG B-5 Household Surveys were conducted in late 2019 and late 2020. These surveys allowed the DELIC to determine how the landscape of ECE services and supports changed from 2019 to 2020, the first year of COVID-19 pandemic, when the majority of Oregon families experienced disruptions in their services. This report presents the results of the third statewide survey that was conducted from December 2022 through January 2023 to gather information about changes in ECE services and supports for families as effects of the COVID-19 pandemic have begun to ease.

Purpose of the 2022 PDG B-5 Household Survey

The PDG B-5 Household Survey serves several purposes. First, it provides a representative sampling of the child care needs and experiences of households with at least one child between the ages of 0 and 5 years in Oregon across 2022, a period in which the immediate challenges of the COVID-19 pandemic were beginning to ease. Specifically, the survey allowed us to collect information about:

1. Families' usage of child care, including type, frequency, and hours of care
2. Families' satisfaction and challenges with finding child care for their child, as well as whether the services obtained were responsive to the family's cultural background and/or home language
3. Whether children with an Individualized Family Service Plan (IFSP), developmental disabilities, or chronic medical needs were able to access services they needed
4. Rates of suspension and expulsions from early childhood care experienced by families and reasons for these experiences.

Second, this survey allows for a comparison of usage rates of, challenges in finding, and preferences for, different kinds of early child care as the country begins to emerge from the pandemic. Such information can provide valuable insights into how the pandemic has changed families' needs for, and feelings about, ECE and can help to inform future policy and practice decisions.

Finally, the survey presents the opportunity to examine the child care experiences of families who are often underrepresented, such as families from rural and frontier areas, families from low-income backgrounds, families of color, and families speaking a language other than English. The information and recommendations presented here can be used to strengthen the reach and impact of Oregon's birth-5 early learning and support system moving forward after the COVID-19 pandemic.

Methodology

Sampling Plan

The purpose of the sampling approach was to include people from across the state who were parents, guardians, or primary caregivers of young children not yet enrolled in kindergarten, referred to collectively as “parents” throughout this report. Parents were eligible to participate in this survey if they were:

- An Oregon resident
- Age 18 years or older
- The parent or guardian of a child under the age of 6 years who had not yet started kindergarten.

Following the sampling plan for the 2020 Household Survey, a non-probability sample of eligible parents was recruited using outreach and advertising efforts described below. Additionally, the current sampling approach included an aim to oversample historically underrepresented or marginalized groups, including families with lower incomes, families living in frontier and rural communities, Black and Indigenous people and people of color, families with a home language other than English, and families with a child with an IFSP, a developmental disability or chronic medical needs. Outreach and engagement efforts aligned with this aim.

Outreach and Engagement

Families across Oregon’s 36 counties were invited to participate in the survey by organizations based in their communities. ODI and PSU reached out to over 400 agencies. The community-based organizations included publicly supported programs, nonprofits, early learning system partners (such as Early Learning Hubs and CCR&Rs), private organizations, and other agencies with local and national footprints. Specific focus was given to outreach to agencies serving historically underrepresented communities and those in more isolated rural regions of the state. These community partners advertised the survey on their various social media accounts (e.g., Facebook, Twitter), through email and text blasts, and through posting or handing out flyers. Some agencies held information nights where families could learn about the survey in person and receive technical assistance to complete the survey. Small stipends were provided to agencies to support staffing, translation, and printing costs associated with these efforts. Interested families were provided with a URL to access the survey online. Families were offered the option to complete the survey on paper or over the phone with an interviewer; however, no families requested this method. Individuals were also provided contact information to call, text, or email research staff for questions or to aid in the facilitation of administering the survey.

Survey Tool Description

The survey was available in six languages [English, Russian, Somali, Spanish, Traditional Chinese (Mandarin), and Vietnamese] and was administered online. The option to complete the survey in additional languages via an interpreter was available; however, this was not requested. The survey was open for 6 weeks across December 2022 and January 2023. Parents were determined to be eligible through the use of screening questions at the beginning of the survey. The full set of questions in the survey can be found in Appendix A. Each eligible parent who completed the survey received a \$20 digital gift card.

Data Collection

During the data-collection period, survey responses were closely monitored. At approximately the end of each week that the survey was open, the research team discussed the representativeness of the sample obtained to that point. Further outreach and engagement were extended to communities if response rates did not include an adequate representation of the groups of focus. Additionally, responses were screened for validity throughout the data-collection process. A team of research staff reviewed responses using standard procedures to ensure that respondents met eligibility requirements. In cases where more than one parent from a household completed the survey, data was kept for the mother of the child or the parent with the most complete data.

Description of the Families who Completed the Survey

Three thousand seven hundred and five parents completed the Household Survey. Of these, the majority were between ages 25 and 39 years (73.8%; see Tables 1-12 for all parent demographics). Please note that throughout the report all 3705 parents or children are represented in the tables and figures unless a smaller sample is specified. The gender of the parents was 89.9% women, 8.7% men, 1.3% nonbinary/genderfluid/genderqueer, and 0.4% agender/no gender. In this sample, 0.5% of the parents identified as transgender and 13.3% of the parents identified as LGBTQIA+. The race/ethnicity of the parents was 71.9% White, 20.0% Hispanic or Latino, 5.0% American Indian or Alaska Native, 4.6% Asian, 4.4% African American or Black, 1.2% Native Hawaiian or Pacific Islander, and 1.2% Middle Eastern or North African. Parents could choose multiple racial and ethnic identities for themselves and their children. The largest proportion of parents indicated that they typically spoke English (93.4%) and/or Spanish (18.5%) at home. Parents could indicate that they spoke more than one language at home.

Parent Demographics

Table 1. Age

Age Range	Percent
18 to 24	6.9%
25 to 39	73.8%
40 to 54	16.5%
55 and older	2.1%

Table 2. Gender

Gender Identification	Percent
Woman	89.9%
Man	8.7%
Nonbinary, Genderfluid, Genderqueer	1.3%
Agender/No gender	0.4%
Questioning	0.2%

Table 3. Identify as Transgender

Response	Percent
Yes	0.5%
No	99.0%

Table 4. Identify as LGBTQIA+

Response	Percent
Yes	13.3%
No	81.4%

Table 5. Race/Ethnicity

Race/Ethnicity	Percent
American Indian or Alaska Native [Alaskan Native; American Indian (members of the following tribes: Apache, Burns Paiute of Harney County; Cherokee Nation; Chickasaw; Choctaw; Chumash; Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of Warm Springs; Cow Creek Band of Umpqua Indians; Coquille Indian Tribe; Cowlitz Indian Tribe; Crow-Montana; Delaware Tribe; Fort Bidwell Indian Community, Fort Peck Assinboine; Grande Portage Band; Gros Ventre; Karuk; Klamath Tribes; Muckleshoot; Muskogee Creek; Navajo; North Shore Rancheria of Mono Indians; Ojibway; Pascua Yaqui Tribe; Pit River Tribe; Pomo; Round Valley Indian Tribe; Siksika Nation; Tohono O'odham; Tolowa Dee-ni Nation; Wailacki; Western TeMoak Shoshone; White Earth Nation; White Mountain Apaches Tribe; Yakima Nation; Yurok; Canadian Inuti, Metis or First Nation, Indigenous Mexican, Central American or South American]	5.0%
African American or Black (African American, Afro-Caribbean, Black, Eritrean, Ethiopian, Haitian, Liberian, Nigerian, Somali, Ugandan)	4.4%
Asian (Asian-Indian, Cambodian, Chinese, Filipino/a, Hmong, Indonesian, Japanese, Karen, Korean, Laotian, Mien, Na, Nepalese, South Asian, Taiwanese, Thai, Tibetan)	4.6%
Hispanic or Latino (Aztec, Caribbean, Central American, Cuban, Filipina, Guatemalan, Mexican, Peruvia, Portuguese, Puerto Rican, South American, Spanish, Tejano, Venezuelan)	20.0%
Middle Eastern or North African	1.2%
Native Hawaiian or Pacific Islander (CHamoro, Guamanian, Communities of the Micronesian Region, Fijian, Filipino/a, Indo-Fijian, Marshallese, Native Hawaiian, Samoan, Tongan)	1.2%
White (American, Arabic, Armenian, Ashkenazi Jewish, Dutch, Eastern European, Finnish, German, Irish, Italian, Latvian, Mexican, Portuguese, Romanian, Russian, Slavic, Swedish, Spanish, Welsh, Western European)	71.9%
Another Identity (Don't know, Mixed race)	0.1%

Table 6. Languages Typically Spoken

Language	Percent
Cantonese	0.4%
English	93.4%
Mandarin	0.4%
Spanish	18.5%
Russian	0.7%
Vietnamese	0.5%
Another Language	5.3%

Table 7. Highest Level of Education

Level	Percent
Completed some schooling but do not have a high school diploma or GED	6.3%
Have a high school diploma or GED	22.4%
Have some college or at 2-year degree/certificate	33.0%
Have a 4-year college degree or more advanced degree	34.5%

Table 8. Marital Status

Status	Percent
Married	57.2%
Not married but living with a partner	13.9%
Single	24.9%

Table 9. Full-time Employment

Response	Percent
Yes	73.9%
No	25.9%

Table 10. Annual Household Income

Amount	Percent
Less than \$10,000 per year	13.4%
\$10,000-14,999	5.8%
\$15,000-19,999	4.1%
\$20,000-24,999	6.3%
\$25,000-29,999	5.7%
\$30,000-34,999	6.8%
\$35,000-39,999	4.7%
\$40,000-44,999	5.5%
\$45,000-49,999	3.5%
\$50,000-54,999	4.3%
\$55,000-59,999	3.0%
\$60,000-64,999	3.3%
\$65,000-69,999	2.6%
\$70,000-74,999	2.7%
\$75,000-79,999	2.5%
\$80,000-84,999	2.3%
\$85,000-89,999	2.2%
\$90,000-94,999	2.1%
\$95,000-99,999	2.7%
\$100,000 or more	15.7%

Table 11. Number of Children in Parent's Care

Number	Percent
1	28.9%
2	36.0%
3	20.1%
4	8.2%
5	3.4%
6 or more	2.8%

Table 12. Relationship to Focal Child

Relationship	Percent
Parent/Step Parent/Adoptive Parent	89.1%
Foster Parent	5.8%
Grandparent	3.1%
Another relative	1.6%

Approximately 34.5% of parents had a 4-year college degree or more. The majority of parents were married (57.2%). In 73.9% of households, either the parent or their partner was employed full time. Households were considered to be “lower income” if household earnings were at or below 200% of the federal poverty level (FPL), which translates into an annual household income of \$60,000 for a family of four in 2023. According to this definition, 62.4% of the sample was lower income (see Figure 1).

Regionally, the majority of the sample lived in urban areas (53.5%) or rural areas (41.2%; see Figure 2) as determined by their zip code. All 36 counties in Oregon were represented in the sample.

Figure 1. Family Income Level

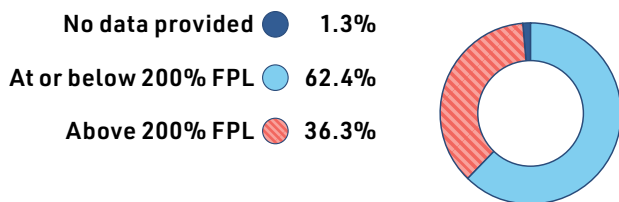
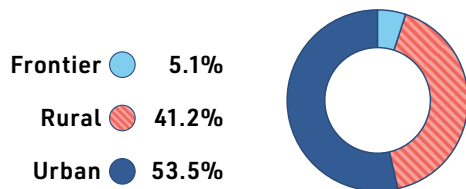


Figure 2. Region



The majority of the sample (70.5%) reported having more than one child in the household. Parents were asked in-depth questions about their child care needs for **one focal child** in their household. The focal child was the youngest child in the household who had not yet started kindergarten. The majority of parents (82.5%) were biological, step, or adoptive parents of the children. According to the parent, the majority of the children were between ages 1 and 3 years (35.5%) or between ages 3 and 5 years (40.0%; see Table 13). The parents reported that the racial or ethnic identity of the children was as follows: 74.8% White, 24.9% Hispanic or Latino, 7.7% African American or Black, 7.1% American Indian or Alaska Native, 5.9% Asian, 1.7% Native Hawaiian or Pacific Islander, and 1.5% Middle Eastern or North African (Table 14). Parents indicated that 13.4% of the children had an Individualized Family Service Plan (IFSP) or special developmental or medical needs (Figure 3).

Focal Child Demographics

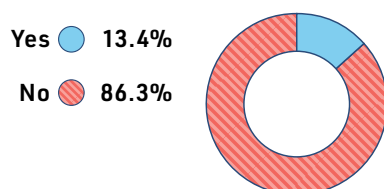
Table 13. Age

Age Range	Percent
Less than 1 year old	14.1%
Between 1-3 years old	35.5%
3-5 years old	40.0%
Age 5 years but not yet in kindergarten	9.8%

Table 14. Race/Ethnicity

Race/Ethnicity	Percent
American Indian or Alaska Native [Alaskan Native, American Indian (Members of the following tribes: Alaskan Corporation; Blackfoot Nation; Burns Paiute of Harney County; California Tribe; Cherokee; Chickasaw; Chippewa; Choctaw Nation of Oklahoma; Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of Umatilla Reservation; Confederated Tribes of Warm Springs; Cow Creek Band of Umpqua Indians; Coquille Indian Tribe; Cowlitz Indian Tribe; Crow; Delaware Tribe; Eastern Band Cherokee; Fond Du Lac; Fort Bidwell Indian Community; Fort Peck Assiniboine; Grand Portage; Gros Ventre; Hoopa Valley Tribe; Karuk; Klamath Tribes, Muckleshoot; Muskogee Creek; North Fork Rancheria of Mono Indians; Northern Cheyenne; Oglala Lakota Sioux; Ojibway; Oklahoma Cherokee; Otoe Cherokee; Pascua Yaqui Tribe; Peoria Tribe; Pomo; Potawatomi Nation; Put River Tribe; Red Cliff Band of Lake Superior Chippewa; Round Valley Indian Tribe; Sanata Isabel Reservation; Shasta; Tallowa; Tohono O'oodham; Tolowa dee Ni Nation; Turtle Mountain; Wailacki from Round Valley Reservation; White Earth Nation; Yakima, Yurok), Canadian Inuit, Metis or First Nation, Indigenous Mexican, Central American or South American, Indigenous Caribbean]	7.1%
African American/Black (African American, Afro-Caribbean, Black, Burkinabe, Ethiopian, Haitian, Nigerian, Oromo, Trinidadian, Ugandan)	7.7%
Asian (Asian Indian, Cambodian, Chinese, Filipino/a, Hmong, Indonesian, Japanese, Karen, Korean, Laotian, Mien, Nepalese, South Asian, Taiwanese, Thai, Tibetan, Vietnamese)	5.9%
Hispanic/Latino (Aztec, Central American, Mexican, South American, Caribbean, Chicano/a, Colombian, Cuban, Filipina, Guatemalan, Honduran, Mexican, Peruvian, Pocho, Portuguese, Puerto Rican, Salvadoran, Spanish, Tjano, Venezuelan)	24.9%
Middle Eastern/North African	1.5%
Native Hawaiian/Pacific Islander (Chamoru, Guamanian, Communities of the Micronesia Region, Fijian, Filipino/a, Indo-Fijian, Marshallese, Native Hawaiian, Polonesian, Samoan, Tongan)	1.7%
White (American, Arabic, Armenian, Ashkenazi Jewish, Dutch, Eastern European, Finnish, German, Irish, Italian, Latvian, Mexican, Portuguese, Romanian, Russian, Slavic, Swedish, Spanish, Welsh, Western European)	74.8%
Another Identity (Biracial, Mixed race)	0.01%

Figure 3. Child has IFSP, developmental disabilities or chronic medical needs



To examine the representativeness of this sample compared to Oregonians overall, a set of selected sample proportions were compared to statewide data that was accessed using the Early Learning Map for Oregon (ELMO), a publicly available interactive data and planning tool.¹ Although none of these comparisons can equate the sample directly to the Oregon population due to differences in each proportion examined, they can provide a general sense of the data and paint a picture of this unweighted nonprobability sample within the context of Oregon. With these caveats in mind, the current sample is somewhat over-representative of Oregon's marginalized populations overall. For instance, the percentage of the sample at or below 200% FPL (62.4%) is higher than the percentage of children under age 6 years in Oregon living at or below 200% FPL (39-42%). Similarly, the percentages of the sample also are elevated compared to the percentages of children under age 17 years in Oregon for many racial or ethnic groups: Hispanic or Latino (24.9% in this sample, 22% in ELMO), African American or Black (7.7% in this sample, 2% in ELMO), American Indian or Alaska Native (7.1% in this sample, 1% in ELMO), Asian (5.9% in this sample, 3-4% in ELMO), and Native Hawaiian or Pacific Islander (1.7% in this sample, 0-1% in ELMO). It is important to note that the categories in ELMO are based on people being represented in only one racial or ethnic category; whereas for this survey, parents and children could be represented in multiple categories. Finally, based on the Population Research Center at Portland State University, 2.1% of Oregonians lived in frontier areas in 2021. Thus, parents living in frontier areas (5.1%) are somewhat over-represented compared to Oregonians living in frontier areas overall. To reiterate, the respondents to and methodology of these publicly available data sources are clearly not equivalent to the parents in and methodology of the current sample; however, these data are presented with the intention of situating the study within the context of other data relevant to Oregon's families.

¹ Data for these indicators were derived from the U.S. Census Bureau's American Community Survey 2018 and 2019 Public Use Microdata Sample (PUMS) 5-year estimates.



Findings

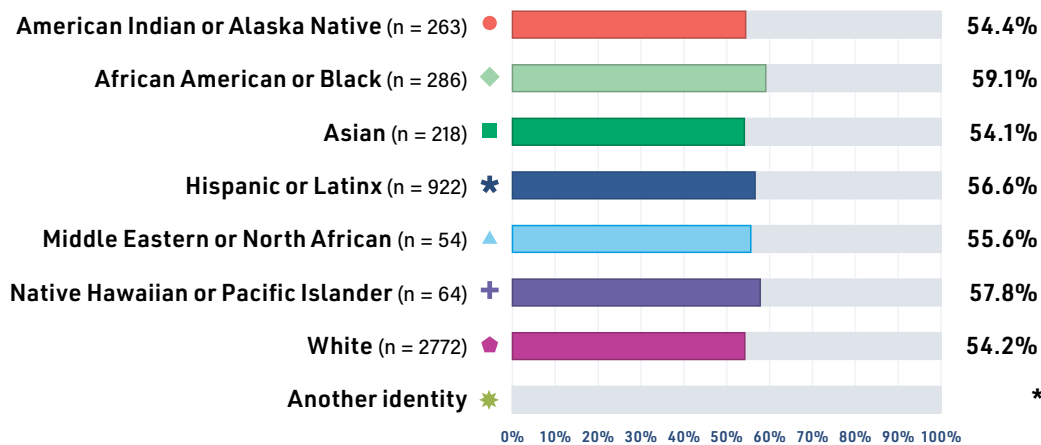
Use of Early Care and Education Services

We asked parents questions about their use of and experiences with early care and education services since September of 2021.

Frequency and Types of Child Care Usage

Over one half of the parents (54.7%) reported having their child in care for 8 or more hours per week since September of 2021. Figure 4 shows the percentage of children within each race or ethnicity who were in child care for 8 or more hours per week. Rates were very similar across groups, with African American or Black families having the highest rates compared to the percentage for all families statewide. When responses were reviewed separately by child age, household income, region, and home language (Appendix B), the highest percentages of children in care were those aged 3 to 5 years, who came from families with higher incomes, living in urban areas, or in which Mandarin or Spanish were spoken.

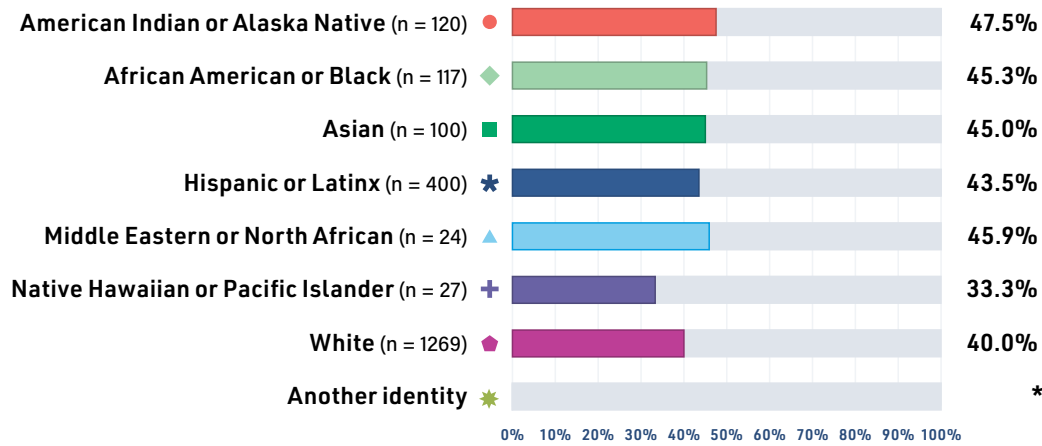
Figure 4. Percentages of children in childcare 8 or more hours per week by child race/ethnicity



*Fewer than 10 people in the group

Of the other (almost half, 46.3%) parents who did not have their child in care, 40% (n = 686) had tried to find care during the prior year. Families with American Indian or Native Alaskan children were the most likely to have tried to find child care in the past year; families with Native Hawaiian or Pacific Islander children were the least likely to have done so (see Figure 5). When responses were reviewed separately by other groupings (Appendix B), higher percentages of Vietnamese-speaking families, families with higher incomes, and families with children with IFSPs, developmental disabilities, or chronic medical needs had tried to find care in the past year. This suggests that for these families, there may be a significant unmet need for appropriate child care.

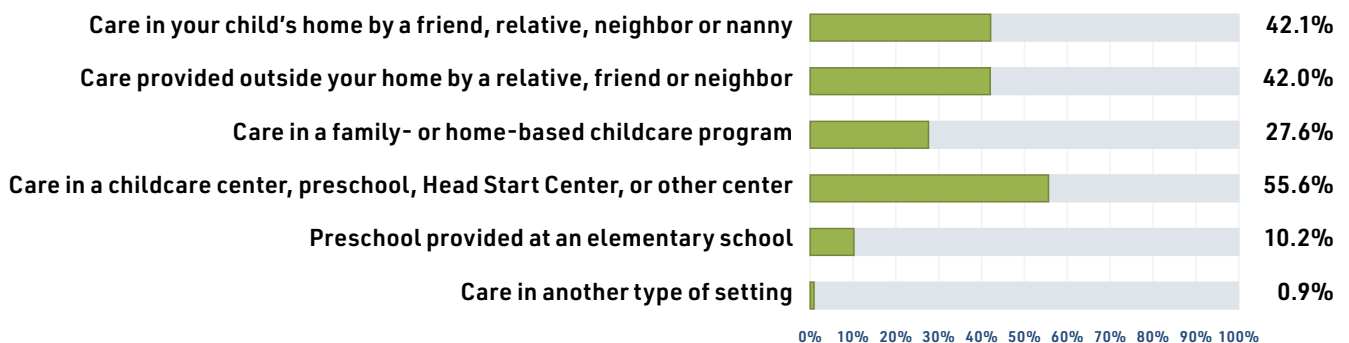
Figure 5. Percent of parents who tried to find child care in the past year by child race/ethnicity



*Fewer than 10 people in the group

For families who had a child in care since September 2021, we asked additional questions about the types of child care and time spent in child care.² Figure 6 shows that, statewide, the majority of children in care for more than 8 hours per week (55.6%) were in a center-based program that was not in someone’s home or an elementary school. Equal proportions of children were cared for on a regular basis by a friend, relative, or nanny either within or outside their own homes. Family- or home-based child care programs and preschool programs within elementary schools were among the least often utilized by families. A very small percentage of families (0.9%) routinely utilized other types of child care such as those at a gym or other facility or respite care. Almost one half of children in care were in a single type of child care on a regular basis (Appendix B), almost one third of children were in two types of care, and almost 20% were in three or more different types of care.

Figure 6. Percent of children in different child care settings statewide (n=2021)



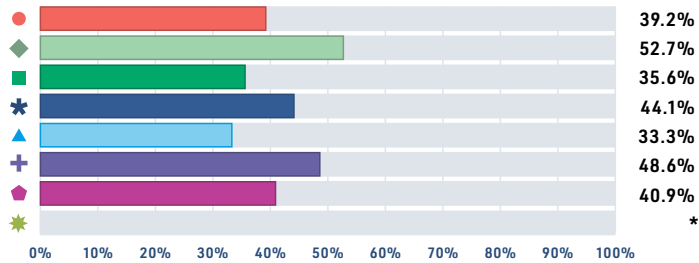
2 There was a change in the survey response categories from the 2020 survey, such that the category that had previously been “care outside your home by someone who was not related to you, including family- or home- based care” was split into two categories—“care outside your home by a relative, friend, or neighbor” and “care in a family- or home-based child care program”—because previous results had indicated that this was a better reflection of types of care being utilized.

