

Executive Summary and Key Findings

Hearing From Families About:

- **Early Childhood Suspension and Expulsion**
- **Accessing Quality Child Care for Oregon's Infants and Toddlers**
- **Supporting Inclusive Care for LGBTQIA+ Families**



Report to the **Oregon Early Learning Division**

Acknowledgements

We want to thank the families who spoke with us and shared their stories of resiliency and commitment to finding quality care for their young children. We are deeply grateful to them for taking the time to tell us about their sometimes challenging and stressful experiences and let us know how the Early Learning Division can create better, more inclusive systems and services. These stories were shared in the hope that their messages lead to transformative changes in Oregon's early learning and child care system. We would also like to thank all the community-based organizations who contributed their support to making this project successful, including: Black Parent Initiative, Community Action, Eastern Oregon Early Learning Hub, Multnomah County's Healthy Birth Initiative, Oregon Child Development Coalition, and Pride Northwest.

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Introduction and Background

In winter and spring 2022, a series of remote listening sessions and interviews was conducted to listen deeply to families with young children. These sessions were designed to elevate the perspectives of families from historically and currently marginalized communities, and to use this information to shape program investments and policy changes in Oregon's early learning system.

To support utilization of findings, the Early Learning Division has committed to incorporating the results and recommendations from these and other needs assessment and evaluation studies into Leadership Responsive Plans that link data-based recommendations to policy action. Findings will also be shared broadly with state and local organizations and community partners involved in providing early learning and family support services, and will be available in multiple languages on the [PDG Strengths and Needs Assessment page of the ELD's website](#).

This work is part of ongoing research and needs assessment conducted as a collaboration between Portland State University's Center for Improvement of Child and Family Services, OSLC Developments Inc., AB Cultural Drivers, and the Oregon Early Learning Division.

This Executive Summary brings together findings from listening sessions conducted with **three priority populations** that had not been a focus of previous work, and whose experiences are critical to informing Oregon's work to create a more equitable early learning system. Participating families were those who:

- 1 Have a child who was suspended or expelled from an early learning program;
- 2 Have infants and toddlers and who (a) identify as African American/Black; (b) are Spanish speaking and live in rural and suburban Oregon; (c) identify as Native American; or (d) are English speaking and live in rural Oregon;
- 3 Have a child aged 0–5 years and who identify as part of the LGBTQIA+ community.

Methodology

We conducted 8 remote focus groups and 15 qualitative interviews with a total of 81 families across the 3 priority populations. Questions posed to all families asked them about their experiences, challenges, and definitions of quality child care, as well as their recommendations for improving early learning and child care. Specific questions for each priority population, as well as additional information about participating families, are summarized below and fully described in the three individual reports. Full reports can be accessed on the [ELD website](#). Parents/caregivers each received a \$100 gift card for participating, and supporting partner organizations received a \$2,000 stipend for their collaboration.

Sessions were audio recorded, transcribed, and translated to English if conducted in Spanish. Data were stored and analyzed in Atlas Ti qualitative data analysis software.

PRIORITY POPULATION 1

Families whose child aged 0-5 was asked to leave child care

Number and Type of Sessions:

15 interviews, 15 participants

Specific Topics Explored:

Experiences with having their child suspended or expelled, including supports received and/or needed

Racial/Ethnic Characteristics of Participants:

40% of participants identified as more than one race/ethnicity including Middle/Eastern, Hispanic/Latino, African American, American Indian, Samoan, and/or White; 40% White only; 20% Mexican only

Geographic Regions:

Statewide (varied)

Collaborating Organizations:

N/A

Languages Spoken:

English and Spanish

PRIORITY POPULATION 2

Parents/caregivers with a child under age 3 years who were Spanish-speaking, African American/Black, Native American/American Indian, and/or live in a rural/frontier region

Number and Type of Sessions:

6 focus groups, 45 participants

Specific Topics Explored:

Components of culturally- and linguistically-responsive or specific infant/toddler care; Experience of bias in child care

Racial/Ethnic Characteristics of Participants:

42% African American/Black; 44% Hispanic/Latina/o/x; 20% White; 9% American Indian/Native American; 9% Middle Eastern, North African, Native Hawaiian, Asian, and/or Pacific Islander; 13% identified with more than one racial/ethnic group

