EARLY CHILDHOOD EDUCATION INSTITUTE
The UNIVERSITY of OKLAHOMA - TULSA

Supporting Families' Access to Quality Care for Infants and Toddlers: A Systems Approach

Early Childhood Education Institute

University of Oklahoma

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Introduction

Quality child care for infants and toddlers supports children's learning and development beyond early childhood (Horm et al., 2022) and enhances families' well-being (Hart, et al., 2023). However, little is known about families' access to quality infant-toddler care and what shapes families' enrollment and participation. Evidence consistently shows that many families face persistent barriers to accessing child care, including limited availability, high costs, and uneven quality. These barriers disproportionately affect families with low incomes; families with infants and toddlers; families of children with disabilities; those working non-standard schedules; and families living in rural communities, where licensed care is often scarce and costly (Devercelli & Beaton-Day, 2020; Joshi et al., 2025; Savage & Robeson, 2025).

Access to child care is a process shaped by both family decision-making and structural constraints. Families must balance affordability, quality, scheduling needs, and administrative burden within local markets influenced by policy environments and supply conditions (Borowsky et al., 2022; Thomson et al., 2020). Research shows that families often navigate complex searches amid limited options, long waitlists, and misalignment between available care and work schedules, often relying on parental or relative care due to the limited supply and high cost of formal infant and toddler options (Ansari et al., 2020; National Academies of Sciences, Engineering, and Medicine, 2023 Workman & Jessen-Howard, 2018).

Family preferences and perceptions of quality also play an important role in shaping access. Many families prioritize nurturing environments, developmental supports, and socialization, yet structural barriers may limit their ability to secure preferred arrangements (Finders et al., 2025; Guyol et al., 2023). While targeted policy interventions can improve access for some groups, disparities persist, underscoring that affordability alone does not ensure access (Ha et al., 2025; Savage & Robeson, 2025).

These challenges are compounded by the fragmented nature of the U.S. early childhood system, which consists of multiple programs with distinct eligibility rules, funding streams, and administrative requirements (Joshi et al., 2025). Although child care subsidies can reduce financial barriers and support continuity of care, limited reach and uneven implementation constrain their effectiveness, leaving many families—particularly those just above eligibility thresholds—without viable options (Savage & Robeson, 2025; U.S. DHHS, 2024).

Oklahoma's child care system reflects these national patterns. Recent estimates point to a 34% gap in licensed child care slots compared to needs, with shortages affecting both urban and rural communities (ChildCareGap.org). Nearly half of the state's infants and toddlers live in households earning less than 200% of the poverty level. Nonetheless, child care costs remain high relative to income and provider reimbursement rates fall below the estimated cost of care, contributing to uneven quality and availability across communities (Meek et al., 2023; Schilder et al., 2025).

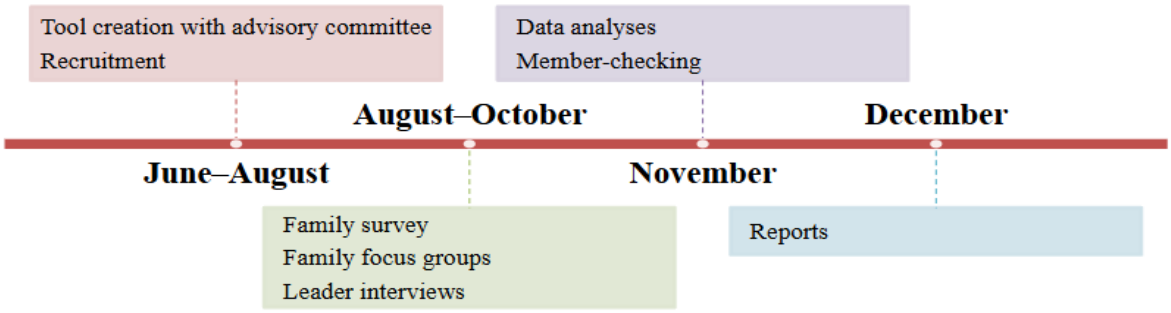
Together, this evidence highlights the need for a systems-level understanding of how policies, markets, and family decision-making interact to shape access to high-quality infant and toddler care in Oklahoma. The *Accessing Quality* study addresses this need by examining families' experiences navigating early childhood systems for their children under three years old, and generating actionable evidence to inform policy, program design, and investment strategies aimed at improving access to high-quality care. We addressed the following questions:

1. What system-level barriers limit families' access to high-quality early care and education for their infants and toddlers, and how do families experience these barriers?
2. How do families navigate infant-toddler child care options within their local early childhood systems, and what tradeoffs do they make related to cost, stability, scheduling, and developmental appropriateness to secure care?
3. How can early childhood systems better align policies, program offerings, and supports with family-identified definitions of quality and access to improve outcomes for children and families?

Study Methods

We used a mixed-methods approach to understand families' experiences accessing quality child care for their children under three, integrating quantitative (survey) and qualitative (interview and focus group) data (see Figure 1). Families and leaders helped shape the study through an advisory committee that met three times to provide input on questions and review preliminary findings. Detailed information about the study's methodology can be found in Appendix A, and the data collection tools can be found in Appendix B.

Figure 1. *Timeline of Study Activities*



Advisory Committee

To ensure the study reflected diverse perspectives, we convened an advisory committee of 12 members, including state leaders, program directors, and parents, to provide insight into system-level perspectives of infant-toddler child care access and affordances for families' access in Oklahoma. The committee met three times via Zoom – twice at the start to shape family survey and focus group questions and once at the end to review preliminary findings and provide feedback.

Family Survey

Families were invited to complete a survey about their experiences, priorities, and challenges in accessing child care for their child under three. The survey was available in English and Spanish and distributed through early childhood programs and community partners using email, flyers, and social media in September 2025. Families received a $30 gift card for participation. We received 154 valid responses from families across urban and rural communities in Oklahoma.

Family Focus Groups

Thirty-three parents of infants and toddlers participated in focus groups held online via Zoom or in community spaces in-person between mid-September and early November 2025. Trained facilitators led discussions, with a focus on ensuring families' comfort sharing their experiences. Two groups were conducted in Spanish (n = 7 families). Sessions lasted 40–60 minutes and explored families' experiences finding care, what they value in child care, and how they made decisions when program slots were full. Families received a $30 gift card for their time.

Leader Interviews

To understand system-level barriers and opportunities for improving access to quality infant and toddler care, we conducted individual interviews with early childhood system and program leaders representing state agencies, Head Start programs, and community-based organizations. Leaders were invited via email and asked to share their perspectives on policies, practices, and challenges that influence families' experiences. Nine leaders participated in individual interviews, lasting 35-65 minutes, via Zoom between late September and early November 2025. When permitted by organizational policy, participants received a $30 gift card for their time.

Analytic Plan. Across all components of the study, participants provided informed consent, and confidentiality was maintained. Survey data were analyzed using descriptive statistics, identifying families' perspectives across demographic groups. Qualitative (focus group and interview) data were analyzed for patterns and themes by two researchers, using a systematic coding process. Findings from all sources were triangulated to ensure accuracy and provide a comprehensive understanding of family experiences and system-level challenges. See Appendix C for the detailed analytic plan.

Results

Demographics of Survey Respondents and Focus Group Participants

Where Participants Live. We engaged families through two complementary approaches: a statewide survey (n = 154) and focus groups (n = 33 participants). While some families may have participated in both (n = 14), the samples are distinct and are reported separately. Figures 2–16 provide side-by-side comparisons of key characteristics across both groups. See Appendix D for detailed demographic information.

Survey participants represented families from across Oklahoma, with the largest shares from the Oklahoma City Metro (n = 44) and Tulsa Metro (n = 44), and smaller but meaningful representation from Central, East, Northwest, and Southwest regions (Figure 2). Focus group participants were primarily from Tulsa County (55%) and Oklahoma County (30%), with additional representation from rural areas (Figure 3).

Figure 2. *Geographic Distribution of Survey Respondents*

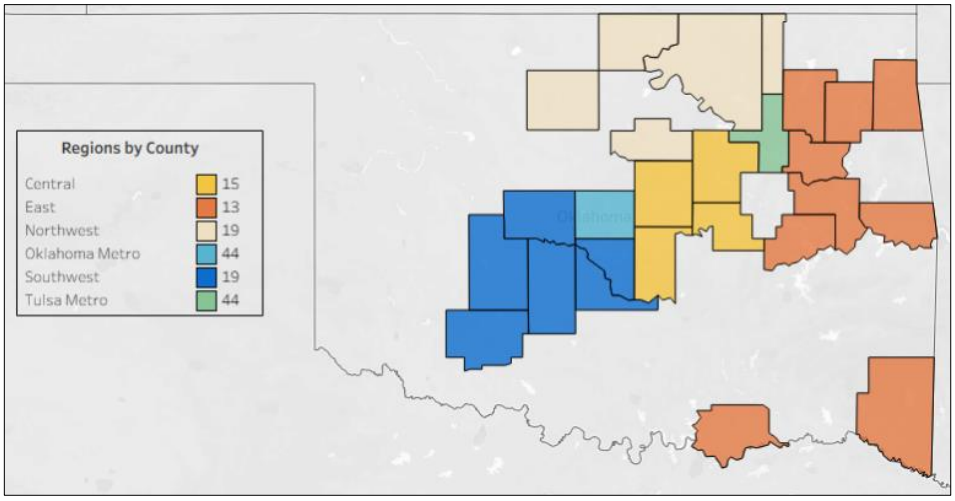
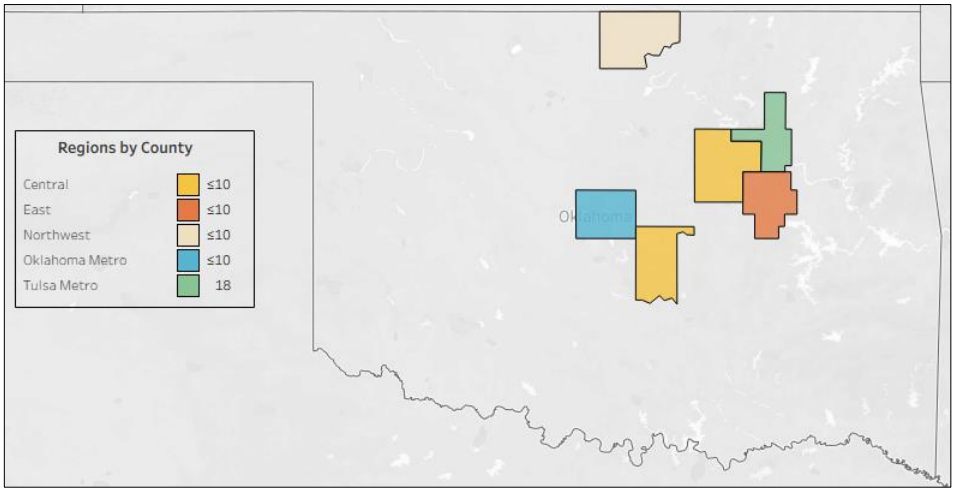
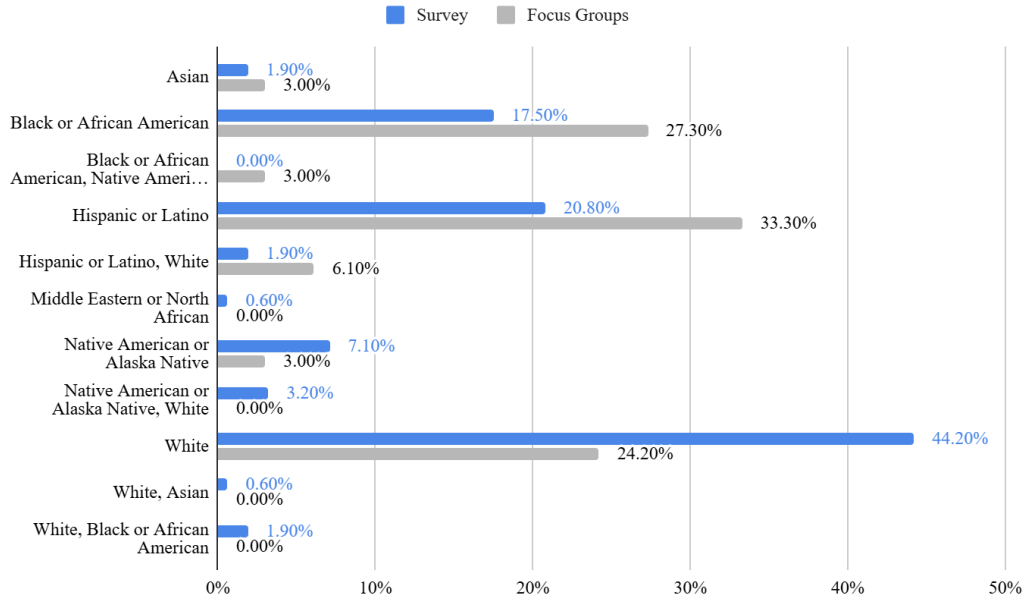


Figure 3. *Geographic Distribution of Focus Group Participants*



Race and Ethnicity. Survey respondents and focus group participants represented residents' backgrounds across Oklahoma. Participating family members identified as Hispanic or Latino, Black or African American, White, Native American, and Asian (Figure 4). When compared to the most recent Oklahoma Census estimates (U.S. Census Bureau, Oklahoma Profile), our sample had a higher representation of Hispanic and Black families. Oklahoma's population is approximately 61.6% White, 18.7% Hispanic or Latino, 12.4% Black or African American, 10.2% Two or More Races, 6% Asian, and 1.1% American Indian or Alaska Native.

Figure 4. *Race and Ethnicity of Survey Respondents and Focus Group Participants*



Family Language. Over 10% of respondents (n = 19) completed the survey in Spanish (see Figure 5.) Of the 15 focus groups conducted, 12 were conducted in English (n = 26) and two in Spanish (n = 7; Figure 6).