The use of different types of child care for families from different racial/ethnic backgrounds is shown in Figure 7. Notably, children who were identified as African American or Black were more likely to be in care either within their own homes or in a preschool program within an elementary school than all families statewide. Children whose parents identified them as being Middle Eastern or North African were the most likely to be in center-based child care. Families whose home language was Mandarin or Vietnamese were most likely to have their children in center-based care (Appendix B). Regionally, families in frontier areas were more likely than families in other areas to have their children in any kind of home-based care. Children under the age of 3 years were less likely than children aged 3 to 5 years to be in center-based care and more likely to be in care within their own home or outside the home with a friend or relative.

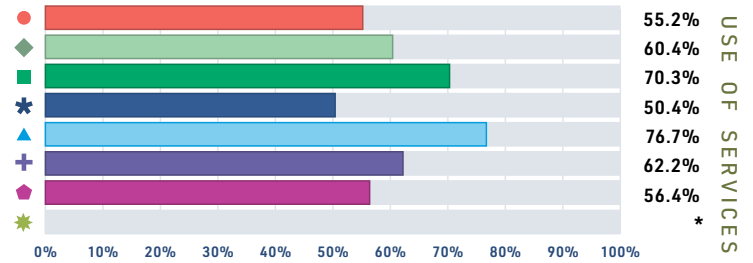
Figure 7. Percent of children in different child care settings statewide by child race/ethnicity (n = 2021)

- American Indian or Alaska Native (n = 143)
- ◆ African American or Black (n = 169)
- Asian (n = 118)
- * Hispanic or Latinx (n = 522)
- ▲ Middle Eastern or North African (n = 30)
- ⊕ Native Hawaiian or Pacific Islander (n = 37)
- ◆ White (n = 1503)
- * Another identity

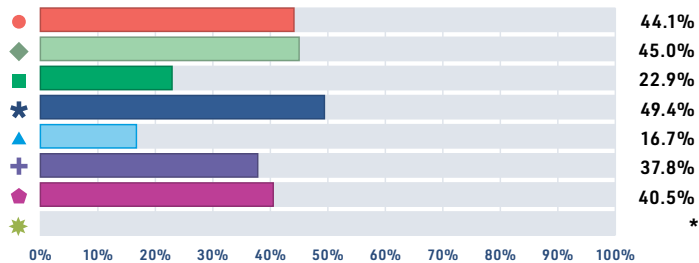
Care in your child's home by a friend, relative, neighbor or nanny



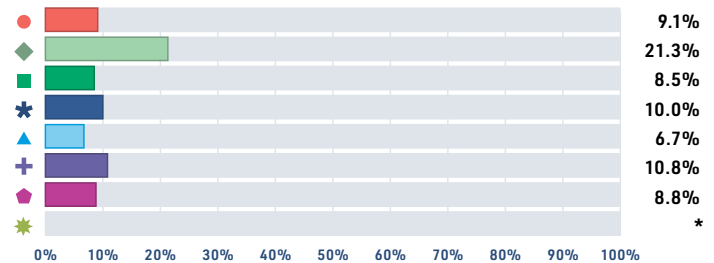
Care in a childcare center, preschool, Head Start Center, or other center



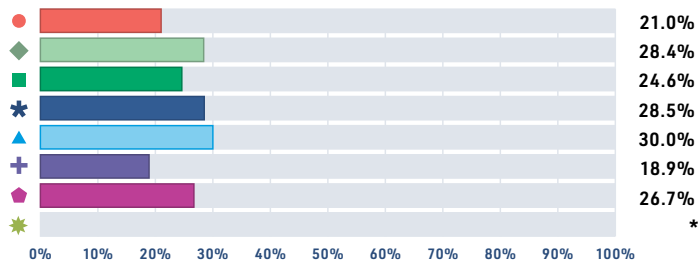
Care provided outside your home by a relative, friend or neighbor



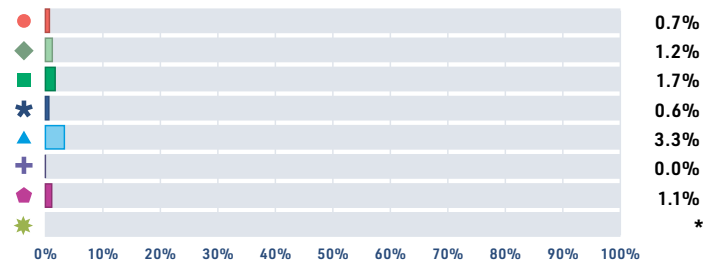
Preschool provided at an elementary school



Care in a family- or home-based childcare program



Care in another type of setting



*Fewer than 10 people in the group

While the amount of time children spent in child care in a typical week varied, on average, families were most likely to have reported something similar to full-day (7-9 hours per day), full-week (5 days per week) care (Figures 8 and 9). When time in care was examined by subgroups and compared to the proportions for all of the parents (Appendix B), smaller proportions of children of Middle Eastern or North African descent and in families speaking Cantonese in the home were in care for a full day. Larger proportions of children whose families had incomes above 200% of the FPL were in care for a full day. Compared to the proportions for all of the parents, children whose families spoke Cantonese, Russian, or Vietnamese at home were less likely to be in care for a full week.

Figure 8. Hours per day in child care statewide

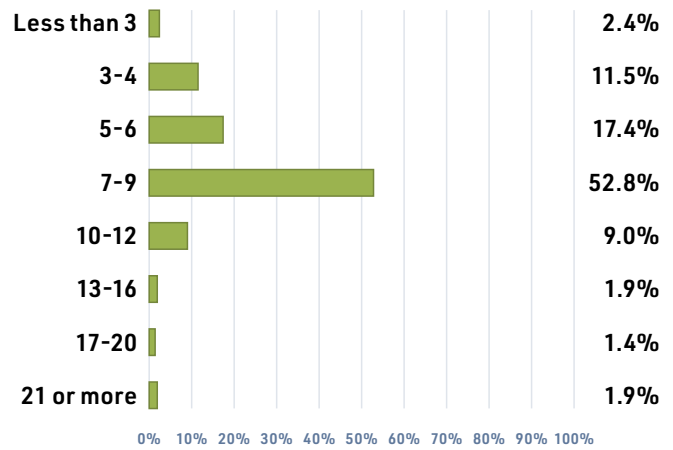
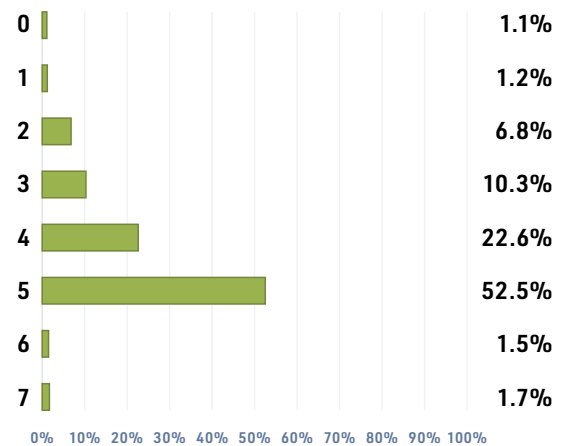


Figure 9. Days per week in child care statewide



Satisfaction with Child Care

We asked parents about their satisfaction with the amount of care that their child was receiving. Most parents said that the days and hours of their child care were “about right” (Figures 10 and 11). When answers were reviewed by subgroups (Appendix B), parents in families that spoke Cantonese, Mandarin, Russian, or Vietnamese were more likely to say that they did not have enough hours of child care. Families speaking Mandarin, Russian, or Vietnamese were more likely to say that they did not have enough days of care. This suggests that the finding that Russian- and Vietnamese-speaking families were less likely to be in care 5 days a week is not a parental choice.

We also asked parents to rate how well several aspects of care (shown in Figure 12) worked for their families. Families reported the following to be the most challenging: cost of care, the number of arrangements that parents had to make to get the coverage they needed, how much the provider spoke their home language, and the hours that care was available.

Figure 10. Satisfaction with hours per day in care statewide (n = 2027)

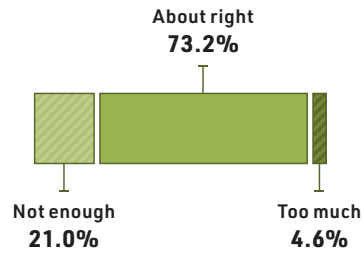


Figure 11. Satisfaction with days per week in care statewide (n = 2027)

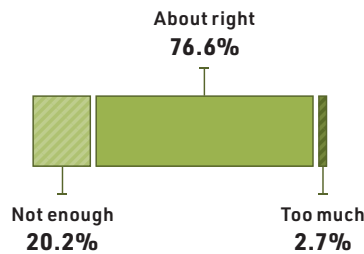
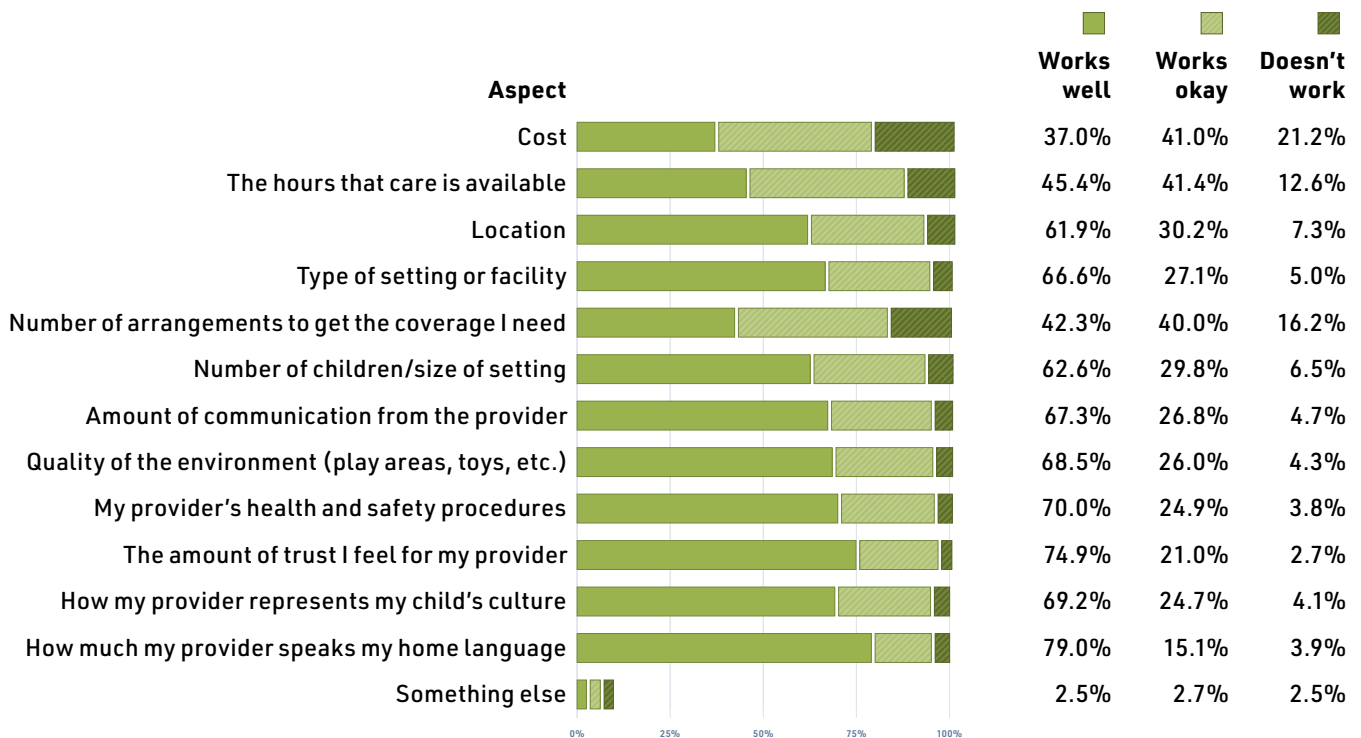


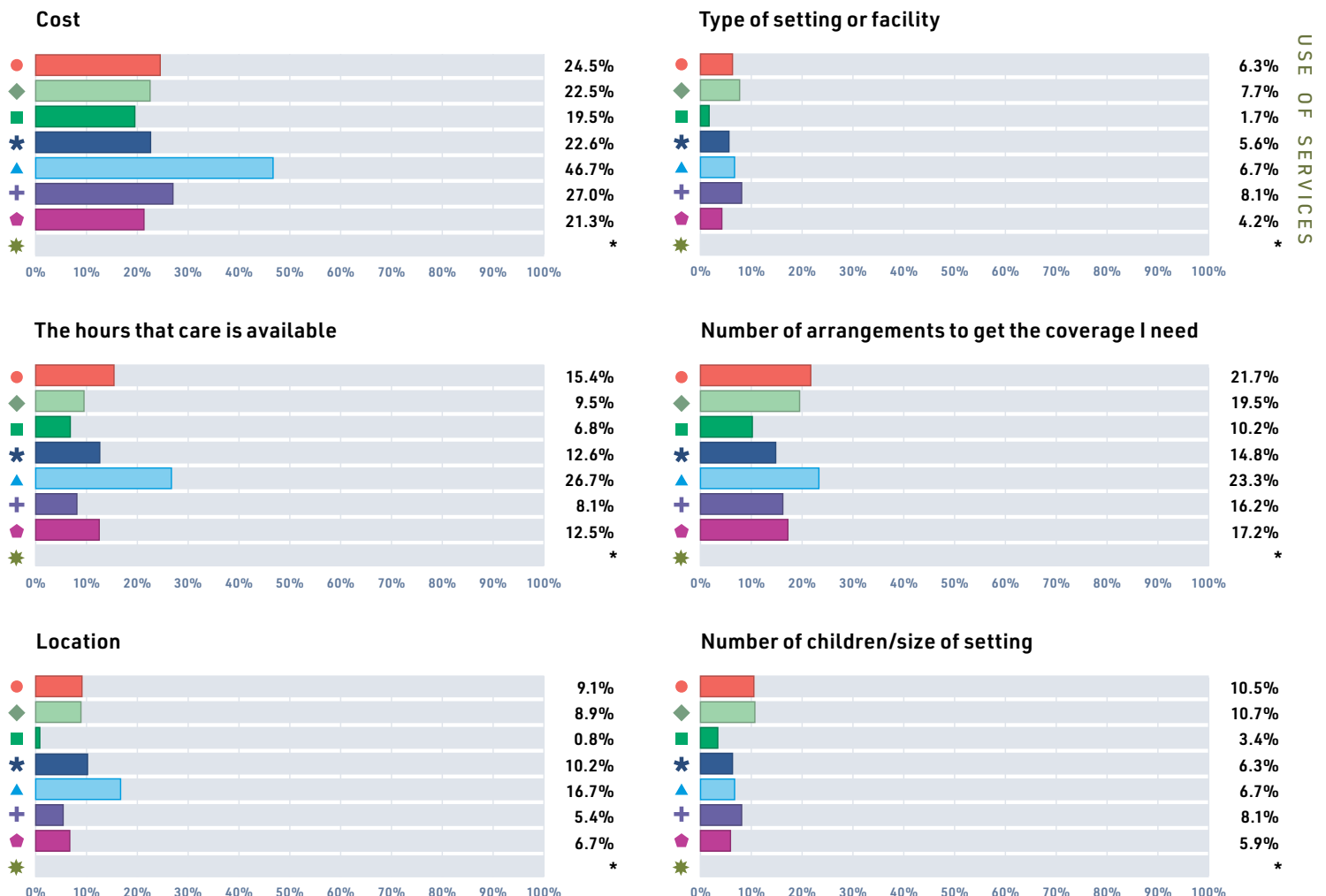
Figure 12. How well aspects of child care work for the family statewide (n = 2027)



The proportions of families who indicated that an aspect of care **did not work** for their family were then examined across subgroups. Families of children of color were most likely to report that a number of aspects of care did not work well for them, including their providers' health and safety procedures, the amount of trust they felt for their provider, how the provider represents their child's culture, and how much the provider speaks their home language (Figure 13). It is notable that parents of Middle Eastern or North African children were more likely than others to indicate that a range of factors did not work for them. Additionally, families who spoke a language other than English at home were more likely to say that how much their provider spoke their child's home language was not working well (Appendix B). Families who spoke a language other than English or Vietnamese at home and families of children who had an IFSP, developmental disabilities, or chronic medical needs were also more likely to say that how their provider represented their child's culture was not working well.

Figure 13. Aspects of care that did not work well (n = 2027)

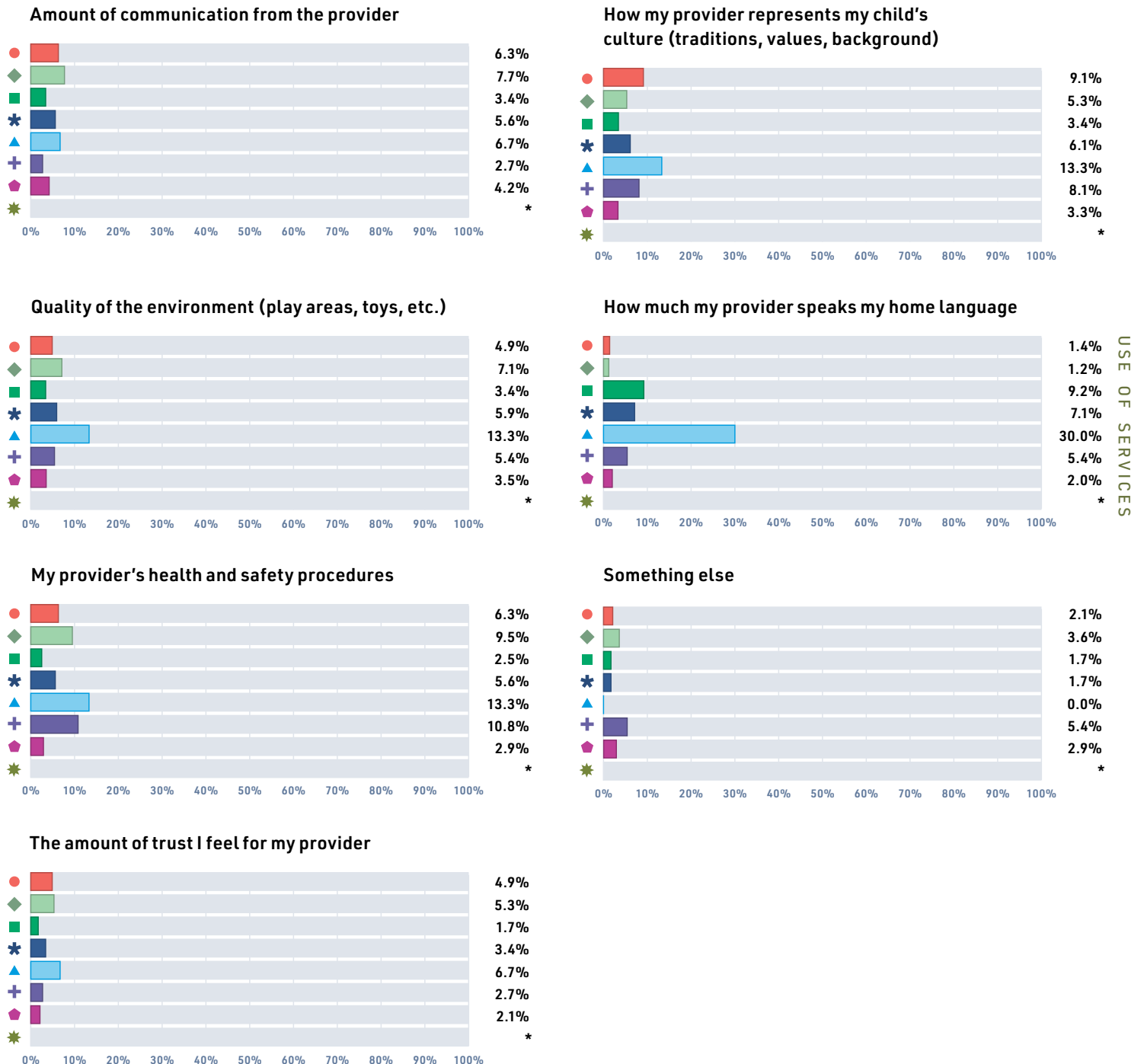
- American Indian or Alaska Native (n = 143)
- ◆ African American or Black (n = 169)
- Asian (n = 118)
- ✱ Hispanic or Latinx (n = 522)
- ▲ Middle Eastern or North African (n = 30)
- ✚ Native Hawaiian or Pacific Islander (n = 37)
- ◆ White (n = 1503)
- ✱ Another identity



*Fewer than 10 people in the group

- American Indian or Alaska Native (n = 143)
- ◆ African American or Black (n = 169)
- Asian (n = 118)
- * Hispanic or Latinx (n = 522)
- ▲ Middle Eastern or North African (n = 30)
- + Native Hawaiian or Pacific Islander (n = 37)
- ◆ White (n = 1503)
- * Another identity

Figure 13. Aspects of care that did not work well (continued)



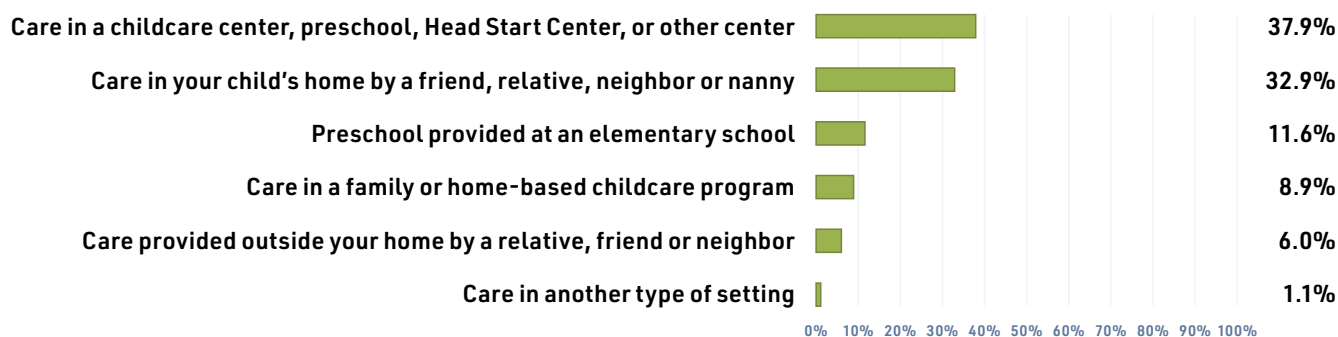
USE OF SERVICES

*Fewer than 10 people in the group

Preferences for Type of Child Care in Light of COVID-19

We asked parents to indicate which type of child care they would prefer “right now, [December 2022–January 2023] in light of COVID, if you could have your child in any type of care . . .”. As shown in Figure 14, parents showed marked preferences for care in a center-based program or care in the child’s home by a friend, relative, or nanny. The least preferred types of care were care outside the home by a relative, friend, or neighbor and “care in another setting,” which many parents indicated included being cared for in the child’s home by the child’s parent.

Figure 14. Parents’ preferences for child care settings statewide



This pattern was consistent across most subgroups with some notable exceptions (see Appendix B). Families of Middle Eastern or North African children were more likely than all families to prefer care in a family- or home-based child care program or care in another type of setting. Cantonese-speaking families were more likely than all families to prefer care in a center-based program and less likely to choose care in their own home. Families who spoke Russian or Vietnamese at home were more likely to prefer a preschool program within an elementary school.

Families in frontier areas were more likely than all families to prefer care in their own home and less likely to prefer center-based care while the opposite was true for families with children with an IFSP, developmental disability, or chronic medical needs. Finally, parents of children aged 0 to 2 years were more likely to prefer care in their own home while parents of children aged 3 to 5 years were more likely to prefer center-based care or a preschool program within an elementary school.

Changes From the 2020 Household Survey

As previously noted, the 2020 and 2022 Household Surveys were answered by different parents who sometimes had different answer choices (response categories) across questions. Additionally, in 2022, to better reflect the multiple identities of families, we analyzed data such that parents could be represented in multiple categories for race/ethnicity and home language, rather than in terms of a single “primary” characteristic. In light of these understandings and caveats, comparisons between the findings of these two surveys are based on descriptive differences rather than statistically equivalent analyses or tests of change.

The percentage of parents who said they had their child in child care in the current 2022 Household Survey was only very slightly higher, overall, statewide (53.2% in 2020 vs. 54.7% in 2022). However, families in frontier areas reported a lower percentage of having a child in child care (56.3%) than in 2020 (66.3%), as did families with lower incomes (54.7% in 2020 vs. 47.1% in 2022). In contrast, the proportion of families reporting children with an IFSP or experiencing developmental disabilities or chronic medical needs in care rose markedly from 2020 (37.3%) to 2022 (56.5%). When racial/ethnic categories were examined, there were notable increases in the proportions of children in care 8 or more hours a week among children who were American Indian or Alaskan Native (43.6% in 2020 vs. 54.4% in 2022), Asian (45.5% in 2020 vs. 54.1% in 2022), or Middle Eastern or North African (23.8% in 2020 vs. 55.6% in 2022).

Slightly more families tried to find child care in 2022 (39.9%) than 2020 (35.1%). These percentages rose more markedly for American Indian or Alaskan Native (29.6% in 2020 vs. 47.5% in 2022) and Hispanic or Latinx (24.5% in 2020 vs. 43.5% in 2022) children and children who were experiencing a developmental disability or chronic medical needs (35.7% in 2020 vs. 48.6% in 2022).