Geographic Regions:

62% in Clackamas, Washington, and/or Multnomah Counties; 38% in Malheur, Walla, and Klamath Counties

Collaborating Organizations:

Black Parent Initiative, Community Action, Eastern Oregon Early Learning Hub, Multnomah County Healthy Birth Initiative, Oregon Child Development Coalition

Languages Spoken:

English and Spanish

PRIORITY POPULATION 3

Parents/caregivers with a child aged 0-5 who identify as part of the LGBTQIA+ community

Number and Type of Sessions:

2 focus groups, 21 participants

Specific Topics Explored:

Experiences finding and using quality, affordable care that is welcoming and inclusive for LGBTQIA+ families

Racial/Ethnic Characteristics of Participants:

52% African American/Black; 28% American Indian/Alaska Native; 17% White

Geographic Regions:

45% urban (Multnomah, Clackamas, and Washington Counties); 55% rural (Baker, Crook, Curry, Douglas, Jackson, Josephine, Lake, Linn, and Marion Counties)

Collaborating Organizations:

Pride Northwest

Languages Spoken:

English

Shared Key Findings and Recommendations Across Families

While each of the priority populations we spoke with offered unique perspectives and insights about how the early learning system needs to be improved, it is also clear that many messages are the same for families with young children who are seeking quality care. Moreover, a number of these are consistent with data gathered through prior PDG strengths and needs assessments (see Appendix A for 2020 recommendations) and with other work done to describe the challenges facing Oregon's early childhood system (e.g., Pratt & Sektan, 2020; Education NW, 2022).

Key shared messages and recommendations are summarized below. Following this, we provide more information about the specific findings and recommendations from each of the more detailed reports.



Key Shared Messages from Participating Families

Families across the three priority populations called on Oregon's early learning system leaders to...

1 Make child care more affordable, especially infant and toddler care.

2 Build easily accessible, multilingual systems that provide families with the detailed and up-to-date information they need to find quality child care that meets their needs.

"Unfortunately, the area that we are in, there just wasn't the option for [different child care]...It was unaffordable and our county is considered a child care wasteland...I had to keep him in there because it was my only option for consistent care so that I could work." –Family Experiencing Suspension/Expulsion

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

–African American/Black Infant and Toddler Focus Group Participant

"We're either having to compromise cost or quality of care, just to get in somewhere while we wait for the place we want." –LGBTQIA+ Family Member

"That's our other biggest challenge, just paying \$1,250 a month for the babies, which is more than our \$900 house mortgage. It's eating us alive, but they're the best daycare around, they're the most reliable."

–Rural English-Speaking Infant and Toddler Focus Group Participant

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

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

"I did the work to be like where do I go, who do I talk to, what are my resources. That's fine. I'm a parent. I have to take care of my kid. That would be something that could be useful for providers to have information on." –Family Experiencing Suspension/Expulsion

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

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

-Spanish-Speaking Infant and Toddler Focus Group Participant

"I feel like we have one child care facility in our community right now that offers both [care for different age groups]. They can only take 15 kids, and they're serving 3 towns. It really makes me feel sad."

-Rural, Native American/American Indian Infant and Toddler Focus Group Participant

"Our child care spaces have multiple [cultures] represented even in their toys, even in their books. A big part of what's being said is that there's not a healthy representation of us, and we're already in one of the Whitest cities in the country. Our children need that."

-African American/Black Infant and Toddler Focus Group Participant

"As we're having discussions about caregivers that value and respect our family, it would be wonderful to have a caregiver who was in our community, but I didn't run across any queer caregivers, or daycare centers when I was searching. That would have been ideal. I'm compromising by not getting that."

-LGBTQIA+ Family Member

3 Invest in an expanded array of child care settings, facilities, and providers, especially:

- More providers in rural Oregon;
- More providers of color;
- More providers who speak Spanish and languages other than English;
- More providers who are part of the LGBTQIA+ community.

4 Stabilize the workforce by addressing the deep systems transformation required to change how child care providers are paid and supported as professionals.

