OREGON PRESCHOOL DEVELOPMENT GRANT

Families' Experiences with Early Childhood Education and Child Care:

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

Report to the **Oregon Early Learning Division**

Acknowledgements

Recommended Report Citation

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

Contents

Introduction and Purpose

In March 2022, two virtual listening sessions were held with LGBTQIA+[1] families with children ages 0-5 living in Oregon. The purpose of these sessions was to hear from these parents/caregivers about their experiences in finding and using child care, and to use this information to inform the Early Learning Division's goal of creating an equitable early learning system that meets the needs of all Oregonians. To our knowledge, this is the first intentional listening session conducted focused on the early learning needs of LGBTQIA+ parents/caregivers despite the growing number of these families in Oregon. Recent data suggests that Oregon has an LGBTQIA+ population of 207,000 (5.6%), of whom 23% are raising children.[2] Research also finds that these parents/caregivers frequently experience bias and discrimination due to their sexual orientation and/or gender identity.[3] By focusing on hearing from, and responding to, families in these and other marginalized communities, early learning leaders can make informed decisions that directly address existing inequities.

These focus groups were one component of a series of interviews and listening sessions funded by Oregon's Birth to Age 5 Preschool Development Grant (PDG), and conducted as a part of the state's ongoing early learning needs assessment. This work was designed to expand on information collected from families, early learning and education providers, and other early childhood stakeholders in a prior needs assessment conducted in 2019–2020 (for copies of these reports please **visit the ELD website**). The ongoing PDG needs assessment is being conducted as a collaboration between Portland State University's Center for Improvement of Child and Family Services (PSU); OSLC Developments, Inc. (ODI); AB Cultural Drivers; and the Oregon Early Learning Division (ELD).

These listening sessions were conducted in partnership with Pride Northwest, a Portland-based regional LGBTQ+ non-profit organization that serves the LGBTQ+ community in Oregon and southwest Washington. Debra Porta, Executive Director of Pride Northwest, graciously agreed to collaborate in this process by helping to recruit participants for the listening sessions, sending them confirmation messages, and distributing a survey to collect participants' demographic and child care information. Pride Northwest staff reviewed the focus group questions, agreed on the logistics and materials used for the sessions, and participated in both focus groups by welcoming participants and making some announcements for the community. They also contributed to the review of the draft report and distribution of gift certificates for participants.

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

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

2 Movement Advancement Project, **https://www.lgbtmap.org/equality-maps/lgbt_populations/lgbt_individuals_raising_children**.

3 Williams Institute, 2014, Transgender Parenting: A review of research. Downloaded 7/13/2022 from **https://williamsinstitute.law.ucla.edu/publications/transgender-parenting/**.

Methodology

Family Outreach and Recruitment

Families were invited to participate in the focus groups by Pride Northwest using a flier presenting a short overview of the project that was distributed via email. Parents/caregivers who showed interest were contacted by email or telephone and provided with a survey and a consent form with more information about the project, the research goals, and activities in which they would participate. The survey included questions about demographic information and child care situations in the last year. Each participant received an incentive of a $100 gift card.

Data Collection

Two virtual focus groups were facilitated via Zoom in English. The questions asked in the focus groups addressed parents'/caregivers' experiences accessing appropriate child care; their views about what quality child care looks like for parents/caregivers; parents'/caregivers' perceptions and experiences with their provider in terms of culturally-specific and/or responsive care and the extent to which their provider shows acceptance and support for LGBTQIA+ families; experiences with discrimination, and their desired changes in child care.

Each session was two hours long and a total of 21 parents/caregivers participated. Focus groups were recorded and transcribed, and transcriptions were stored in Atlas Ti software, which was used for content coding and synthesis of findings. Initial codes were developed by members of the research team who were present at the focus groups, based on identification of key themes within each question. Pairs of coders then coded the transcripts independently and used an iterative process to reach consensus and agreement on final coding. Resulting data were then synthesized by the lead investigator and are presented in this report. See Appendix A for the focus group questions.

Participant Description

Focus group participants were primarily parents, and included one foster parent and one legal guardian. All had children ranging in age from 0 to 5 years. No child was reported to have an Individualized Family Support Plan (IFSP), developmental delays, or any particular medical need. More than half (12) of the participants reported caring for 2-3 children, and 9 cared for only 1 child.

