

Oregon Preschool Development Grant
Needs Assessment Birth through 5

Statewide Household Survey Results

2022



Executive Summary

Acknowledgements

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History and Purpose of the 2022 Household Survey

The state of Department of Early Learning and Education (DELCE) received a Preschool Development Birth through 5 (PDG B-5) Grant from the Administration for Children and Families, in coordination with the Department of Education, in 2019. Statewide PDG B-5 Household Surveys were conducted in late 2019 and late 2020. This allowed the DELCE to determine how the landscape of early care and education (ECE) services and supports changed from 2019 to 2020 when the majority of Oregon families experienced disruptions in their services due to the COVID-19 pandemic. The third statewide survey was conducted from December 2022 through January 2023 to gather information about changes in ECE services and supports for families as effects of the COVID-19 pandemic have begun to ease.

The PDG B-5 Household Survey allowed us to ask families in Oregon about:

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

It also allows for a comparison of usage rates, challenges in finding, and preferences for, different kinds of child care as the country begins to emerge from the pandemic.

Critically, the survey presents the opportunity to examine the child care experiences of families who are often underrepresented, such as those from rural and frontier areas, low-income backgrounds, and families of color or those speaking a language other than English. Thus, emphasis was placed on recruiting families from groups that historically are underrepresented in surveys and other attempts to solicit feedback from families. The information and recommendations gained from the survey can be used to strengthen the reach and impact of Oregon's B-5 early learning and support system moving forward after the COVID-19 pandemic.

Methodology and Responding Families

People from across the state who were parents, guardians, or primary caregivers of young children not yet enrolled in kindergarten and elementary school, referred to collectively as “parents” throughout this report, were invited to complete the online survey. We reached out to over 400 community-based organizations including publicly supported programs, nonprofits, early learning system partners (such as Early Learning Hubs and CCR&Rs), private organizations, and other agencies with local and national footprints. Specific focus was given to outreach to agencies serving historically underrepresented communities and those in more isolated rural regions of the state. These community partners advertised the survey and supported families to complete it. The survey was available in six languages [English, Russian, Somali, Spanish, Traditional Chinese (Mandarin), and Vietnamese] and was administered online. Each eligible parent who completed the survey received a \$20 digital gift card.

Three thousand seven hundred and five parents completed the Household Survey. The majority were between ages 25 and 39 years (73.8%; see Tables 1–13 and Figure 1 for all family demographics). The gender of the parents was 89.9% women, 8.7% men, 1.3% nonbinary/genderfluid/genderqueer, and 0.4% agender/no gender. In this sample, 0.5% of the parents identified as transgender and 13.3% of the parents identified as LGBTQIA+. The race/ethnicity of the parents was 71.9% White, 20.0% Hispanic or Latino, 5.0% American Indian or Alaska Native, 4.6% Asian, 4.4% African American or Black, 1.2% Native Hawaiian or Pacific Islander, and 1.2% Middle Eastern or North African. The largest proportion of parents indicated that they typically spoke English (93.4%) and/or Spanish (18.5%) at home.

Parent Demographics

Table 1. Age

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

Table 2. Gender

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

Table 3. Identify as Transgender

Response	Percent
Yes	0.5%
No	99.0%

Table 4. Identify as LGBTQIA+

Response	Percent
Yes	13.3%
No	81.4%

Table 5. Race/Ethnicity

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

Table 6. Languages Typically Spoken

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

Table 7. Highest Level of Education

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

Table 8. Marital Status

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

Table 9. Full-time Employment

Response	Percent
Yes	73.9%
No	25.9%

Table 10. Annual Household Income

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

Table 11. Number of Children in Parent's Care

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

Table 12. Relationship to Focal Child

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

Focal Child Demographics

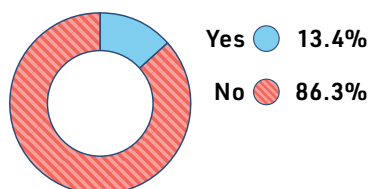
Table 13. Age

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

Table 14. Race/Ethnicity

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

Figure 1. Child has IFSP, developmental disabilities or chronic medical needs



Use of Early Care and Education Services

There are clear inequities in the accessibility and cultural and linguistic appropriateness of child care in Oregon. Many families of color indicated that the number of child care arrangements that they had to make to meet their needs did not work for their families. Additionally, families of color and those in which a language other than/in addition to English was typically spoken were much more likely than the state average to indicate that how the provider represented their child's culture and how much the provider spoke the family's home language did not work for their families. **These findings have been consistent across the 2019, 2020, and 2022 surveys.**

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

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

Families reported that a number of aspects of their current child care did not work for

their families, including: cost, the number of arrangements that parents had to make to get the coverage they needed, how much the provider spoke their home language, and the hours that care was available. More than half of children were in two or more different child care arrangements.

Forty percent of families who did not have a child in care were looking for care. This information highlights that **cost and availability of child care continue to be problematic for most Oregon families.** This repeats findings from the 2019 and 2020 Household Surveys.