The percentage of families with a child in care in their own home decreased from 2020 (51.2%) to 2022 (42.1%), as did the proportion of children in family- or home-based care (36.1% in 2020 vs. 27.6% in 2022). In contrast, the proportion of children in center-based care increased from 47.3% in 2020 to 55.6% in 2022. Notably, the proportion of children in a preschool program within an elementary school more than doubled from 4.0% in 2020 to 10.2% in 2022. Compared to 2020, a lower percentage of parents preferred care in their own home (37.9% in 2020 vs. 32.9% in 2022).

Use of Child Care Services: Takeaways and Recommendations

The majority of Oregon families who answered the survey have a child aged 0 to 5 years who had been in child care for 8 or more hours a week in the past year. On average, children were in care for 7-9 hours a day and 5 days a week. Almost one half of children were only in one type of care routinely, and one third were in two types of care.

Most families were satisfied with the days and hours that their child was in care. However, it is important to note that parents in families that spoke Cantonese, Mandarin, Russian, or Vietnamese were more likely to say that they **did not have enough hours of child care**. Families speaking Mandarin, Russian, or Vietnamese were more likely to say that they **did not have enough days of care**.

Families reported that a number of aspects of their current child care did not work for their families, including: cost, the number of arrangements that parents had to make to get the coverage they needed, how much the provider spoke their home language, and the hours that care was available.

Further, 40% of families who did not have a child in care were looking for care. This information highlights that **cost and availability of child care continue to be problematic for most Oregon families**. This repeats findings from the 2019 and 2020 Household Surveys. The availability of affordable, accessible early child care and education services must be increased for Oregon families.

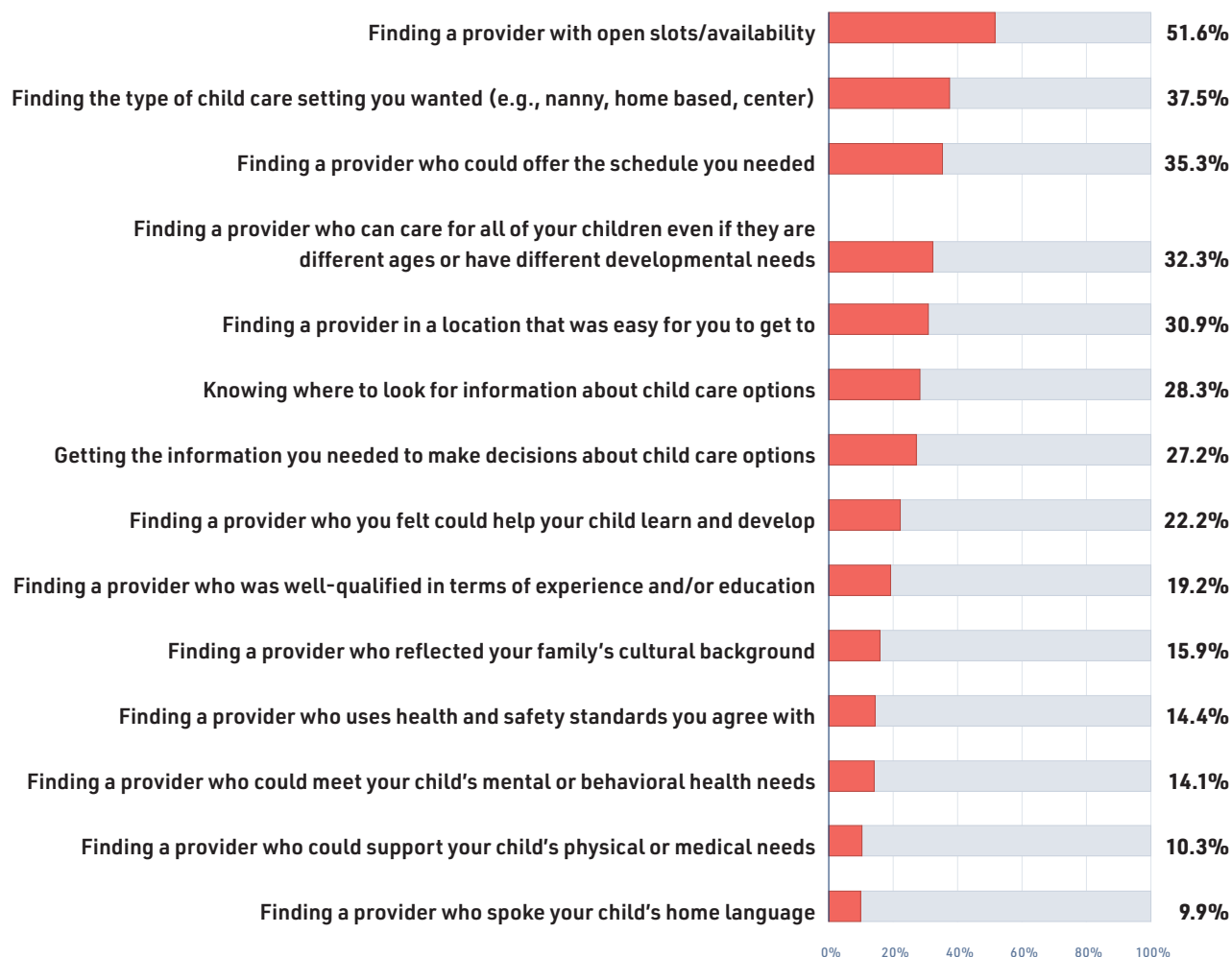
There are clear inequities in the accessibility and cultural and linguistic appropriateness of child care in Oregon. Many families of color indicated that the number of child care arrangements that they had to make to meet their needs did not work for their families. Additionally, families of color and those in which a language other than/in addition to English was typically spoken were much more likely than the state average to indicate that how the provider represented their child's culture and how much the provider spoke the family's home language did not work for their families. **These findings have been consistent across the 2019, 2020, and 2022 surveys.** They point to a long-standing need for the DELC to prioritize the recruitment and support of providers of color and those with linguistic diversity. We suggest investing in more partnerships with community-based agencies serving families of color and with the families themselves to co-design ways to foster a diverse workforce of providers who can meet the different child care needs of Oregon's multicultural and multilingual population. This will also require intentional changes at both organizational and systems levels to adopt non-White-dominant and anti-racist approaches to appropriately supporting and sustaining such a workforce.

Families continue to prefer center-based care above other types of care. While more research to better understand this preference is important, especially given the strong current narrative that center-based programs (especially school-based programs) offer “higher quality care”, there is little doubt that more investments in program expansion is needed. More efforts should be focused on making such care affordable, accessible, and relevant for **all** Oregon families. This will require multi-pronged efforts to: recruit providers from diverse backgrounds, provide living wages and a range of benefits to providers, support providers with culturally- and linguistically-appropriate professional development opportunities, promote provider mental and physical well-being, and engage with families themselves to co-design diverse child care opportunities and systems for continual improvement and growth of those opportunities.

Challenges Finding Care

The 2013 parents who indicated that they had used or tried to find child care since September 2021 responded to a list of 14 experiences that families may have when looking for child care. Parents indicated how well each of the listed experiences went for them (“very well,” “somewhat well,” “not well,” or “not applicable” (Appendix B). For the purposes of analysis, responses of “not well” were considered a challenge when families are looking for child care. Figure 15 shows the 14 experiences in descending order of the percentage of parents who said that it was a challenge. By far, **finding a provider with availability was the greatest challenge that parents reported**. The next most often named challenges were finding the desired type of child care setting and finding providers with the desired schedule, who could care for all of the parent’s children even if there were variations in their ages and/or developmental needs, or who were in a location that was easy to access.

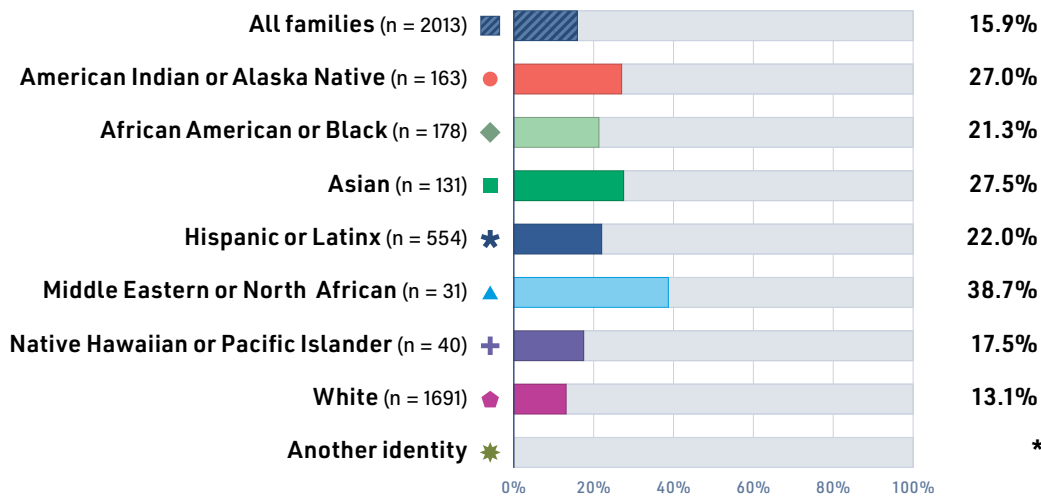
Figure 15. Families saying these things did not go well when trying to find care statewide (n = 2013)



Challenges Finding Care Differed Across Families

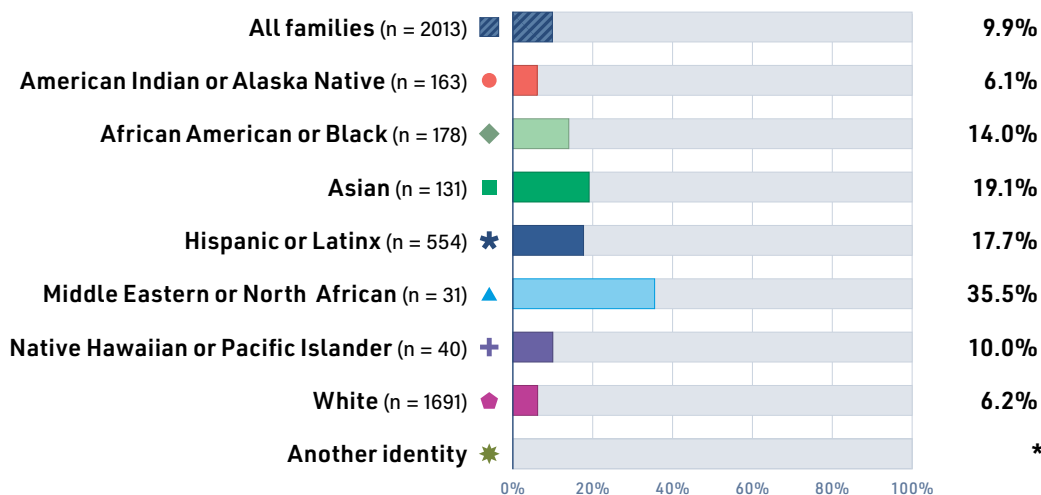
When responses were examined by children’s racial or ethnic backgrounds, finding a provider who reflected the family’s cultural background and/or finding a provider who spoke the child’s home language were more likely to be reported as challenges for families of children of color, particularly those with children who were Middle Eastern or North African (Figure 16 and Figure 17).

Figure 16. Families who had challenges finding a provider who reflected the family’s cultural background by child race/ethnicity



*Fewer than 10 people in the group

Figure 17. Families who had challenges finding a provider who spoke the child’s home language by child race/ethnicity



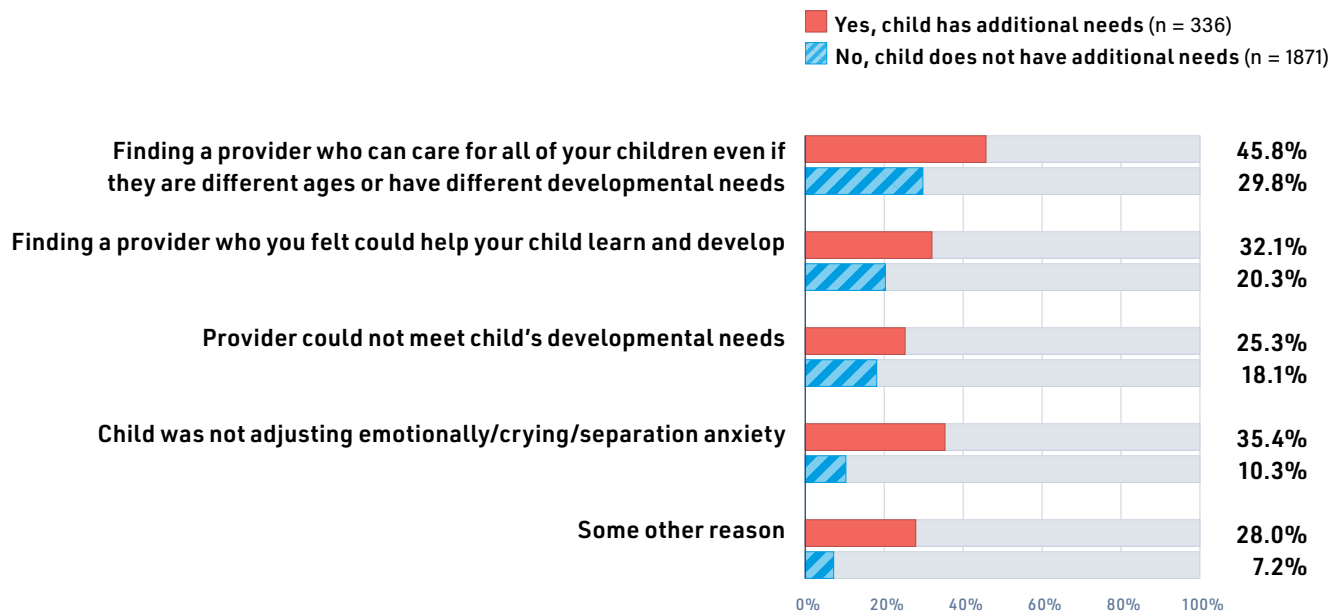
*Fewer than 10 people in the group

Families with lower incomes (at or below 200% FPL) were more likely to have experienced challenges finding care overall than families with higher incomes, with the largest differences being in challenges finding providers who could offer the schedule they needed, who they felt could help their child learn and develop, and who reflected their family’s cultural background (see Appendix B). This may reflect the overrepresentation of lower-income families in the service industry and jobs that require schedules and hours outside of what is typically offered by child care providers.

The pattern of challenges for families living in different geographic regions was generally similar, although overall families living in urban areas reported experiences finding care as generally less challenging than did families living in frontier and rural areas (see Appendix B). The one exception to this was that families living in urban areas reported slightly higher rates of challenges finding a provider who spoke the child’s home language than families living in frontier and rural areas.

Families with children who had an IFSP, a developmental disability, or chronic medical needs tended to experience challenges in finding care at higher rates than other families (Appendix B). They reported the experience of finding providers who could care for all of the parent’s children, even if the children were different ages or had different needs, were well-qualified, could help the child learn and develop, could meet the child’s mental or behavioral health needs, or could meet the child’s physical or medical needs as being more challenging compared to families without children with IFSPs, developmental disabilities, or chronic medical needs (Figure 18).

Figure 18. Families saying these things did not go well when trying to find care by whether child has an IFSP, developmental disability, or chronic medical needs

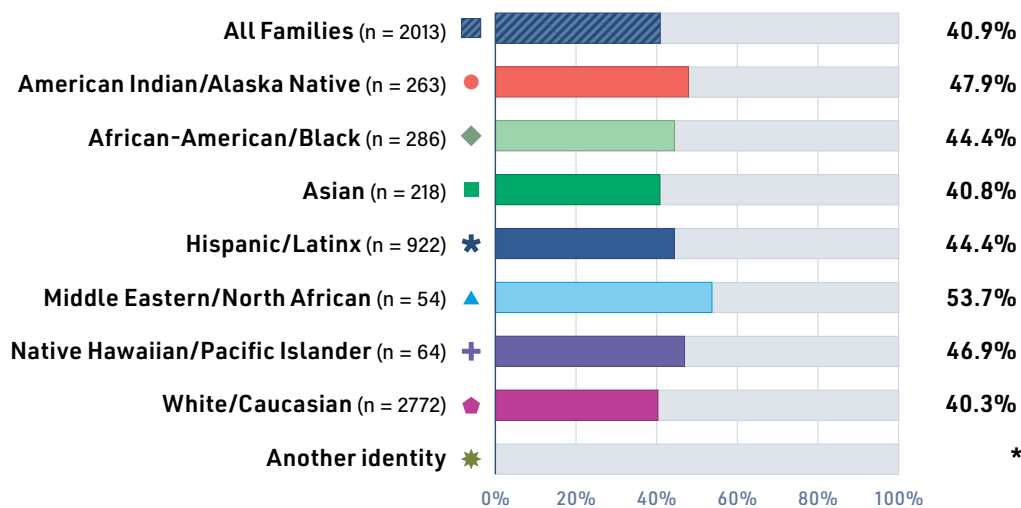


Finally, while the pattern of challenges for families with younger children (under the age of 3 years) and families with older children (between ages 3 and 5 years) was generally similar overall, families with younger children reported higher rates of challenges for all of the experiences—with the exception of finding providers who could meet the child’s mental, behavioral, physical, or medical needs (see Appendix B).

Negative Impact on Parent Employment Due to Problems with Child Care

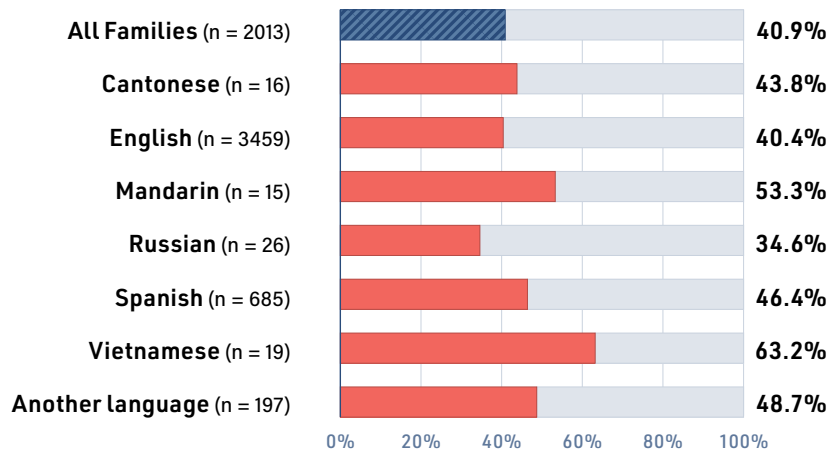
Across all parents, **40.9% indicated that someone in the family had to quit a job, not take a job, or greatly changed a job because of problems with child care** in the last 12- 14 months. This negative impact on employment differed depending upon the child’s racial or ethnic background, home language, income level, geographic area, and whether the child had an IFSP, developmental disabilities, or chronic medical needs. For example, families of color were most likely to experience a negative job-related impact (Figure 19) as were families who spoke any language other than English or Russian (Figure 20). Additionally, families who had lower incomes, who lived in urban areas, or whose child had an IFSP or developmental disability or chronic medical needs were more likely to report negative impacts on their employment due to problems with child care (see Appendix B).

Figure 19. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care by child race/ethnicity



*Fewer than 10 people in the group

Figure 20. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care by home language



Reflections on the 2020 Household Survey

Overall, across the 2020 and 2022 Household Surveys, the patterns of results were similar. Notably, in both the 2020 and 2022 Household Surveys, the greatest challenge, by far, was finding a provider with availability. Additionally, in 2022, finding a provider who reflected the family’s cultural background or spoke the child’s home language continued to be a challenge for families with children of color.³

Interestingly, there were differences between the 2020 and 2022 Household Survey based on geographic area. In the 2020 Household Survey, families living in frontier areas were less likely to report experiencing a number of the potential challenges than families living in rural and urban areas. By contrast, in the 2022 Household Survey, families living in urban areas reported lower rates of challenges for all of the experiences except for finding providers who reflected the family’s cultural background or who spoke the child’s home language.

³ The 2020 Household Survey listed 10 potential challenges to finding child care, with the response options of “not a challenge,” “somewhat challenging,” or “a big challenge”. In the 2022 Household Survey, the response categories were changed to rating the quality of each experience, with the rating that the experience had “not gone well” coded as a challenge. The survey also included four additional experiences/challenges. Thus, only the pattern of findings (and not the actual percentages) can be informally compared.

Challenges Finding Care: Takeaways and Recommendations

Across the state of Oregon, families report that finding providers with availability is the greatest challenge in obtaining child care. They also report that finding the desired type of child care setting and finding providers with the desired schedule, who could care for all of the parent's children even if the children were different ages and/or had different needs, or who were in a location that was easy to access are challenges. These problems are not new in that families were reporting difficulties in finding availability in their preferred type of care in 2020. In a recent survey, almost one half of responding child care directors and owners reported that they had had shortages in staffing between March 2021 and March 2022. Providers who had left the workforce cited the needs for better wages and benefits, more staff, and more recognition and inclusion from other staff, managers, and parents as barriers to their returning to the child care workforce⁴.

Families of color report that finding providers who reflect their family's cultural background and/or speak their child's home language is a challenge at higher rates than other families. This has been a consistent finding across the 2020 and 2022 Household Surveys. It also echoes the finding in the previous section that families of color most often say that, even when they find child care, how the providers represent their family's cultural background and how often they speak their children's home languages do not work for their families.

Families with children who have an IFSP, developmental disabilities, or chronic medical needs have greater challenges finding well-qualified providers who can meet their children's developmental, behavioral, physical, or medical needs than do other families. This was also found on the 2020 Household Survey.

Challenges finding child care have negatively impacted the employment of 41% of families. This demonstrates that the challenges that parents report in finding care and the difficulties that they face even when they can find care (previous section) have disruptive consequences for parents that could impact other aspects of their families' lives, such as the abilities to afford adequate food, housing, and mental and physical health care services.

Families of color, families with children who have IFSPs, developmental disabilities, or chronic medical needs and families with lower incomes or living in urban areas were more likely to experience negative impacts on employment due to problems with child care. These families are likely to be the most vulnerable across a number of domains due to their circumstances, as well as other factors such as systemic discrimination.

⁴ Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

Taken together, these findings about the challenges that families in Oregon face in finding child care and the reported impacts of these challenges and other difficulties on employment suggest that the DELC should prioritize a number of actions:

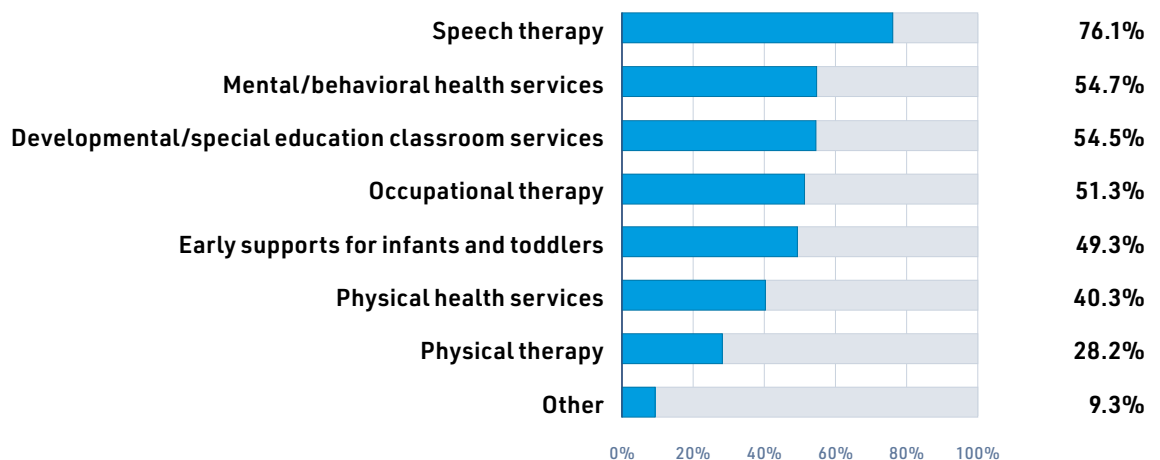
- 1. Increase the number of child care providers and programs.** Given previous findings⁵ about staff shortages in the child care field and the barriers that prevent providers from returning to the field, one primary area of focus should be finding ways to help child care programs sustainably raise the salaries and benefits for their staff members.
- 2. Increase the number of providers and programs who represent diverse cultural and linguistic backgrounds.** As noted in the previous section, the DELC needs to form partnerships with families of color and the community agencies serving those families to co-design ways to recruit and sustain these providers. It is absolutely imperative that these providers should also be fairly compensated and provided a range of benefits and that barriers such as discrimination at the level of funding and oversight agencies be intentionally identified and dismantled.
- 3. Increase the number of providers with the knowledge and skills to support children with a range of developmental, physical, and mental needs.** This will require additional training and professional development opportunities, as well as supporting providers to examine their own beliefs about children with a range of abilities and strengths.