Participants identified as Queer or part of the LGBTQIA+ community, and included 10 individuals who identified as female, and 11 who identified as male. Most (17) were married, and described having a gender-conforming spouse. One participant reported having a partner who was gender non-conforming and another a non-binary partner. Over three-fourths (16) of participants reported education beyond high school, with 8 parents/caregivers reporting some college or 2-year degree and another 8 having a 4-year or other advanced degree.

About one-half (52%, 11) of the participants identified as African American, 28% (6) as American Indian and/or Alaska Native, and 17% (4) identified as White. American Indian participants shared their tribal affiliations, which included the Confederated Tribes of Siletz, Burns Paiute of Harney County, Confederated Tribes of Grand Ronde, Coquille Indian Tribe, and Klamath Tribes. One participant reported speaking Spanish regularly at home, the remainder reported English as their primary language.

Participating parents/caregivers lived in 12 different counties in Oregon, with 5 (25%) living in Multnomah, and the rest in Baker, Clackamas, Crook, Curry, Douglas, Jackson, Josephine, Lake, Linn, Marion, and Washington Counties.

Participants used a variety of child care settings, including: child care center (11 families); care provided in a family, friend, or neighbor 's home (5 families); a home-based provider (4 families); a babysitter or nanny at the child's home (2 families); and family, friend, or neighbor care at the child's home (2 families). Note that some families reported using multiple types of care. An additional two parents/caregivers reported not currently using child care.

Participant Location by County

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

A   Baker
B   Clackamas
C   Klamath
D   Malheur
E   Multnomah
F   Wallowa
G   Washington
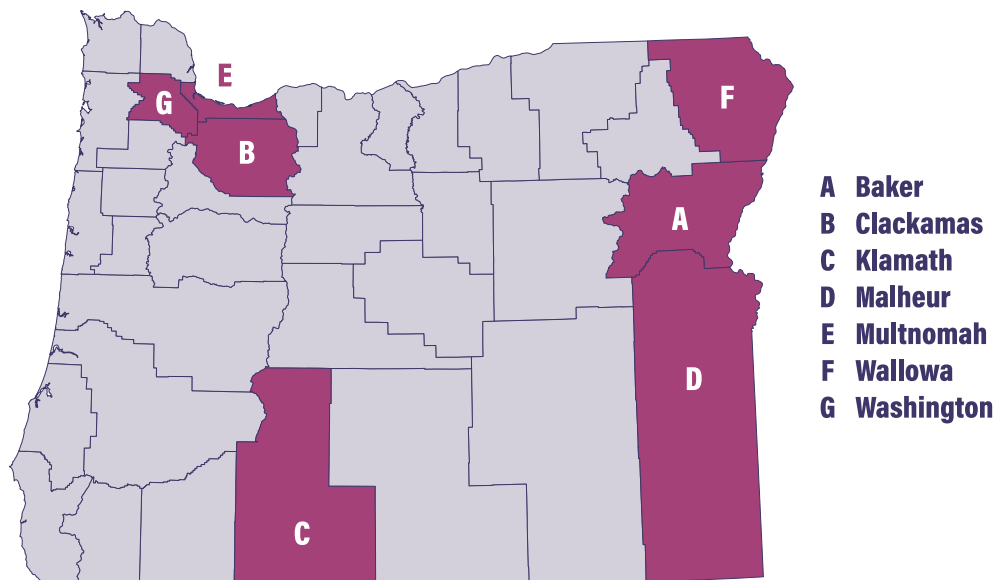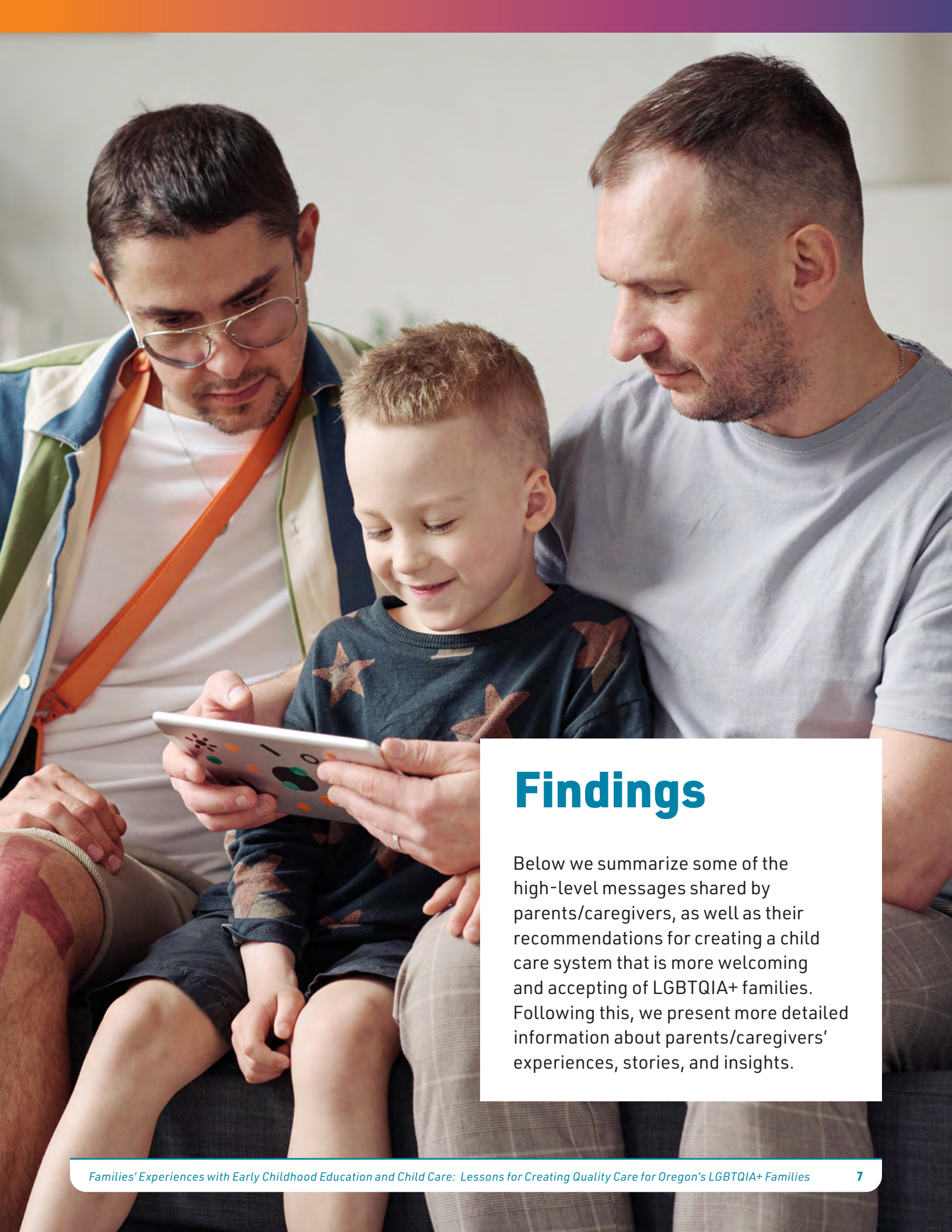
Findings

