

Social Determinants of Health Workgroup

Recommendations for Funding, Policy, and System Change in the Housing Sector

Background

The recommendation to IHN-CCO from the Social Determinants of Health Workgroup begins with establishing desired goals and outcomes for Social Determinants of Health (SDoH) work. This is achieved by aligning with CCO 2.0 metrics to develop more specific work plans to achieve desired outcomes and to establish promising practices to move to system integration or community commitments.

The SDOH workgroup would also like to encourage internal operations of IHN-CCO to consider integration of priority areas outlined within these recommendations through documentation (policies, processes, and procedures) to assist in fulfilling contractual obligations outlined by the State of Oregon for the use of Medicaid funds.

The priority areas of Housing, Food Security, and Transportation were developed through evaluation of the Community Advisory Council's Community Health Improvement Plan, the regional Community Health Improvement Plans, and the Delivery System Transformation (DST) Committee's four workgroups; Social Determinants of Health (SDOH), Health Equity, Traditional Health Workers (THW), and Universal Care Coordination (UCC).

Vision

We can live in a community where everyone has access to a decent, stable and affordable place to call home.
When we focus on housing as a social determinant of health, we create a better future for all of us in the CCO service area.

A broad **definition** of housing is used to include not only under-housed, but also safe housing, assuring housing is free from health risks, and affordable housing options for individuals and families. Throughout these recommendations, the SDOH workgroup will strive for connectives of services to ensure closed loop referrals and assistance.

Key Takeaways:

- Ensure rural communities are included in the conversation and recognize lack of resources in these communities.
- Align funding streams.
- Create mechanism for communication about different assistive services.

Thank you to all the organizations and individuals that worked to create these recommendations:

Albany Partnerships for Housing and Community Development, C.H.A.N.C.E., Community Advisory Council Coordinator, Community Health Centers of Benton and Linn Counties, Creating Housing Coalition, Early Learning Hub, IHN-CCO Director of Government Affairs, Provider Network and Contracting, and Transformation, Jackson Street Youth Services, Lincoln County Health and Human Services, Linn Local Committee of the Community Advisory Council, Live Longer Lebanon, Olalla Center for Children and Families, Oregon State University Center for Health Innovation, Oregon West Cascades Council of Governments, Regional Health Assessment, RideLine, Samaritan Health Plans Care Coordinators, Samaritan Health Services Care Coordinators, Samaritan Health Services Public Relations, Signs of Victory.

FUNDING RECOMMENDATIONS TO IHN-CCO

Recommendation	Funding Stream
<p>1. Support traditional health workers (THWs) in the housing sector to connect members to supportive services. Increase the number of THWs in the housing sector by at least one per county. Partnerships include:</p> <ul style="list-style-type: none"> ○ Current or past DST pilots such as DevNW, Creating Housing Coalition, and Corvallis Housing First. ○ Engaged partners such as Albany Partnerships for Housing and Community Development and Signs of Victory. ○ New ones such as with the Community Services Consortium, Lincoln County School District, and other like entities. 	<ul style="list-style-type: none"> • Delivery System Transformation Committee (DST)
<p>2. Increase reimbursement and funding to improve mold abatement, home repair, pest management, and home safety modifications made by current residents and proactively by lot managers/owners.</p> <ul style="list-style-type: none"> ○ Convene agencies doing similar work to ensure gaps in current funding streams are addressed. Conduct environmental scan to reduce duplication of services. 	<ul style="list-style-type: none"> • SHARE Initiative
<p>3. Prioritize flexible funding to support reimbursement and funding for temporary housing support such as transition to stable housing, temporary rental assistance, and budgeting gaps.</p> <ul style="list-style-type: none"> ○ The Social Determinants of Health Workgroup requests a conversation with the IHN-CCO Medical Management Department to discuss referral pathways for flexible services to ensure awareness of the community, members, and providers. 	<ul style="list-style-type: none"> • Health Related Services: Flexible Services

OTHER RECOMMENDATIONS

Policy

- | | |
|---|--|
| <ul style="list-style-type: none"> • Create and publish a policy statement for safe, healthy, and affordable housing supporting: <ul style="list-style-type: none"> ○ Improvements of substandard housing conditions; ○ Anti-discrimination laws in the housing sector; and ○ Equity in access to safe and affordable housing. | <ul style="list-style-type: none"> • IHN-CCO Leadership |
|---|--|