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

-Rural English-Speaking Infant and Toddler Focus Group Participant

5 Invest in training, coaching, education, and quality improvement that addresses the aspects of care that are the highest priorities for families.

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

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

"Honestly, every time I went in there, they just had all the kids propped up in front of a TV. It was awful. I feel like such a bad parent for letting her go there for a long time. You get desperate when you're a working parent and you need child care." -Family Experiencing Suspension/Expulsion

"With family and friends watching them, they do what family does. They hang out with the kids and things like that and watch and care for them. They don't do a whole lot of learning and teaching stuff, which would have been great."

-Rural, Native American/American Indian Infant and Toddler Focus Group Participant

6 Ensure that this training and professional support is provided to the networks of trusted family, friends, and neighbors who frequently provide care for young children, especially among marginalized communities.

7 Implement system-wide, multifaceted approaches to eliminate discrimination and bias among child care providers, such as:

- Promoting anti-bias curriculum, resources, and materials that reflect a variety of races, languages, cultures, and family types;
- Encouraging providers to display visible signs of inclusive policies and practices.

"...the conversation was, not sure if this is the best fit, not sure if we can meet her need. It was cordially framed, but it was a pretty clear message of not inclusion." -Family Experiencing Suspension/Expulsion

"They basically want a kid to look and act a certain way in order to be in their preschool program, which is not conducive to teaching kids in a community setting because...kids are different." -Family Experiencing Suspension/Expulsion

"Questions like this come to mind and may be basics of what I'm looking for...Do you have experience caring for children from families similar to ours? Do your toys and books reflect a range of families? How would you handle questions from other children directed to my child about their family? How do you model and teach about gender roles? Do you have LGBTQ staff or staff who are familiar with the LGBTQ community? Do staff receive anti-bias training on a regular basis? Do you use an anti-bias curriculum? Do you have a formal anti-discrimination policy in place? Are you open to learning?" -LGBTQIA+ Family Member



Key Findings and Recommendations Specific to Each Priority Population

Below we summarize the specific findings and recommendations that came out of each of the three priority populations. These are presented with the caveat that these brief summaries can in no way reflect the nuance, depth, and clarity of the information provided in the full reports, which are focused on using parents'/caregivers' own words to describe their experiences, hopes, and dreams for a better early learning system. We urge community members and policy makers to read these full reports to inform their thinking and decision making.

**FAMILIES' EXPERIENCES WITH
EARLY CHILDHOOD SUSPENSION
AND EXPULSION:**

Messages for Building More Inclusive Environments



Key Takeaways

- 1** Child care providers made limited efforts to accommodate children and offered few resources, and connecting with other services such as EI/ECSE was challenging
- 2** Families and children suffered emotional trauma and other significant stressors in their journey to find inclusive child care
- 3** Most children were 2-3 years old when expelled, making this a key age for focusing supports and prevention efforts
- 4** Qualified and consistent staff who are committed to inclusion helped children stay in care
- 5** Creating a system-wide culture of inclusion and commitment to disabling ableist mindsets is at the core of creating truly inclusive child care

Key Findings

Families that we spoke with for this report had the shared experience of having had a child who was asked to leave or “take a break” from child care. The stories shared displayed the incredible resourcefulness and commitment that families displayed in order to find care, as well as the stress created when their children were suspended or expelled from child care. Here, we summarize key messages from families, along with direct quotes from parents/caregivers of children experiencing suspension or expulsion.

- 1 Child care providers offered limited support, and parents/caregivers struggle to access needed resources.** While a few parents/caregivers described providers who made some effort to accommodate their child’s needs, in all but one case these children ended up leaving their original child care settings. Many families reported being “taken by surprise” with no proactive communication or effort to maintain the child in care.

“ Then, when we entered the program, that was one thing I did say, ‘Let’s do a referral for ESD [EI/ECSE].’ They were like, ‘Well, you could do that.’ It wasn’t a supportive environment...”

–Family Experiencing Suspension/Expulsion

- 2 EI/ECSE services, where provided, were helpful,** even if they did not necessarily prevent the child from having to leave the current placement.