Below we summarize some of the high-level messages shared by parents/caregivers, as well as their recommendations for creating a child care system that is more welcoming and accepting of LGBTQIA+ families. Following this, we present more detailed information about parents/caregivers' experiences, stories, and insights.

Key Takeaways

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.

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.

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 primary source of recommendations and referrals for trusted non-discriminatory care.

4. **Families shared important recommendations for systems change.** 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:

    a. Provide systematic training for caregivers and providers on LGBTQIA+ issues.

    b. Promote the adoption of anti-bias curriculum in child care settings.

    c. Support and fund providers to intentionally and explicitly indicate acceptance and inclusion to the LGBTQIA+ community.

    d. Create resources for families of the LGBTQIA+ community to share experiences and referral recommendations, and to report irregularities regarding child care quality and discrimination (support group, hotline, online community, etc.).

    e. Increase representation of the LGBTQIA+ community in the child care workforce, by intentionally recruiting, training and hiring members of these communities.

What Does Quality Early Childhood Education and Child Care Look Like for LGBTQIA+ Families?

Participants described quality care as including a number of important components. First, they described quality as when their child's safety, hygiene, health, and nutrition needs are met. Accessibility and affordability were other key aspects of quality child care. They also valued good communication between parents/caregivers and providers as a key way to be able to build trust. Finally, parents/caregivers reported that stable, loving bonds between children and their child care provider are important.