Figure 5. *Language of Survey Completion*

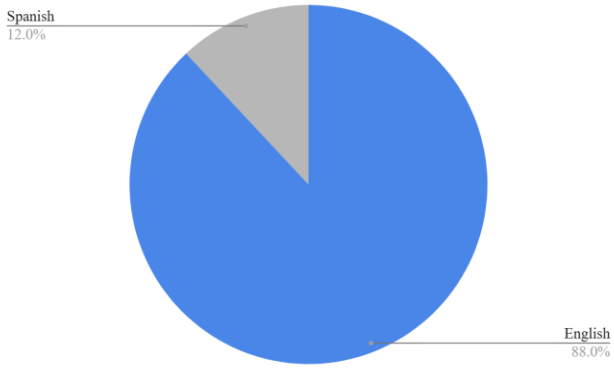
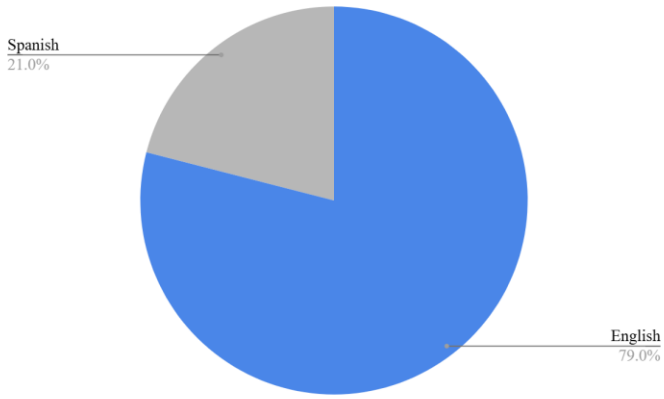


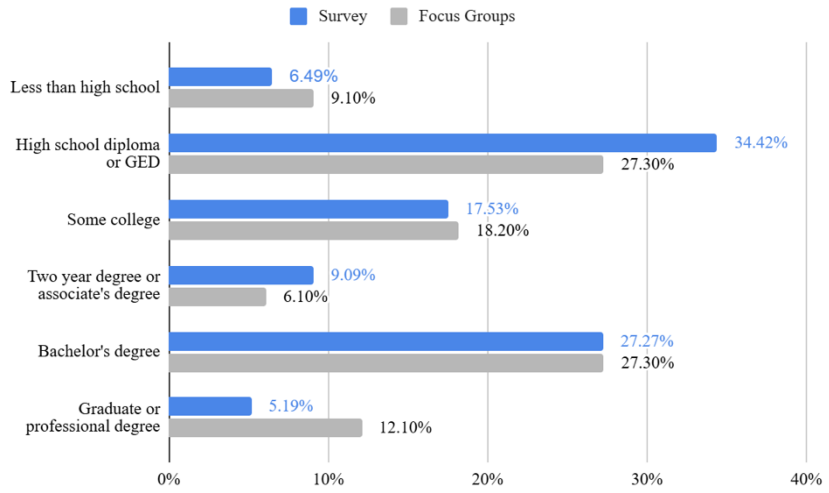
Figure 6. *Language of Focus Groups*



Education level. Participants reported varied educational backgrounds (Figure 7). Among survey respondents, the largest group held a high school diploma or GED (34%), followed by bachelor's degrees (27%), some college (18%), and associate's degrees (9%), with smaller shares reporting less than high school (6%) or a graduate degree (5%). Focus group participants showed a similar pattern, with most holding a high school diploma or GED (27%) or a bachelor's degree (27%), and smaller proportions reporting less than high school (9%) or a graduate degree (12%).

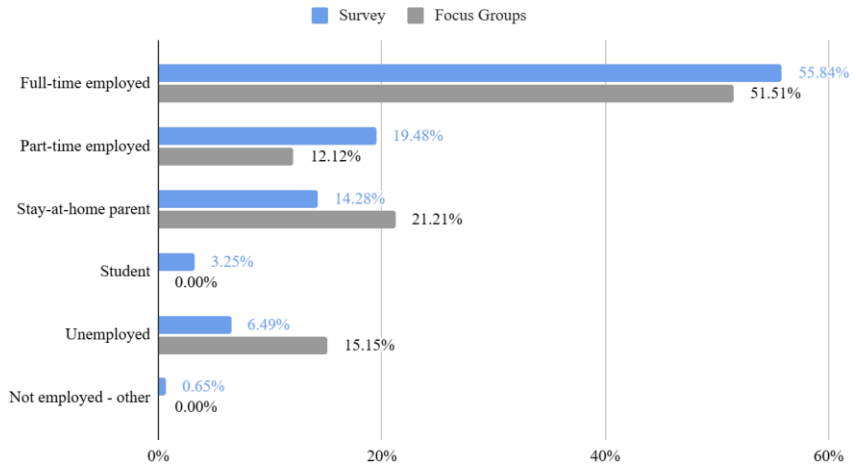
Compared to statewide figures from the U.S. Census Bureau, which estimate that 31% of adults have a high school diploma, 31% have some college or an associate's degree, and 27% hold a bachelor's degree or higher, our sample reflects slightly higher representation of families with college degrees and slightly lower representation of those without a high school diploma. This suggests that participants may be somewhat more educated than the general Oklahoma population.

Figure 7. *Educational Background of Survey Respondents and Focus Group Participants*



Employment. Most survey respondents were employed, with a mix of full-time and part-time work (Figure 8). Similarly, among focus group participants, 64% reported being employed, and the majority of those employed worked full-time (81%). The remaining participants identified as stay-at-home parents or unemployed. This pattern suggests that while most families are engaged in the workforce, a significant portion faces employment challenges that may intersect with child care access.

Figure 8. *Employment Status of Survey Respondents and Focus Group Participants*



Family Income. Most families in our study earned between $1,200 and $4,199 per month, with the $2,000–$2,999 range being the largest subgroup—accounting for 26% of survey respondents and 36% of focus group participants. Additionally, 21% of focus group families earned $1,200–$1,999, and 18% earned less than $1,200 (Figure 9).

For context, the U.S. Census Bureau reports that the median household income in Oklahoma is approximately $63,600 per year, or about $5,300 per month. Compared to this statewide benchmark, our participants are concentrated in lower-income categories, which reinforces the importance of affordability considerations when interpreting findings.

Figure 9. *Monthly Household Income of Survey Respondents and Focus Group Participants*

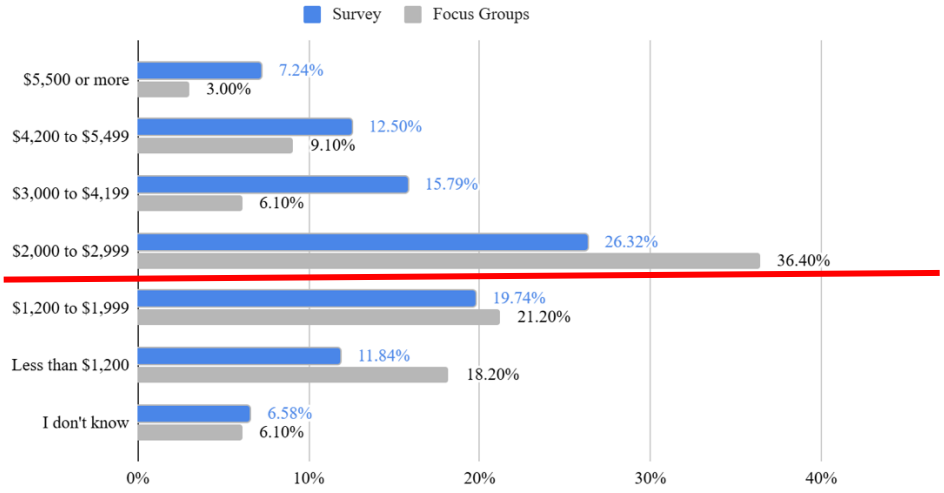


Figure Note. The red line indicates families who fall below the 2025 federal poverty line for a family of four (i.e., earning less than $2,679 per month). For a family of three, the federal poverty line would be $2,221.

Public Assistance. Many families reported receiving support through public programs (Figure 10). Among focus group participants, the most common forms of assistance were WIC (67%), SoonerCare (61%), and SNAP (61%), with 33% receiving child care subsidies. Survey respondents also reported participation in these programs, indicating that a substantial share of families rely on multiple forms of assistance to meet basic needs and access child care.

Figure 10. *Receipt of Public Assistance Reported by Survey Respondents and Focus Group Participants*

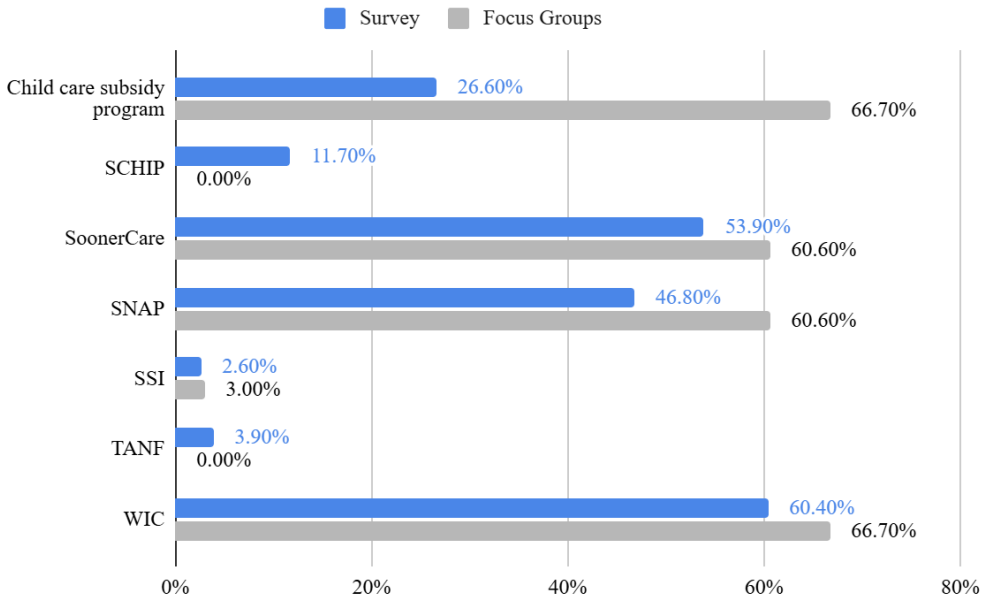


Figure Note. Families were asked what, if any, public assistance they received in the last year. SCHIP = State Children's Health Insurance Program; SNAP = Supplemental Nutrition Assistance Program; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families; WIC = Women, Infants, and Children program.

Understanding Families' Perspectives - Focus Group and Survey Results

To understand what matters most to families, we used a mixed-methods approach that combined qualitative insights from focus groups with quantitative data from the statewide survey. We first identified key themes from focus groups, then mapped survey questions to those themes to examine how widely these priorities were shared. This integration allowed us to pair rich, descriptive narratives with supporting data, providing a comprehensive view of families' experiences and preferences.

For example:

- Quality: Focus groups emphasized relationship-based care, meeting children's needs, and safety. Corresponding survey questions included:

- *Q16:* Importance of specific features in high-quality care.
- *Q17:* Sources of information about quality care.
- *Q19:* Perceptions of quality and cost in the community.

- Decision-Making: Families discussed how child care choices affect work and family advancement. Survey questions included:
  - *Q3:* Preferred care type if cost were not a factor.
  - *Q20–21:* Employment sacrifices due to child care issues.

This approach ensures that qualitative themes are grounded in broader patterns observed in survey data. Detailed information can be found in the following appendices:

- Focus group codebook - Appendix E
- Focus group results - Appendix F
- Descriptive survey statistics - Appendix G

Core Theme 1: What Families Mean by "Quality" in Child Care

Families consistently described quality child care as a safe, nurturing environment that supports children's growth and well-being. Three major themes emerged from focus groups:

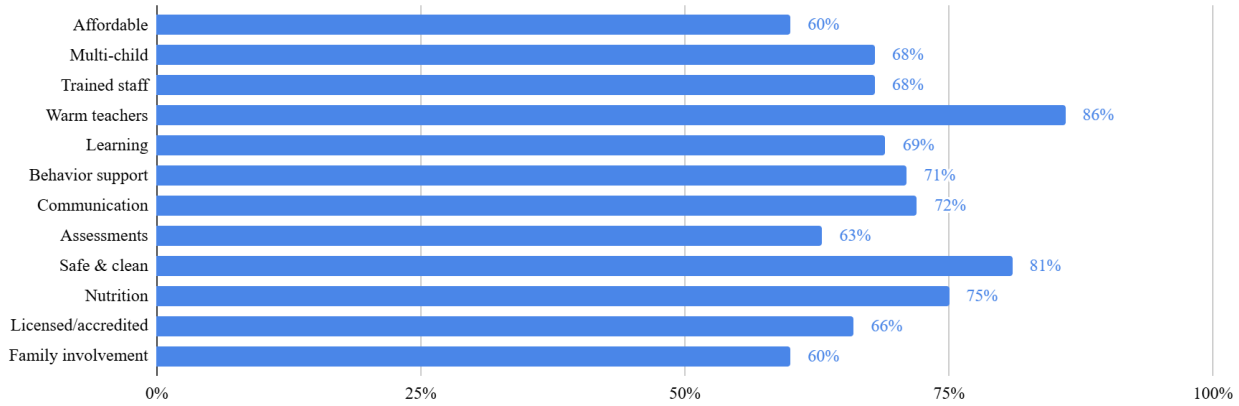
- Relationship-Based Care: Families emphasized trusting relationships and caregivers who treat children "as if they were their own," showing responsiveness and genuine care.
- Meeting Children's Needs: Quality means addressing basic needs (feeding, diapering), supporting learning and development, and fostering social-emotional well-being so children feel happy and secure.
- Safety and Health: Parents stressed the importance of physical safety and cleanliness, noting that attention to detail and a professional environment signal high-quality care.

"I tried to convey that I was entrusting the teachers with my child, because I want be sure that he was going to be well taken care of with them, because I chose a very good place so that he would be well cared for."

"Quality child care to me is somewhere where they not only take care of your child, but your child also is able to learn."

Survey results reinforce these priorities. Most families rated warm, sensitive teachers, safe and clean environments, learning activities, trained staff, and licensure/accreditation as "very important" (66–86%). Affordability and subsidies were also critical (60%), along with encouraging family involvement (60%; Figure 11).

Figure 11. *Features Families Rate as Very Important for High-Quality Infant-Toddler Care*



Key takeaway:

Families are intentional, thoughtful consumers of child care and strongly value environments that combine safety, learning, and trust.

Core Theme 2: Decision-Making for Family Advancement

Families described child care decision-making as a process shaped by trust, cultural fit, and logistics, alongside strategies for navigating limited options.