“ He was diagnosed during his time there, and it was during the last month. We started that [getting an IFSP] process, and they were starting services. We were having that meeting and then [the provider] was like, ‘No. He’s gone.’ I’m like, ‘We’re doing everything that we can. We’re working to get the supports that you need, and you drop it there?’”

–Family Experiencing Suspension/Expulsion

- 3 High demand for child care without a value for inclusion creates little willingness to accommodate children who need additional support.**

" These providers, they've got people banging on the door going, 'We need care.' If they can ditch this kid to get other kids that fit in their box, why not? They're going to have a less complicated child. It's going to be easier for them."

–Family Experiencing Suspension/Expulsion

4 Having their child expelled from care led most families on a long and stressful journey to find replacement care. Except for the few families in Head Start, providers did not provide transition supports for children.

" My mental health is legitimately suffering because we don't have stable resources for child care. If I didn't have the option to work from home and take care of my kid when he had all these major behavioral issues...I'm looking forward to that this summer, I don't know what the hell we're going to do."

–Family Experiencing Suspension/Expulsion

5 Children were negatively impacted by these experiences as well, internalizing negative messages from providers' words and behaviors.

" The first place labeled him as a bad kid or made him feel like a bad kid. He's definitely got this internalized, like, 'I am the bad kid,' which is what really breaks my heart."

–Family Experiencing Suspension/Expulsion

" She even today will say, 'I'm a bad girl.'... We asked her why, and they figured out that because they would use [the terms] good choice, bad choice, she always wanted the bad choice. She's a bad girl because she always wanted the bad choice."

–Family Experiencing Suspension/Expulsion

6 Common barriers to finding an appropriate child care setting included:

- Provider requirements (i.e., that children be toilet trained, that families provide references from past providers);
- Lack of available, qualified providers, especially in rural areas and for Spanish-speaking families, and long waiting lists;
- Non-inclusive values and discrimination against children with special needs.

" Yo no me puedo comunicar con su maestra, porque no habla español, las asistentes de ella que hablan español han sido de mucha ayuda porque me han brindado la información que a lo mejor ni el pediatra del niño ni cualquier otra persona me van a decir a donde tengo que dirigirme, o qué puedo hacer con él."

"I can't communicate with his teacher because she doesn't speak Spanish, her assistants who speak Spanish have been very helpful because they have provided me with information that neither [my] child's pediatrician nor anyone else is going to tell me where I need to go, or what I can do with him."

–Spanish-speaking Family Experiencing Suspension/Expulsion

" It was definitely a disability thing that they were not prepared for, to handle or take care of. I say easy, we're an easy target to get rid of. We just are. It's easy to say, 'This kid can't be here. We can't handle her.' Especially when you look at the makeup of the rest of the classroom." –Family Experiencing Suspension/Expulsion

Recommendations for Action

Parents/caregivers shared their ideas about actions Oregon's leaders could take to prevent suspension/expulsion and to improve supports for families and children, making the following recommendations.

1 Address the root causes of suspension and expulsion for young children by creating intentional strategies to strengthen commitment to inclusion and dismantle ableist mindsets.

Families described an early childhood system in which all providers would be:

- **Willing and able to provide safe, inclusive, and supportive environments** where children feel protected and accepted;
- **Willing and able to make provisions for children's individual needs**, such as having more time for daily gross motor activities;
- **Committed to partnering with families** to better care for children with developmental differences.

"...His teacher was amazing and was willing to meet with us and help us with some strategies to use at home and make sure we're on the same page and stuff."

–Family Experiencing Suspension/Expulsion

2 Provide more information and resources to families about what to do if their child is asked to leave care, what their rights are, and how to report and seek help if they observe concerning behaviors or situations in child care settings.

3 Invest in expanded training, coaching, and mentoring for providers that focuses on building inclusive mindsets, reducing implicit and explicit bias, is trauma informed, improves provider-family partnerships, and builds skills to individualize care to meet children's needs.

4 Invest in expanded services and resources that prevent expulsion and provide additional supports for providers and families who need them (e.g., Infant and Early Childhood Mental Health Consultation; Oregon HB2166). Prioritize investments in rural areas and for meeting the needs of marginalized families.

5 Support efforts to stabilize and retain the early childhood workforce through better wages, benefits, supervision, and support, in order to create more consistent care for children and support quality in the system.