" *...It's very important for kids to have a consistent bond."*

" *Babies and kids need close, loving interactive relationships."*

Quality Care Must Be Diversity-Friendly and Reflect LGBTQIA+ Families and Values

Parents/caregivers also were clear that quality care must include creating a diversity-friendly and culturally-appropriate environment that reflects their community-specific values. LGBTQIA+ families described looking for an open-minded environment and providers with knowledge and understanding of the LGBTQIA+ community, and for programs with curricula and approaches that are not gender biased and are respectful of diversity. Parents/caregivers named a number of key factors they look for in their search for LGBTQIA+ -friendly care.

Components of Quality Inclusive Care Identified by Families

Quality Care

- Providers who intentionally indicate openness to LGBTQIA+ families
- Welcoming safe spaces that respect diversity, inclusion, and LGBTQIA+ values
- Spaces free of gender-based dynamics and gender-specific communication
- Providers who treat same-sex and/or queer parents/caregivers equally
- Providers who use an anti-bias, LGBTQIA+ curriculum with a focus in respecting diversity

1 Welcoming safe spaces that respect diversity, inclusion, and LGBTQIA+ values

❞ *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."*

❞ *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"*

2 Spaces free of gender-based dynamics and gender-specific communication

❞ *I feel like they should not be able to use gender-based dynamics, for example, Dad, Mom, something of the sort. I feel them trying not to use the gender-based dynamic makes me feel much more safe, makes me feel quite welcome in that particular space. That is among the things that I can be able to say that I'll be able to actually factor out."*

❞ *They actually don't have to identify my child with a specific gender. I feel like them being open-minded and being neutral on the gender actually will make me feel much more welcomed and respected and valued."*

3 Providers who treat same-sex and/or queer parents/caregivers equally

❞ *When touring places, we appreciate when the staff speak to both my wife and me equally, address us equally, treating us both as parents."*

❞ *If they seem tripped up by having two moms, some of them have asked, "Well, who are you and what are you doing?" You're a mom, but who's that person? It just didn't seem like they were very aware of same-sex relationships, but others have treated us as equal moms and not really questioned anything."*

4 Providers who use an anti-bias, LGBTQIA+ curriculum with a focus in respecting diversity

❞ *I purposefully seek out a progressive and diverse care facility in an effort to decrease the stigma to which my kids are exposed."*

❞ *What I usually look out for in any child care facility for my kids, some options I would like to share with you include inclusive and non-discriminative care facilities. Second, on my list is anti-bias curriculum. I look out for if they make use of the anti-bias curriculum."*

❞ *I think facilities should include LGBTQ values in their curriculum."*

5 Providers who intentionally indicate openness to LGBTQIA+ families

❞ *It would have been nice to see things like rainbow flags in places, but I don't think we encountered that. There weren't any safe-space signals. We just looked for the way we were treated."*

Are LGBTQIA+ Families Able to Access Quality Early Childhood Care That Meets Their Needs?

LGBTQIA+ families described both negative and positive experiences in finding culturally appropriate and sexual/gender diversity-friendly quality care for their children. Overall, these families saw their experiences of finding this type of care as challenging but non-discriminatory, considering the potential discrimination they might face as persons who are part of a community that is marginalized due to sexual orientation and/or gender identity.

Families who have had positive experiences accessing care acknowledged that finding diversity-friendly, quality care is often a time-consuming task. They described the need for investing considerable time to explore all available resources, including online searching; visits to potential child care centers; and relying on the care of family members, particularly mothers and sisters.

" I had to make my findings by looking up care facilities online. I made sure I consulted a few options and was able to go for the best because my kids' care is paramount."

" I didn't really have a bad experience getting child care, so it's pretty awesome. My sister took care of it....I didn't bother myself, my sister took care of it, but I'm not sure if it was difficult for her."

Parents/caregivers trust personal referrals, especially opinions and recommendations from other LGBTQIA+ families, neighbors, and colleagues. Learning about previous positive experiences from members of the LGBTQIA+ community, in particular, allows them to trust providers and assure them that their children and families will be in a respectful and friendly environment.

" 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."

" I was able to achieve that by seeking opinions from like-minded people, such as the LGBTQ parents' members."

When talking about challenging experiences finding quality care for their children, parents/caregivers mentioned the difficulty they had in fully trusting the providers, as well as barriers such as quality care being "pricey" or non-affordable, long waitlists, and the limited child care capacity in certain areas in the state.