5 Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

Ability to Access Services

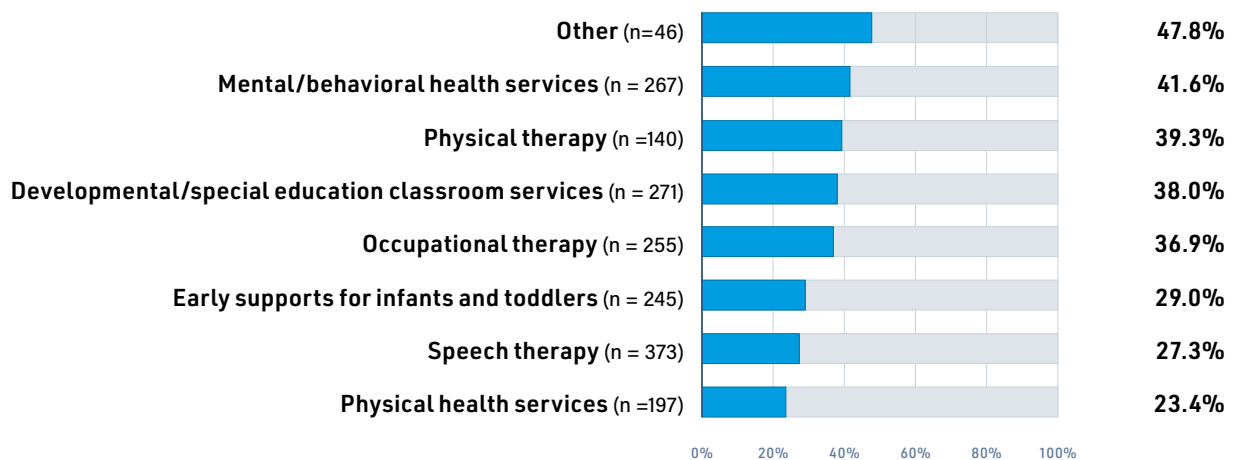
We asked parents who indicated that their focal child had an IFSP, developmental disabilities, or chronic medical needs (13.4%; n = 497) if they were currently able to access eight different types of services designed to support families. The response options were “do not need,” “need and currently able to access,” or “need and currently having problems accessing”. As shown in Figure 21, parents most frequently needed (regardless of their ability to access) speech therapy, with mental/behavioral and developmental/special education services being the next most needed services. Parents who selected “other services” named such specialized supports as feeding therapy, medical help at home to care for a child, and a one-on-one aide in the classroom.

Figure 21. Percent of families who need services for their children with an IFSP, a developmental disability or chronic medical needs statewide (n = 497)



Responses of “need and currently having problems accessing” were the focus of the remaining analyses. As shown in Figure 22, among parents who indicated a need for a given service, most parents reported that they were most likely to have had a problem accessing “other services”. As noted above, these services were most often very specialized, which may partially explain the difficulties in access. Almost 42% of parents whose children need them reported trouble accessing mental and behavioral health services. Additionally, over one third of parents reported having a problem accessing needed physical therapy, developmental/special education classroom services, and occupational therapy. The least problematic service to access was physical health services.

Figure 22. Percentages of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs statewide

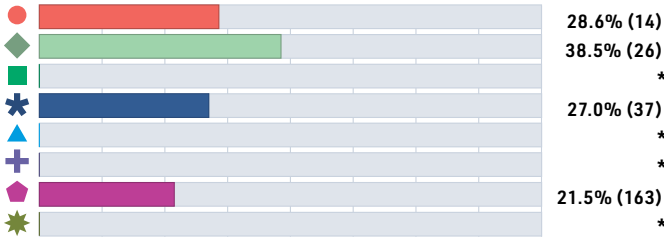


The small number of parents who indicated a need for each service affected the ability to reliably disaggregate data by groups. However, some differences emerged. **The families of children with IFSPs, developmental disabilities or chronic medical needs who were also African American or Black had the highest rates of problems accessing needed services** (Figure 23). Additionally, as shown in Appendix B, families who spoke another language at home had slightly higher rates of problems accessing most services compared to families who spoke English and/or Spanish at home. Similarly, families living in urban areas had slightly higher rates of problems accessing most services compared to families living in rural areas (see Appendix B).

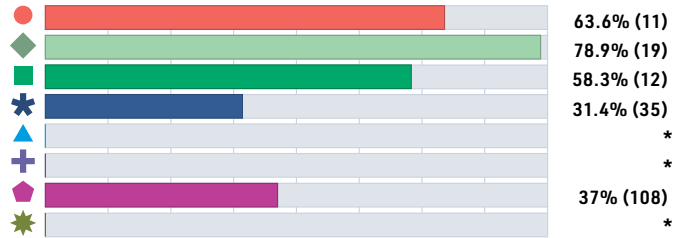
- American Indian or Alaska Native
- ◆ African American or Black
- Asian
- ★ Hispanic or Latinx
- ▲ Middle Eastern or North African
- ⊕ Native Hawaiian or Pacific Islander
- ◆ White
- ✱ Another identity

Figure 23. Percentages of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by child's race/ethnicity

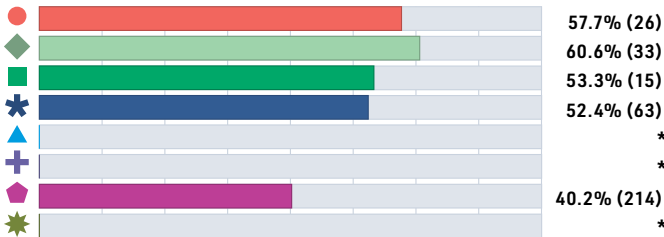
Physical health services



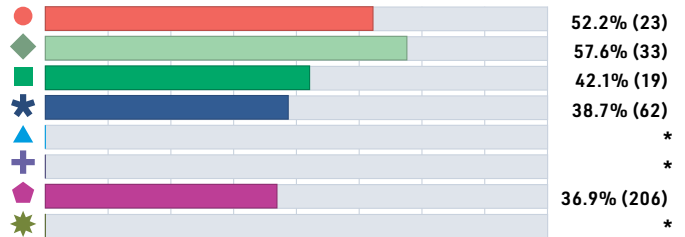
Physical therapy



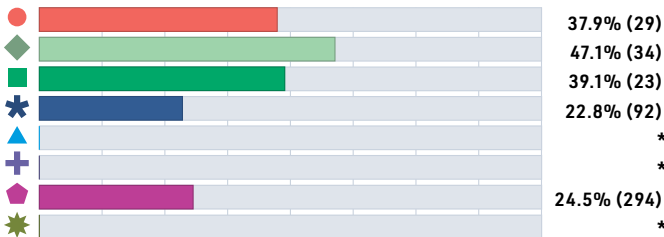
Mental/behavioral health services



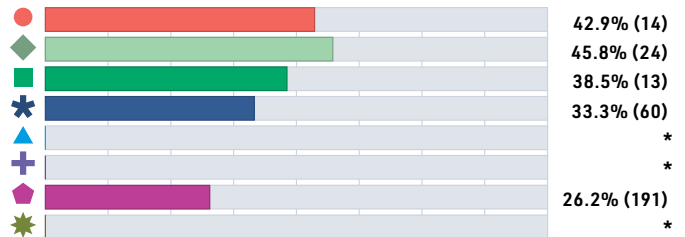
Developmental/special education classroom services



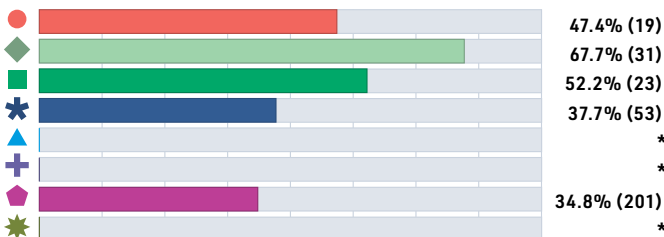
Speech therapy



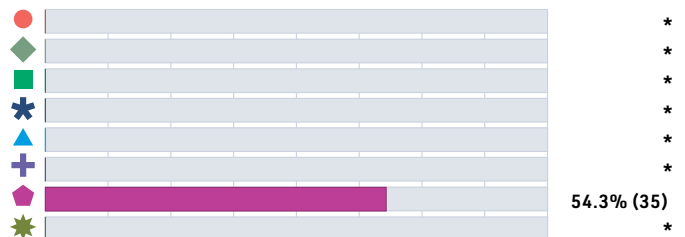
Early supports for infants and toddlers



Occupational therapy



Other



*Fewer than 10 people in the group

Reflections on the 2020 Household Survey

The 2020 Household Survey included this question and had similar response options. Overall, of the parents who indicated a need for the service, families reported more problems accessing the services in 2020 than in 2022 across all of the listed supports (e.g., developmental/special education classroom services: 62.1% in 2020 vs. 38.0% in 2022; mental/behavioral health services: 59.9 % in 2020 vs. 41.6% in 2022). This may reflect changes in accessibility as restrictions due to the COVID-19 pandemic have eased. Further, across both years of the survey the families of children with IFSPs, developmental disabilities or chronic medical needs who were also African American or Black had the highest rates of problems accessing needed services. Additionally, in both years families were less challenged in accessing needed physical health services.

Ability to Access Needed Services: Takeaways and Recommendations

In 2022, families were better able to access services they needed for their children with IFSPs, developmental disabilities, or chronic medical needs than in 2020.

However, families continue to report problems accessing services. Specialized supports are the most difficult to access. Additionally, while the majority (55%) of children needed mental and behavioral health services, a full 42% of those children had difficulty accessing those services. The DELC should explore the reasons behind the continued difficulties. In a recent survey of providers,⁶ we found that providers of Early Intervention and Early Childhood Special Education had a higher likelihood of screening positive for symptoms of anxiety and/or depression. It is possible that providers are leaving the field due to these issues and this may be contributing to difficulties accessing services.

African American or Black children with IFSPs, developmental disabilities or chronic medical needs were most likely to have difficulty accessing all of the listed services. This speaks to the difficulties experienced by children with intersecting marginalized identities. **The DELC must prioritize ensuring that access to needed services is equitable for all families by intentionally strengthening access for African American or Black families.** This will entail work (e.g., training, coaching, reflective supervision) at the provider level to help those individuals identify implicit biases and discriminatory practices and address these with anti-racist practices and policies. Additionally, discriminatory policies and practices at the systems levels should be identified and addressed. This could best be done in partnership with the families of color whose children have developmental disabilities or chronic medical needs as well as the agencies and individuals working directly with them.

6 Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

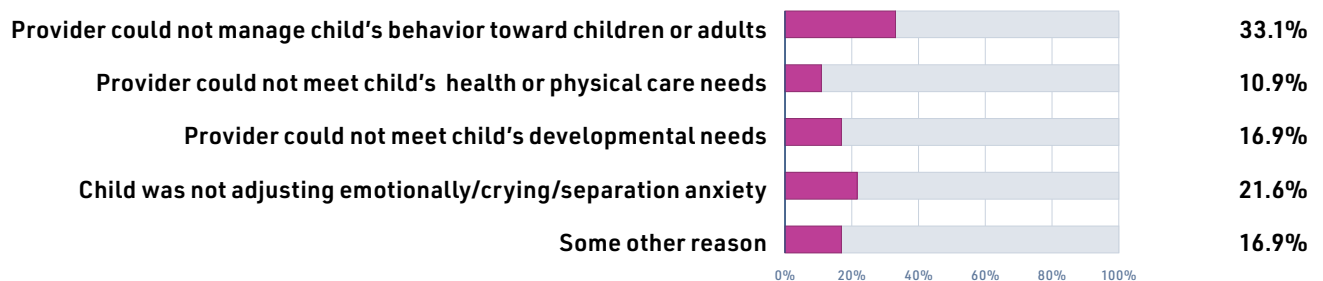
Suspension and Expulsion from Child Care Settings

We asked parents to indicate whether their child had been suspended or asked to leave care in the past year. Specifically, we asked if they had been told that their child needed to “take a break’ or leave care, either permanently or temporarily (this might include being asked to attend for fewer hours or fewer days or being told that the child was not a ‘good fit’ for the program)”. In total, 9.1% (n = 338) of all children had been asked to leave care in the past year.

We then asked parents to select the primary reason for being asked to leave care from a list that included: the child’s own behaviors, the provider’s inability to care for the child, or something else to do with the provider (such as the provider closing or wanting to reduce their own working hours). This reason pertained to the most recent time that the child had been asked to leave care.

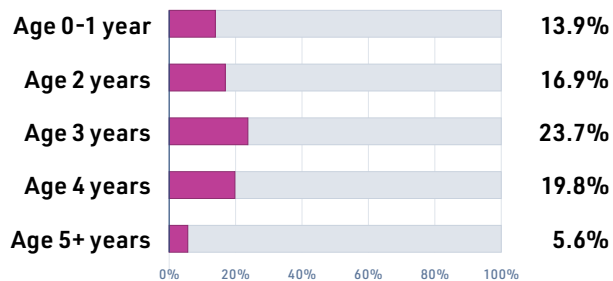
One in three (33%) parents told us their child had been asked to leave care because the provider could not manage the child’s behavior towards other children or adults (Figure 24). Other frequent reasons included being told that the child was not adjusting to care, or that the provider was unable to meet the child’s developmental or health and physical care needs.

Figure 24. Reason for being asked to “take a break” (n=338)



As shown in Figure 25, the majority of children who were asked to leave care were aged 3 years and older the most recent time they were suspended. The median age at which children were asked to leave was 3 years. It should be noted that 20% of parents who said their child had been asked to leave care did not answer the question about how old the child had been at the time.

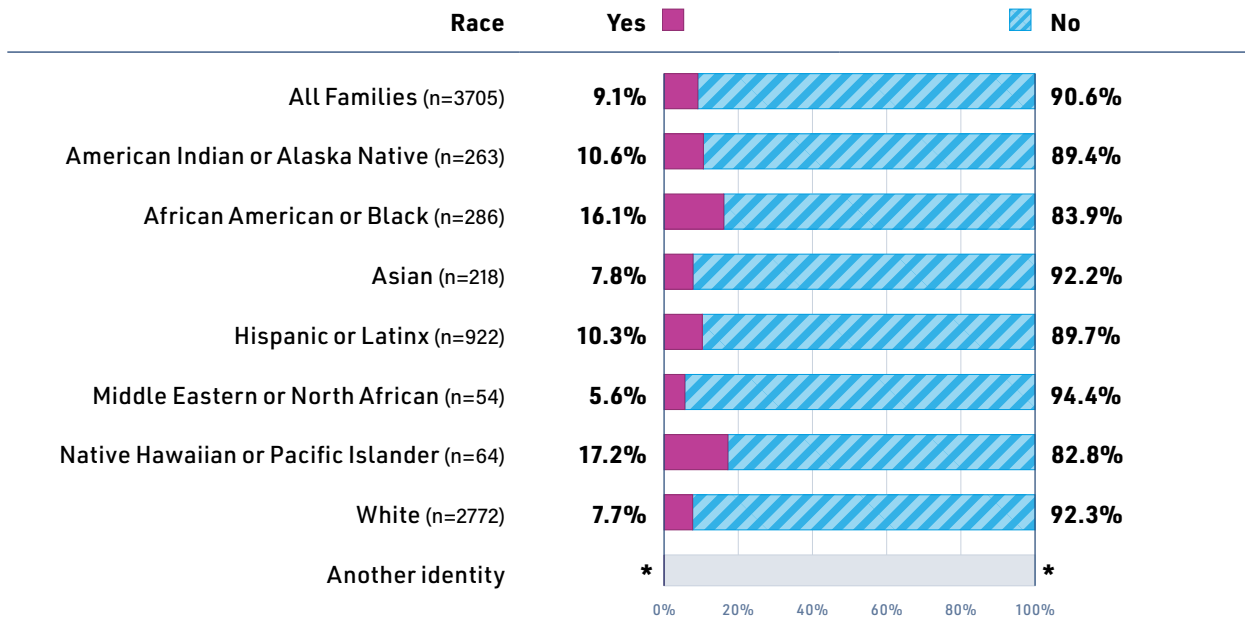
Figure 25. Age at which the child was asked to leave care (n = 338)



There were differences in which children were asked to leave care and the stated reason for this decision. Children who were African American or Black or Native Hawaiian or Pacific Islander were asked to leave care at rates almost 2 times higher than that for all parents (Figure 26). Further, children from homes in which Mandarin was spoken were asked to leave care at a rate 2 times higher than that for all parents (Figure 27), and those from Vietnamese-speaking families also showed a higher rate of being asked to leave care.⁷

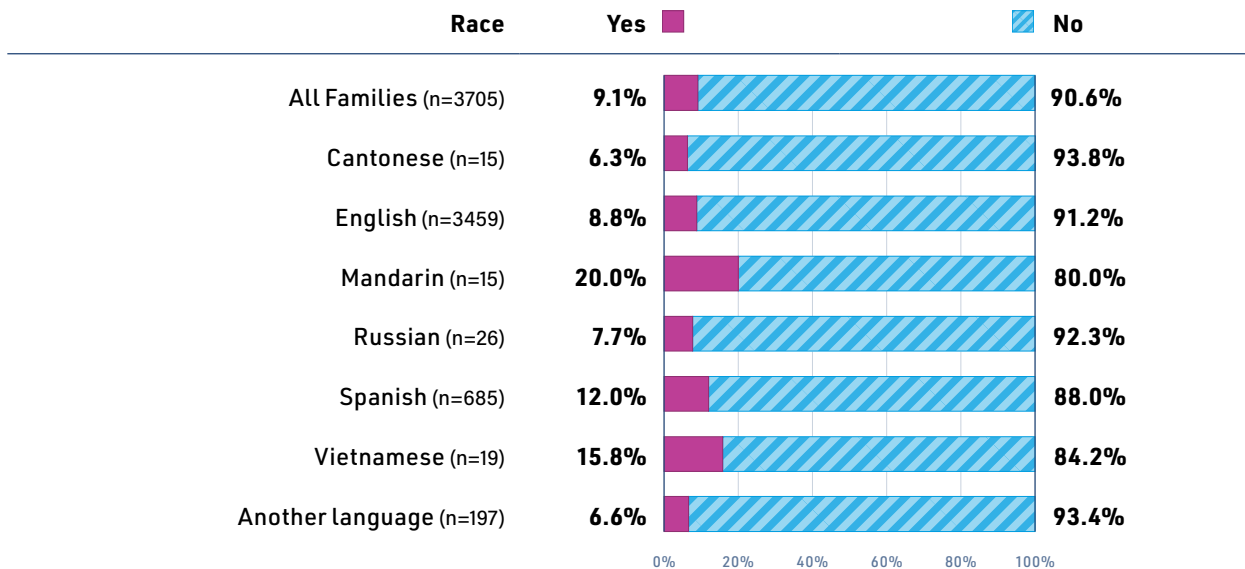
⁷ It should be noted that the numbers of speakers of Mandarin and Vietnamese were small (ns = 15 and 19, respectively).

Figure 26. Rates of children being asked to “take a break” from care by child race/ethnicity



*Fewer than 10 people in the group

Figure 27. Rates of children being asked to “take a break” from care by home language



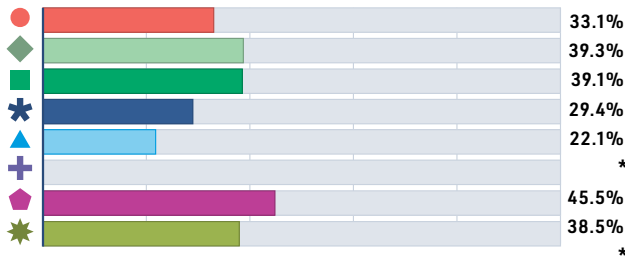
*Fewer than 10 people in the group

Native Hawaiian or Pacific Islander children were much more likely than all children to be asked to leave care because the provider could not manage the child's behavior towards others (Figure 28). Asian or Native Hawaiian or Pacific Islander children were more likely to be asked to leave due to the provider not being able to meet the child's developmental needs. Hispanic or Latinx children were more likely than other children to be asked to leave care due to the providers' report that the child could not adjust emotionally. Relatedly, children living in a home in which Spanish was typically spoken were more likely than all families to be asked to leave care because the child was not adjusting emotionally (35.4% vs. 21.6%, respectively; Appendix B).

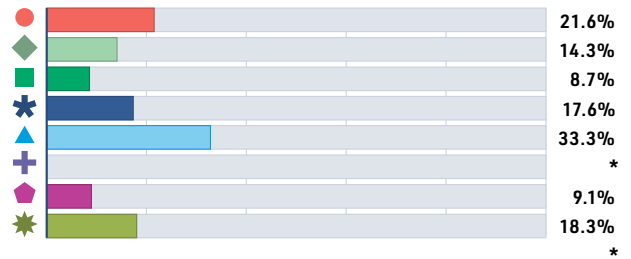
Figure 28. Reason for being asked to "take a break" by child race/ethnicity

- American Indian or Alaska Native (n=28)
- ◆ African American or Black (n=46)
- Asian (n=17)
- ✱ Hispanic or Latinx (n=95)
- ▲ Middle Eastern or North African
- ✚ Native Hawaiian or Pacific Islander (n=11)
- ◆ White (n=213)
- ✱ Another identity

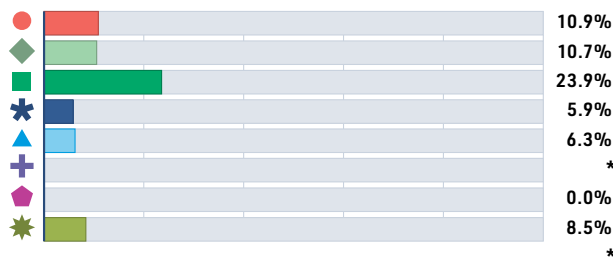
Provider could not manage child's behavior toward children or adults



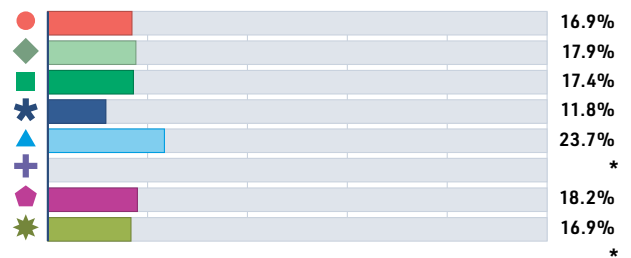
Child was not adjusting emotionally/ crying/separation anxiety



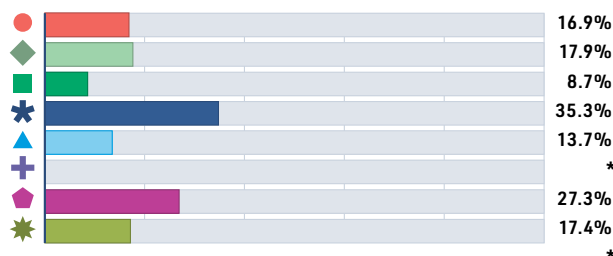
Provider could not meet child's health or physical care needs



Some other reason



Provider could not meet child's developmental needs

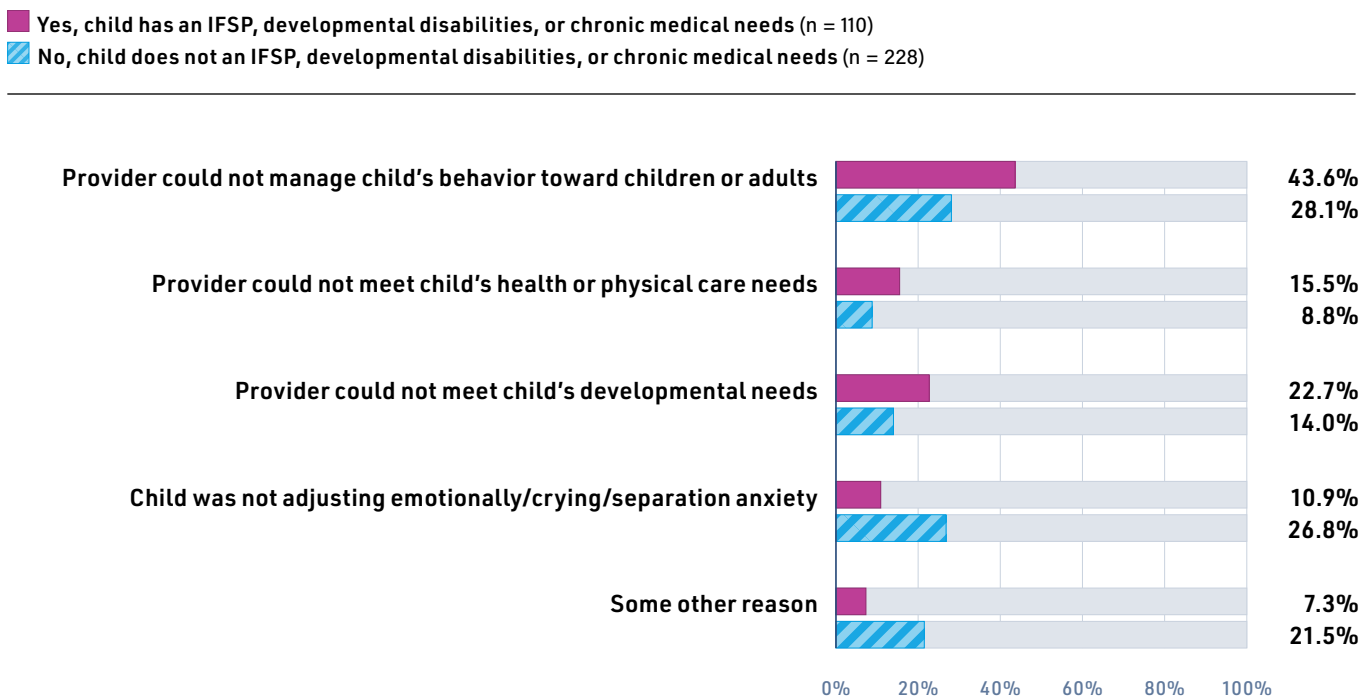


*Fewer than 10 people in the group

While there were few differences in experiences of being asked to leave care for families with different income levels, children in frontier areas⁸ were more likely than those in other regions to be asked to leave due to the provider’s inability to manage the child’s behavior and least likely to be asked to leave because the provider could not meet the child’s developmental needs (Appendix B).