" They had more consistent teachers. That helped a lot with [child's name], because [child's name] bonded with a couple of the teachers and understood the processes."

–Family Experiencing Suspension/Expulsion

FAMILIES' EXPERIENCES
WITH CHILD CARE:

Perspectives and Challenges in Accessing Quality Care for Families with Infants and Toddlers

Families with infants and toddlers who spoke to us included Native American/American Indian parent/caregivers, African-American and Black parent/caregivers, Spanish-speaking parents/caregivers, and families living in rural/frontier communities. Although these families had diverse racial, ethnic, and cultural backgrounds, many of their **key messages** were similar, their priorities for quality care aligned, and they made recommendations that are clear and actionable. Below we summarize results related to these three areas.



Photo: Multnomah County Healthy Birth Initiative

Key Takeaways

- 1 Families want to be informed consumers, and need access to multi-lingual child care information systems that provide up-to-date information about location, cost, quality, and availability of culturally and linguistically appropriate care.
- 2 The importance of finding a child care provider they can trust, especially for parents of non-verbal children, cannot be understated.
- 3 Families trust family, friends, and professionals who communicate frequently, encourage parent visitation, and who develop warm, caring relationships with themselves and their children.
- 4 Families define quality with an emphasis on having a provider who speaks their language and who shares their racial, ethnic, and/or cultural background, but struggle to find providers who meet this need.
- 5 The lack of high quality, affordable, available, and culturally appropriate care takes a significant toll on families' economic and emotional well being.
- 6 Immediate, substantial, and ongoing investments in expansion and quality improvement are needed.

Key Findings

1 There is a critical lack of high-quality, available, affordable infant and toddler care, especially in rural areas and for families who speak languages other than English.

The extreme lack of available child care programs and slots, long waiting lists, and lack of options for families who work weekends, evenings, and part time exacerbates racial and other inequities in access to quality care.

"The fact that I work 12-hour shifts at the hospital, it's hard for the hours to find child care that is available...I work from 7:00 AM to 7:30 PM. It's hard to find a child care provider that does those long stretches of hours."

–African American/Black Infant and Toddler Focus Group Participant

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

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

–Spanish-Speaking Infant and Toddler Focus Group Participant

2 Infant and toddler child care is prohibitively expensive for many families, and families who use subsidies face discrimination and other challenges.

The cost of infant and toddler care was

prohibitive for many families, and many made considerable sacrifices in order to afford what they could. Related to this, families using subsidies to help allay high costs described numerous challenges and clear instances of discrimination and bias from providers.

"Me encantaría que mi hijo estuviera en un ambiente más educativo, que sería lo ideal para mí, pero no puedo, porque no lo puedo costear."

"I would love for my son to be in a more educational environment, which would be ideal for me, but I can't, because I can't afford it."

–Spanish-Speaking Infant and Toddler Focus Group Participant

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

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

–Spanish-Speaking Infant and Toddler Focus Group Participant

3 Families are forced to make difficult choices and compromises to secure the care they need in order to work:

- **Sacrificing their desire for quality care** for care they can afford, often relying on family members;
- **Employment-related compromises** such as leaving their jobs, working “swing” or other stressful schedules, or reducing hours worked;
- **Financial compromises**, in particular, paying more than they felt they could actually afford to get quality care;
- **Compromising health and safety standards** by choosing to use child care despite concerns with health practices and COVID-related safety precautions being implemented.

“I stepped back further from work, went even more part time, and I'm now home until we can find a situation that supports, hopefully, a classroom teacher's hours in addition to a doctor's hours.”

-Rural English-Speaking Infant and Toddler Focus Group Participant

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

“My income is more than what they ask for, but it's impossible. I also see other options, other places, another daycare, and it's too expensive per week. I can't. I have to look for other options like babysitters.”

-Spanish-Speaking Infant and Toddler Focus Group Participant



Family Priorities for Quality

Parents/caregivers were quite clear about what was important for them in terms of quality care for their infants and toddlers. While there were some nuances across the sessions focused on different racial/ethnic, linguistic, or geographic communities we spoke with, there were more similarities than differences in how parents/caregivers described quality care and what they wanted for their youngest children. Families with infants and toddlers see the following as priorities for defining quality care.