" *We've been trying to get child care for my 4-month-old looking at daycares or homes and haven't had much luck. Half the places don't even call me back when I make phone calls. It seems like there's a lot of cool bilingual programs out there, but those are the ones I can't get to call me back. We put her on two waitlists before she was even born in July of last year. Both places will not have openings until September of this year. That's over a year and 2 months wait."*

" *Finding quality child care hasn't been fun. It's been difficult. My challenge is the person I'm taking as a caregiver or that I care to put my child plus few ones around are a little pricey. I'm still forced to put her up at my mom's."*

" *Some concerns arise when we don't trust child care providers. Some of them don't take care of the child like parents need."*

Parents/caregivers clearly identified that being a member of the LGBTQIA+ community added complexity and stress to the quest for quality care, and shared their struggle to find care in settings in which they would not be discriminated against for being queer or being members of non-traditional families.

" *Finding it was a little bit tedious for me. It was difficult because I'm a member of the LGBTQ Community Action. I understand what it means to be picked at and understand what it means to be at the receiving end of people. I know what it means to be…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. It 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."*

" *Questions like this come to mind and may be basics of what I'm looking for: Do you have experience? Do you have any experience caring for children from families, similar to ours? Do your toys and books reflect a range of families including LGBTQ families? How would you handle questions from other children directed to my child about his or her 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?"*

Making Compromises in Finding Care

The most frequent compromises LGBTQIA+ families are making when they are not able to find appropriate or accessible child care involves getting other family members to take care of their children instead of using professional child care services. Families also reported spending less time with their children, driving long distances, and incurring related expenses.

" *Taking the child somewhere else, and not having him back home, that's another compromise. Not being from the community as well. Not being close to home. Not being able to afford a nanny....I have to compromise distance and leave my child far from home, that was 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."*

" *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."*

Other compromises include adapting their work schedules in order to be able to provide the care by themselves, sacrificing quality of care, and/or accepting a different form of care than what they initially wanted because of financial constraints.

" *We don't have a current child care provider. We're still waiting to get one. We're just splitting child care between the two of us and adapting our work schedules."*

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

" *I feel many LGBTQ people have a lot of difficulties getting caregivers who have proper knowledge of their needs, and without choice, compromise. That said, they may just go for what they can get."*

Parents/caregivers identified the structural issue of not seeing members of their LGBTQIA+ community hired or working as child care providers, and not feeling identified or represented by most providers. Parents/caregivers shared their frustration with this lack of inclusion and how this impacts their ability to find appropriate care.

" *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."*

Recommendations from Parents and Caregivers

These parents/caregivers made a number of actionable recommendations to create more equitable, welcoming and inclusive child care services and systems for LGBTQIA+ families, and for the many intersectional identities they brought to their experiences.

Parents/caregivers from LGBTQIA+ families told us that they need:

1. More child care services offering and creating welcoming and inclusive environments for LGBTQIA+ families.

2. Greater representation of LGBTQIA+ staff working in child care settings, including transgender and nonbinary-identifying staff.

3. More support and training on LGBTQIA+ values and inclusive practices such as using gender neutral language and how to communicate effectively with families who have varied structure and identities.

4. Training and support to improve providers' curricula and approach to incorporate anti-bias curriculum, LGBTQIA+ curriculum, and learning about sexual and gender diversity.

5. More support and funding for providers to intentionally and explicitly indicate acceptance and inclusion to the LGBTQIA+ community in child care programs, such as displaying pride flags, "safe places for diversity" signs, etc.

> " *Making people see that people have rights to be who they want to be, and we can actually have different forms of families, and we can interact with each other without being judgmental about our choices."*

> " *I would say I'd feel welcomed and supported if they hired LGBTQIA+ staff members"*

> " *Investing in child care training, there's also that. It's hiring. It's training. It's getting involved in the community, listening to our voices."*

> " *The child care provider can help by supporting the LGBTQ families...socially, emotionally, and then helping them challenge whoever doesn't conform to whatever they believe in. Then, we can educate the child as well."*

> " *I think this is where teaching LGBTQ curriculum comes into play. That is one thing which I'd really want to suggest if that can be complicated, because I feel that these things, they don't just drop off people. These are things that people should really learn, they should really understand. I feel if you want to make changes or something like this, you need to be sure that the people that you are entrusting the care of your child into are people that you know that they've got a good thing going. People that you know don't discriminate. Basically, that's just it."*

6. **Include LGBTQIA+ families more intentionally and explicitly in community-based decision-making processes to advocate for their children in child care settings and in more broadly across systems.** This might include creating an association or a community-based group for parents/caregivers within the LGBTQIA+ community to discuss and take action to improve child care.