System Change

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| <ul style="list-style-type: none"> • Improve discharge planning to better meet the needs of those who are or are at risk of becoming homeless (e.g. screening for stable housing and having closed loop referral pathway for those who present as high risk). | <ul style="list-style-type: none"> • Health Care System (SHS)/Regional Planning Council (RPC) |
|--|--|

Data

- | | |
|--|--|
| <ul style="list-style-type: none"> • Define, collect, measure, and report housing status outcomes of interest associated with housing and traditional health worker initiatives. | <ul style="list-style-type: none"> • Housing Entities |
| <ul style="list-style-type: none"> • Identify process for data collection regarding housing status. | <ul style="list-style-type: none"> • IHN-CCO |
| <ul style="list-style-type: none"> • Utilize existing and future data to view disparities such as: <ul style="list-style-type: none"> ○ Neighborhood/zip code and indicators. ○ Pockets of members who are currently living in substandard or supportive living. | <ul style="list-style-type: none"> • IHN-CCO |

Trainings

- | | |
|--|---|
| <ul style="list-style-type: none"> • Increase awareness of prevention-oriented trainings in the housing sector such as Housing 101 for partners. | <ul style="list-style-type: none"> • Housing Entities |
| <ul style="list-style-type: none"> • Develop clinical staff training in: <ul style="list-style-type: none"> ○ Data collection ○ SDoH screening tools ○ Closed loop care model | <ul style="list-style-type: none"> • IHN-CCO/Traditional Health Worker Hub |

Innovator Agent Update for Benton Local Advisory Committee/IHN CCO

(April 24th, 2020)

- The novel Coronavirus (COVID-19) has affected us locally, state-wide, nationally and internationally. Here is a brief update related to responding to a global pandemic.
- As of today (Thursday, 4/24):

Total tests done for Oregon residents: 43,976

Total tests done for Benton County residents: 743

Positive tests in Oregon: 2,127 (a 4.83% positive rate)

Positive tests in Benton County residents: 27 (a 3.63% positive rate)

The national average of positive samples is 17.6%

Total deaths in Oregon: 83

Total deaths of Benton County residents: 5 deaths

- OHA issued new guidance this week on testing for clinical providers. More tests are becoming available and more people will be eligible to receive tests under these new criteria. People should monitor their own symptoms (fever, body aches, cough or shortness of breath) and call their provider if they feel they need to be seen.
- It has been said that “we don’t know what we don’t know”....that applies to the ability of someone with no symptoms being able to spread the virus, the rate of re-infection, and many other characteristics of this “novel” or new virus.
- The Governor’s Executive Order related to Health Care will be lifted on 5/1 to allow a gradual return to operations. Hospitals and practices will need to assure that they have adequate PPE for operations and to maintain capacity for future COVID cases/care.
- There will be announcements this week about recommendations for gradually resuming some activities and business; there will not be a “return to normal” as we knew it before for some months. The Governor and medical experts will be cautious to prevent a second wave of infections which could occur if we move too quickly in the next steps.
- CCOs are working almost entirely remotely but continue to serve their OHP members.
- The loss of jobs due to “Stay Home, Save Lives” has created the opportunity for many people to be eligible for OHP. Projections indicate that up to 300,000 people in Oregon may now be eligible for OHP due to decreased incomes or loss of employment.
- OHP members have been able to access many services via telehealth (on a screen or by phone). These appts. are required to be paid the same as if they were in person.