The most striking differences between groups was that children with IFSPs, developmental disabilities or medical needs were 3 times more likely to be asked to leave care than their peers without such needs (22.1% vs. 7.1%, respectively). Further, they were more likely to be asked to leave care because either the provider could not manage the child’s behavior or could not provide for the child’s developmental needs (Figure 29).

Figure 29. Reason for being asked to “take a break” by whether the child has an IFSP, a developmental disability, or chronic medical needs



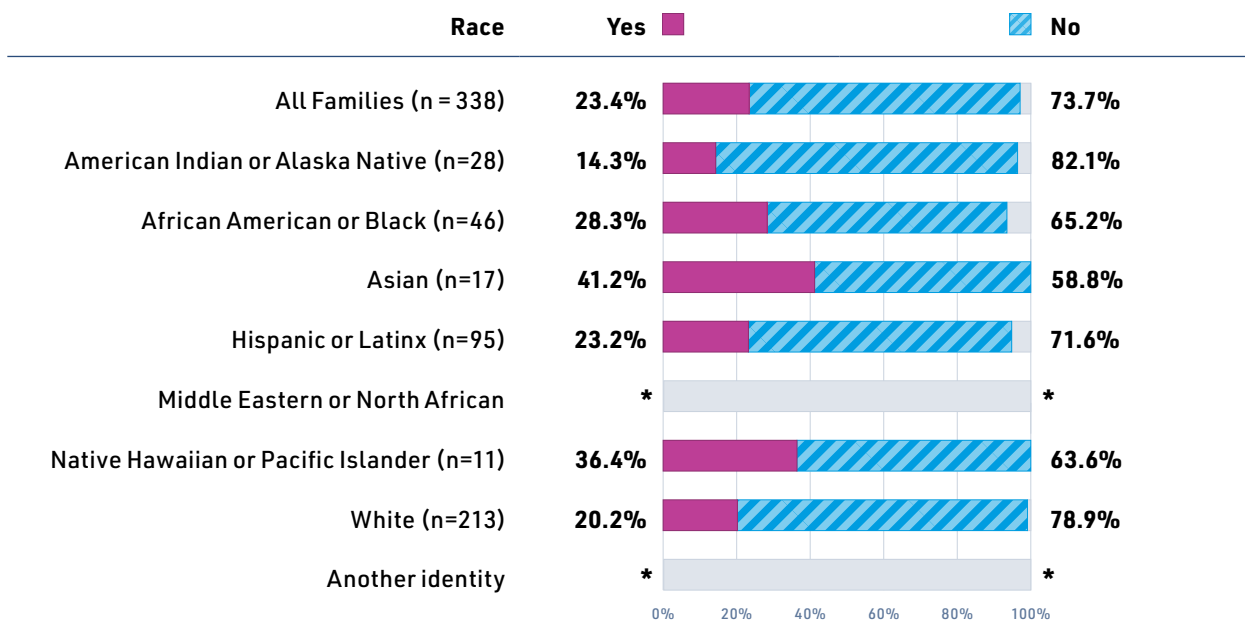
Finally, children aged 0 to 2 years were about 2 times less likely than children aged 3 to 5 years to be asked to leave care (5.9 % vs. 12.3%, respectively) and more likely to be asked to leave because they were not adjusting emotionally (37.5% vs. 18.1%, respectively). In contrast, children aged 3 to 5 years were more likely to be asked to leave because the provider could not manage the child’s behavior (38.8% vs. 22.0%, respectively).

8 This was a small group (n = 16).

Referrals or Suggestions for Other Care

In a recent series of interviews, parents of children who had been asked to leave care said that receiving referrals to other services to support them and their child helped to alleviate some of the stress of the situation and sometimes resulted in the child receiving needed services.⁹ Thus, in this survey, we asked parents if the provider who had asked them to leave had made any referrals to or suggestions about alternative child care options. Overall, fewer than 1 in 4 (23.4%) parents whose child was asked to leave care indicated that they had received such referrals. Moreover, children who were American Indian or Alaskan Native (Figure 30) or were from homes in which a language other than Cantonese, English, Mandarin, Spanish, Russian or Vietnamese was spoken had a lower rate of referrals than all parents (Appendix B). Compared to families in other regions, those in frontier regions were more likely to receive suggestions for alternative programs, although as noted above this was a small group.

Figure 30. Provider gave referrals to or suggestions about other child care programs for the child by race/ethnicity



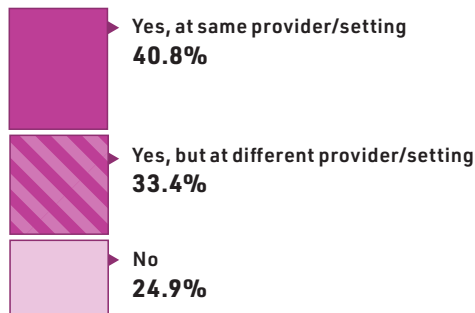
*Fewer than 10 people in the group

9 Burton, M., Green, B. L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., Rodriguez, L. (2022, July). *Families' experiences of early childhood care suspension and expulsion: Messages for building more inclusive environments*. Report submitted to the Oregon Early Learning Division.

Returning to Care

All parents who indicated that their child had been asked to leave care were also asked if the child was able to return to care either with the same provider or setting or a different provider or setting. As shown in Figure 31, 41% of children were able to return to care at the same provider or setting while 33% of children went back into care with a different provider or in a different setting. However, 25% of children did not return to care at all.

Figure 31. Was child able to return to ECE after being asked to leave care? (n = 338)

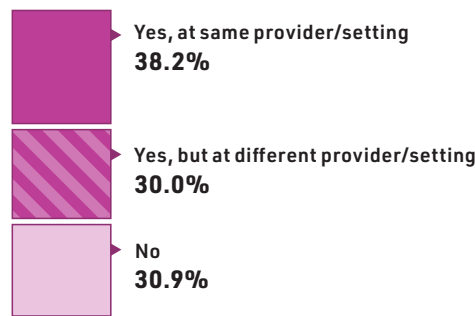


Children who were African American or Black were less likely than all parents to return to care at the same provider or setting—but more likely to return to care with another provider or setting—and less likely to not return to care at all (Appendix B). Children who were identified as Asian (n = 17) were more likely than all parents to return to care at the same provider or setting and the least likely to not return to care at all. Children in Spanish-speaking families and in rural areas were more likely to not return to care at all.

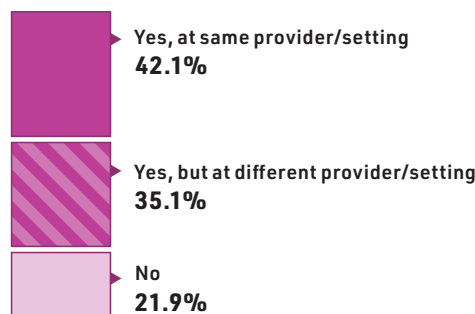
Children who had IFSPs or were experiencing developmental disabilities or chronic medical needs were less likely than their peers without such needs to either return to their former provider or setting or return to care at all (Figure 32). Finally, children aged 0 to 2 years who were asked to take a break were less likely to return to care in the same setting, or at all, than children aged 3 to 5 years (Appendix B).

Figure 32. Was child able to return to care by whether the child had an IFSP, a developmental disability, or chronic medical needs?

Child had an IFSP, developmental disabilities, or chronic medical needs (n = 110)



Child did not have an IFSP, developmental disabilities, or chronic medical needs (n = 228)

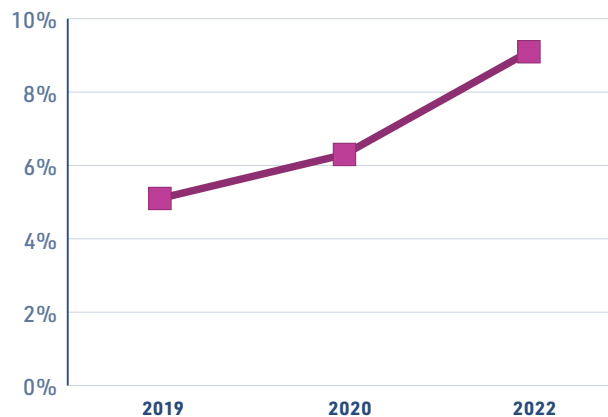


Reflections on the 2020 Household Survey

Comparisons with the 2020 Household Survey should be considered with the caveat that, in 2020, families could only identify as one primary race or ethnicity. Additionally, in the 2020 Household Survey, parents were asked to indicate whether their child had ever been asked to take a break from or leave care by a provider; this year's survey asked about suspension/expulsions during the prior year.

Nevertheless, compared to the 2020 Household Survey, there was an approximately 3% increase in the percentage of children being asked to leave care (6.3% in 2020 vs. 9.1% in 2022). Notably, **the rate of children being asked to leave care across all families in Oregon has been increasing since 2019** when the survey was first conducted (Figure 33). Given that the incidence of suspension or expulsion from ECE is low in general and that the experience can be extremely stressful for families, even small increases merit attention.

Figure 33. Rates of children asked to "take a break" from care across time in Oregon



Consistent with the overall increase in the percentage of children being asked to take a break from care, the percentages have increased across all groups. However, **the proportion of African American or Black children being asked to leave child care has increased nearly fourfold since the 2020 survey** (4.6% in 2020 vs. 16.1% in 2022) while the rates for other racial or ethnic groups for whom there was data in 2022 have increased by one to three percentage points. Thus, the rate of suspension/expulsion for Black or African American children is increasing at a faster rate than is the case for other children.

Additionally, **the rate for children with IFSPs, developmental disabilities, or chronic medical needs is almost 1.5 times higher than it was in 2020** (14.7% in 2020 vs. 22.1% in 2022), while the rate for children without such needs increased less than 3% (4.7% in 2020 vs. 7.1% in 2022).

Finally, while statewide the percentage of children asked to leave care due to the provider being unable to manage the child's behavior towards others dropped about 2% from 2020 to 2022 (from 35.0% to 33.1%), there was a 5% increase in the percentage of children asked to leave care because the provider could not meet the child's health or medical needs (from 5.8% to 10.9%). The increase in children asked to take a break due to the provider not being able to meet the child's developmental needs was almost as large (from 12.6% to 16.9%). Notably, the percentage of children leaving care due to another reason (usually a choice made by the provider to close a program or reduce hours or enrollment) dropped from 22.3% in 2020 to 16.9% in 2022.

Suspensions and Expulsions from Child Care: Takeaways and Recommendations

Almost 10% of families said that their child had been asked to take a break from or leave care in 2022. Notably, this is an increase from both the 2019 and 2020 Household Surveys. Overall, **the rate of children being asked to leave care across all families in Oregon has been increasing since 2019.**

There are also clear inequities in being asked to leave care based on race and ethnicity and whether a child has an IFSP, developmental disabilities, or chronic medical needs.

- **Children who were African American or Black or Native Hawaiian or Pacific Islander were asked to leave care at rates almost 2 times higher than that for all children.** The finding about African American or Black children is consistent with information from providers, who also report that African American or Black children are asked to leave their care at higher rates.¹⁰ Further, **the rate at which African American or Black children have been asked to leave care has increased by fourfold since 2020.**
- **Children with developmental or medical needs were 3 times more likely to be asked to take a break from care than their peers without such needs.**
- **Native Hawaiian or Pacific Islander children were much more likely than all children to be asked to leave care because the provider could not manage the child's behavior towards others.**
- **Relatively few (about 1 in 4) families received a referral for supportive services. Further, children who were American Indian or Alaskan Native (Figure 30) or were from homes in which a language other than Cantonese, English, Mandarin, Spanish, Russian or Vietnamese were spoken were given referrals at a lower rate than that for all parents.**

10 Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

Increases and inequities in being asked to leave care have persisted across the years in which the Household Survey has been implemented (2019-2022). During that time, in 2021, statewide legislation prohibiting suspension or expulsion from state-funded child care programs (SB 236 B) by 2026 and legislation establishing an early childhood suspension and expulsion prevention program, particularly to address inequities in suspension and expulsion (HB 2166), was passed. Consistent with the provisions of this legislation, the DELC must prioritize understanding the reasons for providers asking children to leave care. Further, they must develop training and coaching support for providers around understanding child development and promoting positive development, in addition to understanding how their own perceptions of child behaviors may influence their interpretations of that behavior. The inequities also highlight a critical need for the DELC to promote training and support for providers to recognize the role of their implicit biases in influencing their perceptions of child behavior, as well as how to enact non-White-dominant and anti-racist practices and policies within their programs. Additionally, providers need training and coaching in engaging all families in discussion and planning around keeping children in care well before they get to the step of asking children to leave.

Research has shown that Infant and Early Childhood Mental Health Consultation services can significantly reduce challenging child behaviors while also increasing children's positive social-emotional skills.¹¹ Given the increasing rate of asking children to leave care across Oregon, the provision of these services could be an effective way to address these issues and prevent their development in the future.

However, **services cannot simply focus on families and providers.**

Systems-level change is needed. The DELC must take a critical and intentional look at the norms and policies that underpin the inequities in being asked to leave care. This includes systematic discrimination that supports and sustains these inequities. They must engage communities of color and families with children with developmental disabilities and medical needs in co-designing studies of and responses to suspension and expulsion in early childhood care. Without such involvement, efforts to address inequities are not likely to be complete or sustainable.

11 SAMSHA. *About infant and early childhood mental health consultation*. <https://www.samhsa.gov/iecmhc/about>

Conclusions and Recommendations

The findings from the 2022 Household Survey provide critically important information about the needs for child care and the challenges to finding that care currently faced by families in Oregon. In reflecting on findings from this year's survey, it is important to note that more families from a greater range of cultural and linguistic backgrounds responded this year than to either the 2019 or 2020 surveys. The results show that the problems that existed prior to the COVID-19 pandemic continued to persist and, in some cases, were exacerbated. They also highlight that **families with children of color or who have IFSPs, developmental disabilities, or chronic medical needs face long standing inequities in the availability of linguistically and culturally responsive, developmentally supportive, and family-preferred care.** The following conclusions and recommendations provide actionable information about how child care opportunities in Oregon could be made more equitable and accessible for all families and children by intentionally prioritizing changes that address the needs of those families who face the largest inequities.¹²

1. There are clear inequities in the accessibility and cultural and linguistic appropriateness of child care in Oregon. Many families of color indicated that the number of arrangements that they had to make to get needed child care did not work for their families. That the difficulties negatively impacted these families was clear from the finding that families of color were more likely than others to report that their employment was negatively impacted by problems with child care. Additionally, families of color and families in which a language other than/in addition to English was typically spoken were much more likely to report that their current provider did not represent their child's culture and/or speak the family's home language. These were also likely to be barriers to finding care for those families who did not currently have care. **These findings have been consistent across the 2019, 2020, and 2022 surveys and point to a long-standing need for the DELC to prioritize expansion of child care services, settings, and facilities that successfully hire and retain providers of color and those with linguistic diversity.** Once again, this survey supports the following recommendations:

- Prioritize investment in expanding and supporting child care settings that are owned and staffed by providers of color and providers who speak languages other than English.

¹² powell, john, Stephen Menendian and Wendy Ake, "Targeted universalism: Policy & Practice." Othering & Belonging Institute, University of California, Berkeley, 2019. belonging.berkeley.edu/targeteduniversalism

- **Increase the number of providers and programs who represent diverse cultural and linguistic backgrounds.** To do so, the DELC should increase the number of partnerships with families of color and the community agencies serving those families to co-design ways to foster a diverse workforce of providers who can meet the different child care needs of Oregon's multicultural and multilingual population. Investments in more educational and professional pathways to intentionally support these providers is also key.
- **It is absolutely imperative that providers from culturally and linguistically diverse backgrounds should be fairly compensated and provided a range of benefits.** Additionally, barriers to having experiences and educational attainment in other countries recognized in decisions about qualifications, job placement, and compensation must be identified and removed.
- **Changes must be instituted at both organizational and systems levels to adopt non-White-dominant and anti-racist approaches to appropriately supporting and sustaining providers of color and those from diverse cultural and linguistic backgrounds.** It is not enough to simply recruit a diverse workforce. Those providers must subsequently be offered professional and career development opportunities that are meaningful and relevant to them and the families whom they serve. They must be offered appropriate support from supervisors, coaches, and colleagues who reflect their cultural and linguistic backgrounds. This will serve a critical need to sustain their participation in the child care workforce and allow them to experience the work as positive and fulfilling.

2. Families with children who have IFSPs, developmental disabilities, or chronic medical needs experience a range of difficulties in accessing appropriate care and services that can meet their children's needs. These families report difficulties in finding well-qualified providers who can meet their children's developmental, behavioral, physical, or medical needs. They are also more likely to report experiencing negative impacts on their employment because of problems with child care. **Although it was easier to access services they needed for their children in 2022 than in 2020, families continue to report problems; these problems are likely exacerbated by ongoing child care shortages (e.g., families reported in prior research that child care providers were less likely to agree to serve their children when they could serve other children without developmental disabilities and chronic medical needs).**¹³ Specialized services are the most difficult to access. Additionally, while the majority (55%) of these children needed mental and behavioral health services, 42% of the children who needed them had problems with

13 Burton, M., Green, B.L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., Rodriguez, L. (2022, July). *Families' Experiences of Early Childhood Care Suspension and Expulsion: Messages for Building More Inclusive Environments*. Report submitted to the Oregon Early Learning Division.

access. Finally, illustrating the difficulties experienced by children with intersecting marginalized identities, **African American or Black children who had IFSPs, developmental disabilities, or chronic medical needs were most likely to have difficulty accessing services.** The difficulties in finding care and services reported by families with children who have IFSPs, developmental disabilities, or chronic medical needs have persisted across the 2019, 2020, and 2020 Household Surveys, highlighting the need for immediate actions:

- **Prioritize ensuring that access to needed services is equitable for all families.** This will entail work (e.g., training, coaching, reflective supervision) at the provider level to help providers develop better awareness of implicit biases and discriminatory practices and address these with anti-racist practices and policies. Additionally, discriminatory policies and practices at the systems levels should be identified and addressed.
- **Increase the number of providers with the knowledge and skills to support children with a range of developmental, physical, and mental needs.** This will require additional training and professional development opportunities, as well as supporting providers to examine their own beliefs about children with a range of abilities and strengths and their implicit biases based on ableism.
- **Explore the reasons behind families' continued difficulties in accessing needed services for their children.** In a recent survey of providers,¹⁴ we found that providers of Early Intervention and Early Childhood Special Education had a higher likelihood of screening positive for symptoms of anxiety and/or depression. It is possible that providers are leaving the field due to these issues and this may be contributing to difficulties accessing services.
- **Make supports available in culturally and linguistically appropriate formats** to ensure equitable access for ECE providers from a diverse range of backgrounds.

3. The rate of children being asked to leave care across all families in Oregon has steadily been increasing since 2019. Further, the rates of these early childhood suspensions/expulsions are increasing faster for children of color and children with IFSPs, developmental disabilities or chronic medical needs. Almost 10% (9.1%) of families who answered the survey had a child who had been asked to “take a break” or leave care in the past year. A third of those children had been asked to leave because the provider could not manage their behavior towards other children or adults. Once they have left care, 25% of children do not return to care. Given the negative effects on employment caused by problems

14 Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

in child care reported above, this suggests that a substantial number of families may then face other negative impacts as a result of being asked to leave care.

There are clear inequities in being asked to leave care based on race and ethnicity and whether a child has an IFSP, developmental disabilities, or chronic medical needs.

- **Children who were African American or Black or Native Hawaiian or Pacific Islander were asked to leave care at rates almost 2 times higher than that for all respondents.** The finding about African American or Black children is consistent with provider reports that African American or Black children are asked to leave care at higher rates.¹⁵ **Further, the rate at which African American or Black children have been asked to leave care has increased by fourfold since 2020.**
- **Children with developmental or medical needs were 3 times more likely to be asked to take a break from care than their peers without such needs.**
- **Native Hawaiian or Pacific Islander children were much more likely than all children to be asked to leave care because the provider could not manage the child’s behavior towards others.**
- **There are differences in how often parents received referrals to alternative child care programs based on race and ethnicity and home language.**

Increases and inequities in being asked to leave care have persisted across several years. During this time, in 2021, legislation has been passed prohibiting suspension or expulsion from state-funded child care programs (SB 236 B) by 2026 and establishing an early childhood suspension and expulsion prevention program, particularly to address inequities in suspension and expulsion (HB 2166). Consistent with the vision of the legislation, several actions need to be taken immediately:

- **Prioritize understanding the underlying reasons for providers asking children to leave care.** Rates of and reasons for asking children to leave care are not consistent across different types of care.¹⁶ Exploring how and why these differ across different types of care and provider circumstances could provide valuable clues to prevention and intervention efforts.
- **Develop training and support for providers around managing perceived challenging behaviors, understanding child development, promoting**

15 Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon’s Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

16 *ibid*

positive development, and recognizing how their own perceptions of child behaviors may influence their interpretations of that behavior.

- **Promote training and support for providers to recognize the role of their implicit biases in influencing their perceptions of child behavior, as well as how to enact non- White-dominant and anti-racist practices and policies within their programs.**
- **Develop training and coaching for providers about working with families to discuss and co-create plans for keeping children in care well before they get to the step of asking children to leave.** Providers may be missing valuable opportunities to help both themselves and the families to access services for the children. Thus, they must have resources available to aid them in making referrals to families which could then forestall asking families to leave care altogether.
- **Increase the availability of both Early Intervention/Early Childhood Special Education and Infant and Early Childhood Mental Health Services.** Such services can significantly reduce challenging child behaviors while also increasing children’s positive social-emotional skills.¹⁷
- **Make intentional, significant systems-level change. Efforts to reduce the rate of children being asked to leave care cannot simply focus on families and providers.** The DELC must take a critical look at the norms and policies that underpin the inequities in being asked to leave care. This includes systematic discrimination that supports and sustains these inequities. To do so, they must engage communities of color and families with children with developmental disabilities and medical needs in co-designing policies for and responses to suspension and expulsion in early childhood care.

4. Overall, Oregon lacks sufficient, affordable child care that meets the needs of all families. The majority of Oregon families who answered the survey have a child in care. On average, families utilize full-day, full-week care. However:

- **Forty percent of the families who had not had a child in care in the past year reported that they had looked for care.** Further, when asked to indicate the barriers to finding care, the large majority of families reported that finding a provider with availability was a challenge. Even those families who did have care reported that it was challenging to find a single arrangement that gave them adequate coverage.
- **The cost of child care is a major challenge.** These findings are consistent with the 2019 and 2020 Household Surveys, and highlights that **cost and availability of child care continue to be problematic for most Oregon**

¹⁷ SAMSHA. *About infant and early childhood mental health consultation.* <https://www.samhsa.gov/iecmhc/about>

families. Further, the staffing shortages reported by almost half of all child care program owners and directors in a recent survey¹⁸ are likely to have exacerbated these difficulties.

- **Challenges in finding child care have negatively impacted the employment of 41% of families** because someone in the family had to quit a job, not take a job, or greatly change a job due to problems with child care since September 2021.

To address these challenges, Oregon needs to continue to expand investments to:

- **Increase the number of child care providers and programs.** Given that a recent survey of providers found that the biggest barriers to remaining in the child care field were the lack of a living wage and benefits, **one primary area of focus should be finding ways to help child care programs sustainably raise the salaries and benefits for their staff members.**¹⁹
- **Increase subsidies for child care payments.** The limits to income to receive such subsidies could be expanded to include a greater number of families.
- **Explore ways to offer expanded hours and days for care.** Many families indicated that the number of care arrangements that they had to have to meet their child care needs was problematic. More than half of children were in two or more different child care arrangements. Providers may need outside support, such as subsidies through state or federal funding, to be able to offer more flexible coverage that accommodates all families.

The early learning system in Oregon has faced unprecedented challenges in the past 3 years. However, **it is clear that a number of the current barriers and inequities in the availability, accessibility and relevance of child care preceded the COVID-19 pandemic.** It is critically important that these do not continue to persist. Oregon's families deserve meaningful, sustainable change now. A commitment to improving early childhood education and care has been a consistent feature of Oregon policy and legislation for several years. We must use the findings from this survey to further clarify and strengthen that commitment and produce immediate, actionable, anti-racist policies and practices to improve outcomes for all of Oregon's families and children.