Families continue to prefer center-based care above other types of care. While more research to better understand this preference is important, especially given the strong current narrative that center- based programs (especially school-based programs) offer "higher quality care", there is little doubt that more investments in program expansion are needed.

Challenges Finding Care

Across the state of Oregon, families report that finding providers with availability is the greatest challenge in obtaining child care.

They also report that finding the desired type of child care setting and finding providers with the desired schedule, who could care for all of the parent's children even if the children were different ages and/or had different needs, or who were in a location that was easy to access are challenges. These problems are not new in that families were reporting difficulties in finding availability in their preferred type of care in 2020. In a recent survey, almost one half of responding child care directors and owners reported that they had had shortages in staffing between March 2021 and March 2022.¹ Providers who had left the workforce cited the needs for better wages and benefits, more staff, and more recognition and inclusion from other staff, managers, and parents as barriers to their returning to the child care workforce.

Families of color report that finding providers who reflect their family's cultural background and/or speak their child's home language is a challenge at higher rates than other families. This has been a consistent finding across the 2020 and 2022 Household Surveys.

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

also found on the 2020 Household Survey.

Challenges finding child care have negatively impacted the employment of 41% of families.

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

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

¹ Pears, K.C., Lauzus, N., Scheidt, D. & Guyer, S. (2022). *Findings from the PDG Provider Survey: Questions on the Effects of COVID on Program Closures and Staffing*. Report submitted to the Early Learning Division and Early Learning Council, November 2022.

Abilities of Families to Access Services for Their Children with IFSPs, Developmental Disabilities, or Chronic Medical Needs

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

However, families continue to report problems accessing services. Specialized supports are the most difficult to access. Additionally, while the majority (55%) of children needed mental and behavioral health services a full 42% of those children had difficulty accessing those services. In a recent survey of providers, we found that providers of Early Intervention and Early Childhood Special Education had a higher likelihood of screening positive for symptoms of anxiety and/or depression.² It is possible that providers are leaving the field due to these issues and this may be contributing to difficulties accessing services.

African American or Black children with IFSPs, developmental disabilities or chronic medical needs were most likely to have difficulty accessing all of the listed services. This speaks to the difficulties experienced by children with intersecting marginalized identities.

² Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council.

Suspension and Expulsion from Child Care Settings

Almost 10% of families said that their child had been asked to take a break from or leave care in 2022. Notably, the rate of children being asked to leave care across all families in Oregon has been increasing since 2019.

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

- **Children who were African American or Black, or Native Hawaiian or Pacific Islander were asked to leave care at rates almost 2 times higher than that for all respondents.** Early child care and education providers have also reported that African American or Black children are asked to leave their care at higher rates.³ **Further, the rate at which African American or Black children have been asked to leave care has increased by fourfold since 2020.**
- **Children with developmental or medical needs were 3 times more likely to be asked to take a break from care than their peers without such needs.**
- **Native Hawaiian or Pacific Islander children were much more likely than all children to be asked to leave care because the provider could not manage the child's behavior towards others.**

- **Relatively few (about 1 in 4) families received a referral for supportive services or alternate care. Further, children who were American Indian or Alaskan Native, or were from homes in which a language other than English was spoken were given referrals at a lower rate than that for all respondents.**

Once they have been asked to leave care, about 25% of children do not return to any child care.

³ Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. (2022, November). *Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching*. Report submitted to the Oregon Early Learning Division and Early Learning Council

Overall Conclusions and Recommendations

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

1. There are clear inequities in the accessibility and cultural and linguistic appropriateness of child care in Oregon.

For example, as is noted above, families of color and those in which a language other than/in addition to English was typically spoken were much more likely to report that their current provider did not represent their child's culture and/or speak the family's home language. These were also likely to be barriers to finding care for those families who did not currently have care. **These findings have been consistent across the 2019, 2020, and 2022 surveys**

and point to a longstanding need for the DELC to prioritize expansion of child care services, settings, and facilities that successfully hire and retain providers of color and those with linguistic diversity.

Once again, this survey supports the following recommendations:

- **Prioritize investment in expanding and supporting child care settings that are owned and staffed by providers of color and those who speak languages other than English.**
- **Increase the number of providers and programs who represent diverse cultural and linguistic backgrounds.** To do so, the DELC should increase the number of partnerships with families of color and the community agencies serving those families to co-design ways to foster a diverse workforce of providers who can meet the different child care needs of Oregon's multicultural and multilingual population. Investments in more educational and professional pathways to intentionally support these providers is also key.
- **It is absolutely imperative that providers from culturally and linguistically diverse background providers should be fairly compensated and provided a range of benefits.** Additionally, barriers to having experiences and educational attainment in other countries recognized in decisions about qualifications, job placement, and compensation must be identified and removed.

- **Changes must be instituted at both organizational and systems levels to adopt non-White-dominant and anti-racist approaches to appropriately supporting and sustaining providers of color and those from diverse cultural and linguistic backgrounds.** It is not enough to simply recruit a diverse workforce. Those providers must subsequently be offered professional and career development opportunities that are meaningful and relevant to them and the families whom they serve. They must be offered appropriate support from supervisors, coaches, and colleagues who reflect their cultural and linguistic backgrounds. This will serve a critical need to sustain their participation in the child care workforce and allow them to experience the work as positive and fulfilling.