7. **Provide systems for sharing and reporting acts of discrimination.**

8. **Provide more financial supports and child care subsidies for LGBTQIA+ families, in order to be able to pay for quality care.**

9. **Increase access to child care-related supports.** Families described the need for having better roads in rural areas, more support covering families' basic needs such as healthcare and food, more child care facilities, and paying fair wages for care providers.

" Valuing the opinions of everybody to come up with a better solution."

" There should be an association of parents and caregivers within the LGBTQ community to help enhance child care services."

" We need more platforms like this to share our opinions and experience."

" It would have been nice to see things like rainbow flags places, but I don't think we encountered that. There weren't any safe-space signals. We just looked for the way we were treated."

" A voice for families and children that are victims of discrimination and stigmatization."

" Subsidized resources for LGBTQ kids should be looked into. It can help financially."

" My question is, is there a place that trans can come to in case there is any form of discrimination and stigma that is going on in a care facility?"

Conclusion

While most LGBTQIA+ families reported positive experiences with their child care providers, they also clearly expressed a need for considerably more work to improve the quality of their services and inclusiveness. Most did not easily—or ever—connect with settings that intentionally created welcoming spaces or had materials and other things that reflected LGBTQIA+-friendly commitments. Further, these families encountered long wait lists and high financial costs broadly experienced by families seeking quality care in Oregon. Moreover, 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, especially among the LGBTQIA+ community also were a powerful source of recommendations and referrals for trusted non-discriminatory care. The number one concern shared by these families was ensuring that their child was in a setting where they and their family would be safe from discrimination. In sharing these families' stories and experiences, it is our hope that early learning leaders will move forward quickly to make the changes needed to ensure that all Oregonians have access to high quality, inclusive child care.

Appendices

Appendix A: Focus Group Questions

English

Preschool Development Grant 2.0
Listening Session Questions: LGBTQIA+

Accessing Appropriate Child Care

1. Tell us about your experiences with finding quality child care for your young child.

    a. How easy or difficult was this process?
    b. Did you experience any challenges?
    c. Were you able to find appropriate child care?
    d. How much choice did you feel you had in where your child would go for child care?

2. What do you look for when seeking child care that lets you know your family is welcomed, respected, and valued—that your family belongs there?

3. To what extent does your current child care provider's approach show they value and respect your family structure, values, traditions, and culture?

    a. Can you provide some examples?
    b. To what extent do you think this is important for your child? And if so, why?

4. Did you feel you had to make compromises in what you wanted in child care?

    a. If yes, can you tell us more?

5. Have you or your child experienced any bias or discrimination related to your race, family structure, sexual orientation, gender identity or expression, or other factors when interacting with child care providers? If so, can you tell me about that?

Changes and Recommendations

6. What could child care providers do to help you or other LGBTQIA+ families feel more welcome and supported?

7. What else could be changed to make it easier to find high-quality care that meets your needs?

Closing

Thank you very much for your thoughts and sharing today. This is very valuable. You shall receive your thank you gift card in the next ▭ days/weeks, it will come from an email from ▭.

Materiales: Formulario de Consentimiento

La sesión:

1. Bienvenida

2. Presentaciones y agradecimientos

3. ¿Está bien grabar?

4. Revisando la agenda de la sesión—Hablar sobre Educación Temprana y Cuidado Infantil Formulario de consentimiento, Encuesta previa a la entrevista, Charla, Fin de la charla y Agradecimiento

5. Inicio de la conversación

6. Terminar conversación

7. Agradecimiento

Logística & Acuerdo del Grupo de Enfoque:

1. Por favor apague sus micrófono o teléfonos cuando no esté hablando.

2. Por favor preste su atención en la persona que esté hablando y no realice varias tareas durante esta sesión. Esto nos ayudará a todos a hacer que nuestro tiempo juntos sea más productivo.

3. Por favor respete la confidencialidad de todos los participantes que participan en el grupo de enfoque

4. Trate de evitar hablar unos sobre otros y levante la mano, ya sea físicamente en su video o virtualmente usando la función "levantar la mano" si desea hablar.