18 Pears, K.C., Lauzus, N., Scheidt, D. & Guyer, S. (2022). *Findings from the PDG Provider Survey: Questions on the Effects of COVID on Program Closures and Staffing*. Report submitted to the Early Learning Division and Early Learning Council, November 2022.

19 Ibid.

Appendices

Appendix A. Household Survey Instrument

PDG Household Survey 2022

1. Are you currently serving in a parental role (e.g. parent, step-parent, legal guardian, foster parent, etc.) for at least one child who is under age 6 years AND who has not yet started kindergarten? (Circle one number) (Yes = 1; No = 2)
2. Are you currently living in Oregon? (Circle one number) (Yes = 1; No = 2)
3. Are over the age of 18? (Circle one number) (Yes = 1; No = 2)

If you answered “No” to ANY of the questions 1-3, you are not eligible to take the survey. Thank you for your time.

If you answered “Yes” to all questions 1-3, please continue with the survey.

4. What is your zip code?
5. In what Oregon county are you living?

A. Types of Care Being Used and Reasons for Care

We would like to learn about the child care programs or services you may have used. When you answer these questions, we would like you to focus on the youngest child you have who has not yet started kindergarten.

6. How old is this child?
 - a. Less than 1 year old
 - b. Between 1-3 years old (under age 3)
 - c. 3-5 years old (under age 5)
 - d. Age 5 years but not yet in kindergarten
7. What is your relationship to this child? (Circle one number)
 - a. Parent/Step Parent/Adoptive Parent
 - b. Foster Parent
 - c. Grandparent
 - d. Another relative. Please describe:
8. Thinking just about your focus child, since September 2021 have they been cared for by someone other than a parent or guardian for at least 8 hours per week on a regular basis (not just occasional babysitting)? (Circle one number) (Yes = 1; No = 2)

If no: “Have you tried to find child care for your focus child in the past year?”] (Circle one number)

- 1-Yes [Go to Question #13]
- 2-No [Go to Question #15]

- 9.** Which of the following describes the types of care provided on a regular basis for your child since September 2021? (Circle one number for each item a-f) (Yes = 1; No = 2)
- Care in your child's home by a friend, relative, neighbor or nanny
 - Care provided outside your home by a relative, friend or neighbor
 - Care in a family or home-based childcare program
 - Care in a childcare center, preschool, Head Start Center, or other center that was not in someone's home or in an elementary school
 - Preschool provided at an elementary school
 - Care in another type of setting, please describe:
- 10.** In a typical week, how many days per week is your child in these child care arrangements?
- days per week (write in number of days)
 - Given your family's childcare needs, is this: (Circle one number) (About right = 1; Not enough = 2; Too much = 3)
- 11.** In a typical week, how many hours per day is your child in these settings?
- hours per day (write in number of hours)
 - Given your family's childcare needs, is this: (Circle one number) (About right = 1; Not enough = 2; Too much = 3)
- 12.** Thinking about your child's current childcare arrangement, how well do the following things work for your family? (Circle one number for each item a-m) (Works well = 1; Works ok = 2; Doesn't work = 3)
- Cost
 - The hours that care is available
 - Location
 - Type of setting or facility
 - Number of arrangements to get the coverage I need
 - Number of children/size of setting
 - Amount of communication from the provider
 - Quality of the environment (play areas, toys, etc.)
 - My provider's health and safety procedures
 - The amount of trust I feel for my provider
 - How my provider represents my child's culture (traditions, values, background)
 - How much my provider speaks my home language
 - Something else:

B. Experiences Finding Care

- 13.** Since Sept 2021, have you ever used or tried to find child care? (Yes = 1; No = 2)
- If No [GO TO #15]
- 14.** Families have different experiences finding high-quality childcare that meets their needs. Below is a list of things that may or may not go well when families look for care. For each one, please indicate how well each aspect of finding care went for you. (Circle one number for each item a-n) (Very well = 1; Somewhat well = 2; Not well = 3; N/A)
- a. Knowing where to look for information about child care options
 - b. Getting the information you needed to make decisions about child care options
 - c. Finding the type of child care setting you wanted (e.g., nanny, home based, center)
 - d. Finding a provider who spoke your child's home language
 - e. Finding a provider who was well-qualified in terms of experience and/or education
 - f. Finding a provider who you felt could help your child learn and develop
 - g. Finding a provider who could meet your child's mental or behavioral health needs
 - h. Finding a provider who could support your child's physical or medical needs
 - i. Finding a provider who reflected your family's cultural background
 - j. Finding a provider with open slots/availability
 - k. Finding a provider in a location that was easy for you to get to
 - l. Finding a provider who uses health and safety standards you agree with
 - m. Finding a provider who can care for all of your children even if they are different ages or have different developmental needs
 - n. Finding a provider who could offer the schedule you needed

C. Suspension/Expulsion

- 15.** In the past year, have you been told by a childcare provider that your child might need to "take a break" or leave care, either permanently or temporarily (this might include being asked to attend for fewer hours or fewer days or being told that the child was not a "good fit" for the program)? (Circle one number)
- a. Yes, once
 - b. Yes, more than once
 - c. No, never [GO TO #20]
- 16.** The most recent time that this happened, how old was the child? (Enter number of years; please write 1 if the child was under 1 year old)
- 17.** What was the primary reason given? (Circle one number)
- a. Provider could not manage child's behavior towards other children or adults
 - b. Provider could not meet child's health or physical care needs
 - c. Provider could not meet child's developmental needs
 - d. Child not adjusting emotionally/crying/separation anxiety
 - e. Other:

18. Did the provider give you referrals to or suggestions about other child care programs for your child?
(Circle one number) (Yes = 1; No = 2)
19. Was your child able to return to care? (Circle one number)
- a. Yes, at the same provider/setting
 - b. Yes, but with a different provider/setting
 - c. No

D. Preferred care and services use

20. Right now, in light of Covid-19, if you could have your child in any type of care, which type would you prefer? (Please circle your top choice)
- a. Care in your child's home by a friend, relative, neighbor or nanny
 - b. Care provided outside your home by a relative, friend or neighbor
 - c. Care in a family- or home-based childcare program
 - d. Care in a childcare center, preschool, Head Start Center, or other center that was not in someone's home or in an elementary school.
 - e. Preschool provided at an elementary school.
 - f. Care in another type of setting, please describe:
21. Does this child have an IFSP, a developmental disability or chronic medical needs?
- 1-Yes
 - 2-No [GO TO #23]
22. If your child needs any of the following services, are you currently able to access these services? (Circle one number for each time a-h) (Do not need = 1; Need and currently have problems accessing = 2; Need and currently able to access = 3)
- a. Physical health services
 - b. Mental/behavioral health services
 - c. Speech therapy
 - d. Occupational therapy
 - e. Physical therapy
 - f. Developmental/special education classroom services
 - g. Early supports for infants and toddlers
 - h. Other, please describe:
23. We want to make sure that we understand the backgrounds of the families who are answering the survey. We would like to know which of the following racial and ethnic categories best described this child. Please answer yes or no to each item. (Yes = 1; No = 2)
- a. African American or Black. If yes, are they:
 - African American
 - Afro-Caribbean
 - Ethiopian
 - Somali
 - Another African (Black):
 - Another Black:
 - b. Asian. If yes, are they:

- Asian Indian
 - Cambodian
 - Chinese
 - Communities of Myanmar
 - Filipino/a
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - South Asian
 - Vietnamese
 - Another Asian:
- c.** Hispanic or Latino. If yes, are they:
- Central American
 - Mexican
 - South American
 - Caribbean
 - Another Hispanic/Latino
- d.** Middle Eastern or North African. If yes, are they:
- Middle Eastern
 - Northern African
- e.** American Indian or Alaska Native. If yes, are they:
- American Indian
 - Alaska Native
 - Canadian Inuit, Metis, or First Nation
 - Indigenous Mexican, Central American, or South American
 - Indigenous Caribbean
 - Another:
- f.** Native Hawaiian or Pacific Islander. If yes, are they:
- Chamoru (Chamorro)
 - Guamanian
 - Communities of the Micronesian Region
 - Marshallese
 - Native Hawaiian
 - Samoan
 - Tongan
 - Another Pacific Islander:
- g.** White. If yes, are they:
- Eastern European
 - Slavic
 - Western European
 - Another White:
- h.** Another identity
- i.** Don't know
- j.** Don't want to answer

k. Is this child a member or descendent of a federally recognized tribe?

- 1-Yes [GO TO k1]
- 2-No [If no, go to E. Demographic Information]

k1. What is their tribal affiliation: (Circle all that apply)

- Burns Paiute of Harney County
- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of Umatilla Reservation
- Confederated Tribes of Warm Springs
- Cow Creek Band of Umpqua Indians
- Coquille Indian Tribe
- Klamath Tribes
- Another affiliation:

E. Demographic Information

Finally, we have a few questions that will help us to understand the backgrounds of all of the families who are answering this survey- these ask about you, your race/ethnicity, and your family resources. Please keep in mind that none of this information will be connected to your name, and all of it will be used to help improve child care for Oregon's families.

24. How old are you? (Circle one)

- a.** 18-24
- b.** 25-39
- c.** 40-54
- d.** 55 and older
- e.** Prefer not to answer

25. What is your gender? (Circle yes or no for each) (Yes = 1; No = 2)

- a.** Woman
- b.** Man
- c.** Nonbinary, Genderfluid, Genderqueer
- d.** Agender/No gender
- e.** Questioning
- f.** An identity not listed (please describe)
- g.** Don't know
- h.** Don't want to answer
- i.** Are you transgender?
 - Yes
 - No
 - Prefer not to answer

26. How do you describe your sexual orientation or sexual identity? (Please circle all that apply)

- a.** Same-gender loving
- b.** Same-sex loving
- c.** Lesbian

- d.** Gay
- e.** Bisexual
- f.** Pansexual
- g.** Straight (attracted mainly to or only to other gender(s) or sex(es))
- h.** Asexual
- i.** Queer
- j.** Questioning
- k.** Don't Know
- l.** Not Listed. Please specify:
- m.** I don't know what this question is asking

27. Which of the following describes your racial or ethnic identity? (Please circle ALL that apply)

a. African American or Black. If yes, are you:

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Another African (Black):
- Another Black:

b. Asian. If yes, are you:

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Another Asian:

c. Hispanic or Latino. If yes, are you:

- Central American
- Mexican
- South American
- Caribbean
- Another Hispanic/Latino

d. Middle Eastern or North African. If yes, are you:

- Middle Eastern
- Northern African

e. American Indian or Alaska Native. If yes, are you:

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Indigenous Caribbean

- Another:

f. Native Hawaiian or Pacific Islander

- CHamoru (Chamorro)
- Guamanian
- Communities of the Micronesian Region
- Marshallese
- Native Hawaiian
- Samoan
- Tongan
- Another Pacific Islander:

g. White. If yes, are you:

- Eastern European
- Slavic
- Western European
- Another White:

h. Another identity. If yes, please describe:

i. Don't know

j. Don't want to answer

k. Are you a member or descendent of a federally recognized tribe?

- 1-Yes [GO TO k1]
- 2-No [If no, skip to 28]

k1. What is your tribal affiliation: (Circle yes or no for each) (Yes = 1; No = 2)

- Burns Paiute of Harney County
- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Confederated Tribes of Umatilla Reservation
- Confederated Tribes of Warm Springs
- Cow Creek Band of Umpqua Indians
- Coquille Indian Tribe
- Klamath Tribes
- Another affiliation:

28. What language(s) do you typically speak at home? (Circle yes or no for each) (Yes = 1; No = 2)

- a. Cantonese**
- b. English**
- c. Mandarin**
- d. Spanish**
- e. Russian**
- f. Vietnamese**
- g. Other, please specify:**

29. Which of the following best describes your total household income for the past year? (Circle one)

- a.** Less than \$10,000 per year
- b.** \$10,000-14,999
- c.** \$15,000-19,999
- d.** \$20,000-24,999
- e.** \$25,000-29,999
- f.** \$30,000-34,999
- g.** \$35,000-39,999
- h.** \$40,000-44,999
- i.** \$45,000-49,999
- j.** \$50,000-54,999
- k.** \$55,000-59,999
- l.** \$60,000-64,999
- m.** \$65,000-69,999
- n.** \$70,000-74,999
- o.** \$75,000-79,999
- p.** \$80,000-84,999
- q.** \$85,000-89,999
- r.** \$90,000-94,999
- s.** \$95,000-99,999
- t.** \$100,000 or more

30. How many people in your household are supported by that income?

31. How many of the children you care for are: (Write in a number for each age group)

- a.** Less than 1 year old
- b.** Between 1-3 years old (under age 3)
- c.** 3- 5 years old
- d.** 6-18 years old

32. What is your current marital status? (Circle one)

- a.** Married
- b.** Not married but living with a partner
- c.** Single
- d.** Prefer not to answer

33. What is your highest level of education? (Circle one)

- a.** Completed some schooling but do not have a high school diploma or GED
- b.** Have a high school diploma or GED
- c.** Have some college or at 2-year degree/certificate
- d.** Have a 4- year college degree or more advanced degree
- e.** Prefer not to answer

34. Which of the following best describes your employment status: (Circle one)

- a.** Currently employed/working full time (more than 32 hours per week)
- b.** Currently employed/working part time (less than 32 hours per week)
- c.** Currently not employed

35. If married or living with a partner, which of the following best describes your partner's employment status? (Circle one)

- a.** Currently employed/working full time (more than 32 hours per week)
- b.** Currently employed/working part time (less than 32 hours per week)
- c.** Currently not employed
- d.** Not married or living with a partner

36. Since September 2021, did you or anyone in your family have to quit a job, not take a job, or greatly change your job because of problems with child care for any of your children aged 0-5 years and not yet in kindergarten? (Circle one)

- Yes
- No

Appendix B. Breakouts by Key Variables

B-1. Use of Early Care and Education Services

In care 8 or more hours per week

Table B1. Percent of children in child care 8 or more hours per week statewide

Response	Percent n=3705
Yes	54.7%
No	45.3%

Table B2. Percent of children in child care 8 or more hours per week by child race/ethnicity

Response	American Indian/Alaska Native n=263	African American/Black n=286	Asian n=218	Hispanic/Latinx n=922	Middle Eastern/North African n=54	Native Hawaiian/Pacific Islander n=64	White n=2772	Another Identity n=1
Yes	54.4%	59.1%	54.1%	56.6%	55.6%	57.8%	54.2%	*
No	45.6%	40.9%	45.9%	43.4%	44.4%	42.2%	45.8%	*

Table B3. Percent of children in child care 8 or more hours per week by home language

Response	Cantonese n=16	English n=3459	Mandarin n=15	Russian n=26	Spanish n=288	Vietnamese n=19	Another language n=197
Yes	56.3%	55.2%	66.7%	38.5%	58.0%	36.8%	47.7%
No	43.8%	44.8%	33.3%	61.5%	42.0%	63.2%	52.3%

Table B4. Percent of children in child care 8 or more hours per week by family income level

Response	At or below 200% FPL n=2312	Above 200% FPL n=1344
Yes	47.1%	67.9%
No	52.9%	32.1%

Table B5. Percent of children in child care 8 or more hours per week by region

Response	Frontier n=190	Rural n=1526	Urban n=1981
Yes	56.3%	50.4%	57.7%
No	43.7%	49.6%	42.3%

Table B6. Percent of children in child care 8 or more hours per week by whether they have an IFSP, a developmental disability or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=497	Child does not have IFSP, developmental disability, or chronic medical need n=3197
Yes	56.5%	54.4%
No	43.5%	45.6%

Table B7. Percent of children in child care 8 or more hours per week by child age

Response	Under age 3 n=1840	Age 3-5 years n=1843
Yes	48.6%	60.9%
No	51.4%	39.1%

Tried to find child care in the past year**Table B8. Percent of parents who tried to find child care in the past year statewide**

Response	Percent n=1678
Yes	39.9%
No	60.1%

Table B9. Percent of parents who tried to find child care in the past year by child race/ethnicity

Response	American Indian/Alaska Native n=120	African American/Black n=117	Asian n=100	Hispanic/Latinx n=400	Middle Eastern/North African n=24	Native Hawaiian/Pacific Islander n=27	White n=1269	Another Identity n=1
Yes	47.5%	45.3%	45.0%	43.5%	45.9%	33.3%	40.0%	*
No	52.5%	54.7%	55.0%	56.5%	54.2%	66.7%	60.0%	*

Table B10. Percent of parents who tried to find child care in the past year by home language

Response	Cantonese n=7	English n=1548	Mandarin n=5	Russian n=16	Spanish n=288	Vietnamese n=12	Another language n=103
Yes	*	40.2%	*	25.0%	41.3%	58.3%	42.7%
No	*	59.8%	*	75.0%	58.7%	41.7%	57.3%

Table B11. Percent of parents who tried to find child care in the past year by family income level

Response	At or below 200% FPL n=1223	Above 200% FPL n=432
Yes	38.5%	44.4%
No	61.5%	55.6%

Table B12. Percent of parents who tried to find child care in the past year by region

Response	Frontier n=83	Rural n=757	Urban n=837
Yes	32.5%	36.7%	43.5%
No	67.5%	63.3%	56.5%

Table B13. Percent of parents who tried to find child care in the past year by whether child has an IFSP, a developmental disability or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=216	Child does not have IFSP, developmental disability, or chronic medical need n=1459
Yes	48.6%	38.6%
No	51.4%	61.4%

Table B14. Percent of parents who tried to find child care in the past year by child age

Response	Under age 3 n=945	Age 3-5 years n=721
Yes	40.5%	38.9%
No	59.5%	61.2%

Different child care settings

Table B15. Percent of children in different child care settings statewide

Type of setting	Percent n=2021
Care in your child's home by a friend, relative, neighbor or nanny	42.1%
Care provided outside your home by a relative, friend or neighbor	42.0%
Care in a family or home-based childcare program	27.6%
Care in a childcare center, preschool, Head Start Center, or other center	55.6%
Preschool provided at an elementary school	10.2%
Care in another type of setting	0.9%

Table B16. Percent of children in different child care settings by child race/ethnicity

Type of setting	American Indian/ Alaska Native n=263	African American/ Black n=286	Asian n=218	Hispanic/ Latinx n=922	Middle Eastern/ North African n=54	Native Hawaiian/ Pacific Islander n=64	White n=2772	Another Identity n=1
Care in your child's home by a friend, relative, neighbor or nanny	39.2%	52.7%	35.6%	44.1%	33.3%	48.6%	40.9%	*
Care provided outside your home by a relative, friend or neighbor	44.1%	45.0%	22.9%	49.4%	16.7%	37.8%	40.5%	*
Care in a family or home-based childcare program	21.0%	28.4%	24.6%	28.5%	30.0%	18.9%	26.7%	*
Care in a childcare center, preschool, Head Start Center, or other center	55.2%	60.4%	70.3%	50.4%	76.7%	62.2%	56.4%	*
Preschool provided at an elementary school	9.1%	21.3%	8.5%	10.0%	6.7%	10.8%	8.8%	*
Care in another type of setting	0.7%	1.2%	1.7%	0.6%	3.3%	0.0%	1.1%	*

APPENDICES

Table B17. Percent of children in different child care setting by home language?

Type of setting	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=10	Vietnamese n=7	Another language n=94
Care in your child's home by a friend, relative, neighbor or nanny	*	42.4%	30.0%	50.0%	46.6%	*	40.4%
Care provided outside your home by a relative, friend or neighbor	*	42.1%	30.0%	60.0%	52.9%	*	35.1%
Care in a family or home-based childcare program	*	27.6%	40.0%	50.0%	29.5%	*	23.4%
Care in a childcare center, preschool, Head Start Center, or other center	*	56.1%	80.0%	60.0%	50.4%	*	64.9%
Preschool provided at an elementary school	*	10.0%	0.0%	10.0%	9.6%	*	5.3%
Care in another type of setting	*	0.9%	0.0%	10.0%	1.3%	*	3.2%

Table B18. Percent of children in different child care settings by family income level

Type of setting	At or below 200% FPL n=1089	Above 200% FPL n=912
Care in your child's home by a friend, relative, neighbor or nanny	44.2%	39.4%
Care provided outside your home by a relative, friend or neighbor	45.2%	38.4%
Care in a family or home-based childcare program	26.9%	28.7%
Care in a childcare center, preschool, Head Start Center, or other center	54.7%	56.7%
Preschool provided at an elementary school	10.8%	9.4%
Care in another type of setting	0.9%	0.8%

Table B19. Percent of children in different child care settings by region

Type of setting	Frontier n=107	Rural n=769	Urban n=1143
Care in your child's home by a friend, relative, neighbor or nanny	52.3%	42.5%	40.6%
Care provided outside your home by a relative, friend or neighbor	58.9%	47.1%	36.9%
Care in a family or home-based childcare program	42.1%	27.0%	26.5%
Care in a childcare center, preschool, Head Start Center, or other center	52.3%	51.9%	58.4%
Preschool provided at an elementary school	16.8%	11.6%	8.5%
Care in another type of setting	0.0%	0.4%	1.3%

Table B20. Percent of children in different child care settings by whether child has an IFSP, a developmental disability or chronic medical needs

Type of setting	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
Care in your child's home by a friend, relative, neighbor or nanny	41.3%	42.1%
Care provided outside your home by a relative, friend or neighbor	40.9%	42.2%
Care in a family or home-based childcare program	31.0%	27.2%
Care in a childcare center, preschool, Head Start Center, or other center	66.2%	53.9%
Preschool provided at an elementary school	16.0%	9.2%
Care in another type of setting	2.8%	0.6%

Table B21. Percent of children in different child care settings by child age

Type of setting	Under age 3 years n=894	Age 3-5 years n=1122
Care in your child's home by a friend, relative, neighbor or nanny	48.0%	37.3%
Care provided outside your home by a relative, friend or neighbor	45.7%	38.8%
Care in a family or home-based childcare program	28.4%	27.2%
Care in a childcare center, preschool, Head Start Center, or other center	42.5%	66.3%
Preschool provided at an elementary school	4.1%	14.9%
Care in another type of setting	0.7%	1.1%

Number of types of care

Table B22. Number of types of care used by families statewide

Number	Percent n=2021
1	47.9%
2	31.7%
3	12.8%
4+	6.7%

Table B23. Number of types of care used by families by child race/ethnicity

Number	American Indian/Alaska Native n=143	African American/ Black n=169	Asian n=118	Hispanic/ Latinx n=522	Middle Eastern/ North African n=30	Native Hawaiian/ Pacific Islander n=37	White n=1503	Another Identity n=1
1	49.7%	40.2%	55.9%	46.2%	60.0%	51.4%	49.0%	*
2	30.8%	24.9%	27.1%	30.8%	20.0%	21.6%	32.4%	*
3	10.5%	17.8%	9.3%	15.5%	6.7%	24.3%	12.4%	*
4+	6.3%	14.8%	5.9%	6.7%	10.0%	2.7%	5.6%	*

Table B24. Number of types of care used by families by home language

Number	Cantonese n=9	English n=1911	Mandarin n=5	Russian n=16	Spanish n=288	Vietnamese n=12	Another language n=103
1	*	47.5%	*	30.0%	45.3%	28.6%	53.2%
2	*	32.1%	*	40.0%	28.5%	42.9%	29.8%
3	*	12.8%	*	10.0%	16.4%	14.3%	11.7%
4+	*	6.8%	*	20.0%	9.1%	14.3%	5.3%

Table B25. Number of types of care used by families by family income level

Number	At or below 200% FPL n=1089	Above 200% FPL n=912
1	45.5%	50.4%
2	31.3%	32.7%
3	14.4%	10.8%
4+	7.4%	5.8%

Table B26. Number of types of care used by families by region

Number	Frontier n=107	Rural n=769	Urban n=1143
1	35.5%	45.9%	50.4%
2	27.1%	32.4%	31.6%
3	19.6%	14.8%	10.9%
4+	16.8%	6.1%	5.9%

Table B27. Number of types of care used by families by whether the child has an IFSP, a developmental disability, or chronic medical needs

Number	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
1	37.0%	49.6%
2	35.2%	31.1%
3	16.0%	12.4%
4+	10.0%	6.2%

Table B28. Number of types of care used by families by child age

Number	Under age 3 years n=894	Age 3-5 years n=1122
1	50.6%	45.6%
2	31.6%	31.8%
3	11.6%	13.7%
4+	4.8%	8.2%

Hours per day in care

Table B29. Hours per day in care statewide

Hours	Percent n=2021
<3	2.4%
3-4	11.5%
5-6	17.4%
7-9	52.8%
10-12	9.0%
13-16	1.9%
17-20	1.4%
21+	1.9%