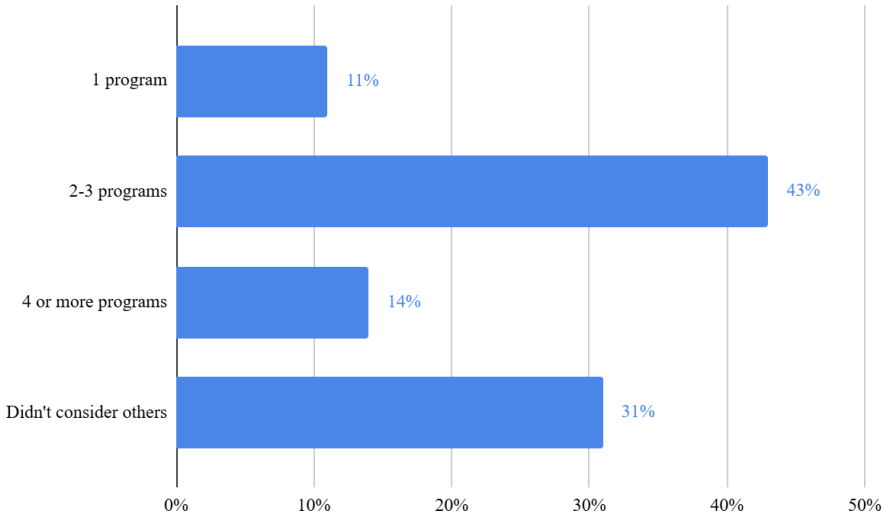
- **Information Sources**: Parents relied heavily on word-of-mouth recommendations from family, friends, and social media, with some using DHS resources for licensing information.
- **Practical Advice**: Families emphasized applying early, asking questions during tours, and ensuring providers align with family values and cultural priorities.
- **Impact on Family Stability**: Child care decisions directly influenced employment and education opportunities. Parents shared that access to care enabled them to maintain jobs, pursue degrees, and achieve financial stability.

"I do ask my friends or simply on Facebook there are many mothers. I get into mom groups and I go in groups in those types of groups where they advise or say which one is the best."

"I would not have been able to go to college and get a degree. I would not be able to work. I would not be able to do a lot of things in my life without having child care."

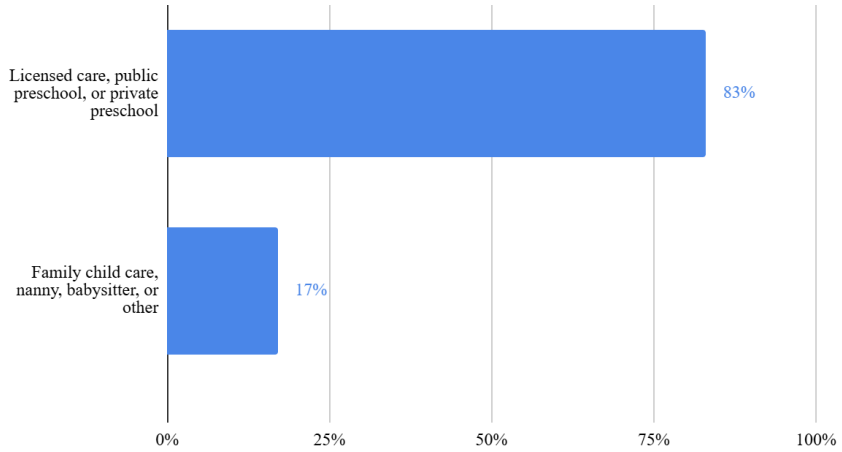
Survey findings reinforce these themes. Most families actively compared options—57% considered more than one program (Figure 12).

Figure 12. *Number of Programs Families Considered Before Choosing Their Current Provider*



When **cost was removed as a barrier**, families overwhelmingly preferred structured, formal settings: public or private preschool (52%) or licensed child care centers (31%), while only 8.5% chose home-based care (Figure 13). These patterns suggest that families know what they want—safe, reliable, educational environments—but availability and affordability often constrain their choices.

Figure 13. *Preferred Child Care Type if Cost Were Not a Factor*



Key takeaway:

Families make child care decisions based on trust, cultural fit, and logistics, but limited options and affordability often constrain choices and impact family advancement.

Core Theme 3: Building and Maintaining Trust with Caregivers

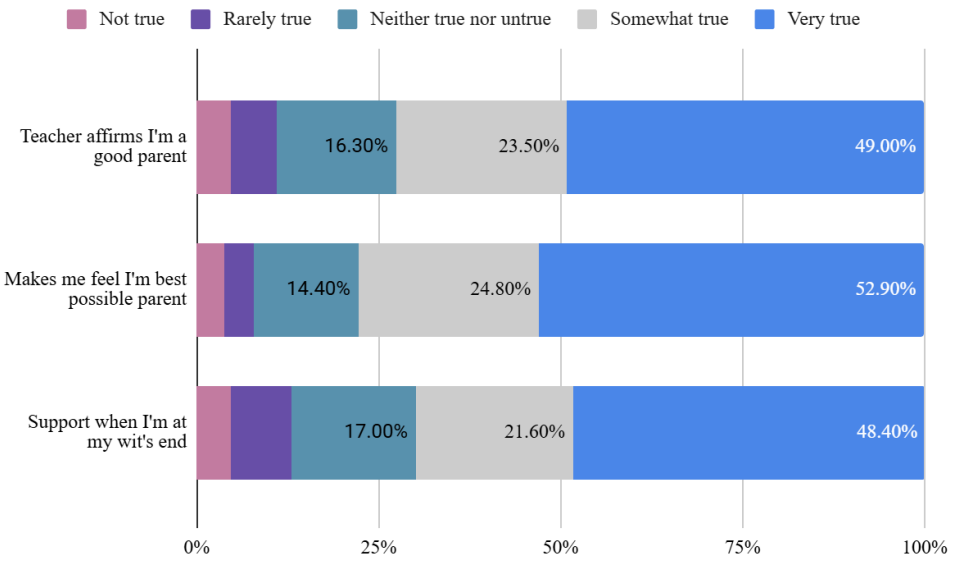
Trust emerged as a priority for families in both starting and continuing child care arrangements. Focus groups highlighted that trust is foundational, such that parents will not enroll or keep their child in care without it. Families described trust as built through consistent, clear communication, opportunities to see what happens in the classroom, and inclusive relationships where parents feel heard and respected. Strategies such as open-door policies, family activities, and regular updates were cited as ways programs foster trust.

"Having communication with them every week, every day… I think that communication is what's important to build a relationship with the teachers."

"I feel like just kind of building that relationship between not just your child and the teachers, but also you having that relationship with them as well, because they are going to be the ones taking care of your kids…"

Survey findings reinforce these themes (Figure 14). Most parents reported strong, positive relationships with teachers: with a majority agreeing that their child's teacher affirms them as a parent, makes them feel like the best possible parent and provides support when stressed.

Figure 14. *Families' Strong Agreement with Teacher Support*



Key takeaway:

Trust is not only essential for enrollment decisions but also central to ongoing partnerships between families and caregivers.

Core Theme 4: Barriers Families Face in Accessing Care

Families described significant obstacles to securing child care, with challenges centering on limited availability, complex system processes, high costs, and misalignment between program logistics and family needs. Focus groups revealed several key barriers:

- **Availability and Waitlists**: Parents consistently reported that finding an open slot was one of the most difficult aspects of accessing care. Many described being placed on lengthy waitlists—sometimes for months or even over a year—which often required applying to multiple programs.
- **Navigating ECE System Processes**: Families shared frustration with the complexity of child care systems, particularly around subsidy applications and eligibility requirements. The process was described as confusing and time-consuming, with errors and delays that left some families without care even after significant effort. In some cases, parents discovered they did not meet program eligibility criteria, forcing major adjustments such as leaving the workforce.
- **Affordability**: Cost was a major barrier for families who earned too much to qualify for subsidies but not enough to comfortably afford care. Parents expressed feeling "caught in the middle," highlighting the tension between wanting high-quality care and the financial strain it imposes.

- **Inconvenient Hours and Location**: Program schedules often did not align with parents' work hours, particularly for those with nontraditional or extended shifts. Additionally, available slots were sometimes located far from families' homes or workplaces, creating logistical challenges that led some parents to delay care or leave employment.
- **Inability to Meet Child's Needs**: Although less common, some families reported difficulty finding programs equipped to support children with developmental or behavioral needs, resulting in repeated rejections from providers.

"It was just stressful because, one, I feel like in order to get anything done, you have to sit on the phone line waiting… and, you know, if you don't call at 8 in the morning… you're gonna be waiting all day… "

"I applied at several different childcare facilities around in [redacted - city name], and there were waitlists. They said it could be up to a year before we can call you, but we can put them on the waitlist."

Survey findings reinforce these themes. One-third of families reported that it took four or more months to find care for their child (Figure 15), and three-quarters experienced job disruptions due to child care issues (Figure 16).

Figure 15. *Reported Time to Find Child Care for Infants or Toddlers*

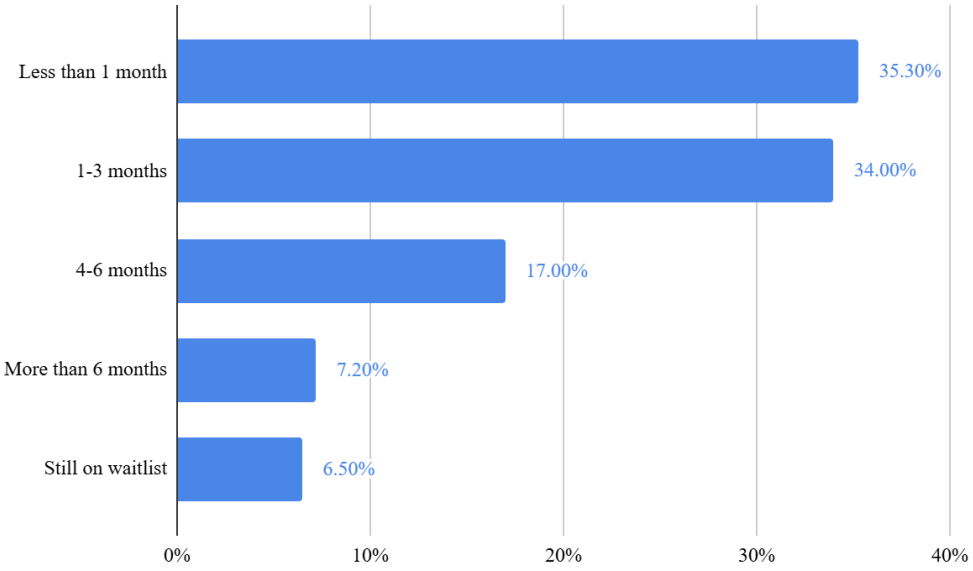
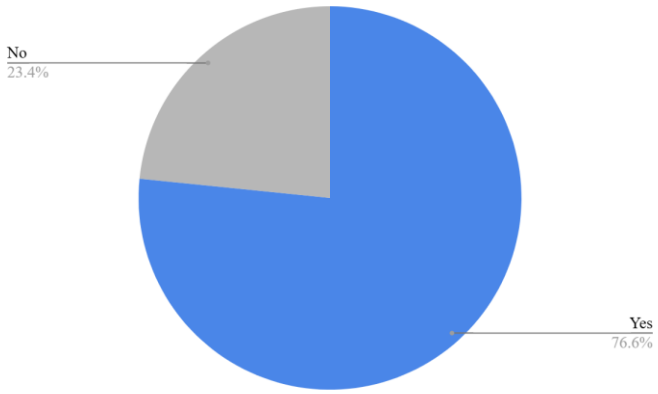


Figure 16. *Impact of Child Care Issues on Work*



Key takeaway:

Barriers to access are not only widespread but also have tangible consequences for family stability and employment.

Core Theme 5: What Helps Families Secure Care

Families described strategies and supports that made accessing child care easier, emphasizing the role of prior connections, financial assistance, and flexibility in logistics and work arrangements. Focus groups revealed two main facilitators:

- **Streamlined Access Through Connections**: A prior relationship with a program or agency often led to a seamless transition into care. Families noted that home visitation programs, family advocates, and employment within child care programs provided critical pathways to enrollment and subsidies. These connections reduced uncertainty and expedited the process.
- **Convenience and Flexibility**: Securing care was often a convergence of factors such as program location, hours of operation, and workplace flexibility. Families highlighted the importance of proximity to home or work, supportive employers, and flexible schedules in making child care arrangements sustainable.

"Once I found the home visitation program, then it was just kind of like a no-brainer. They're like if you want to take them to the center, we can phase you out of this program, put them in the next one…"

"The distance isn't bad for us, which is really helpful. We live, like, 5 minutes from there."

Survey findings reinforce these themes. Families reported that a centralized website with program listings and filters and recommendations from trusted professionals (e.g., pediatricians, teachers) would make it easier to find and enroll in quality child care.

Key takeaway:

Families value clear, accessible information and personalized guidance alongside structural supports.

Core Theme 6: Insights from Child Care Educators

A subset of focus group participants (n = 9) was employed as early childhood educators or had training in the field. Their responses offered a distinctive perspective—shifting from family experiences to classroom and program practices that support both children and parents. Educators highlighted strategies for engaging families through regular communication, cultural celebrations, and classroom activities that invite parent participation. They also described how these practices foster workforce development, noting that strong family involvement sometimes leads parents to pursue roles within early childhood programs.

"I think, so I'm kind of cheating, because I am a Head Start teacher. So I am privileged enough that my child goes with me."

Key takeaway:

Child care professionals understand the dual impact of quality infant-toddler care – providing care *and* creating pathways for family engagement and economic opportunity.

Insights from Early Childhood Leaders

Leader interviews provided a system-level perspective on how families access care, what supports are most effective, and where gaps persist. Major themes are highlighted below. More detailed information can be found in the Leader interview codebook (Appendix H), and the Leader interview results (Appendix I).

Theme	Definition	Exemplar Quote
Word of mouth	Families overwhelmingly rely on personal networks and social media groups to find care, rather than formal systems.	"... probably the biggest means of communication is just that very informal talk..."
You don't know what you don't know	Families often lack awareness of available resources like DHS locator tools, leading to confusion and frustration.	"I don't think that many people know that they can go to the DHS website."
Policy restrictions	Strict attendance and exclusion policies create tension between program rules and family realities.	"Expectation also of 90% attendance for an infant is ridiculous..."
Gold star vs real quality	Families rarely understand or trust QRIS ratings; they define quality through safety, cleanliness, and relationships.	"... these first-time parents, and even parents that maybe have 2 or 3 children… they're definitely not aware of the quality rating system."
Double-edged sword of safety	Regulations ensure safety but limit infant slots and increase provider costs, creating access barriers.	"A main strength is the strictness that DHS has put up on the infant classroom… the hardship that it puts on a center… why a lot of centers don't accept infants and toddlers, because it is such a strenuous and restricted age group to have."
Families want recommendations, not just a list	Families want personalized guidance and warm handoffs rather than static lists of providers.	"A real person on the phone… We don't have that luxury nowadays. It's always a computer or, you know, a virtual person."
It takes a village	Community and cultural networks play a critical role in helping families navigate care options.	"If we're not able to support them for whatever reason, that we'll send them over to [a different program], help them adjust to that, send information over..."

In sum, leaders emphasized that while Oklahoma's early childhood system offers important strengths—such as safety standards and subsidy programs—families often struggle with awareness, navigation, and rigid policies that create unintended barriers. Findings from the leader interview also helped inform the roadmap, which is discussed in more detail in the following section.

Key takeaway:

ECE system leaders stressed the need for clear, accessible information, personalized guidance, and community-based supports to ensure families can find and maintain care that truly meets their needs.