1 Parents/caregivers need to be able to trust their care providers.

Having trust that the child is happy and receiving warm, responsive, healthy, and safe care was fundamental for parents. Parents/caregivers ensure trust by:

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

“ [...] the people watching my children are my friends and family right now. We're all on the same wavelength, you could say. Having friends and family do it is great, but there's the drawbacks like there's not a whole lot of educational

stuff and other things. I do OK with that, but I don't know what it would be like in an actual daycare facility here in town.”

–Rural English-Speaking Infant and Toddler Focus Group Participant

“ I do want to put my son in a daycare center to help me out, but the whole reason why I don't want to is the fact that I work in one. I see what goes on there every day.”

–Rural, Native American/American Indian Infant and Toddler Focus Group Participant

2 Quality is seen as culturally-specific and/or culturally-responsive care that reflects children and families' racial/ethnic backgrounds in materials, staffing, and values, such as having:

- Providers whose own racial, ethnic, and/or cultural background reflect those of the families they serve;
- Settings in which environments and activities intentionally reflect a value for cultural diversity in staffing, materials, curricula, and activities that build on and reflect children's cultural knowledge;
- Providers who speak the families' home language(s).

“ I have always gone to primarily African American child care providers because that's my belief. I can relate to them. It's so easy going, so I never had to worry about racial issues.”

–African American/Black Infant and Toddler Focus Group Participant

“ [cultural tradition is]...really important to me because growing up, my family didn't teach me the most about it. I had to go and learn from my other uncles and my other aunts and everything....I feel like, for my

son, it would be important for him to learn his culture and his heritage because of the fact that our culture is dying as it is..."

–Rural, Native American/American Indian Infant and Toddler Focus Group Participant

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

"I would like that most of the providers were bilingual. It really does make it difficult for most of us who don't know English to talk to them."

–Spanish-Speaking Infant and Toddler Focus Group Participant

3 Quality care includes supportive, nurturing, and developmentally stimulating environments characterized by:

- Healthy, safe routines for infants and toddlers;
- Warm, welcoming environments and having providers who establish a personal connection with parents/caregivers and children;
- Provision of educational, developmental, and enrichment activities;
- Low staff-child ratios that allow for one-on-one attention, individualized support, and reduced risk for COVID-19 exposure.

"This new daycare that they go to...actually has a curriculum. They do story time, they color, they paint, they do different things. She has a backyard and a place that for the kids to go out and play. She's really hands on and I feel that's really

important. Especially when kids are little, you want to get them in the habit of a routine before they get to school."

–African American/Black Infant and Toddler Focus Group Participant

4 Quality care requires well-trained, experienced providers.

Parents/caregivers want to know that providers are well trained and have the knowledge and skills to provide individualized care to these youngest children, to detect developmental delays, and to make referrals if needed.

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

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

–Spanish-Speaking Infant and Toddler Focus Group Participant

5 Quality care includes providing additional resources to families when needed, such as food, materials, diapers, and connection to community programs.

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

–Rural English-Speaking Infant and Toddler Focus Group Participant

Recommendations for Action: Expanding Availability, Affordability, and Quality of Care for Infants and Toddlers

Key changes that parent/caregivers of infants and toddlers asked for are system-level recommendations related to affordability, accessibility, and professional development focused on quality improvement and program enhancement. Specifically, families urge early learning systems leaders to:

- 1 Increase the amount and accessibility of information about child care options;**
- 2 Increase the affordability of infant/toddler care;**
- 3 Expand availability of care by:**
 - Increasing the number of facilities and qualified providers for infant/toddler care;
 - Increasing the numbers of racially, ethnically, and linguistically diverse providers;
 - Incentivize and support providers to offer expanded hours and more flexible scheduling options;
- 4 Strengthen quality in early care settings by:**
 - Providing more training, coaching, supervision, and support for providers, especially related to aspects of quality that are important to parents;
 - Ensuring adequate wages and benefits for staff;
- 5 Improve systems for monitoring and reporting** parents'/caregivers' experiences with discrimination, child neglect, and safety issues, and make this information available to parents seeking care.