Table B30. Hours per day in care by child race/ethnicity

Hours	American Indian/Alaska Native n=143	African American/Black n=169	Asian n=118	Hispanic/Latinx n=522	Middle Eastern/North African n=30	Native Hawaiian/Pacific Islander n=37	White n=1503	Another Identity n=1
<3	2.8%	5.9%	3.4%	1.9%	3.3%	2.7%	2.1%	*
3-4	11.9%	12.4%	14.4%	9.0%	23.3%	10.8%	11.6%	*
5-6	16.1%	16.6%	11.0%	21.1%	13.3%	13.5%	16.4%	*
7-9	53.1%	51.5%	55.9%	49.2%	33.3%	59.5%	54.8%	*
10-12	8.4%	8.9%	8.5%	8.6%	16.7%	8.1%	9.4%	*
13-16	2.8%	1.2%	2.5%	2.1%	0.0%	2.7%	1.9%	*
17-20	1.4%	1.2%	2.5%	2.1%	3.3%	0.0%	1.1%	*
21+	1.4%	0.6%	0.8%	3.4%	6.7%	2.7%	1.4%	*

Table B31. Hours per day in care by home language

Hours	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=397	Vietnamese n=7	Another language n=94
<3	*	2.3%	10.0%	0.0%	1.8%	*	4.3%
3-4	*	11.8%	20.0%	10.0%	9.1%	*	12.8%
5-6	*	17.0%	20.0%	10.0%	22.4%	*	12.8%
7-9	*	53.7%	50.0%	50.0%	48.1%	*	53.2%
10-12	*	9.1%	0.0%	20.0%	8.1%	*	10.6%
13-16	*	1.8%	0.0%	0.0%	2.8%	*	3.2%
17-20	*	1.4%	0.0%	0.0%	2.0%	*	0.0%
21+	*	1.6%	0.0%	10.0%	3.5%	*	3.2%

Table B32. Hours per day in care by family income level

Hours	At or below 200% FPL n=1089	Above 200% FPL n=912
<3	3.8%	0.7%
3-4	13.2%	9.4%
5-6	19.9%	14.5%
7-9	44.4%	62.7%
10-12	9.6%	8.6%
13-16	2.2%	1.4%
17-20	1.6%	1.3%
21+	2.7%	1.0%

Table B33. Hours per day in care by region

Hours	Frontier n=107	Rural n=769	Urban n=1143
<3	2.8%	2.6%	2.2%
3-4	8.4%	10.3%	12.6%
5-6	15.0%	18.5%	16.8%
7-9	57.0%	51.2%	53.8%
10-12	11.2%	10.9%	7.6%
13-16	1.9%	2.2%	1.6%
17-20	1.9%	0.9%	1.7%
21+	0.0%	2.0%	2.0%

Table B34. Hours per day in care by whether child has an IFSP, a developmental disability or chronic medical needs

Hours	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
<3	2.8%	2.3%
3-4	14.9%	10.9%
5-6	21.0%	16.9%
7-9	44.8%	54.2%
10-12	8.5%	9.1%
13-16	2.8%	1.7%
17-20	2.1%	1.3%
21+	0.7%	2.1%

Table B35. Hours per day in care by child age

Hours	Under age 3 years n=894	Age 3-5 years n=1122
<3	3.2%	1.7%
3-4	7.6%	14.7%
5-6	14.9%	19.4%
7-9	57.3%	49.2%
10-12	11.1%	7.5%
13-16	1.9%	1.8%
17-20	1.2%	1.6%
21+	1.8%	2.0%

Level of parent satisfaction with hours per day in care**Table B36. Level of parent satisfaction with hours per day in care**

Level	Percent n=2021
About right	73.2%
Not enough	21.0%
Too much	4.6%

Table B37. Level of parent satisfaction with hours per day in care by child race/ethnicity

Level	American Indian/Alaska Native n=143	African American/Black n=169	Asian n=118	Hispanic/Latinx n=522	Middle Eastern/ North African n=30	Native Hawaiian/ Pacific Islander n=37	White n=1503	Another Identity n=1
About right	69.2%	78.1%	67.8%	74.9%	73.3%	73.0%	72.5%	*
Not enough	25.2%	14.8%	26.3%	19.0%	23.3%	18.9%	22.1%	*
Too much	5.6%	5.9%	3.4%	5.6%	0.0%	5.4%	4.3%	*

Table B38. Level of parent satisfaction with hours per day in care by home language

Level	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=397	Vietnamese n=7	Another language n=94
About right	*	73.6%	50.0%	60.0%	74.3%	*	74.5%
Not enough	*	20.7%	50.0%	40.0%	18.4%	*	19.1%
Too much	*	4.7%	0.0%	0.0%	6.8%	*	4.3%

Table B39. Level of parent satisfaction with hours per day in care by family income level

Level	At or below 200% FPL n=1089	Above 200% FPL n=912
About right	72.3%	74.5%
Not enough	21.8%	20.2%
Too much	4.7%	4.5%

Table B40. Level of parent satisfaction with hours per day in care by region

Level	Frontier n=107	Rural n=769	Urban n=1143
About right	72.0%	75.8%	71.8%
Not enough	20.6%	17.7%	23.2%
Too much	6.5%	5.2%	3.9%

Table B41. Level of parent satisfaction with hours per day in care by whether the child has an IFSP, a developmental disability, or chronic medical needs

Level	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
About right	70.5%	73.7%
Not enough	25.6%	20.3%
Too much	3.2%	4.8%

Table B42. Level of parent satisfaction with hours per day in care by child age

Level	Under age 3 years n=894	Age 3-5 years n=1122
About right	74.2%	72.5%
Not enough	19.7%	22.2%
Too much	4.8%	4.3%

Days per week in child care

Table B43. Days per week in child care statewide

Days	Percent n=2021
0	1.1%
1	1.2%
2	6.8%
3	10.3%
4	22.6%
5	52.5%
6	1.5%
7	1.7%

Table B44. Days per week in child care by child race/ethnicity

Days	American Indian/Alaska Native n=143	African American/Black n=169	Asian n=118	Hispanic/Latinx n=522	Middle Eastern/ North African n=30	Native Hawaiian/ Pacific Islander n=37	White n=1503	Another Identity n=1
0	1.4%	2.4%	1.7%	0.6%	3.3%	0.0%	0.9%	*
1	1.4%	1.8%	0.8%	1.3%	0.0%	0.0%	1.4%	*
2	7.0%	4.7%	6.8%	4.8%	13.3%	8.1%	7.4%	*
3	6.3%	9.5%	8.5%	8.4%	3.3%	8.1%	11.0%	*
4	23.8%	21.3%	21.2%	21.6%	13.3%	32.4%	22.8%	*
5	53.8%	54.4%	55.9%	56.3%	56.7%	48.6%	52.3%	*
6	0.7%	1.8%	0.8%	1.7%	0.0%	2.7%	1.2%	*
7	2.1%	3.0%	0.0%	1.9%	10.0%	0.0%	1.3%	*

Table B45. Days per week in child care by home language

Days	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=397	Vietnamese n=7	Another language n=94
0	*	1.0%	10.0%	0.0%	0.8%	*	2.1%
1	*	1.2%	0.0%	0.0%	1.0%	*	0.0%
2	*	6.8%	0.0%	30.0%	5.5%	*	9.6%
3	*	10.4%	10.0%	20.0%	8.3%	*	10.6%
4	*	22.8%	10.0%	10.0%	22.2%	*	11.7%
5	*	52.6%	70.0%	30.0%	54.9%	*	62.8%
6	*	1.5%	0.0%	0.0%	1.0%	*	0.0%
7	*	1.8%	0.0%	0.0%	2.3%	*	3.2%

Table B46. Days per week in child care by family income level

Days	At or below 200% FPL n=1089	Above 200% FPL n=912
0	1.7%	0.3%
1	1.5%	1.0%
2	7.3%	6.5%
3	9.3%	11.2%
4	25.9%	18.9%
5	47.1%	59.0%
6	1.7%	1.2%
7	2.7%	0.7%

Table B47. Days per week in child care by region

Days	Frontier n=107	Rural n=769	Urban n=1143
0	1.9%	1.0%	1.0%
1	0.9%	1.4%	1.1%
2	7.5%	8.3%	5.8%
3	15.0%	9.0%	10.7%
4	22.4%	27.4%	19.4%
5	43.0%	48.1%	56.4%
6	3.7%	1.3%	1.4%
7	0.9%	2.0%	1.7%

Table B48. Days per week in child care by whether child has an IFSP, a developmental disability or chronic medical needs

Days	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
0	1.1%	1.1%
1	1.4%	1.2%
2	6.4%	6.8%
3	7.1%	10.9%
4	23.5%	22.6%
5	54.8%	52.1%
6	1.1%	1.6%
7	2.1%	1.7%

Table B49. Days per week in child care by child age

Days	Under age 3 years n=894	Age 3-5 years n=1122
0	1.9%	0.4%
1	1.7%	0.9%
2	7.7%	6.1%
3	13.6%	7.7%
4	19.8%	24.9%
5	49.6%	55.0%
6	2.1%	0.9%
7	1.5%	2.0%

Level of parent satisfaction with days per week in care**Table B50. Level of parent satisfaction with days per week in care statewide**

Level	Percent n=2021
About right	76.6%
Not enough	20.2%
Too much	2.7%

Table B51. Level of parent satisfaction with days per week in care by child race/ethnicity

Level	American Indian/Alaska Native n=143	African American/Black n=169	Asian n=118	Hispanic/Latinx n=522	Middle Eastern/ North African n=30	Native Hawaiian/ Pacific Islander n=37	White n=1503	Another Identity n=1
About right	76.2%	76.9%	70.3%	76.6%	76.7%	73.0%	76.4%	*
Not enough	21.0%	18.9%	26.3%	18.6%	23.3%	21.6%	20.5%	*
Too much	2.8%	4.1%	1.7%	4.0%	0.0%	5.4%	2.7%	*

Table B52. Level of parent satisfaction with days per week in care by home language

Level	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=397	Vietnamese n=7	Another language n=94
About right	*	76.7%	70.0%	70.0%	76.8%	*	76.6%
Not enough	*	20.0%	30.0%	30.0%	18.9%	*	19.1%
Too much	*	2.8%	0.0%	0.0%	3.5%	*	3.2%

Table B53. Level of parent satisfaction with days per week in care by family income level

Level	At or below 200% FPL n=1089	Above 200% FPL n=912
About right	75.4%	77.9%
Not enough	20.9%	19.4%
Too much	2.9%	2.5%

Table B54. Level of parent satisfaction with days per week in care by region

Level	Frontier n=107	Rural n=769	Urban n=1143
About right	73.8%	78.2%	16.0%
Not enough	18.7%	18.7%	21.2%
Too much	6.5%	2.5%	2.4%

Table B55. Level of parent satisfaction with days per week in care by whether child has an IFSP, a developmental disability or chronic medical needs

Level	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
About right	71.2%	77.5%
Not enough	27.8%	18.9%
Too much	0.7%	3.0%

Table B56. Level of parent satisfaction with days in care by child age

Level	Under age 3 years n=894	Age 3-5 years n=1122
About right	75.6%	77.5%
Not enough	20.4%	20.0%
Too much	3.5%	2.1%

How well aspects of child care work for the family statewide**Table B57. How well aspects of child care work for the family statewide** n=2021

Aspect	Works well	Works ok	Doesn't work	NA
Cost	37.0%	41.0%	21.2%	
The hours that care is available	45.4%	41.4%	12.6%	
Location	61.9%	30.2%	7.3%	
Type of setting or facility	66.6%	27.1%	5.0%	
Number of arrangements to get the coverage I need	42.3%	40.0%	16.2%	
Number of children/size of setting	62.6%	29.8%	6.5%	
Amount of communication from the provider	67.3%	26.8%	4.7%	
Quality of the environment (play areas, toys, etc.)	68.5%	26.0%	4.3%	
My provider's health and safety procedures	70.0%	24.9%	3.8%	
The amount of trust I feel for my provider	74.9%	21.0%	2.7%	
How my provider represents my child's culture (traditions, values, background)	69.2%	24.7%	4.1%	
How much my provider speaks my home language	79.0%	15.1%	3.9%	
Something else	2.5%	2.7%	2.5%	81.50%

Table B58. What doesn't work in child care for the family by child race/ethnicity

Aspect	American Indian/ Alaska Native n=143	African American/ Black n=169	Asian n=118	Hispanic/ Latinx n=522	Middle Eastern/ North African n=30	Native Hawaiian/ Pacific Islander n=37	White n=1503	Another Identity n=1
Cost	24.5%	22.5%	19.5%	22.6%	46.7%	27.0%	21.3%	*
The hours that care is available	15.4%	9.5%	6.8%	12.6%	26.7%	8.1%	12.5%	*
Location	9.1%	8.9%	0.8%	10.2%	16.7%	5.4%	6.7%	*
Type of setting or facility	6.3%	7.7%	1.7%	5.6%	6.7%	8.1%	4.2%	*
Number of arrangements to get the coverage I need	21.7%	19.5%	10.2%	14.8%	23.3%	16.2%	17.2%	*
Number of children/size of setting	10.5%	10.7%	3.4%	6.3%	6.7%	8.1%	5.9%	*
Amount of communication from the provider	6.3%	7.7%	3.4%	5.6%	6.7%	2.7%	4.2%	*
Quality of the environment (play areas, toys, etc.)	4.9%	7.1%	3.4%	5.9%	13.3%	5.4%	3.5%	*
My provider's health and safety procedures	6.3%	9.5%	2.5%	5.6%	13.3%	10.8%	2.9%	*
The amount of trust I feel for my provider	4.9%	5.3%	1.7%	3.4%	6.7%	2.7%	2.1%	*
How my provider represents my child's culture (traditions, values, background)	9.1%	5.3%	3.4%	6.1%	13.3%	8.1%	3.3%	*
How much my provider speaks my home language	1.4%	1.2%	9.2%	7.1%	30.0%	5.4%	2.0%	*
Something else	2.1%	3.6%	1.7%	1.7%	0.0%	5.4%	2.9%	*

Table B59. What doesn't work in child care for the family by home language

Aspect	Cantonese n=9	English n=1911	Mandarin n=10	Russian n=10	Spanish n=397	Vietnamese n=7	Another language n=94
Cost	*	20.7%	10.0%	40.0%	20.9%	*	24.5%
The hours that care is available	*	12.1%	10.0%	10.0%	10.6%	*	12.8%
Location	*	7.0%	0.0%	20.0%	10.3%	*	7.4%
Type of setting or facility	*	4.7%	0.0%	0.0%	6.0%	*	7.4%
Number of arrangements to get the coverage I need	*	15.9%	10.0%	30.0%	14.9%	*	20.2%
Number of children/size of setting	*	6.1%	0.0%	0.0%	8.1%	*	7.4%
Amount of communication from the provider	*	4.5%	0.0%	0.0%	5.5%	*	9.6%
Quality of the environment (play areas, toys, etc.)	*	3.8%	0.0%	10.0%	6.8%	*	7.4%
My provider's health and safety procedures	*	3.6%	0.0%	10.0%	4.5%	*	5.3%
The amount of trust I feel for my provider	*	2.7%	0.0%	20.0%	2.5%	*	4.3%
How my provider represents my child's culture (traditions, values, background)	*	3.8%	20.0%	10.0%	6.5%	*	11.7%
How much my provider speaks my home language	*	3.1%	10.0%	30.0%	8.3%	*	20.2%
Something else	*	2.5%	0.0%	0.0%	1.8%	*	2.1%

Table B60. What doesn't work in child care for the family by family income level

Aspect	At or below 200% FPL n=1089	Above 200% FPL n=912
Cost	22.4%	19.7%
The hours that care is available	14.2%	10.4%
Location	8.3%	5.9%
Type of setting or facility	6.2%	3.7%
Number of arrangements to get the coverage I need	17.7%	14.4%
Number of children/size of setting	6.6%	6.3%
Amount of communication from the provider	4.8%	4.4%
Quality of the environment (play areas, toys, etc.)	5.3%	3.1%
My provider's health and safety procedures	4.4%	3.0%
The amount of trust I feel for my provider	2.8%	2.4%
How my provider represents my child's culture (traditions, values, background)	4.5%	3.6%
How much my provider speaks my home language	5.1%	2.3%
Something else	1.9%	3.3%

Table B61. What doesn't work in child care for the family by region

Aspect	Frontier n=107	Rural n=769	Urban n=1143
Cost	12.1%	19.0%	23.4%
The hours that care is available	17.8%	12.5%	12.2%
Location	8.4%	7.4%	7.1%
Type of setting or facility	3.7%	5.7%	4.7%
Number of arrangements to get the coverage I need	10.3%	15.7%	17.0%
Number of children/size of setting	6.5%	7.0%	6.2%
Amount of communication from the provider	3.7%	4.2%	5.1%
Quality of the environment (play areas, toys, etc.)	2.8%	3.9%	4.7%
My provider's health and safety procedures	1.9%	3.8%	3.9%
The amount of trust I feel for my provider	1.9%	2.1%	3.1%
How my provider represents my child's culture (traditions, values, background)	2.8%	3.4%	4.7%
How much my provider speaks my home language	2.8%	2.6%	5.0%
Something else	2.8%	2.7%	2.4%

Table B62. What doesn't work in child care for the family by whether the child has an IFSP, a developmental disability or chronic medical needs

Aspect	Child has IFSP, developmental disability, or chronic medical need n=281	Child does not have IFSP, developmental disability, or chronic medical need n=1737
Cost	18.9%	21.4%
The hours that care is available	16.4%	11.9%
Location	5.7%	7.5%
Type of setting or facility	5.0%	5.1%
Number of arrangements to get the coverage I need	19.6%	15.5%
Number of children/size of setting	8.2%	6.2%
Amount of communication from the provider	6.8%	4.3%
Quality of the environment (play areas, toys, etc.)	4.3%	4.3%
My provider's health and safety procedures	3.2%	4.0%
The amount of trust I feel for my provider	3.6%	2.6%
How my provider represents my child's culture (traditions, values, background)	6.4%	3.7%
How much my provider speaks my home language	3.2%	4.0%
Something else	2.5%	2.5%

Table B63. What doesn't work in child care for the family by child age

Aspect	Under age 3 years n=894	Age 3-5 years n=1122
Cost	23.6%	19.3%
The hours that care is available	12.6%	12.7%
Location	7.4%	7.3%
Type of setting or facility	5.5%	4.7%
Number of arrangements to get the coverage I need	17.1%	15.5%
Number of children/size of setting	6.6%	6.5%
Amount of communication from the provider	4.6%	4.8%
Quality of the environment (play areas, toys, etc.)	4.6%	4.1%
My provider's health and safety procedures	4.1%	3.6%
The amount of trust I feel for my provider	2.3%	3.0%
How my provider represents my child's culture (traditions, values, background)	3.6%	4.5%
How much my provider speaks my home language	4.4%	3.7%
Something else	2.5%	2.6%

Parents' preferences for child care settings statewide

Table B64. Parents' preferences for child care settings statewide

Type of setting	Percent n=3705
Care in your child's home by a friend, relative, neighbor or nanny	32.9%
Care provided outside your home by a relative, friend or neighbor	6.0%
Care in a family or home-based childcare program	8.9%
Care in a childcare center, preschool, Head Start Center, or other center	37.9%
Preschool provided at an elementary school	11.6%
Care in another type of setting	1.1%

Table B65. Parents' preferences for child care settings by child race/ethnicity

Type of setting	American Indian/ Alaska Native n=263	African American/ Black n=286	Asian n=218	Hispanic/ Latinx n=922	Middle Eastern/ North African n=54	Native Hawaiian/ Pacific Islander n=62	White n=2772	Another Identity n=1
Care in your child's home by a friend, relative, neighbor or nanny	33.5%	33.6%	29.8%	30.3%	29.6%	32.8%	34.0%	*
Care provided outside your home by a relative, friend or neighbor	7.2%	4.9%	3.2%	5.5%	1.9%	7.8%	5.9%	*
Care in a family or home-based childcare program	7.6%	11.2%	6.9%	9.2%	13.0%	9.4%	8.4%	*
Care in a childcare center, preschool, Head Start Center, or other center	37.6%	36.4%	41.3%	41.9%	42.6%	31.3%	37.1%	*
Preschool provided at an elementary school	11.0%	11.2%	16.1%	11.5%	7.4%	12.5%	12.0%	*
Care in another type of setting	1.9%	1.4%	0.9%	0.3%	3.7%	1.6%	1.3%	*

Table B66. Parents' preferences for child care settings by home language

Type of setting	Cantonese n=16	English n=3459	Mandarin n=15	Russian n=26	Spanish n=685	Vietnamese n=19	Another language n=197
Care in your child's home by a friend, relative, neighbor or nanny	6.3%	33.3%	26.7%	38.5%	33.1%	21.1%	30.0%
Care provided outside your home by a relative, friend or neighbor	12.5%	6.4%	6.7%	11.5%	4.7%	5.3%	1.5%
Care in a family or home-based childcare program	0.0%	8.7%	6.7%	7.7%	8.5%	10.5%	10.2%
Care in a childcare center, preschool, Head Start Center, or other center	62.5%	37.6%	40.0%	23.1%	40.4%	36.8%	42.1%
Preschool provided at an elementary school	12.5%	11.5%	20.0%	19.2%	11.7%	26.3%	10.7%
Care in another type of setting	0.0%	1.1%	0.0%	0.0%	0.4%	0.0%	3.6%

Table B67. Parents' preferences for child care settings by family income level

Type of setting	At or below 200% FPL n=2313	Above 200% FPL n=1344
Care in your child's home by a friend, relative, neighbor or nanny	33.7%	31.5%
Care provided outside your home by a relative, friend or neighbor	5.1%	7.5%
Care in a family or home-based childcare program	8.3%	10.0%
Care in a childcare center, preschool, Head Start Center, or other center	38.4%	37.4%
Preschool provided at an elementary school	11.9%	11.3%
Care in another type of setting	1.1%	1.0%

Table B68. Parents' preferences for child care settings by region

Type of setting	Frontier n=107	Rural n=769	Urban n=1143
Care in your child's home by a friend, relative, neighbor or nanny	43.7%	36.3%	29.2%
Care provided outside your home by a relative, friend or neighbor	10.5%	6.6%	5.2%
Care in a family or home-based childcare program	7.4%	8.3%	9.5%
Care in a childcare center, preschool, Head Start Center, or other center	26.8%	33.9%	42.2%
Preschool provided at an elementary school	6.8%	12.5%	11.4%
Care in another type of setting	2.1%	1.2%	0.9%

Table B69. Parents' preferences for child care settings by whether child has an IFSP, a developmental disability or chronic medical needs

Type of setting	Child has IFSP, developmental disability, or chronic medical need n=497	Child does not have IFSP, developmental disability, or chronic medical need n=3197
Care in your child's home by a friend, relative, neighbor or nanny	25.6%	34.1%
Care provided outside your home by a relative, friend or neighbor	3.2%	6.5%
Care in a family or home-based childcare program	11.1%	8.6%
Care in a childcare center, preschool, Head Start Center, or other center	42.3%	37.3%
Preschool provided at an elementary school	14.5%	11.1%
Care in another type of setting	1.8%	0.9%

Table B70. Parents' preferences for child care settings by child age

Type of setting	Under age 3 years n=1840	Age 3-5 years n=1843
Care in your child's home by a friend, relative, neighbor or nanny	42.8%	23.1%
Care provided outside your home by a relative, friend or neighbor	7.4%	4.6%
Care in a family or home-based childcare program	9.3%	8.6%
Care in a childcare center, preschool, Head Start Center, or other center	33.2%	42.9%
Preschool provided at an elementary school	5.3%	17.9%
Care in another type of setting	0.8%	1.2%

B-2. Challenges to Finding Child Care

Table B71. How well did these things go when your family was trying to find care statewide? (n = 2213)

Aspect	Very well	Somewhat Well	Not Well	NA
Finding a provider with open slots/availability	16.9%	30.8%	51.6%	
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	21.8%	40.0%	37.5%	
Finding a provider who could offer the schedule you needed	24.3%	39.9%	35.3%	
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	30.0%	36.2%	32.3%	
Knowing where to look for information about child care options	20.3%	51.2%	28.3%	
Getting the information you needed to make decisions about child care options	22.0%	50.2%	27.2%	
Finding a provider in a location that was easy for you to get to	28.0%	39.9%	30.9%	
Finding a provider who you felt could help your child learn and develop	33.7%	43.6%	22.2%	
Finding a provider who was well-qualified in terms of experience and/or education	34.4%	45.5%	19.2%	
Finding a provider who reflected your family's cultural background	45.2%	37.8%	15.9%	
Finding a provider who uses health and safety standards you agree with	43.0%	41.1%	14.4%	
Finding a provider who could meet your child's mental or behavioral health needs	32.3%	32.1%	14.1%	20.80%
Finding a provider who could support your child's physical or medical needs	37.1%	30.2%	10.3%	21.60%
Finding a provider who spoke your child's home language	69.6%	20.0%	9.9%	

Things that did not go well when trying to find care

Table B72. Families saying these things did not go well when trying to find care statewide (n = 2213)

Aspect	Percent
Finding a provider with open slots/availability	51.6%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	37.5%
Finding a provider who could offer the schedule you needed	35.3%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	32.3%
Knowing where to look for information about child care options	30.9%
Getting the information you needed to make decisions about child care options	28.3%
Finding a provider in a location that was easy for you to get to	27.2%
Finding a provider who you felt could help your child learn and develop	22.2%
Finding a provider who was well-qualified in terms of experience and/or education	19.2%
Finding a provider who reflected your family's cultural background	15.9%
Finding a provider who uses health and safety standards you agree with	14.4%
Finding a provider who could meet your child's mental or behavioral health needs	14.1%
Finding a provider who could support your child's physical or medical needs	10.3%
Finding a provider who spoke your child's home language	9.9%