Conclusion and Implications

Families in this study shared candid, powerful insights about what quality child care means and the realities of securing access for their child/ren. They defined quality as safe environments, trusting relationships, and developmental supports—and they revealed the everyday challenges that make these priorities hard to achieve, including long waitlists, high costs, confusing processes, and schedules that don't align with work demands. Families know what they want for their children, but systemic barriers often stand in the way.

Parents employed as early childhood educators provided a dual perspective—as consumers and practitioners—offering granular insights into how classroom practices, family engagement, and program operations affect access and continuity. Leader interviews provided a systems-level lens, highlighting how policy rules, administrative processes, and the communication environment (word-of-mouth vs. formal tools) shape family experiences.

Across sources, several conclusions are clear:

> **Families know what they want—safe, reliable, educational environments—but are often constrained by availability, cost, and system complexity.**
>
> **Trust and transparency are essential at enrollment and over time; families rely on consistent communication and inclusive relationships to sustain care.**
>
> **Navigation supports (warm handoffs, live assistance) and clear information (centralized listings, filters, and plain-language guidance) can materially reduce search burden and help families act on their preferences.**
>
> **Policy design and implementation (e.g., attendance rules, eligibility sequencing, infant ratios) can create unintended barriers, particularly for families of infants and toddlers.**

Taken together, these findings point toward practical, near-term improvements and longer-term systemic reforms that center family experience while preserving safety and quality.

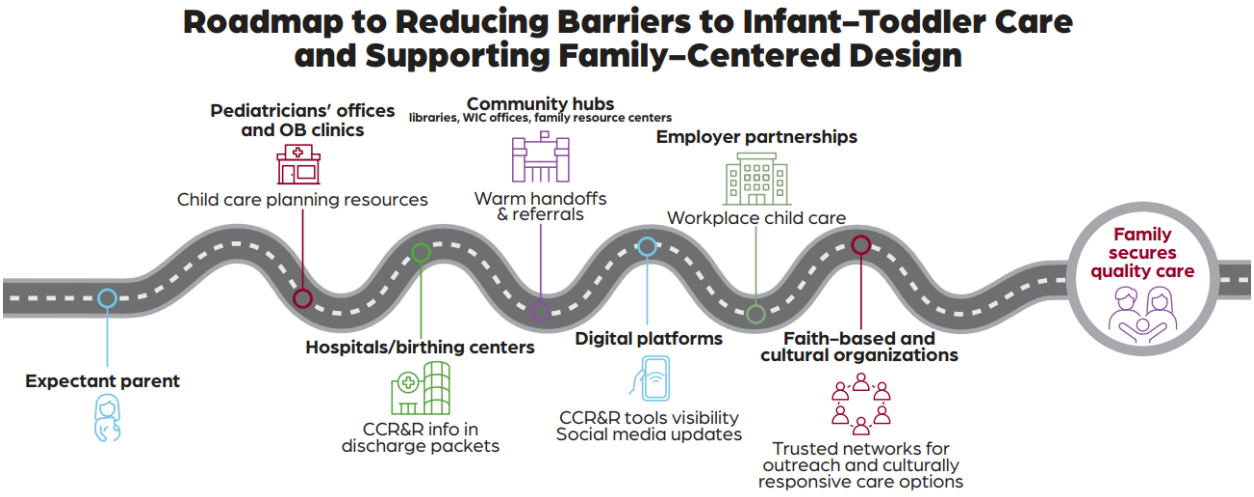
Introducing the Roadmap

To move from insight to action, we synthesized core themes from the focus groups and leader interviews into a Family-Centered Roadmap (Figure 17). The roadmap organizes implementation opportunities across touchpoints where families naturally seek care and information—pediatric and OB offices, hospitals/birthing centers, community hubs (e.g., libraries, WIC, family resource centers), employer partnerships, and trusted cultural and faith organizations—and pairs them with enabling strategies:

- **Visibility & Information**: CCR&R tools placed in discharge packets; clinic and community signage; social media updates; a centralized website with filters and enrollment guidance.

- **Warm Handoffs & Navigation**: Live assistance via CCR&R navigators, family advocates, caseworkers; clear referral pathways across agencies and programs.
- **Workplace Solutions**: Employer partnerships, flexible scheduling supports, and (where feasible) onsite or networked child care.
- **Culturally Responsive Outreach**: Engagement through trusted networks that can tailor supports for language access, disability inclusion, foster and kinship care, immigrant and resettlement communities, teen parents, and rural families.

Figure 17. *Family-Centered Roadmap to Reduce Barriers and Support Access*



The roadmap is intended as a ***practical implementation scaffold***: it helps agencies, programs, and partners align efforts to meet families where they are, simplify navigation, and expand access to quality care—particularly for infants and toddlers.

Implications for Policy, Program Design, and Practice

Make High-Quality Information Easy to Find and Act On

- Offer a centralized, plain-language portal: Consolidate program listings, licensing/quality information, and subsidy guidance with intuitive filters (age, hours, location, availability, subsidy acceptance).
- Integrate CCR&R tools into clinical and community touchpoints: Place QR codes and one-page guides in pediatric/OB clinics, hospitals, libraries, WIC offices, and family resource centers; include CCR&R information in hospital discharge packets.
- Leverage trusted messengers: Equip pediatricians, teachers, and community leaders with simple referral scripts and warm-handoff pathways to navigators.

Institutionalize Warm Handoffs and Navigation Supports

- Expand navigator/caseworker capacity (CCR&R, family advocates, community health workers): Offer live support by phone, chat, and in person; schedule "access appointments" to walk families through enrollment and subsidy applications.
- Create shared referral protocols across agencies and programs: Reduce families' burden by making transitions the default rather than the exception.

Align Program Logistics with Family Realities

- Pilot flexible hours and part-day/extended-day models in high-need geographies; explore multi-site drop-off coordination for families with long commutes or single vehicles.
- Encourage employer partnerships: Promote predictable scheduling, allow caregiving-friendly policies, and explore workplace or networked child care options.

Balance Safety with Access, Especially for Infants and Toddlers

- Evaluate infant ratio and staffing financing impacts: Consider rate structures or targeted grants that recognize the true cost of infant/toddler care so providers can sustainably offer slots without compromising safety.
- Review attendance and eligibility rules for unintended consequences: Where feasible, support enrollment-based reimbursement and grace windows for health-related absences; prevent catch-22 scenarios in which parents must secure care before qualifying for assistance.

Build Trust and Inclusion Through Everyday Practice

- Normalize two-way communication (daily updates, open-door policies, family activities, culturally affirming events).
- Invest in inclusive capacity: Professional development and supports for serving children with disabilities and diverse behavioral needs; clear pathways for individualized accommodations.

Limitations

This study has several limitations that should be considered when interpreting findings. First, early waves of the survey were affected by bot responses, requiring additional screening and authenticity checks; while these measures improved data integrity, some residual risk remains. Second, data collection occurred over a condensed timeline, which limited our ability to capture seasonal variation or longer-term dynamics in families' child care experiences. Finally, although the sample was diverse and included families from multiple regions, it may not fully represent all rural communities or families with highly specialized needs.

Looking Ahead

This study provides some insights for a clear path forward for improving families' access to infant-toddler child care: improve visibility and navigation, align program logistics with families' work realities, and attune policies to reduce unintended barriers - while preserving safety and quality. The ***Family-Centered Roadmap*** provides a practical scaffold to organize partners and investments. With sustained collaboration among families, educators, providers, agencies, and community organizations, Oklahoma can measurably reduce time-to-care, stabilize family employment, and expand access to the environments families value most: safe, nurturing, educational care.

It is essential to continue listening to families' diverse needs, including those raising children with disabilities, experiencing homelessness, or navigating language and cultural barriers. Their voices must remain central to shaping solutions that work for all families.

Finally, building a modern, integrated data system that connects services, including child care, is critical for reducing silos and supporting families more effectively. A unified system can streamline referrals, track real-time availability, and connect subsidy and quality information—making it easier for families to find care and for agencies to coordinate services.

Together, these steps position Oklahoma to lead in strengthening an infant-toddler child care system that prioritizes families and is responsive to real-world conditions.

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Appendices

Appendix A – Study Methodology

Survey Methods

The family survey was distributed through early childhood program partners and community organizations across Oklahoma in September 2025. Partners shared the survey link using multiple channels, including email to enrolled families, printed flyers posted at program sites, and social media posts to increase visibility. Families received a $30 gift card incentive for completing the survey. After the initial wave of responses, additional outreach targeted rural Head Start programs to increase representation among families in less densely populated areas.

Data collection occurred in two waves. Wave 1 was publicly accessible online, which introduced vulnerability to automated submissions (i.e., bots). During this wave, we observed a spike in responses consistent with bot activity, prompting the implementation of enhanced security measures. A response was considered valid only if it passed all security checks and met eligibility requirements, including CAPTCHA and reCAPTCHA verification (score greater than 0.5), absence of honeypot triggers, inclusion of IP address and location metadata, and provision of a valid Oklahoma ZIP code. Responses also had to meet eligibility criteria related to child age, consent, and survey completion. Duplicate submissions and preview link responses were excluded. Security measures included honeypot questions, CAPTCHA and reCAPTCHA, metadata capture, duplicate detection, ballot-box stuffing prevention, IP/location tracking, and physical address verification during the bot spike.

Wave 2 operated under a different validity protocol because surveys were distributed directly through participating physical locations via flyers rather than being publicly accessible online. This controlled distribution mitigated the vulnerabilities observed in Wave 1. As a result, only essential eligibility criteria were applied. Responses were considered valid if participants confirmed child status, met the age requirement, provided consent, completed the survey, and supplied a valid Oklahoma ZIP code. Because Wave 2 had a low volume of responses and exhibited patterns consistent with normal human behavior, these checks were sufficient to ensure validity. Across both waves, we collected 154 valid responses: 130 from Wave 1 and 24 from Wave 2.

Focus Group Methods

Families were recruited for focus groups through multiple strategies. Survey respondents were invited to opt in for further participation, and program partners assisted by asking family service advocates to reach out to interested families. Flyers were also posted in rural Head Start centers to encourage participation. The program director scheduled sessions and followed up with families who could not attend their allotted time. Focus groups were conducted online via Zoom or in person at community sites, depending on participant preference and location.

In total, 14 focus groups were held between mid-September and early November 2025, including 12 English-speaking groups (n = 26 families) and two Spanish-speaking groups (n = 7 families), with 33 families participating overall. Group sizes ranged from one to five families, and sessions lasted between 25 and 60 minutes. Families received a $30 gift card for their time.

Facilitators were trained on the focus group protocol (see Appendix B), including strategies for encouraging participation and managing group dynamics. Each session typically included a facilitator and a note taker, although in some cases the facilitator assumed note-taking responsibilities. Sessions began with introductions, an explanation of the study purpose, and discussion guidelines. Participants provided verbal assent for audio recording. Discussions covered six core themes related to child care access and decision-making. Sessions concluded with an opportunity for questions and instructions for receiving incentives.

Spanish-speaking focus groups followed the same protocol, with adaptations for language and cultural sensitivity. Facilitators were trained to redirect participants gently and adjust language for families' linguistic comfort level. Transcripts were translated into English using translation software and then manually reviewed and corrected to ensure accuracy and preserve cultural meaning. Idioms and figures of speech were rephrased to maintain intent.

After transcription, all transcripts were cleaned by checking against audio recordings for accuracy and removing identifying information to protect privacy. Cleaned transcripts were then prepared for qualitative analysis.

Leader Interview Methods

Leader interviews were conducted by two members of the research team between mid-September and early November 2025. The purpose of these interviews was to gather insights from early childhood system and program leaders about barriers and opportunities for improving family access to quality infant and toddler care. Leaders were identified based on their roles in state agencies, Head Start programs, child care organizations, and community-based early childhood initiatives. In total, 27 individuals were contacted via email invitation, which outlined the study purpose, interview format, and participation details. Of those contacted, nine leaders participated, one declined, two expressed interest but were unable to schedule, and the remainder did not respond.

The recruitment email emphasized the importance of leader perspectives in shaping actionable solutions and provided details about the study timeline and topics to be covered. Interview questions focused on system-level challenges, policy considerations, and strategies for aligning care offerings with family needs. Interviews were conducted one-on-one via Zoom and lasted 35 to 65 minutes. Participants were fully informed of the study purpose and procedures through an informed consent process and were informed that interviews would be audio recorded for accuracy and that their responses would be kept confidential. When permitted by organizational policy, participants received a $30 gift card as a token of appreciation for their time.

Appendix B - Data Collection Tools/Needs Assessment Protocols

Electronic Family Survey

Accessing Quality Survey

Are you 18 or older?

- Yes
- No

I consent to taking part in this research study.

- Yes
- No

Supporting Families' Access to Quality Care for Infants and Toddlers: Survey

Q1. Are you the parent or legal guardian of an infant or toddler (a child from birth to 3 years old)?

- Yes
- No

Current Child Care Arrangements

For each of the following questions, please select your answer with regard to current care for your child.

Q2. What types of child care have you used previously or are currently using for your infant or toddler? (Select all that apply)

- Licensed child care/daycare center
- Family child care/daycare home
- Public preschool (for example, Early Head Start)
- Private preschool (for example, Mother's Day Out)
- Care by a family member or friend/neighbor
- Nanny or babysitter
- None
- None, but I am looking for care

- Other (please specify)

Q3. If all child care services were free of charge, what would you choose for your infant or toddler?

- Licensed child care/daycare center
- Family child care/daycare home
- Public preschool (e.g., state pre-K, Head Start)
- Private preschool
- Care by a family member or friend/neighbor
- Nanny or babysitter
- Other (please specify)

Q4. What hours of child care would best meet your family's needs? (Select all that apply)

- Weekday mornings (before 8 AM)
- Weekday daytime (8 AM – 5 PM)
- Weekday evenings (after 5 PM)
- Overnight care
- Weekend care
- Flexible or rotating schedule

Satisfaction with Current Child Care

For each, please respond about your current child care provider.

Q5. How satisfied are you with the care your infant or toddler receives from your current provider?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very Satisfied

Q6. I recommend my current child care provider to other families.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Q7. In the past 12 months, how often have you talked with your child care provider about each of the following:

	Never	Once or twice a year	Almost every month	Almost every week	More than once per week
Your child's development	○	○	○	○	○
Your child's behavior	○	○	○	○	○
Parenting issues	○	○	○	○	○
How to improve educational opportunities for your child	○	○	○	○	○

Q8. My child’s teacher tells me I am doing a good job or otherwise lets me know I am being a good parent.

- Not true
- Rarely true
- Neither true nor untrue
- Somewhat true
- Very true

Q9. My child’s teacher makes me feel like I’m the best possible parent for my child.