**FAMILIES' EXPERIENCES
WITH CHILD CARE:**

Lessons for Creating Quality Care for Oregon's LGBTQIA+ Families

Families in the LGBTQIA+ community who participated in the focus groups included a racially and ethnically diverse group of parents/caregivers, with a range of family configurations. They shared many of the same priorities and challenges expressed by parents/caregivers in the other priority populations, but brought their unique perspectives as members of a marginalized sexual orientation and/or gender identity. Their messages and recommendations are summarized below.



Key Takeaways

- 1** LGBTQIA+ families prioritize ensuring that their children are in safe, welcoming settings that value sexual and gender diversity and inclusion.
- 2** Few LGBTQIA+ families found providers who readily or visibly conveyed acceptance for LGBTQIA+ families.
- 3** Many parents/caregivers relied on family and friends for care, knowing their families would be accepted and supported.
- 4** The state early learning system needs to be more intentional in creating a system that is inclusive of LGBTQIA+ families, starting with investing in more training, resources, and supports for providers on how to do this.

Key Findings

1 The number one concern shared by these families was ensuring that their child was in a setting where they would be safe from discrimination.

These parents/caregivers clearly identified that being a member of the LGBTQIA+ community added complexity and stress to the quest for quality care, and shared the difficulty of finding quality care in which they felt they would not be discriminated against for being queer or being members of nontraditional families.

"Definitely for an LGBTQ person, being able to feel like my child's emotions would be able to be expressed more openly and more welcomed, without being able to face discrimination or biases, actually makes it much more safe." -LGBTQIA+ Family Member

"I was aware of potential homophobic treatment at facilities. I looked out for facilities that are free of stigma, marginalization, and discrimination and also respects the LGBTQ community." -LGBTQIA+ Family Member

2 Families struggled to identify care in which they could trust that their child would not be subjected to discrimination and/or bias.

While most LGBTQIA+ families reported positive experiences with their child care providers, they also clearly expressed a need for more intentional work to improve the extent to which providers can more directly express inclusive values through curriculum choices, materials, and staffing.

"Finding it was a little bit tedious for me. It was difficult because I'm a member of

the LGBTQ community. I understand what it means to be picked at and understand what it means to be at the receiving end of people....People not wanting to see things from your perspective. People not wanting to respect your way of life because you've decided to be different. Some people come around and they want to put you down. They want to make you feel less. I was very particular about my boy growing up in that environment and not being at the receiving end of stuff like that...so I had to be very careful." -LGBTQIA+ Family Member

3 LGBTQIA+ families often chose to rely on friends and family for providing child care when quality, inclusive options were not available. These family and friend networks were also a powerful source of recommendations and referrals for trusted nondiscriminatory care.

"It was recommended, the child care, by a friend of mine. They said that the child care is open minded. It doesn't have any gender-specific roles." -LGBTQIA+ Family Member

"All this just means I have to compromise distance and leave my child far from home...with my parents because I felt they were the ones I trusted most, and also less costly. You have someone you trust, but it's distance that you have to compromise. Everything, it comes with distance; that's time, expenses, and all that." -LGBTQIA+ Family Member

"I'm still looking for help for my child, but currently I have a family member helping out, and he respects everything I stand for." -LGBTQIA+ Family Member

Recommendations for Action: Creating Inclusive, Welcoming Care for Oregon's LGBTQIA+ Families

Families shared actionable ideas for changes needed to improve Oregon's early learning system's cultural responsiveness and inclusiveness of sexual and gender diversity. Specific recommendations urge the system to:

- 1 Provide systematic training for caregivers and providers on LGBTQIA+ issues** to reduce bias and strengthen practices in terms of inclusive language, activities, and communication with children and families with varied compositions and identities;
- 2 Promote the adoption of anti-bias curriculum in child care settings;**
- 3 Support providers to intentionally indicate acceptance and inclusion** to the LGBTQIA+ community among care facilities, such as pride flags, "safe places for diversity" signs, etc.;
- 4 Create resources for families of the LGBTQIA+ community to share experiences,** referral recommendations, and to report irregularities regarding child care quality and discrimination (support group, hotline, online community, etc.);
- 5 Increase representation of the LGBTQIA+ community in the child care workforce.**