5. Siéntase libre de usar la función de "chat" si desea agregar un comentario.

6. No dude en compartir su opinión: no hay respuestas correctas o incorrectas, y a cuantas más opiniones diferentes escuchemos, más aprenderemos.

7. Para escuchar a todos, monitorearemos nuestra participación y le pediremos que participe si no ha contribuido por un tiempo, o que escuche si ha estado hablando mucho.

8. Si siente que ha sido afectado negativamente por algo que dice otra persona; Si dijo algo que desearía poder retractarse; puede decirlo verbalmente o utilizando los iconos no verbales a través de Zoom (levantar la mano, aplaudir, celebrar, etc.). Esto también ayuda a los facilitadores a pausar el proceso para asegurarse que todos sean escuchados.

9. ¿Falta algo o cambiaría algo?

Descripción del Proyecto

La División de Aprendizaje Temprano de Oregón (ELD), que es la agencia estatal que supervisa el cuidado infantil, inició un proyecto estatal para conocer las experiencias de las familias que buscan y utilizan el cuidado infantil y otros apoyos de aprendizaje temprano. Los comentarios de los padres y cuidadores se compartirán con los líderes de ELD que están trabajando para apoyar los cambios en el cuidado infantil para satisfacer mejor las necesidades de la familia. La información se utilizará para ayudar a ELD a priorizar dónde y cómo se gasta el dinero estatal para el aprendizaje temprano. También compartiremos los informes con los Centros de aprendizaje temprano locales que coordinan el preescolar y el cuidado infantil en Oregón.

Los objetivos de este grupo de enfoque son:

- Informar al ELD sobre las experiencias de las familias LGBTQIA+ dentro del sistema de aprendizaje temprano, e

- Identificar oportunidades para ayudar a los proveedores a crear espacios de bienvenida, apoyo y aceptación para todas las familias.

- Revisar los puntos principales del formulario de consentimiento—**Spanish: Focus Group Consent**

PRE-INTERVIEW SURVEY

Preguntas

Empecemos. Hablaremos mucho sobre el cuidado de los niños. Cuando hablamos de cuidado infantil, nos referimos a cualquier ayuda que reciba para cuidar a sus hijos pequeños de manera regular, como guardería, preescolar, un hogar de cuidado infantil familiar, niñera o incluso amigos o familiares que cuidan a sus hijos regularmente.

Cuando piense en nuestras preguntas, por favor piense en sus experiencias de cuidado infantil para sus hijos menores de 6 años y que aún NO están en el jardín.

Inicio

1. Díganos:

   a. Su nombre y que pronome quisiera usar si usa uno

   b. ¿De dónde nos acompaña?

   c. ¿Cuántos niños tiene y sus edades que no estén aún en Kínder?

   d. ¿A qué tipo de guardería ha accedido cada uno de los niños?

      Pregunta si no ha sido mencionado aun:
      Entorno (domicilio, centro, etc.)
      ¿Con qué frecuencia? ¿Cuánto tiempo en este entorno?

   e. (Pregunta para romper el hielo, el facilitador selecciona: ¿De qué se siente orgulloso en la forma en que cría o cuida a los niños de su familia?, ¿Cuál es la última experiencia conmovedora que ha tenido como padre o cuidador? ¿Qué ha hecho su hijo que lo enorgullece?)

Accediendo al cuidado adecuado de niños pequeños

2. Cuéntenos sobre sus experiencias al encontrar un cuidado infantil de alta calidad para su niño pequeño.

   a. ¿Qué tan fácil o difícil fue este proceso?

   b. ¿Experimentaste algún desafío?

   c. ¿Pudo encontrar una guardería adecuada?

   d. ¿Cuánta opción sintió que tenía en cuanto a dónde iría su hijo para recibir cuidado infantil?

   e. ¿Sintió que tenía que hacer un acuerdo/arreglo en lo que quería en el cuidado de niño para su bebé?

      En caso afirmativo, ¿puede contarnos más?

3. ¿Qué podrían hacer los proveedores de cuidado infantil para ayudarlo a usted u otras familias LGBTAIA+ a sentirse más bienvenidos y apoyados?

4. ¿Qué podrían hacer los proveedores de cuidado infantil para ayudarlo a usted u otras familias LGBTAIA+ a sentirse más bienvenidos y apoyados?