- Not true

- Rarely true
- Neither true nor untrue
- Somewhat true
- Very true

Q10. When I'm at my wits end as a parent, my child's teacher gives me the support I need.

- Not true
- Rarely true
- Neither true nor untrue
- Somewhat true
- Very true

Accessing Care

Please answer the following questions about the ease or difficulty of finding child care for your infant or toddler.

Q11. How many programs did you consider before choosing your current/most recent provider?

- 1
- 2-3
- 4 or more
- I didn't consider others

Q12. How did you look for child care providers for your child? (Select all that apply)

- Web searches
- Newspaper/flyers
- Government website
- Social service agency
- School district
- Friends and neighbors
- Other (please specify)

Q13. How long did it take to find care for your infant or toddler?

- Less than 1 month
- 1-3 months
- 4-6 months
- More than 6 months
- I'm still on a waitlist

Q14. Which of the following made it challenging for your family to find care for your infant or toddler? (Select all that apply)

- Too expensive
- Limited availability or long waitlists
- Lack of transportation
- Hours of operation don't work for my schedule
- Concerns about quality
- Limited options in my area
- Language or cultural barriers
- Lack of information about programs
- No programs accepting children with disabilities or special needs
- Other (please specify)

Q15. I had to settle for a child care option that was not my first choice.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Importance of Child Care Features

For each of the following questions, please answer about what you find important in care, where you get that information, what information would be helpful, and your satisfaction.

Q16. When you think about choosing child care for your infant or toddler, how important are the following features in ensuring high-quality care?

	Not at all important	Somewhat important	Important	Very Important
Affordable cost/accepts subsidies	○	○	○	○
Flexible hours	○	○	○	○
Convenient location and transportation	○	○	○	○
Ability to care for all my children	○	○	○	○
Well-educated and trained staff	○	○	○	○
Warm, sensitive, and kind teachers	○	○	○	○
Low number of children per teacher	○	○	○	○
Staff who respect my family's culture and language	○	○	○	○
Learning activities that support child development	○	○	○	○
Support for behavior and social-emotional needs	○	○	○	○
Regular communication about my child's progress	○	○	○	○
Child assessments and reports	○	○	○	○
Safe, clean, and healthy environment	○	○	○	○
Nutritious food and physical activity	○	○	○	○
Can accommodate special needs	○	○	○	○

Licensed and/or accredited	○	○	○	○
Encourages family involvement	○	○	○	○
Recommended by friends or family	○	○	○	○
Connects families to community resources	○	○	○	○

Q17. Where do you get information about what high-quality infant and toddler care looks like? (Select all that apply)

- Word of mouth (friends, family, neighbors)
- Online research
- State or local rating systems
- Pediatrician, teacher, or other trusted professional
- Social media or parenting group
- Flyers, brochures, or community events
- I don’t know
- Other (please specify)

Q18. What would make it easier for you to get information about and sign up for quality child care? (Select all that apply)

- A centralized website with program listings and filters
- Social media advertisements or posts
- Flyers or brochures in community locations
- Recommendations from trusted professionals (for example, pediatricians, teachers)
- Text or email alerts about openings and waitlists
- Help from a local agency or navigator
- Other (please specify)

Q19. In general, how do you feel about the quality and cost of child care available to families with children in your community? Do you feel..

- Very satisfied
- Somewhat satisfied
- Not satisfied at all

Family and Work Impacts

Please answer each about impacts of child care on your family and work.

Q20. Over the past six months, because of child care issues, have you ever: (Select all that apply)

- Missed a full day of work
- Been late for work
- Left work earlier than normal
- Been distracted at work
- Been terminated from work
- I have not worked in the past 6 months

Q21. Have you ever had to turn down a job, reduce work hours, or make another sacrifice because of child care issues?

- Yes
- No

Demographics

Please tell us a little bit about yourself. This helps us understand how different families find and use child care.

Q22. What is your role in the family?

- Mother
- Father
- Grandparent
- Foster parent
- Legal guardian

- Other (please specify)

Q23. What is your race/ethnicity? (Select all that apply)

- Black or African American
- Hispanic or Latino
- White
- Asian
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Other (please specify)

Q24. What is the highest level of education you have completed?

- Less than high school
- High school diploma or GED
- Some college
- Two year degree or associate's degree
- Bachelor's degree
- Graduate or professional degree

Q25. Are you currently employed?

- Yes
- No

Q25a. Please indicate your employment status (if employed):

- Full-time employed
- Part-time employed
- Student

Q25b. Please indicate your current status (if not employed):

- Unemployed
- Stay-at-home parent
- Student
- Other

Q26. In the last calendar year did your household receive any payments from the following public assistance programs? (Select all that apply)

- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- State Children's Health Insurance Program (SCHIP)
- Women, Infants, and Children program (WIC)
- SoonerCare
- Child Care Subsidy Program

Q27. Which of the following categories do you think best describes your total household income after taxes from all sources last month. This information helps us better describe the affordability of different types of child care for infants and toddlers.

- Less than $1,200
- $1,200 to $1,999
- $2,000 to $2,999
- $3,000 to $4,199
- $4,200 to $5,499
- $5,500 or more
- I don't know

Q28. What is your zip code? This helps us understand the community and resources available in your area.

Zip Code _____

Q29. Is there anything you'd like to share about your experience with finding quality infant and toddler care for your child?

_____

Next Steps and Compensation

Q30. Would you like to participate in an interview with other families to share more details about your experiences? You will receive an additional $30 for this participation.

- Yes
- No

Q30a. What is the best way to contact you to participate in family interviews?

Email _____
Phone Number _____

Q31. Thank you so much for your participation in this survey. We would like to send you a $30 gift card and will need your email address and/or phone number to share the gift card. As a reminder, this information is kept separate from your survey responses.

Complete Name _____
Email _____
Phone Number _____

Family Focus Group Protocol

Good morning/afternoon and thank you for joining us today. Our names are [facilitator's names], and we are members of the research team at the University of Oklahoma's Early Childhood Education Institute.

We're here to learn from your experiences finding care for your young children — especially infants and toddlers. We want to know what has been challenging, what has worked well, and what matters most to you when choosing care.

A few guidelines for our conversation today:

- Our conversation today is private; we will not share your name with your responses.
- We ask that everyone speak from their own experience and keep others' stories private outside of this group.
- You are the experts. We are here to learn from you. There are no right or wrong answers. Your thoughts and experiences are what matter most.
- Let's make sure everyone gets the chance to speak. Please wait until someone finishes before jumping in. Please join me in making room for each and every person to be heard.
- FOR VIRTUAL ONLY: Please join from a quiet place with few distractions. Keep your microphone muted when you're not speaking. Please make sure your first name is visible on the screen so we know who's here.

As a thank you for your time, we are offering a $30 gift card. Our discussion will last about an hour.

Before we begin:

- Do you have any questions?
- With your permission, we will record our discussion to make sure we remember everything — but the recording will only be used by our research team. Do I have your permission to record our discussion today?
- [Once verbal assent is received, start the recording]

Warm-Up

Please introduce yourself and tell us a little about your family. Who is in your household, and what's something that always makes your child smile?

I'll ask some questions about your child care experiences, mostly before your child turned 4 — when they were babies and toddlers. If your children are older now, that's fine — you can share what you remember about when they were younger.

What do "quality" and "access" mean to you?

We're interested in knowing how you define and find quality child care for your infant or toddler.

- What does *quality* child care mean to you?
    - *Prompt:* Does it mean being licensed, having high ratings, how caregivers treat your child, feeling safe and welcome, or something else?
- What does it mean for a family to "access" child care?
    - *Prompt:* What makes it easy or hard to find, afford, or use care? Does location or transportation play a role?

How do you make child care decisions?

Let's talk about your most recent experience finding care for your infant or toddler.

- What was most important to you when deciding on care for your infant or toddler?
    - *Prompt:* Families often think about location, hours, cost, or trust. What mattered most to you?
- Have you ever chosen care that wasn't your first choice? Why?
    - *Prompt:* Was it because of longer hours, convenience, or flexibility for your family?

How has child care affected your life?

We want to understand how child care fits into your work, school, or daily routines.

- Has child care ever influenced your job, career, or education? If so, how?
    - *Prompt:* Have you stayed in a job or turned one down because of child care? Do you worry about losing care if your schedule changes?
- What challenges have you faced in finding care?
    - *Prompt:* Was it hard to find a spot? Did waitlists, hours, or distance make it harder to work or plan your day?

How do you build trust with caregivers?

We're interested in how you develop relationships with the person who cares for your infant or toddler.

- How important was trust when choosing child care and what helped you develop trust?

    - *Prompt:* Did you trust the caregiver or the person who recommended them? What helped you feel secure, comfortable, and cared for in a child care setting?

- How should programs or caregivers build relationships with families?
    - *Prompt:* Think about first impressions, communication, or feeling respected and heard.

How do different families have different needs?

We know families have different needs and wishes for their infant or toddler's care.

- How do your family's culture, language, or values shape what quality care means to you?
- Do your decisions change depending on your child's age — like baby vs. toddler or preschooler?
- Does your child or family have needs that make child care more important harder to find?
    - *Prompt:* For example, a child with a disability or learning more than one language, or a family with limited transportation or a nontraditional work schedule.

Looking back and thinking ahead…

We want to learn from your experience:

- When you first started looking for child care, where did you turn for help?
    - *Prompt:* Did you ask friends or family? Use social media? Talk to schools or agencies?
- How did you find out about help with costs, like subsidies?
- What advice would you give to other families just starting to look for care?

Closing

Thank you for sharing your experiences and insights today. Your voices are important to helping us understand how families find and use child care and what supports are most needed.

As we wrap up, is there anything we didn't ask about that you think is important for us to know?

Thank you for participating today. We'll stop the recording now.

Leader Interview Protocol

Introduction

Good morning/afternoon. Thank you for meeting with me today. My name is [interviewer's name], and I'm a researcher with the University of Oklahoma's Early Childhood Education Institute. I appreciate your time and willingness to share your perspective on the infant-toddler early care and education system in Oklahoma.

The goal of this conversation is to learn from your experiences and expertise. We want to understand both the strengths of the system and the challenges families face—what's working, what's not, and what you see as most important for supporting young children and their families.

Your responses will remain confidential. Nothing you share will be linked to your name in reports or publications. The interview will take about an hour. As a thank you, we are offering a $30 gift card.

Before we begin:

- Do you have any questions?
- Is it okay if I record our discussion? (The recording will only be used by the research team, then deleted after it is transcribed and de-identified.)

[Once verbal assent is given, begin recording]

Interview Questions

1. To start, could you share your role and experience with the early care and education system in Oklahoma?

System Strengths and Supports

2. From your perspective, what are the main strengths of Oklahoma's child care system for infants and toddlers?
3. What policies, programs, or funding currently help families access child care?
    a. Which methods have been most effective for reaching families with information about child care options?
4. How do these supports help specific communities or groups?
    a. For example, how are families with unique needs (such as teen parents or rural families) being supported?

Areas for Growth (Barriers/Challenges)

5. What are the biggest barriers families face in accessing infant and toddler care?
6. What do you see as the root causes of these barriers?
    a. *Prompt if needed*: These could be systemic, economic, or social issues.

7. How have recent events—such as the COVID-19 pandemic or workforce shortages—affected these barriers?

Navigating the ECE System

8. Can you describe the typical process a family goes through to find child care for an infant or toddler?
    a. How many agencies or "stops" are usually involved in getting care, subsidies, nutritional support, or other services?
    b. What role do informal networks (friends, teachers, neighbors) play in these decisions?
    c. What factors most influence families' choices of care?
9. Do you think most families find this process manageable? Why or why not?
10. What does it mean for *all families* to have access to quality infant-toddler care, regardless of income, race, location, language, or ability?
11. What steps is Oklahoma currently taking—or could take—to make sure all families have access to quality infant and toddler care?

Designing an Ideal System

12. How do you think families define "quality" in infant-toddler care?
    a. What features or practices do families value most?
    b. Do families use or understand the state's quality rating systems when choosing care?
13. If you could wave a magic wand in which every family had access to quality infant-toddler care, what would it look like?

Systems Integration and Silos

14. Child care systems are often described as fragmented or working in "silos." Where do you see gaps or lack of coordination in Oklahoma's system?
15. What efforts have been made—or could be made—to better connect and integrate services across the system?

Closing

Thank you so much for your time and insights today.

Appendix C – Detailed Description of the Analytic Plan

Family Survey Analytic Plan

Survey data were cleaned to remove invalid responses, including bot-generated entries identified through honeypot fields, CAPTCHA/reCAPTCHA scores, IP and location checks, and duplicate detection. Wave 1 responses underwent enhanced screening due to bot activity, while Wave 2 responses were validated through eligibility checks and ZIP code verification. After cleaning, 154 valid responses remained.

Survey data were analyzed using descriptive statistics (i.e., mean, standard deviation, range, frequencies) to summarize family demographics, child care experiences, and priorities. We compared responses from various subgroups (e.g., educational background, income level, region) to identify differences in access, affordability, and perceptions of quality. Analyses focused on identifying patterns that could inform system-level recommendations.

Family Focus Group and Leader Interview Analytic Plan

Qualitative analysis followed a systematic, multi-step process. Transcripts were read multiple times to identify emerging themes, common patterns, and key points (Charmaz, 2008). Fieldnotes drafted during and after sessions informed early interpretations. The first reading provided a broad understanding of the data, while subsequent readings supported iterative coding and refinement until thematic saturation was reached (Corbin & Strauss, 2015). Analytic memos were drafted throughout to document insights and enhance credibility.

We employed both inductive and deductive coding approaches, drawing on existing research while remaining open to new ideas that challenged or extended current perspectives (Burchinal, 2018; Weber, 2021). Broad codes were developed to capture prominent patterns, then refined into sub-codes using data reduction techniques (Namey et al., 2007). Frequent peer debriefings were conducted to examine potential researcher bias and strengthen trustworthiness. A codebook was developed and applied using Dedoose software. Coding was completed by one researcher and reviewed by a second; discrepancies were resolved through consensus (Hill et al., 2005).

Finally, the primary coder examined overlaps between coded excerpts to identify patterns and themes across responses. These themes were mapped to the study's research questions:

1. What system-level barriers limit families' access to high-quality early care and education, and how do families experience these barriers?
2. How do families navigate child care options within their local early childhood systems, and what tradeoffs do they make related to cost, stability, scheduling, and developmental appropriateness to secure care?

3. How can early childhood systems better align policies, program offerings, and supports with family-identified definitions of quality and access to improve outcomes for children and families?

This rigorous approach ensured credibility through triangulation of survey and qualitative findings, peer debriefing, and consensus coding.