2. Families with children who have IFSPs, developmental disabilities, or chronic medical needs experience a range of difficulties in accessing care and services that can meet their children’s needs. These families report difficulties in finding providers who can meet their children’s developmental, behavioral, physical, or medical needs. They are also more likely to report experiencing negative impacts on their employment because of problems with child care. **Although it was easier to access services they needed for their children in 2022 than in 2020, families continue to report problems; these problems are likely exacerbated by ongoing child care shortages** (e.g., families reported in prior research that child care providers were less likely to agree to serve their children when they could serve other children without special needs).⁴ The difficulties in finding care and

services reported by families with children who have IFSPs, developmental disabilities, or chronic medical needs have persisted across the 2019, 2020, and 2020 Household Surveys, highlighting the need for immediate actions:

- **Prioritize ensuring that access to needed services is equitable for all families.** This will entail work at the provider level to help providers develop better awareness of implicit biases and discriminatory practices and address these with anti-racist practices and policies. Additionally, discriminatory policies and practices at the systems levels should be identified and addressed.
- **Increase the number of providers with the knowledge and skills to support children with a range of developmental, physical, and mental needs.** This will require additional training and professional development opportunities, as well as supporting providers to examine their own beliefs about children with a range of abilities and strengths and their implicit biases based on ableism.
- **Explore the reasons behind families’ continued difficulties in accessing needed services for their children.** In a recent survey of providers, we found that providers of Early Intervention and Early Childhood Special Education had a higher likelihood of screening positive for symptoms of anxiety and/or depression. It is possible that providers are leaving the field due to these issues and this may be contributing to difficulties accessing services.⁵
- **Make supports available in culturally and linguistically appropriate formats to**

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

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

ensure equitable access for ECE providers from a diverse range of backgrounds.

3. The rate of children being asked to leave care across all families in Oregon has steadily been increasing since 2019. Further, the rates of these early childhood suspensions/expulsions are increasing faster for families of color and families of children with IFSPs, developmental disabilities or chronic medical needs.

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

- **Prioritize understanding the underlying reasons for providers asking children to leave care.** Rates of and reasons for asking children to leave care are not consistent across different types of care.⁶ Exploring how and why these differ across different types of care and provider circumstances could provide valuable clues to prevention and intervention efforts.
- **Develop training and support for providers around managing perceived challenging behaviors, understanding child development, promoting positive development, and recognizing how their own perceptions of child behaviors may influence their interpretations of that behavior.**
- **Promote training and support for providers to recognize the role of their**

implicit biases in influencing their perceptions of child behavior, as well as how to enact non-White-dominant and anti-racist practices and policies within their programs.

- **Develop training and coaching for providers about working with families to discuss and co-create plans for keeping children in care well before they get to the step of asking children to leave.** Providers may be missing valuable opportunities to help both themselves and the families to access services for their children. Thus, they must have resources available to aid them in making referrals to families which could then forestall asking families to leave care altogether.
- **Increase the availability of both Early Intervention/Early Childhood Special Education and Infant and Early Childhood Mental Health Services.** Such services can significantly reduce challenging child behaviors while also increasing children's positive social-emotional skills.⁷
- **Make intentional, significant systems-level change. Efforts to reduce the rate of children being asked to leave care cannot simply focus on families and providers.** The DELC must take a critical look at the norms and policies that underpin the inequities in being asked to leave care. This includes systematic discrimination that supports and sustains these inequities. To do so, they must engage communities of color and those of families with children with developmental disabilities and medical needs in co-designing policies for and responses to suspension and expulsion in early childhood care.

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

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

4. Overall, Oregon lacks sufficient, affordable child care that meets the needs of all families.

The majority of Oregon families who answered the survey have a child in care. However, as outlined above, families still report significant challenges with the cost of care and finding providers who have available slots. To address these challenges, Oregon needs to continue to expand investments to:

- **Increase the number of child care providers and programs.** Given that a recent survey of providers found that the biggest barriers to remaining in the child care field were the lack of a living wage and benefits, **one primary area of focus should be finding ways to help child care programs sustainably raise the salaries and benefits for their staff members.**⁸
- **Increase subsidies for child care payments.** The limits to income to receive such subsidies could be expanded to include a greater number of families.
- **Explore ways to offer expanded hours and days for care.** Many families indicated that the number of care arrangements that they had to have to meet their child care needs was problematic. Providers may need outside support, such as subsidies through state or federal funding, to be able to offer more flexible coverage that accommodates all families.

The early learning system in Oregon has faced unprecedented challenges in the past 3 years.

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

⁸ Pears, K.C., Lauzus, N., Scheidt, D. & Guyer, S. (2022). *Findings from the PDG Provider Survey: Questions on the Effects of COVID on Program Closures and Staffing*. Report submitted to the Early Learning Division and Early Learning Council, November 2022