Table B73. Families saying these things did not go well when trying to find care by child race/ethnicity

Aspect	American Indian/Alaska Native n=163	African American/Black n=178	Asian n=131	Hispanic/Latinx n=554	Middle Eastern/North African n=31	Native Hawaiian/Pacific Islander n=40	White n=1691	Another Identity n=1
Finding a provider with open slots/availability	51.6%	39.3%	42.7%	48.7%	54.8%	47.5%	54.7%	*
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	45.4%	30.9%	31.3%	35.2%	54.8%	50.0%	38.6%	*
Finding a provider who could offer the schedule you needed	46.0%	30.3%	25.2%	35.0%	48.4%	30.0%	37.1%	*
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	37.4%	22.5%	25.2%	32.7%	32.3%	37.5%	32.8%	*
Knowing where to look for information about child care options	31.3%	24.7%	22.1%	32.7%	35.5%	27.5%	32.0%	*
Getting the information you needed to make decisions about child care options	31.3%	24.2%	22.9%	28.7%	35.5%	27.5%	28.8%	*
Finding a provider in a location that was easy for you to get to	34.4%	24.7%	24.4%	27.3%	22.6%	22.5%	27.7%	*
Finding a provider who you felt could help your child learn and develop	23.9%	20.8%	13.7%	24.9%	29.0%	22.5%	21.7%	*
Finding a provider who was well-qualified in terms of experience and/or education	18.4%	18.5%	10.7%	21.5%	25.8%	20.0%	18.8%	*
Finding a provider who reflected your family's cultural background	27.0%	21.3%	27.5%	22.0%	38.7%	17.5%	13.1%	*
Finding a provider who uses health and safety standards you agree with	12.3%	14.6%	9.9%	18.1%	22.6%	10.0%	13.5%	*
Finding a provider who could meet your child's mental or behavioral health needs	14.7%	14.0%	9.9%	14.1%	25.8%	10.0%	13.7%	*
Finding a provider who could support your child's physical or medical needs	6.1%	9.6%	6.1%	10.5%	9.7%	7.5%	10.3%	*
Finding a provider who spoke your child's home language	6.1%	14.0%	19.1%	17.7%	35.5%	10.0%	6.2%	*

Table B74. Families saying these things did not go well when trying to find care by language spoken at home

Aspect	Cantonese n=9	English n=2097	Mandarin n=11	Russian n=11	Spanish n=410	Vietnamese n=10	Another language n=115
Finding a provider with open slots/availability	*	51.9%	54.5%	63.6%	45.4%	40.0%	57.8%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	*	37.5%	18.2%	27.3%	34.4%	20.0%	40.5%
Finding a provider who could offer the schedule you needed	*	35.6%	36.4%	18.2%	32.4%	20.0%	36.2%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	*	32.4%	18.2%	9.1%	31.7%	10.0%	34.5%
Knowing where to look for information about child care options	*	30.8%	9.1%	27.3%	30.0%	40.0%	33.6%
Getting the information you needed to make decisions about child care options	*	28.3%	18.2%	18.2%	28.0%	10.0%	26.7%
Finding a provider in a location that was easy for you to get to	*	27.2%	27.3%	9.1%	25.9%	20.0%	30.2%
Finding a provider who you felt could help your child learn and develop	*	22.1%	18.2%	18.2%	24.1%	10.0%	25.9%
Finding a provider who was well-qualified in terms of experience and/or education	*	18.7%	9.1%	9.1%	21.2%	10.0%	25.0%
Finding a provider who reflected your family's cultural background	*	15.0%	36.4%	27.3%	23.7%	50.0%	37.1%
Finding a provider who uses health and safety standards you agree with	*	13.5%	18.2%	9.1%	18.0%	30.0%	16.4%
Finding a provider who could meet your child's mental or behavioral health needs	*	14.0%	9.1%	0.0%	13.4%	20.0%	19.8%
Finding a provider who could support your child's physical or medical needs	*	10.2%	9.1%	9.1%	9.5%	20.0%	13.8%
Finding a provider who spoke your child's home language	*	8.4%	27.3%	36.4%	21.2%	40.0%	28.4%

Table B75. Families saying these things did not go well when trying to find care by family income level

Aspect	At or below 200% FPL n=1239	Above 200% FPL n=951
Finding a provider with open slots/availability	52.1%	51.3%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	38.9%	35.6%
Finding a provider who could offer the schedule you needed	38.7%	30.9%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	34.5%	29.3%
Knowing where to look for information about child care options	33.7%	27.7%
Getting the information you needed to make decisions about child care options	29.4%	27.1%
Finding a provider in a location that was easy for you to get to	27.9%	26.4%
Finding a provider who you felt could help your child learn and develop	24.7%	18.9%
Finding a provider who was well-qualified in terms of experience and/or education	21.4%	16.3%
Finding a provider who reflected your family's cultural background	18.1%	13.0%
Finding a provider who uses health and safety standards you agree with	16.0%	12.3%
Finding a provider who could meet your child's mental or behavioral health needs	17.1%	10.2%
Finding a provider who could support your child's physical or medical needs	12.4%	7.6%
Finding a provider who spoke your child's home language	11.6%	7.7%

Table B76. Families saying these things did not go well when trying to find care by geographic region

Aspect	Frontier n=117	Rural n=835	Urban n=1255
Finding a provider with open slots/availability	56.4%	51.9%	51.0%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	41.0%	40.6%	35.2%
Finding a provider who could offer the schedule you needed	35.0%	38.0%	33.6%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	37.6%	34.5%	30.4%
Knowing where to look for information about child care options	29.1%	34.0%	29.2%
Getting the information you needed to make decisions about child care options	29.9%	29.6%	27.4%
Finding a provider in a location that was easy for you to get to	31.6%	28.5%	26.1%
Finding a provider who you felt could help your child learn and develop	26.5%	24.8%	20.2%
Finding a provider who was well-qualified in terms of experience and/or education	28.2%	21.3%	17.0%
Finding a provider who reflected your family's cultural background	16.2%	14.4%	16.9%
Finding a provider who uses health and safety standards you agree with	20.5%	14.4%	13.9%
Finding a provider who could meet your child's mental or behavioral health needs	13.7%	15.9%	12.9%
Finding a provider who could support your child's physical or medical needs	12.0%	11.9%	9.2%
Finding a provider who spoke your child's home language	9.4%	8.4%	11.1%

Table B77. Families saying these things did not go well when trying to find care by whether child has an IFSP, developmental disability, or chronic medical needs

Aspect	Child has IFSP, developmental disability, or chronic medical need n=336	Child does not have IFSP, developmental disability, or chronic medical need n=1871
Finding a provider with open slots/availability	52.1%	51.3%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	38.9%	35.6%
Finding a provider who could offer the schedule you needed	38.7%	30.9%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	34.5%	29.3%
Knowing where to look for information about child care options	33.7%	27.7%
Getting the information you needed to make decisions about child care options	29.4%	27.1%
Finding a provider in a location that was easy for you to get to	27.9%	26.4%
Finding a provider who you felt could help your child learn and develop	24.7%	18.9%
Finding a provider who was well-qualified in terms of experience and/or education	21.4%	16.3%
Finding a provider who reflected your family's cultural background	18.1%	13.0%
Finding a provider who uses health and safety standards you agree with	16.0%	12.3%
Finding a provider who could meet your child's mental or behavioral health needs	17.1%	10.2%
Finding a provider who could support your child's physical or medical needs	12.4%	7.6%
Finding a provider who spoke your child's home language	11.6%	7.7%

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Table B78. Families saying these things did not go well when trying to find care by child age

Aspect	Under age 3 years n=1075	Age 3-5 years n=1125
Finding a provider with open slots/availability	52.1%	51.3%
Finding the type of child care setting you wanted (e.g., nanny, home based, center)	38.9%	35.6%
Finding a provider who could offer the schedule you needed	38.7%	30.9%
Finding a provider who can care for all of your children even if they are different ages or have different developmental needs	34.5%	29.3%
Knowing where to look for information about child care options	33.7%	27.7%
Getting the information you needed to make decisions about child care options	29.4%	27.1%
Finding a provider in a location that was easy for you to get to	27.9%	26.4%
Finding a provider who you felt could help your child learn and develop	24.7%	18.9%
Finding a provider who was well-qualified in terms of experience and/or education	21.4%	16.3%
Finding a provider who reflected your family's cultural background	18.1%	13.0%
Finding a provider who uses health and safety standards you agree with	16.0%	12.3%
Finding a provider who could meet your child's mental or behavioral health needs	17.1%	10.2%
Finding a provider who could support your child's physical or medical needs	12.4%	7.6%
Finding a provider who spoke your child's home language	11.6%	7.7%

Job affected by problems with child care

Table B79. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide

Response	Percent
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	40.9%

Table B80. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by child race or ethnicity

Response	American Indian/Alaska Native n=263	African American/Black n=286	Asian n=218	Hispanic/Latinx n=922	Middle Eastern/North African n=54	Native Hawaiian/Pacific Islander n=64	White n=2772	Another Identity n=1
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	47.9%	44.4%	40.8%	44.4%	53.7%	46.9%	40.3%	*

Table B81. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by language spoken at home

Response	Cantonese n=16	English n=3459	Mandarin n=15	Russian n=26	Spanish n=685	Vietnamese n=19	Another language n=197
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	43.8%	40.4%	53.3%	34.6%	46.4%	63.2%	48.7%

Table B82. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by family income level

Response	At or below 200% FPL n=2312	Above 200% FPL n=1344
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	44.6%	35.3%

Table B83. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by region

Response	Frontier n=190	Rural n=1526	Urban n=1981
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	34.2%	37.2%	44.3%

Table B84. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by whether child has IFSP, developmental disability, or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=497	Child does not have IFSP, developmental disability, or chronic medical need n=3197
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	49.5%	39.7%

Table B85. Someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care statewide by child age

Response	Under age 3 years n=1840	Age 3-5 years n=1843
Yes, someone in family had to quit a job, not take a job, or greatly change a job because of problems with child care	42.0%	40.0%

B-3. Ability to Access Services

Table B86. Percent of families who need services for their children with an IFSP, a developmental disability, or chronic medical needs statewide (n = 497)

Service	Percent
Speech therapy	76.1%
Mental/behavioral health services	54.7%
Developmental/special education classroom services	54.5%
Occupational therapy	51.3%
Early supports for infants and toddlers	49.3%
Physical health services	40.3%
Physical therapy	28.2%
Other (e.g., feeding therapy, medical help at home, one-on-one aide in classroom)	9.3%

Not able to access needed services

Table B87. Percents of families not able to access needed services for their children with an IFSP, a developmental disability, or chronic medical needs statewide

Service	Percent
Physical health services (n=197)	23.4%
Mental/behavioral health services (n=267)	41.6%
Speech therapy (n=373)	20.5%
Occupational therapy (n=255)	36.9%
Physical therapy (n=40)	39.3%
Developmental/special education classroom services (n=271)	38.0%
Early supports for infants and toddlers (n=245)	29.0%
Other (n=46)	47.8%

Table B88. Percents of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by child's race/ethnicity

Service	American Indian/ Alaska Native	African American/ Black	Asian	Hispanic/ Latinx	Middle Eastern/ North African	Native Hawaiian/ Pacific Islander	White	Another Identity
Physical health services	28.6% (14)	38.5% (26)	*	27.0% (37)	*	*	21.5% (163)	*
Mental/behavioral health services	57.7% (26)	60.6% (33)	53.3% (15)	52.4% (63)	*	*	40.2% (214)	*
Speech therapy	37.9% (29)	47.1% (34)	39.1% (23)	22.8% (92)	*	*	24.5% (294)	*
Occupational therapy	47.4% (19)	67.7% (31)	52.2% (23)	37.7% (53)	*	*	34.8% (201)	*
Physical therapy	63.6% (11)	78.9% (19)	58.3% (12)	31.4% (35)	*	*	37% (108)	*
Developmental/special education classroom services	52.2% (23)	57.6% (33)	42.1% (19)	38.7% (62)	*	*	36.9% (206)	*
Early supports for infants and toddlers	42.9% (14)	45.8% (24)	38.5% (13)	33.3% (60)	*	*	26.2% (191)	*
Other	*	*	*	*	*	*	54.3% (35)	*

Table B89. Percents of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by language spoken at home

Service	Cantonese	English	Mandarin	Russian	Spanish	Vietnamese	Another language
Physical health services	*	23.6% (191)	*	*	17.4% (23)	*	14.3% (21)
Mental/behavioral health services	*	41.6% (257)	*	*	41.7% (36)	*	55.6% (18)
Speech therapy	*	28.1% (360)	*	*	18.4% (49)	*	40.0% (25)
Occupational therapy	*	37.1% (248)	*	*	25.0% (28)	*	55.0% (20)
Physical therapy	*	40.0% (135)	*	*	18.8% (16)	*	61.5% (13)
Developmental/special education classroom services	*	39.2% (260)	*	*	18.4% (38)	*	57.1% (21)
Early supports for infants and toddlers	*	28.9% (232)	*	*	19.4% (36)	*	47.4% (19)
Other	*	45.2% (42)	*	*	*	*	41.7% (12)

Table B90. Percents of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by family income level

Service	At or below 200% FPL	Above 200% FPL
Physical health services	23.2% (125)	23.2% (69)
Mental/behavioral health services	39.8% (181)	44.6% (83)
Speech therapy	27.4% (248)	26.9% (119)
Occupational therapy	34.9% (166)	41.7% (84)
Physical therapy	42.0% (88)	36.7% (49)
Developmental/special education classroom services	36.9% (179)	38.9% (90)
Early supports for infants and toddlers	26.9% (160)	32.5% (80)
Other	52.0% (25)	45.0% (20)

Table B91. Percents of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by region

Service	Frontier	Rural	Urban
Physical health services	*	20.8% (77)	22.6% (115)
Mental/behavioral health services	*	30.9% (110)	49.0% (147)
Speech therapy	30.8% (13)	24.2% (157)	29.2% (202)
Occupational therapy	*	37.2% (94)	36.2% (152)
Physical therapy	*	37.3% (51)	41.0% (83)
Developmental/special education classroom services	50.0% (10)	29.4% (102)	43.0% (158)
Early supports for infants and toddlers	*	24.5% (94)	30.3% (142)
Other	*	59.1% (22)	37.5 (24)

Table B92. Percents of families not able to access needed services for their children with an IFSP, a developmental disability or chronic medical needs by age group

Service	Under age 3 years n=1840	Age 3-5 years n=1843
Physical health services	23.2% (125)	23.2% (69)
Mental/behavioral health services	39.8% (181)	44.6% (83)
Speech therapy	27.4% (248)	26.9% (119)
Occupational therapy	34.9% (166)	41.7% (84)
Physical therapy	42.0% (88)	36.7% (49)
Developmental/special education classroom services	36.9% (179)	38.9% (90)
Early supports for infants and toddlers	26.9% (160)	32.5% (80)
Other	52.0% (25)	45.0% (20)

B-4. Suspensions and Expulsions

Rates of children being asked to “take a break” from care statewide

Table B93. Rates of children being asked to “take a break” from care statewide (n = 3705)

Response	Percent
Yes	9.1%
No	90.9%

Table B94. Rates of children being asked to “take a break” from care by child race/ethnicity

Response	American Indian/Alaska Native n=263	African American/Black n=286	Asian n=218	Hispanic/Latinx n=922	Middle Eastern/ North African n=54	Native Hawaiian/ Pacific Islander n=64	White n=2772	Another Identity n=1
Yes	10.6%	16.1%	7.8%	10.3%	5.6%	17.2%	7.7%	*
No	89.4%	83.9%	92.2%	89.7%	94.4%	82.8%	92.3%	*

Table B95. Rates of children being asked to “take a break” from care by home language

Response	Cantonese n=15	English n=3459	Mandarin n=15	Russian n=26	Spanish n=685	Vietnamese n=19	Another language n=197
Yes	6.3%	8.8%	20.0%	7.7%	12.0%	15.8%	6.6%
No	93.8%	91.2%	80.0%	92.3%	88.0%	84.2%	93.4%

Table B96. Rates of children being asked to “take a break” from care by family income level

Response	At or below 200% FPL n=2313	Above 200% FPL n=1344
Yes	9.1%	9.2%
No	91.8%	90.9%

Table B97. Rates of children being asked to “take a break” from care by region

Response	Frontier n=190	Rural n=1526	Urban n=1981
Yes	8.4%	8.0%	9.9%
No	91.6%	92.0%	90.1%

Table B98. Rates of children being asked to “take a break” from care by whether the child has an IFSP, a developmental disability or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=497	Child does not have IFSP, developmental disability, or chronic medical need n=3197
Yes	22.1%	7.1%
No	77.9%	92.9%

Table B99. Rates of children being asked to “take a break” from care by age

Response	Under age 3 years n=82	Age 3-5 years n=195
Yes	5.9%	12.3%
No	94.1%	87.7%

Reason for being asked to “take a break” statewide**Table B100. Reason for being asked to “take a break” statewide (n=338)**

Reason	Percent
Provider could not manage child's behavior toward children or adults	33.1%
Provider could not meet child's health or physical care needs	10.9%
Provider could not meet child's developmental needs	16.9%
Child was not adjusting emotionally/crying/separation anxiety	21.6%
Some other reason	16.9%

Table B101. Reason for being asked to “take a break” by child race/ethnicity

Reason	American Indian/ Alaska Native n=28	African American/ Black n=46	Asian n=17	Hispanic/ Latinx n=95	Middle Eastern/ North African n=3	Native Hawaiian/ Pacific Islander n=11	White n=213	Another Identity
Provider could not manage child's behavior toward children or adults	39.3%	39.1%	29.4%	22.1%	*	45.5%	38.5%	*
Provider could not meet child's health or physical care needs	10.7%	23.9%	5.9%	6.3%	*	0.0%	8.5%	*
Provider could not meet child's developmental needs	17.9	8.7%	35.3%	13.7%	*	27.3%	17.4%	*
Child was not adjusting emotionally/crying/separation anxiety	14.3%	8.7%	17.6%	33.3%	*	9.1%	18.3%	*
Some other reason	17.9%	17.4%	11.8%	23.7%		18.2%	16.9%	*

Table B102. Reason for being asked to “take a break” by primary home language

Reason	Cantonese n=0	English n=306	Mandarin n=3	Russian n=2	Spanish n=82	Vietnamese n=3	Another language n=13
Provider could not manage child's behavior toward children or adults	*	35.6%	*	*	14.6%	*	30.8%
Provider could not meet child's health or physical care needs	*	14.3%	*	*	8.5%	*	15.4%
Provider could not meet child's developmental needs	*	17.0%	*	*	13.4%	*	15.4%
Child was not adjusting emotionally/crying/separation anxiety	*	19.9%	*	*	35.4%	*	7.7%
Some other reason	*	15.7%	*	*	28.0%	*	30.8%

Table B103. Reason for being asked to “take a break” by family income level

Reason	At or below 200% FPL n = 210	Above 200% FPL n = 124
Provider could not manage child's behavior toward children or adults	32.4%	33.9%
Provider could not meet child's health or physical care needs	9.0%	14.5%
Provider could not meet child's developmental needs	16.7%	17.7%
Child was not adjusting emotionally/ crying/separation anxiety	23.8%	16.9%
Some other reason	17.1%	16.9%

Table B104. Reason for being asked to “take a break” by region

Reason	Frontier n=16	Rural n=101	Urban n=196
Provider could not manage child's behavior toward children or adults	50.0%	34.4%	31.6%
Provider could not meet child's health or physical care needs	0.0%	9.0%	11.7%
Provider could not meet child's developmental needs	6.3%	21.3%	15.3%
Child was not adjusting emotionally/crying/separation anxiety	18.8%	18.0%	24.5%
Some other reason	25.0%	17.2%	15.8%

Table B105. Reason for being asked to “take a break” by whether the child had an IFSP, a developmental disability or chronic medical needs

Reason	Child has IFSP, developmental disability, or chronic medical need n=110	Child does not have IFSP, developmental disability, or chronic medical need n=228
Provider could not manage child's behavior toward children or adults	43.6%	28.1%
Provider could not meet child's health or physical care needs	15.5%	8.8%
Provider could not meet child's developmental needs	22.7%	14.0%
Child was not adjusting emotionally/crying/separation anxiety	10.9%	26.8%
Some other reason	7.3%	21.5%

Table B106. Reason for being asked to “take a break” from care by age

Reason	Under age 3 years n=109	Age 3-5 years n=195
Provider could not manage child's behavior toward children or adults	22.0%	38.8%
Provider could not meet child's health or physical care needs	11.0%	11.0%
Provider could not meet child's developmental needs	14.7%	18.1%
Child was not adjusting emotionally/crying/separation anxiety	27.5%	18.1%
Some other reason	23.9%	13.7%

Provider gave referrals to or suggestions about other child care programs for the child statewide

Table B107. Provider gave referrals to or suggestions about other child care programs for the child n=339?

Response	Percent
Yes	23.4%
No	73.7%

Table B108. Provider gave referrals to or suggestions about other child care programs for the child by child race/ethnicity

Response	American Indian/Alaska Native n=28	African American/Black n=46	Asian n=17	Hispanic/Latinx n=95	Middle Eastern/ North African n=3	Native Hawaiian/ Pacific Islander n=11	White n=213	Another Identity n=1
Yes	14.3%	28.3%	41.2%	23.2%	*	36.4%	20.2%	*
No	82.1%	65.2%	58.8%	71.6%	*	63.6%	78.9%	*

Table B109. Provider gave referrals to or suggestions about other child care programs for the child by primary home language

Response	Cantonese n=0	English n=306	Mandarin n=3	Russian n=2	Spanish n=82	Vietnamese n=3	Another language n=13
Yes	*	23.5%	*	*	26.8%	*	15.4%
No	*	73.9%	*	*	69.5%	*	84.6%

Table B110. Provider gave referrals to or suggestions about other child care programs for the child by family income level

Response	At or below 200% FPL n=210	Above 200% FPL n=124
Yes	22.9%	24.2%
No	74.8%	72.6%

Table B111. Provider gave referrals to or suggestions about other child care programs for the child by region

Response	Frontier n=16	Rural n=101	Urban n=196
Yes	37.5%	21.3%	23.0%
No	62.5%	77.9%	73.0%

Table B112. Provider gave referrals to or suggestions about other child care programs for the child by whether the child had an IFSP, a developmental disability or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=110	Child does not have IFSP, developmental disability, or chronic medical need n=228
Yes	23.6%	23.2%
No	74.5%	73.2%

Table B113. Provider gave referrals to or suggestions about other child care programs for the child by age

Response	Under age 3 years n=109	Age 3-5 years n=195
Yes	21.1%	24.2%
No	77.1%	72.2%

Was child able to return to care

Table B114. Was child able to return to care statewide (n = 338)

Response	Percent
Yes, at same provider/setting	40.8%
Yes, but at different provider/setting	33.4%
No	24.9%

Table B115. Was child able to return to care by child race/ethnicity

Response	American Indian/ Alaska Native n=28	African American/ Black n=46	Asian n=17	Hispanic/ Latinx n=95	Middle Eastern/ North African n=3	Native Hawaiian/ Pacific Islander n=11	White n=213	Another Identity n=1
Yes, at same provider/setting	35.7%	26.1%	58.8%	45.3%	*	45.5%	41.3%	*
Yes, but at different provider/setting	39.3%	54.3%	41.2%	28.4%	*	36.4%	31.5%	*
No	25.0%	17.4%	0.0%	25.3%	*	18.2%	26.8%	*

Table B116. Was child able to return to care by primary home language

Response	Cantonese n=0	English n=306	Mandarin n=3	Russian n=2	Spanish n=82	Vietnamese n=3	Another language n=13
Yes, at same provider/setting	*	41.5%	*	*	34.1%	*	30.8%
Yes, but at different provider/setting	*	33.0%	*	*	34.1%	*	38.5%
No	*	24.8%	*	*	31.7%	*	30.8%

Table B117. Was child able to return to care by family income level

Response	At or below 200% FPL n=210	Above 200% FPL n=124
Yes, at same provider/setting	40.5%	41.9%
Yes, but at different provider/setting	32.9%	33.9%
No	26.2%	22.6%

Table B118. Was child able to return to care by region

Response	Frontier n=16	Rural n=101	Urban n=196
Yes, at same provider/setting	43.8%	32.8%	44.9%
Yes, but at different provider/setting	43.8%	32.0%	34.2%
No	12.5%	34.4%	19.9%

Table B119. Was child able to return to care by whether the child had an IFSP, a developmental disability or chronic medical needs

Response	Child has IFSP, developmental disability, or chronic medical need n=110	Child does not have IFSP, developmental disability, or chronic medical need n=228
Yes, at same provider/setting	38.2%	42.1%
Yes, but at different provider/setting	30.0%	35.1%
No	30.9%	21.9%

Table B120. Was child able to return to care by age

Response	Under age 3 years n=109	Age 3-5 years n=195
Yes, at same provider/setting	35.8%	43.6%
Yes, but at different provider/setting	33.9%	33.5%
No	30.3%	21.6%