Appendix D – Detailed Demographic Characteristics of Survey and Focus Group Participants

	Survey Respondents		Focus Group Participants	
	N	**%**	**N**	**%**
Language of survey	154		33	
English		87.70%		78.80%
Spanish		12.30%		21.20%
Role in the family	154		33	
Mother		77.30%		97.00%
Father		14.30%		3.00%
Legal guardian		3.20%		--
Grandparent		1.90%		--
Foster parent		1.90%		--
Other		1.30%		--
Race/ethnicity	154		33	
Asian		1.90%		3.00%
Black or African American		17.50%		27.30%
Black or African American, Native American		--		3.00%
Hispanic or Latino		20.80%		33.30%
Hispanic or Latino, White		1.90%		6.10%
Middle Eastern or North African		0.60%		--
Native American or Alaska Native		7.10%		3.00%
Native American or Alaska Native, White		3.20%		--
White		44.20%		24.20%
White, Asian		0.60%		--

White, Black or African American		1.90%		--
Highest level of education	154		33	
Less than high school		6.49%		9.10%
High school diploma or GED		34.42%		27.30%
Some college		17.53%		18.20%
Two year degree or associate's degree		9.09%		6.10%
Bachelor's degree		27.27%		27.30%
Graduate or professional degree		5.19%		12.10%
Employment status	154		33	
Full-time employed		55.84%		51.51%
Part-time employed		19.48%		12.12%
Stay-at-home parent		14.28%		21.21%
Student		3.25%		--
Unemployed		6.49%		15.15%
Not employed - other		0.65%		--
Monthly Household Income After Taxes	152		33	
$5,500 or more		7.24%		3.00%
$4,200 to $5,499		12.50%		9.10%
$3,000 to $4,199		15.79%		6.10%
$2,000 to $2,999		26.32%		36.40%
$1,200 to $1,999		19.74%		21.20%
Less than $1,200		11.84%		18.20%
I don't know		6.58%		6.10%
County	154		33	

Bryan	0.60%	--
Caddo	1.30%	--
Canadian	0.60%	--
Cleveland	7.10%	--
Comanche	1.30%	--
Creek	5.80%	3.00%
Delaware	0.60%	--
Garfield	0.60%	--
Grady	1.30%	--
Kay	4.50%	6.10%
Lincoln	0.60%	--
Mayes	1.30%	--
McClain	0.60%	--
McCurtain	1.90%	--
McIntosh	0.60%	--
Muskogee	0.60%	--
Okfuskee	0.60%	--
Oklahoma	28.60%	30.30%
Okmulgee	--	3.00%
Osage	1.30%	--
Payne	5.20%	--
Pottawatomie	2.60%	3.00%
Rogers	0.60%	--
Sequoyah	1.30%	--
Tulsa	28.60%	54.50%
Wagoner	0.60%	--

Washington		0.60%		--
Receipt of public assistance	154		33	
Supplemental Security Income (SSI)		2.60%		3.00%
Temporary Assistance for Needy Families (TANF)		3.90%		--
Supplemental Nutrition Assistance Program (SNAP)		46.80%		60.60%
State Children's Health Insurance Program (SCHIP)		11.70%		--
Women, Infants, and Children program (WIC)		60.40%		66.70%
SoonerCare		53.90%		60.60%
Child Care Subsidy Program		26.60%		66.70%

Appendix E – Focus Group Codebook

Primary code	Subcode	Definition	Exemplar quote
Quality is "a good experience for your child"		Program elements identified as important indicators of a high-quality child care program.	
	Child's needs are met	Child care program meets parents' expectations around basic needs (personal care and feeding routine), development and learning needs (milestone achievement, learning) and emotional needs for their child.	"Something that is really going to stretch him and kind of, like just foster that love of learning and curiosity." "Quality child care to me is somewhere where they not only take care of your child, but your child also is able to learn."
	Relationship-based care	Teacher-child and teacher-parent relationships grounded in patience, empathy, flexibility, organization, education, and passion for teaching.	"Quality care means to me as far as, you know, in a daycare setting, you know, not only treating the child with care, but treating the child as if they were yours, paying attention, being responsive."
	Health and safety	A clean and safe environment.	"Even the little things, like, are the outlets covered? The attention to detail on those things makes me feel like it's higher quality." "When I think of child care, I think of are you keeping my child safe and alive?"
	Licensure/ratios	License to operate a child care program based on state regulations that outline minimum program standards. Optimal number of children per full time teacher.	"For me, obviously having… being licensed." "Children-to-teacher ratios matters a lot, because that one-on-one time with the kids matters more than people realize."

	Informal reviews matter	Using child care program reviews posted on platforms, such as Google and social media, to assess program quality.	"I measured quality, or was in the reviews, and unfortunately, there are a lot of places where it had, you know, more than 5 or 6 bad reviews, and as a parent, that, you know, that's concerning."
	Formal rating system & incident reports	Reviewing program rating determined by the Stars Program (QRIS) and state agency published incident reports to assess program quality.	"Like, no history of having incidents with children being mistreated or harmed."
Decision-making for family advancement		Key considerations and priority criteria that go into child care decision-making.	
	Family economic stability and personal growth	Parents need to obtain or maintain employment, education achievement, and/or support household functioning.	"I know that I would not have been able to go to college and get a degree. I would not be able to work. I would not be able to do a lot of things in my life without having child care. I probably would not be able to be a homeowner without child care, just because I would not have that income. So, I think it's super integral and vital for any parent to be able to have an easy access to that." "Child care definitely has a huge effect on us. We wouldn't be able to work without it. We don't have family in town who have schedules to be able to watch our child. And so, there's no one like that that we could rely on if child care wasn't available. I did make a job change whenever we switched to this daycare to be more in line with their hours, and so I'm still working full-time, but it allows for a little bit more flexibility."
	Reviews as a process for filtering	General or specific mentions about how reviews (parent	"The ratings and stuff, I would look into those and make sure those were okay."

		initiated, word of mouth, eWoms, Google, social media, Quality Improvement System (QRIS) rating, licensing reports) inform child care decision-making.	"I would still say word of mouth had a heavier weight than social media. Social media may have given me ideas to look into, but I would have gone with what people said to lead to my decisions more." "I actually started looking with the DHS Child Care Finder website… I like it because you can see their licensing notes and be like, nope, nope, we're not going to that one. But yeah, DHS doesn't update it nearly as often as they probably could."
	Logistics	The influence of transportation, distance/location, hours of operation, and/or work schedule alignment.	"Location is key, because if I don't get off until 5 o'clock, and let's say the daycare closes at 6, I need to be able to get there with traffic, let's just say in 20 minutes…What are the times that [Redacted - name of center] will pick up, won't pick up? Is there a full day preschool? Can I drop you off at 7 and pick you up at 5? Will these preschools allow others to pick up my child?"
	Child health and safety	Ensuring children are safe and their basic health and safety needs are met, clean environment.	"For me at this facility… at this child care where I have my child right now, just the fact that they need to buzz you into the door. That was, that made me feel really safe, and my child really safe." "Cleanliness matters too. As in disinfecting toys, because my babies did have hand, foot, and mouth, and I don't wish that on any child."
	Child development, learning, and basic needs	Meeting child's developmental and learning needs in conjunction with basic needs.	"It's not only the child care, but they're also able to learn as well, when, like, become more independent. They learn how to pour their own drinks, they serve

			themselves, so that's a blessing in itself as well, not just the child care part."
	Available slots	Open enrollment slots (e.g., infant openings, openings to accommodate more than one child, reasonable distance as defined by parent).	"I had a hard time trying to find a place that could keep all of my kids together…You definitely have to look for where's going to be great, and where you can find spots at around here."
	Affordability	Cost of care is manageable based on household income.	"I would say…being… my grandmother has a licensed in-home daycare, and so it was kind of more of a convenience. Of course, daycare is not cheap, so being free and also being around family, it was a convenient choice, but I don't know if it would necessarily have been my first choice, but it worked at the time." "Affordability is such a big thing, and that's another great thing about Head Start/Early Head Start, it's free for anybody."
	Parental knowledge	Level of understanding of child care systems based on current and past experiences (e.g., no knowledge, prior child care enrollment, working in the field, connection to home visiting).	"I actually have my master's in Early Childhood Education and I'm certified to teach up to 3rd grade…and I've been a pre-K teacher at that in this program [Head Start] for 14 years." "I had absolutely no idea how to even look for child care."
	Cultural priorities/family values	Programs inclusivity and respect of family beliefs, traditions, cultural heritage, values (e.g., faith alignment, kindness, respect) that guide child care decision-making.	"We're Native American, and unfortunately, we don't see a lot of that culture in very many of the facilities…I just think unfortunately, the Native community gets overlooked. So, I would love to see that incorporated more, personally."

			"We go to a Christian church, and so knowing that those same things are being taught in the child care setting is encouraging."
	Programs/classroom features	Ratios, program/classroom protocols, classroom layout and environment, teacher certification.	"I think the environment is really important, because I would say 3 or 2 or 3 of the daycares we toured, every room, they just look very dark and kind of small, which I don't like. So, in the end, we chose one that's a little bit bigger, and every room is bright."
	Advice for peers	Important information that peers should consider when deciding on a child care arrangement.	"If you're going on tour and a parent walks out of the daycare, ask them. Ask them any questions. Because a closed mouth does not get fed, so you're not gonna know until you ask."
Challenges to access		Factors that inhibit families from accessing child care that meets their needs.	
	Availability	Lack of open child care slots, a program's inability to provide care based on child age, number of children in household requiring care.	"Yeah, it's really hard to find because I have twins, so it's really hard to find, like, two available spots that are open for their age range."
	Waitlist	Placed on waiting for a program slot because no immediate appropriate slot available.	"I applied at several different child care facilities around in [redacted participant's city name], and there were waitlists. They said it could be up to a year before we can call you, but we can put them on the waitlist."
	Affordability	Cost of care does not align with the family's budget.	"Accessing child care is a privilege and it shouldn't be. You want quality people, and you have to pay them a quality rate, so I get that, but at the same time, for the everyday working American who's just right over the line, doesn't necessarily qualify for subsidies or free

			programs like Head Start and things like that, it's very difficult to find quality care that is affordable."
	Inconvenient hours and location	Child care program hours of operation or location do not meet parent's employment, education, or daily life needs.	"I work 10-hour shifts. And daycares are usually, like, 7 to 4, but I still have 2 more hours of work. So I'm like… I gotta find someone to pick my babies up or I have to leave work early." "I did look for places, but I was… the locations were like too far, or… my partner and I share a car, so it was more difficult, so I just ended up being a stay-at-home mom for the first 3 years. So, I just waited it out until I was able to finally got accepted into Head Start."
	Inability to meet child's needs	Child care program is not able to meet a child's basic or developmental needs (e.g., disability, developmental delay, language).	"He never sits down. He also never goes to sleep, so… Yeah, not many people want that in their classrooms, because they have a schedule that they have to go off of, and they can't, if one kid doesn't want to lay down it causes a ruckus in the room. And we've… We've definitely been turned away quite a few times because of it."
	Navigating ECE system processes	Navigating ECE systems (e.g., subsidy, Head Start, wrap around services).	"I will say subsidy is a very meticulous and a very… I don't know how to explain it. Like, I just felt like it was like, okay, I applied. I'd get a phone call, I'd get something back, and then my case… my contract number was wrong, I had to keep calling. It was just, like, such a process, but once we finally got it figured out, and they were getting paid for the swipes that was probably the most annoying thing with accessing care, is, like, making sure… and I know that has really nothing to do with the school. But just going through the subsidy process was so confusing and overwhelming."

Facilitators to access		Factors that support families accessing child care that meet their needs.	
	Convenience and flexibility	Convenient location, flexible work hours, ability to work from home, accommodating child care program hours of operation.	"I think, so I'm kind of cheating, because I am a Head Start teacher. So I am privileged enough that my child goes with me."
	"Streamlined" access	Connection to programs/agencies that help bridge connections to child care and child care subsidy (e.g., home visiting, family advocate, DHS, older child enrollment, knowing the caregiver).	"Once I found the home visitation program, then it was just kind of like a no-brainer. They're like, okay, like, we're gonna… if you want to take them to the center, we can phase you out of this program, put them in the next one. So it was just kind of like, boom, boom, bam."
Child care educator perspective on engaging and supporting parents and children			
	Engaging and supporting parents and children	Encouraging and fostering family and parent activity/event participation, engaging them in conversation, and supporting children's development.	"We try to involve the families to engage with their kids, either doing drop-off or pickup and at least once a month to do, like, hands-on crafts or anything that we create that month."
	Child care educator experience	Count of participants who work or have worked in the child care field or received early care and education training/education.	
Building and maintaining trust with caregivers		Aspects of trust that allow families to believe their child will be safe and cared for by a	

		provider as if the child were their own.	
	Trust is “top priority”	Perspectives on the importance of trust when enrolling/leaving a child in child care.	“If it wasn't that I had the confidence to say yes, I can leave him here at this school. If I can’t leave him in the care of this person, I don't leave him.”
	Open communication	Importance of communication and collaboration between parent-teacher and parent-program (e.g., transparency, listening, comprehension) for building and maintaining trust, newsletters.	“They [child’s teacher] do really well with communicating with what's going on with our child's needs, what they're doing in class, things that they see concerns with, and if we have those same concerns at home...So, that's something that really helped me build that trust with them.”
	Program “accessibility”	Opportunities for parental involvement in program/classroom activities, volunteering, open door policy (e.g., drop in visits).	“Some of the rooms, it's like a two-way mirror, so you can kind of see in. But they can't see you, and you… they say that you can go in there anytime and just kind of see what's going on with your child, and how they're reacting, and how their day is going.”
	Building “connections”	Developing bi-directional supportive one-on-one relationships between teacher-child, teacher-parent, program-parent and group relationships between teachers-children, children-children.	“[The teachers are] I feel like just kind of building that relationship between not just your child and the teachers, but also you having that relationship with them as well, because they are going to be the ones taking care of your kids during the day and stuff, and so I think it's important for us to have that relationship with them as well.”

Appendix F – Detailed Focus Group Results

Our findings revealed six major themes and 31 sub-themes centered on important aspects of child care quantity identified by parents, their child care decision-making process to support family advancement, the significance of trust in building connections between caregivers and families, and their challenges and successes in finding child care that meets their family's needs.

Quality is "A Good Experience for Your Child"

We first sought to understand what families mean by 'quality' in child care meant to families. For families, quality child care means holistic support for each child's well-being and growth in a nurturing setting with a capable individual who brokers family partnership and values child safety and health. These attributes of quality were applied to various settings including, Head Start, center-based, family child care homes, and family, friend and neighbor care. We highlight the top three 'quality means' themes below.

Relationship-based care

The significance of relationships was a central theme in describing child care quality. Families stressed the importance of the caregiver treating their child(ren) as their own, "Quality care means to me as far as, you know, in a daycare setting, you know, not only treating the child with care, but treating the child as if they were yours, paying attention, being responsive" and "Someone who… you know, the hope always as a parent is someone who loves your child as much as you do, in a perfect world." This sentiment also applied to family child care homes and family and friend and neighbor care.