5. ¿En qué medida el método de su proveedor de cuidado infantil refleja la estructura,

los valores, los idiomas, las tradiciones y las culturas de su familia?

    a. ¿Puede proporcionar algunos ejemplos?

    b. ¿Hasta qué punto cree que esto es importante para su hijo? ¿Si es así, por qué?

6. ¿Qué busca a la hora de elegir un cuidado infantil que le demuestre que su familia es bienvenida, respetada y valorada, y que su familia pertenece allí?

7. ¿Usted o su hijo han experimentado algún prejuicio o discriminación relacionado con su raza, estructura familiar, identidad de género, expresión u otros factores al interactuar con los proveedores de cuidado infantil?

8. Si es así, ¿puede hablarme de eso?

Changes and Recommendations

9. ¿Qué más se podría cambiar para que sea más fácil encontrar cuidado de niños de alta calidad que satisfaga sus necesidades?

Closing

Muchas gracias por sus opiniones y compartir hoy. Esto es muy valioso. Recibirá su tarjeta de regalo de agradecimiento en los próximos ⬜ días/semanas, vendrá de un correo electrónico de ⬜.

Appendix B. Participant Characteristics

- Families were recruited from across the state. 45% resided in the Portland Metro area, consisting of Washington, Multnomah, and Clackamas Counties. The remaining 55% resided in more rural counties including Baker, Crook, Curry, Douglas, Jackson, Josephine, Lake, Linn, and Marion.

- 43% of participating families had one child; the remaining 57% of families had two to three children.

- 100% of children did not have an IFSP, developmental delays, or medical needs.

- None of the families reported their children had been asked to leave care in the last year.

- 90% of participants indicated they were a parent, step parent, or adoptive parent to their child.

Table 1. Participant Family Characteristics

Number of children cared for by parent/caregiver *n=21*	Percentage
1 child	43%
2 children	48%
3 children	*

Ages of children cared for by parent/caregiver *n=21*	Percentage
1 year old and under	23%
2 years old	23%
3 years old	19%
4–5 years old	35%

Child has IFSP, developmental delays, or medical needs *n=21*	Percentage
No	100%
Yes	0%

Parent/caregiver has child who has been asked to leave care in last year *n=21*	Percentage
No	90.5%
Yes	*

Relationship to child *n=20*	Percentage
Parent/step parent/adoptive parent	90%
Foster parent	*
Other legal guardian	*

Parent/caregiver marital status *n=21*	Percentage
Single	*
Married	81%

*Data suppressed for groups with fewer than 5 responses

Table 1. Participant Family Characteristics *(continued)*

Parent/caregiver gender identity *n=17*	Percentage
Female	41%
Male	53%
Nonbinary or gender non-conforming	*

Language spoken at home *(check all that apply) n=20*	Percentage
English	100%
Spanish	*

Parent/caregiver education level *n=21*	Percentage
Up to high school diploma or GED	24%
Some college/2-year degree	38%
4-year or advanced degree	38%

Parent/caregiver employment status *n=19*	Percentage
Work full-time	53%
Work part-time	42%
Not employed	*

Parent/caregiver ethnic identity *n=20*	Percentage
African American	55%
American Indian and/or Alaska Native	30%
White	*

Tribal affiliations represented include:

- Burns Paiute of Harnery County
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz
- Coquille Indian Tribe
- Klamath Tribes

Table 2. Type of Child Care Used

Type of Child Care *n=21*	Percentage
Childcare Center	57%
Home provider: provider, family, friend, or neighbor	43%
At home: babysitter, nanny, family, friend, or neighbor	*
Only parent/caregiver cares for child	*

Families utilized a variety of care types. 43% accessed child care by sending their child to a family, friend, or neighbors' home, or a home provider; 19% received care services in their own home; and 19% of families had a parent as a primary care provider at home. 57% utilized the services of a child care center. Percentages add up to more than 100 because some families utilized more than 1 type of care service.

*Data suppressed for groups with fewer than 5 responses

Appendix C. Definitions and Key Terminology

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

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

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

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

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

Bias. A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, that influences the ability of an individual or group to evaluate a situation objectively or accurately. Biases can be either explicit or implicit. Explicit biases are the attitudes and beliefs we have about a person or group on a conscious level, while implicit biases are formed and held without our conscious knowledge.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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