"I think this is where teaching LGBTQ curriculum comes into play. That is one thing which I'd really want to suggest that can be complicated...These are things that people should really learn, they should really understand...you need to be sure that the people that you are entrusting the care of your child to are people that you know have a good thing going. People that you know don't discriminate. Basically, that's just it." -LGBTQIA+ Family Member



Conclusion

During these listening sessions with parents/ caregivers, they provided rich information for state and local policy makers about actionable steps that could be taken to create shorter-term systems improvements and to move towards the deep systems transformations needed to create a truly equitable, quality system of early learning for all Oregon families. While we attempted to summarize their experiences and recommendations in this Executive Summary, we urge early learning leaders to [read the full reports](#) to more fully understand the nuance and depth of what parents shared with us in order to fully inform their thinking and decision making. As a research team, we look forward to seeing how Oregon's early learning system leaders use the stories and ideas shared by these families in their future policy and program investments.

Appendix A. Key Takeaways from 2019–2020 PDG Needs Assessment

The following key takeaways are taken from “Key Findings from Statewide Family Listening Sessions 2019–2020”, available at the [ELD website’s PDG page](#).

These are shared in the spirit of facilitating connection between past data collected and ongoing work. Many of these themes were reinforced by the information collected in the 2021–2022 PDG Strengths and Needs Assessment and indicate areas for continued investment and ongoing improvement.

Past listening sessions with families have identified the following key takeaways.

1 Families Have a Shared Value for Supporting Children’s Early Learning.

Families in all of the groups we spoke with had a common shared interest in ensuring that their children received quality early learning that could support the child’s ability to successfully transition to and succeed in school.

2 Ideal Care Needs and Desires Vary.

Reflecting families’ diverse cultures, languages, geographic location, work schedules, and other complexities, “ideal” child care looks different for different families. The message for the early learning system from these sessions is clearly that there is no “one-size-fits-all” approach and that an effective system includes diverse providers, settings, and strategies.

3 Families Want Trusted, Affordable, Available Care.

At the same time, across these different families it was clear: All families want a child care provider that they can trust, where their children will be safe, and the child care is affordable, accessible, and open during the days and times that families need care.

4 Families are Currently Compromising for Affordability.

The lack of available, affordable care led families to compromise other factors, including quality, to secure affordable early learning programs that allowed parents to work. Other parents sacrificed working at all because of the cost of care, or described complex patchworks of care that were clearly stressful at best and at worst harmful to relationships and adult and child well-being.

5 Oregon Needs More Culturally-Specific and Responsive Care Options.

The ability of early learning settings to provide dual-language programs that reflect children’s cultural backgrounds and facilitate quality partnerships with adult family members is critical to addressing noted disparities in school readiness and success for these children. Such programs should not be considered optional, but rather a core part of Oregon’s early learning system. In addition to language and cultural barriers, these families face the additional burden of systemic racism, day-to-day experiences of discrimination, and both explicit and implicit bias on the part of early learning providers, teachers, and others.

6 Rural and Geographically Isolated Families Need More Child Care Options.

More than any other families we spoke with, families living in rural and frontier areas expressed a sense of desperation and frustration with the lack of early learning options and described the compromises they were making to secure care of any type. More resources to increase availability, as well as accessibility (e.g., ensuring transportation supports), is paramount for meeting these families’ needs.

7 Families with Children with Special Needs Require Early Learning Providers with More Specialized Training.

Enhancing the availability of training, as well as increasing the incentives for providers to engage in training and successfully provide inclusive settings, is a priority. Families with children with special needs also expressed the need for better integration of EI/ECSE services into existing settings, as well as more on-site support from trained EI/ECSE staff and more regular communication with their EI/ECSE providers.

8 Other Key Components of a Quality Early Learning System Include:

- Helping connect families with community resources to help with family stability (housing, food, etc.);
- Supporting more regular communication between early learning providers and parents, with updates on what children were doing and learning during the day;
- Having more publicly available parental “reviews” of child care providers and facilities;
- Expanded opportunities for publicly-funded Head Start or Head Start “like” programs to be provided to families who are on waitlists.