Child's needs are met

Quality also means meeting the needs of children whether those needs are basic needs (e.g., clean diapers, breastmilk feedings, potty training support), learning and development, or social and emotional. Families feel addressing children's basic needs is foundational to quality. Basic needs were describe as ensuring children are fed, changed, and provided "attention and care," "fed and changed. I would say, like, trying to make sure that they…are, like, attended to." Meeting learning and development needs means fostering "curiosity," "love of learning," "helping" children master skills and meet milestones to "ensure [children are] ready for actual school." "Quality child care to me is somewhere where they not only take care of your child, but your child also is able to learn." Quality also means children's social and emotion needs are met, "Most importantly, I want them to be happy where they're at, because you know, an unhappy child will definitely be… you know, an unhappy child in any other facility will be an unhappy child at home."

Safety and health

Children health and safety were described as a central component of quality and necessary to entrusting the care of their children to a caregiver. Safety referred to knowing and trusting their child would be safe from harm, “When I think of [quality] childcare, I think of are you keeping my child safe and alive?” and ensuring “little things” are in place, “Even the little things, like, are the outlets covered? The attention to detail on those things makes me feel like it’s higher quality.” The primary terms used to describe health were “clean” or “dirty” environment and often involved the five senses, “If… things don't look professional the first go around, I'm not going to want to send my child there. So, first impressions is definitely everything…if it's dirty, if it's clean.”

Decision-Making for Family Advancement

We explored what processes and consideration parents used to select child care to see if aspects of quality align with their final choices. Families decision-making involved word-of mouth guidance from family, friends, fellow church members, co-workers, and social media groups and program ratings. Families also shared tips for peers navigating child care choices. Decision-making processes involved several factors. The primary considerations included, ensuring the care arrangements supports their culture and family values, their children’s development and learning, and logistics such as hours of operation, distance from home or work, and work schedule alignment.

Reviews as a process for filtering

Informal reviews through word-of-mouth through personal connections and electronic-word-of-mouth (eWOMs) through social media groups and Google reviews was most often mentioned as a key step in their child care decision-making process. Families almost exclusively rely on word-of-mouth when making their final decision, “Mine was by word of mouth. My aunt works at our local high school, and I went to her, and I was like, hey, I need daycare, who do I go to?” and “I would still say word of mouth had a heavier weight than social media. Social media may have given me ideas to look into, but I would have gone with what people said to lead to my decisions more.” However, a few families mentioned the use of DHS website, “I actually started looking with the DHS Child Care Finder website… I like it because you can see their licensing notes and be like, nope, nope, we're not going to that one.”

Advice for peers

Families had words of wisdom for their peers who were beginning the child care search process. Advice included topics such as asking questions, “If you're going on tour, and a parent walks out of the daycare, ask them. Ask them any questions. Because a closed mouth does not get fed, so you're not gonna know until you ask.” One participant, after getting on the waitlist early, “I always say apply as early as you can. You know, don't wait until baby's here, because sometimes

then you only have 6 weeks depending on how much leave you have, and many waitlists are longer than 6 weeks" and ensuring it is the right fit, "Finding someone who is trustworthy and welcomes your kids with open arms. As I keep saying, finding a group of individuals who doesn't treat anyone differently, as well. You want to make sure that they treat them and you with love and respect."

Family economic stability and personal growth

Child care decision-making impacts family economic stability:

> "Child care definitely has a huge effect on us. We wouldn't be able to work without it. We don't have family in town who have schedules to be able to watch our child. And so, there's no one like that that we could rely on if childcare wasn't available. I did make a job change whenever we switched to this daycare to be more in line with their hours, and so I'm still working full-time, but it allows for a little bit more flexibility."

Families also make decisions about child to support their personal growth, "I know that I would not have been able to go to college and get a degree. I would not be able to work. I would not be able to do a lot of things in my life without having childcare. I probably would not be able to be a homeowner without childcare, just because I would not have that income. So, I think it's super integral and vital for any parent to be able to have an easy access to that."

Cultural priorities and family values

Families are seeking child care providers who respect their culture, "We're Native American, and unfortunately, we don't see a lot of that culture in very many of the facilities…I just think unfortunately, the Native community gets overlooked. So, I would love to see that incorporated more, personally," and family values, "We go to a Christian church, and so knowing that those same things are being taught in the childcare setting is encouraging."

"Building" and Maintaining Trust with Caregivers

Throughout the focus group discussions trust emerged as core component in building and maintaining relationships with caregivers. Trusting relationships were both essential to beginning care and critical in continuing care and "building" lasting partnerships. Establishing and maintaining strong connections required consistence, clear, and responsive communication between caregivers and parents, and opportunities to "see" what was occurring within the program or classroom.

Trust is "top priority"

Families expressed that without an initial level of trust it is not possible to enroll their children in child care, "I think it [trust] does influence because we are back to the same thing. If we don't have someone to leave them with a trusted person, we just can't work" and it is not possible to continue care:

> "Trust is one of my number one things. If I can't trust you to keep my child safe, then I will speak to someone, and I will try to work it out and figure out what's going on. But if that's not possible, then I would definitely ask to remove my child from the classroom in another classroom, or we'll find different childcare options."

Open communication

Parents identified communication as a critical aspect of trust. For families that meant receiving spoken and written information about their child in the form a updates and progress reports and newsletters and information about program activities and changes.

> "They [child's teacher] do really well with communicating with what's going on with our child's needs, what they're doing in class, things that they see concerns with, and if we have those same concerns at home...So, that's something that really helped me build that trust with them."

Equally valued in the communication exchange is being heard and being included in decisions about their child's care. "After being with her for a year and it just… the childcare that we went to, it just did not work out. The lady was not listening to us on what we would prefer."

Program accessibility

Knowing what was occurring within the classroom and programs also emerged an important factor in trusting relationships. Families identified specific ways in which they measured opportunities to build trust such as volunteering within the classroom or program or participating in program or classroom activities, "They should try to do at least maybe, once a month or every few months, family activity. Where they invite the parent or grandparents, whoever's involved in the kid's life, into the classroom and maybe show them what they've been learning, or just do a little activity of some sort with them."

Families also appreciated an "open door" policy that allows them to check in on their children, "Some of the rooms, it's like a two-way mirror, so you can kind of see in. But they can't see you, and you… they say that you can go in there anytime and just kind of see what's going on with your child, and how they're reacting, and how their day is going."

Building connections

Families recognized that developing bi-directional supportive individual and group connections between caregivers, families, and children teacher-child were a necessary component of trust:

> "[The teachers are] I feel like just kind of building that relationship between not just your child and the teachers, but also you having that relationship with them as well, because they are going to be the ones taking care of your kids during the day and stuff, and so I think it's important for us to have that relationship with them as well."

These connections were described as supportive relationships for themselves and their children that fostered a sense of friendship and unity between themselves and the caregiver, "They would also help me if I would stay late for work, they would have a[n] extra worker there with my babies, which really helped, and that also helped me, build a relationship with the worker that was there with my kids."

Barriers Families Face in Accessing Care

The primary challenges to accessing child care described by parents included slot availability and waitlists, inconvenient hours and location, navigating ECE system processes, affordability and to smaller extent the inability to meet child's needs.

Availability and waitlist

Families resoundingly spoke about unavailable child care slots that result in long waitlists, "I actually was on the waitlist. I remember I enrolled when I was around 8 months pregnant and then I didn't get called until my second one was born." The lack of available slots coupled with the length of waitlists required parents to contact multiple programs, "I applied at several different childcare facilities around in [city name], and there were waitlists. They said it could be up to a year before we can call you, but we can put them on the waitlist."

Navigating ECE system processes

System processes were difficult to navigate for families:

> "I will say subsidy is a very meticulous and a very… I don't know how to explain it. Like, I just felt like it was like, okay, I applied. I'd get a phone call, I'd get something back, and then my case… my contract number was wrong, I had to keep calling. It was just, like, such a process, but once we finally got it figured out, and they were getting paid for the swipes that was probably the most annoying thing with accessing care, is, like, making sure… and I know that has really nothing to do with the school. But just going through the subsidy process was so confusing and overwhelming."

Even when families were able to successfully navigate child care systems some were disappointed to find our they did not meet program eligibility requirements, “I worked at [place of work] did not, they didn't have, like, an employee program for staff kids or anything like that, so if you didn't qualify for the [child care] program just through the regular qualifications, you couldn't get in, so we couldn't bring my son there. So, my husband ended up quitting his job and staying home for a while, because we didn't have child care.”

Affordability

Families discussed struggling with the high cost of child care and being caught in middle, not making enough money to afford child care but making too much to qualify for subsidies:

> “Accessing childcare is a privilege and it shouldn't be. You want quality people, and you have to pay them a quality rate, so I get that, but at the same time, for the everyday working American who's just right over the line, doesn't necessarily qualify for subsidies or free programs like Head Start and things like that, it's very difficult to find quality care that is affordable.”

Inconvenient hours and location

Program hours of operation do not always meet family’s work schedules, “I work 10-hour shifts. And daycares are usually, like, 7 to 4, but I still have 2 more hours of work. So I'm like… I gotta find someone to pick my babies up or I have to leave work early.”

Program locations with slot available were not always in convenient locations from families employment or home, “I did look for places, but I was… the locations were like too far, or… my partner and I share a car, so it was more difficult, so I just ended up being a stay-at-home mom for the first 3 years. So, I just waited it out until I was able to finally got accepted into Head Start.”

Inability to meet child’s needs

A few families mentioned the difficulty in locating child care for child with developmental needs:

> “He never sits down. He also never goes to sleep, so… Yeah, not many people want that in their classrooms, because they have a schedule that they have to go off of, and they can't, if one kid doesn't want to lay down it causes a ruckus in the room. And we've… We've definitely been turned away quite a few times because of it.”

What Helps Families Secure Care

"Streamlined" access

A prior connection to a program or agency facilitated access for families often resulting in a seamless transition:

> "Once I found the home visitation program, then it was just kind of like a no-brainer. They're like, okay, like, we're gonna… if you want to take them to the center, we can phase you out of this program, put them in the next one. So, it was just kind of like, boom, boom, bam."

Leveraging prior connections also facilitated access to subsidies which in turn provided access to care, "My family advocate told me about the [agency] subsidy, and I knew nothing. And so, that giving me that resource, giving me that information helped me come up with a plan on how to pay for it."

Additionally, working within a child care program streamlined access to subsidies providing families of child care workers more stability, "What helped me was I guess a program that they had for subsidy for child care workers, and I did it through that program, which helped a lot. And ever since, I just for that one year, I did that, and it helped a lot. It saved me a lot of money, and I was able to keep the same schedule."

Convenience and flexibility

Securing a child care arrangement was often describe as a convergence of multiple factors such as program location, hours of operation, the ability to work from home or have flexible work hours, "For me, it has been finding the right place, and what was… the other one was the distance also for like, for it to be what… in my case, would be like to my way to work. Since I live in the outskirts of the city. I would like it to be, like, leave home, stop by, drop off, and then back on the highway to get to work." Securing care was also described as being in the right place right time, "I think, so I'm kind of cheating, because I am a Head Start teacher. So, I am privileged enough that my child goes with me" and working in supportive environment with an understanding boss, "My job is also pretty flexible, thankfully, and…My boss has young kids as well, so she's pretty… about, like, communicating my hours needs to change."

Insights from Child Care Educators

Nine participants were working in the field or had early child care training. Throughout their focus groups sessions, they often responded to questions through the lens of their personal experience as an early childhood educator shedding light on classroom and program processes that support families and children.

Engaging and supporting parents and children

Child care educators who participated in the focus groups were eager to share their experiences and practices within their classrooms. A central topic discussed was fostering family engagement through activity and event participation and supporting children's development:

> "We definitely have a lot of parent involvement, like once a month we have all the parents get together, have meetings about how the kids are doing, what they need for them, what they're wanting us to do for with our kids, they send home progress reports every week with all of the artwork they've made, and all the artwork they would like us to help them with, all kinds of fun activities in home and at the daycare for us to do."

Program and classroom activities discussed also revolved around families' culture, "We celebrate Native culture. I want my parents to come in, and they're dressed. I want them to come in and share their food with us and share their music. Come read a book! Come join us while we watch the fire truck come in, and we can walk around. I am so big on parent involvement. Come be with us in the classroom if you have time."

The same participant-educator also described how incorporating parents into program activates can result in workforce development, "There's so many parents who come in, and they're so involved in their child's education with Head Start that they turn into teachers, they turn into multi-purpose aides. They turn into someone who needs a job and that's where the family aspect comes in."

Appendix G – Detailed Survey Results

	N	%	M	SD	Response Scale
Quality in Child Care					
Features of high-quality infant-toddler care	153				
Affordable cost/accepts subsidies	152		3.52	0.66	
Flexible hours	152		3.35	0.76	
Convenient location and transportation	153		3.33	0.79	
Ability to care for all children	153		3.59	0.64	
Well-education and trained staff	153		3.63	0.57	
Warm, sensitive, and kind teachers	153		3.83	0.44	
Low ratios	153		3.17	0.82	
Staff who respect family culture and language	153		3.41	0.71	1 = not at all important, 2 = somewhat important, 3 = important, 4 = very important
Learning activities that support child development	153		3.67	0.51	
Support for behavioral and social-emotional needs	153		3.68	0.52	
Regular communication about child's progress	152		3.72	0.47	
Child assessments and reports	152		3.54	0.66	
Safe, clean, and healthy environment	153		3.77	0.51	
Nutritious food and physical activity	153		3.71	0.55	
Can accommodate special needs	153		3.25	0.92	
Licensed and/or accredited	153		3.59	0.62	
Encourages family involvement	153		3.44	0.75	
Recommended by friends or family	153		3.24	0.87	

Connects families to community resources	152		3.36	0.85	
Satisfaction with quality and cost of child care available to families in community	153		1.87	0.69	1 = very satisfied, 2 = somewhat satisfied 3 = not at all satisfied
Decision-making for family advancement					
Preferred Care Type (If free)	152				
Licensed child care/daycare center		30.9%			
Family child care/daycare home		7.9%			
Public preschool (e.g., state pre-k, Head Start)		28.9%			
Private preschool		23.0%			
Care by a family member or friend/neighbor		5.3%			
Nanny or babysitter		3.3%			
Other		0.7%			
Satisfaction with care received by current provider	153		4.07	1.1	1 = very dissatisfied, 2 = dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = satisfied, 5 = very satisfied
Recommend current provider to other families	153		4.27	0.94	1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree
Frequency of talking with child care provider about:	153				1 = never, 2 = once or twice a year, 3 = almost every month,
Child's development	153		3.56	1.16	
Child's behavior	152		3.68	1.23	
Parenting issues	151		2.49	1.31	

Improving educational opportunities for child	151		3.05	1.28	4 = almost every week, 5 = more than once per week
Had to turn down a job, reduce work hours, or make another sacrifice because of child care issues	154				
Yes		76.6%			
No		23.40%			
Building and Maintaining Trust with Caregivers					
Teacher affirms I'm a good parent	153		4.06	1.15	1 = not true, 2 = rarely true, 3 = neither true nor untrue, 4 = somewhat true, 5 = very true
Teacher makes me feel I'm best possible parent	153		4.19	1.07	
Teacher supports when I'm at my wit's end	153		4.01	1.19	
Barriers Families Face in Accessing Care					
Number of programs consider before choosing your current/most recent provider	153				
1 program		11.1%			
2-3 programs		43.1%			
4 or more programs		14.4%			
Didn't consider others		31.4%			
Length of time to find care for infant or toddler	153				
Less than 1 month		35.3%			
1-3 months		34.0%			
4-6 months		17.0%			
More than 6 months		7.2%			
Still on waitlist		6.5%			

Settled for child care that was not first choice	152	2.62	1.34	1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

Appendix H – Leader Interview Codebook

Primary code	Subcode	Definition	Exemplar quote
Word of mouth wins		Families overwhelmingly rely on personal networks and social media groups to find care, rather than formal systems.	"Word of mouth… probably the biggest means of communication is just that very informal talk."
	Social media moms' groups	Families use local Facebook and online groups to get recommendations for child care.	"We're living in a new age… and that's social media… they'll [search for care] especially in the local moms' groups… mothers are asking, you know, where is a good program?"
	Friends and family referrals	Trusted personal referrals are prioritized over official ratings (e.g., QRIS) or directories.	"The place most people hear about… services is from friends and family. I mean, it's definitely word of mouth... It's more from friends and family."
	Trust over official ratings	Families value lived experiences and word-of-mouth over QRIS or compliance files.	"You can go on the DHS child care locator, and they can put in the information … but… nine times out of 10, it's word of mouth."
You don't know what you don't know		Families often lack awareness of available resources like DHS locator tools, leading to confusion and frustration.	"I don't think that many people know that they can go to the DHS website." "A normal family that know[s] nothing about the different agencies that we have… will start asking their friends and neighbors." "I will say that it's a government website, and it is a little difficult to navigate. It often is not very user-friendly."
	Limited awareness of agencies/systems (e.g., CCR&R)	Families are unaware of agency/system tools or how to use them.	"Unfortunately, a lot of these [resources/tools] are not very well advertised, so a lot of families do not know that they exist, and I think it will be really beneficial for, for the state to have one place where

			parents know, you know, they can ask questions, or they can get the information they need."
	Complex DHS processes	Application and subsidy processes are perceived as overwhelming and bureaucratic.	"You would go to DHS. You probably start out with a phone call. Maybe you go to the office, but I definitely know that phone call wait times are very long and appointments are not easy. And you might have a child in tow while you're doing that. And then you have to, you're assigned a caseworker… And so you have a person that's helping you and so assuming they are consistent then maybe that process goes decently smoothly. Perhaps you put in your application you find out you qualify, then you need to contact a child care facility."
	First-time parent overwhelm	New parents struggle to navigate child care systems without prior experience.	"For parents that are doing this for the first time, they don't know where to start… they don't know who to talk to or who to ask. So, it could be a very intimidating and really emotional."
Policy restrictions		Strict attendance and exclusion policies create tension between program rules and family realities.	
	Policy rigidity	Programs enforce strict attendance rules or program requirements that conflict with family needs.	"To get child care assistance you have to be working or in school or in some type of training, so if I need to go back to work, but I have to be doing one of those three things first, it's hard for me to get care so I can go back to work."
	Impact on family autonomy	Families feel penalized for absences due to illness or emergencies.	"Expectation also of 90% attendance for an infant is ridiculous. How can we work this so [parents are] not feeling monitored by the attendance police."

Gold star vs real quality		Families rarely understand or trust QRIS ratings; they define quality through safety, cleanliness, and relationships.	"I don't think they can, because of the confusion with the 5 Star. They could not differentiate one from another, and then now there is no trust in it." "They just don't… they just don't know these things. I think it's the more experienced parents that are aware of it. But, like, these first-time parents, and even parents that maybe have 2 or 3 children… they're definitely not aware of the quality rating system."
	Confusion over Star ratings	Families do not understand QRIS or its relevance to quality.	"They [parents] don't understand it that well. Some providers [don't] even understand it that well." "I don't know if that's really something that parents can say five Star equals this, one Star equals that. I don't think there's enough information out there for families to be able to make informed decisions based off of what the state is saying is quality."
	Five senses test	Families judge quality based on cleanliness, smell, and visual cues.	"They're looking for a facility that is clean… they notice is the equipment… and that it does not smell like a daycare… the five senses are a really big part of what they're taking in whenever they're looking for quality."
	Warm and welcoming environment	Families prioritize relational warmth and respect over formal credentials.	"It's the warmth. It's the people." "If they have the education, but if they don't have that caring personality. It, the personality is gonna win."
Double-edged sword of safety		Regulations ensure safety but limit infant slots and increase provider costs, creating access barriers.	"I would say it's a double-edged sword; a main strength is the strictness that DHS has put up on the infant classroom… the hardship that it puts on a center is why a lot of centers don't accept infants

			and toddlers, because it is such a strenuous and restricted age group to have."
	Ratio restrictions	Strict infant-to-teacher ratios reduce available slots and increase costs.	"I see a gap in funding because that's your lowest ratio and the number of teachers needed for that… not a financially good decision to have a center full of infants and young age toddlers."
	Cost implications	Safety-driven regulations raise operational costs, impacting affordability.	"Infant-toddler care is expensive… It's a lot of work… infant or toddler constantly needs you for every need that they have during the during their time that they're in your care… diaper change… feed… entertain them… make sure they are safe… It's the most expensive. It's the most demanding."
Families want recommendations, not just a list		Families want personalized guidance and warm handoffs rather than static lists of providers. *(trust & relationship priority)*	"A real person on the phone… We don't have that luxury nowadays. It's always a computer or, you know, a virtual person."
	Need for connectors	Families want navigators or caseworkers to guide them through options.	"[Locating care is] not manageable. It's just stinkin' hard, and unless you get connected with somebody who's going to help you."
	Role of personal guidance (e.g., CCR&R, FAs)	Caseworkers are critical for bridging families to appropriate care.	"They're able to help them, even if they're not, even if they don't know all the answers, they're able to help get them where they need to go. So, definitely prioritizing a special need."
It takes a village		Community and cultural networks play a critical role in helping families navigate care options.	
	Language-specific referrals	Families seek providers who share language and cultural practices.	"We know that other agencies who you know work with families where there may be a language need."

	Communities with unique needs	Families rely on cultural networks for child care referrals.	“The unique situations of other families, you know, a foster child, or a homeless family… immigrant families”

Appendix I – Detailed Leader Interview Results

We conducted leader interviews to gain their perspective strengths of the system, and the challenges families face within the early childhood system. Our findings revealed seven major themes and 17 sub-themes centered on families' reliance on word of mouth over formal systems, what parents are looking for when seeking a quality program, what best supports families' ability to identify care that meets their needs, what more should parents know, and how policy affects families access to system services.

Word of mouth wins

Leaders overwhelmingly identified word of mouth and social media groups as the primary source families rely on to find out about child care programs above formal systems such as the Child Care Resource & Referral (CCR&R) agency.

Social media moms' groups

From the viewpoint of leaders, families often turn to social media seeking reviews and to decide which programs they should trust, "We're living in a new age… and that's social media… they'll [search for care] especially in the local moms' groups… mothers are asking, you know, where is a good program?" Leaders also feel families are not getting referrals "from the child care locator" but believe families are "just kind of Googling."

Friends and family referrals

Leaders do not feel families "utilize the compliance files on the DHS website" or systems "designed to help them figure out about subsidy". Rather, above formal systems and social media parents turn to personal "very informal talk" networks such as "friends," "family," "neighbors," "kids playing ball together," "meeting the other parents out in the community" to find out "about what are their experiences." From the leaders' perspective, the informal networks are viewed as, "Working in two ways. It's telling people where not to go and where they should go."

Trust over official ratings

The level of trust families have in their information source was identified by leaders as an important factor in accessing child care. Families are more likely to listen to what "someone that they trust says" over the "DHS child care locator."

You don't know what you don't know

Knowledge, a key component in accessing any service, was describe by leaders as missing. Leaders described families lack awareness about available resources like the DHS locator tool. This knowledge gap appears to create confusion about accessing care often leaving families frustrated.

Limited awareness of agencies/systems

Families limited awareness of ECE agencies and systems was a common thread discussed by leaders, “I don't think that many people know that they can go to the DHS website.” This lack of knowledge was linked to a void in information dissemination– resources and tools not being “very well advertised” and not “promoted enough or promoted in the right places.” A solution mentioned by multiple leaders was to “have one place where parents” can “ask questions” and “get the information they need.”

Complex DHS processes

Knowledge about tools and systems was not the only gap. Equally mentioned were how existing tools are difficult for families to navigate and use making application and subsidy processes overwhelming. Government website designed to facilitate access were describe as “not super intuitive,” “difficult to navigate” and “not very user-friendly.” The typical process was described as, “a struggle to get services sometimes,” long “phone call wait times” and “appointments are not easy.” Even for families already in the system, the process is difficult, “subsidy benefits are cut off for whatever length of time until they get their ducks in a row.”

Although systems and tools were described as challenging, some leaders offered hope noting recent systems changes that indicate the state is “headed in the right direction.” An example of moving in the right direction was that the “child care locator has definitely improved.”

First-time parent overwhelm

Leaders describe parenting in general as “overwhelming” and felt that adding the search for child care compounds this feeling as families struggle to navigate unknown systems. Trying to access care as a first-time parent was described as “very intimidating and really emotional” especially “without prior knowledge or experience” because “they don't know where to start” or “who to ask.”

Policy restrictions

Policies are designed to support access to quality child care in conjunction with keeping the needs of the state or program in mind. Sometimes the balance between the two are not aligned and tension between program rules and family realities occur. Once such example emerged when leaders described the unintended consequence of policies that contain attendance restrictions.

Policy rigidity

Rigid policies and delays in federal policy compliance affect programs operation and in turn families. One such policy discussed was the impact of delaying “subsidy reimbursement based on enrollment” rather than on attendance. The delay affects program budgets currently “paid on

attendance" for subsidy receiving families. The outcome of this policy delay was described as restricting programs' ability to accept more subsidy eligible families. Leaders also detailed how families are also impacted by rigid policies, "To get child care assistance you have to be working or in school or in some type of training… but I have to be doing one of those three things first, it's hard for me to get care so I can go back to work."

Impact on family autonomy

Strict attendance policies often lead to families feeling as if they are being penalized for absences due to "rashes" and "fevers" that come from teething, or family emergencies that suddenly arise. Leaders feel these exclusions leave families feeling that they are being "monitored by the attendance police," undermines their autonomy, "telling me what" and "how to raise my child," and requires families to visit their child's "doctor when it's unnecessary" causing them "to miss work." These exclusions were attributed more to families with infants.

Gold star vs real quality

Leaders feel that families rarely understand or trust QRIS ratings and often define quality through safety, cleanliness, and relationships.

Confusion over Star ratings

The leaders indicted that families and providers struggle with understanding how QRIS ratings indicate quality, "[parents] don't understand it" and "some providers [don't] even understand it." More specifically, leaders suggest families struggle to understand what the stars represent, "I don't know if that's really something that parents can say five Star equals this, one Star equals that. I don't think there's enough information out there for families to be able to make informed decisions based off of what the state is saying is quality."

Five senses test

Leaders suggest families judge child care quality based on cleanliness, smell, and visual ques. Phrases used to describe this process included, "when they walk in the building" they look for "a facility that is clean" that "does not smell like a daycare" and "is it built for my child."

Warm and welcoming environment

Families prioritizing relational warmth and respect over formal credentials was another theme described by leaders as, "If they have the education, but if they don't have that caring personality… personality is gonna win" and staying in a program "has nothing to do with QRIS. It's the warmth. It's the people."

Double-edged sword of safety

Leaders view regulations as valuable for ensuring safety but also see regulations as a hinderance to having more infant slots throughout the state, “a main strength is the strictness that DHS has put up on the infant classroom… the hardship that it puts on a center.” This double-edge sword results in access barriers.

Ratio restrictions

Strict infant-to-teacher ratios ensure child safety but reduce the availability of infant slots due to cost increases. In the words of the leaders, to keep children safe, especially infants, we “have these low ratios” therefore “licensing rightfully so limits the number of children under 12 months who can be in a classroom at one time.” A consequence of ratio restrictions, is the increased cost of care for infants and toddlers, “the math doesn't math” and “a gap in funding [is created] because that's your lowest ratio and the number of teachers needed for that… not a financially good decision.” Therefore, many “providers no longer accept infants.”

Cost implications

Another bi-product of safety-driven regulations mentioned by leaders is the increase in program operational costs that are passed on to parents. The ratios “makes it a hardship for parents to be able to find quality care” because programs can “only have so many [infants and toddlers].” More specifically, “It's more costly to serve the younger children” and “it's [infant-toddler care] the most expensive. It's the most demanding.”

Families want recommendations, not just a list

Families desire personalized guidance in accessing care preferring warm handoffs rather than receiving a static list of providers. The warm handoff signals a level trust and prioritizes relationships.

Need for connectors

Leaders feel strongly that families want in person or live (over the phone) navigators or caseworkers that help guide them through options and connect them to services. Navigators or caseworkers are viewed as essential to helping families understand child care quality and programs such as subsidy, as well as being walked through the application process. Leaders feel this personal touch is needed because “[Locating care is] not manageable. It's just stinkin' hard, and unless you get connected with somebody who's going to help you?”

Role of personal guidance (e.g., CCR&R, FAs)

Caseworkers are critical for bridging families to appropriate care and addressing families’ needs, “They're able to help them, even if they're not, even if they don't know all the answers, they're

able to help get them where they need to go." The information shared big and small by connectors was viewed as important and significant in supporting families, "always helpful to have someone else to give a little bit of advice and things."

It takes a village

Leaders conveyed the important role community and cultural networks play in helping families navigate care options. These networks provide support for meeting each family's individual needs. These individual needs may be geared toward language-specific referrals or communities with unique needs such as children with disabilities, foster families, families experiencing homelessness, immigrant families, teen parents, and resettlement type populations. Needs may also be geared towards localities, "rural communities." Leaders expressed that the networks can "better align care" and provide specific supports to assist families in accessing care that is "better fit for a family."