Oregon COVID-19 Daily Update

Summary as of Monday 05/11/2020



Operation Center	Status	Comment
State Emergency Coordination Center (ECC)	Activated	Activated at 1200 on 03/02/2020
State ESF-8 Oregon Health Authority	Activated	Agency Operations Center (AOC) activated on 01/21/2020

New Confirmed Cases: 51		New Presumptive ^a Cases: 7		New Deaths: 3	
Oregon COVID-19 Testing Results as reported to Orpheus*					
Cumulative COVID-19 Testing in Oregon			Testing at Oregon State Public Health Lab		
Positive	3,222		Specimens received on 5/10		24
Negative	74,320		Test results released on 5/10		149
Total tested	77,542		Specimens pending as of 8:00 PM 5/10		1
Total deaths	130		Total tested at OSPHL		4,514
Age, Sex and Hospitalization Status for Confirmed and Presumptive ^a COVID-19 Cases (Cumulative)					
Updated Daily					
Cases by Age Group	n (%)	Cases by Sex (as reported to OHA)			n (%)
0 to 9	27 (1)	Female			1,762 (54)
10 to 19	103 (3)	Male			1,523 (46)
20 to 29	459 (14)	Non-binary			1 (0)
30 to 39	560 (17)	Not available			0 (0)
40 to 49	565 (17)	Total			3,286
50 to 59	574 (17)				
60 to 69	464 (14)	Hospitalized During Illness?			n (%)
70 to 79	304 (9)	Yes			673 (20)
80+	220 (7)	No			2,382 (72)
Not available	10 (0)	Not available			231 (7)
Total	3,286	Total			3,286
Race, Ethnicity, Select Symptoms and Risk Factors for Confirmed and Presumptive ^a COVID-19 Cases					
Updated Weekly on Tuesdays					
Cases by Race [†]	n (%)	Cases by Ethnicity [†]	n (%)	Health Care Worker?	n (%)
White	1,456 (53)	Hispanic	797 (29)	Yes	446 (16)
Black	69 (3)	Not Hispanic	1,641 (60)	No	1,913 (70)
Asian	100 (4)	Not available	304 (11)	Not available	383 (14)
AI/AN**	45 (2)	Total	2,742	Total	2,742
Pacific Islander	27 (1)				
Other	700 (26)			Reside or Work in Congregate Setting? [‡]	n (%)
>1 race	58 (2)			Yes	585 (21)
Not available	287 (11)			No	1,769 (65)
Total	2,742			Not available	388 (14)
**American Indian/Alaska Native				Total	2,742

^a Presumptive cases are people without a positive diagnostic test who have COVID-19-like symptoms and had close contact with someone diagnosed with a laboratory confirmed case.

*Orpheus is the state of Oregon's electronic disease surveillance system for reportable diseases

[†]Provisional

[‡]Congregate settings include, but are not limited to, long-term care facilities, group homes, prisons, shelters, etc.



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Hospital Capacity and Usage in Oregon as reported to HOSCAP*					
Overall Capacity	Available	Total	COVID-19 Details	Patients with Suspected or Confirmed COVID-19	Only Patients with Confirmed COVID-19
Adult ICU beds	265	786	Current hospitalized patients	163	59
Adult non-ICU beds	1,927	6,812	Current patients in ICU Beds	40	16
Pediatric NICU/PICU beds	64	302	Current patients on ventilators	23	15
Pediatric non-ICU beds	164	332			
Ventilators	786				

*Every hospital in Oregon is asked to submit data twice daily to Oregon's Hospital Capacity Web System (HOSCAP). Hospital staff are asked to enter bed capacity information, by type, as well as the number of patients with suspected or confirmed COVID-19 illness who are currently hospitalized at the time of data entry. These data may conflict with hospitalization status in Orpheus due to case reporting and investigation lags and temporary discrepancies in case classification.

ECC Personal Protective Equipment (PPE) & Supply Inventory

May 10, 2020	Surgical Masks	N95	Gowns	Face Shields	Gloves	Ventilators
0800 Inventory yesterday	530,650	60,000	2,490	223,880	1,500	-
Shipments/Allocations past 24 hours	31,550	-	-	160,704	1,100	-
Received past 24 hours	-	-	2,500	24,000	-	-
0800 Inventory today	499,100	60,000	4,990	87,176	400	-
Scheduled Shipments/Allocations	-	-	-	-	-	-
Projected End of Day Inventory	499,100	60,000	4,990	87,176	400	-
Total Received Shipments	6,495,550	978,110	76,815	816,226	892,490	-
Total Shipments to Counties/Tribes	2,907,272	961,073	90,526	337,273	2,015,114	-



Oregon COVID-19 Daily Update

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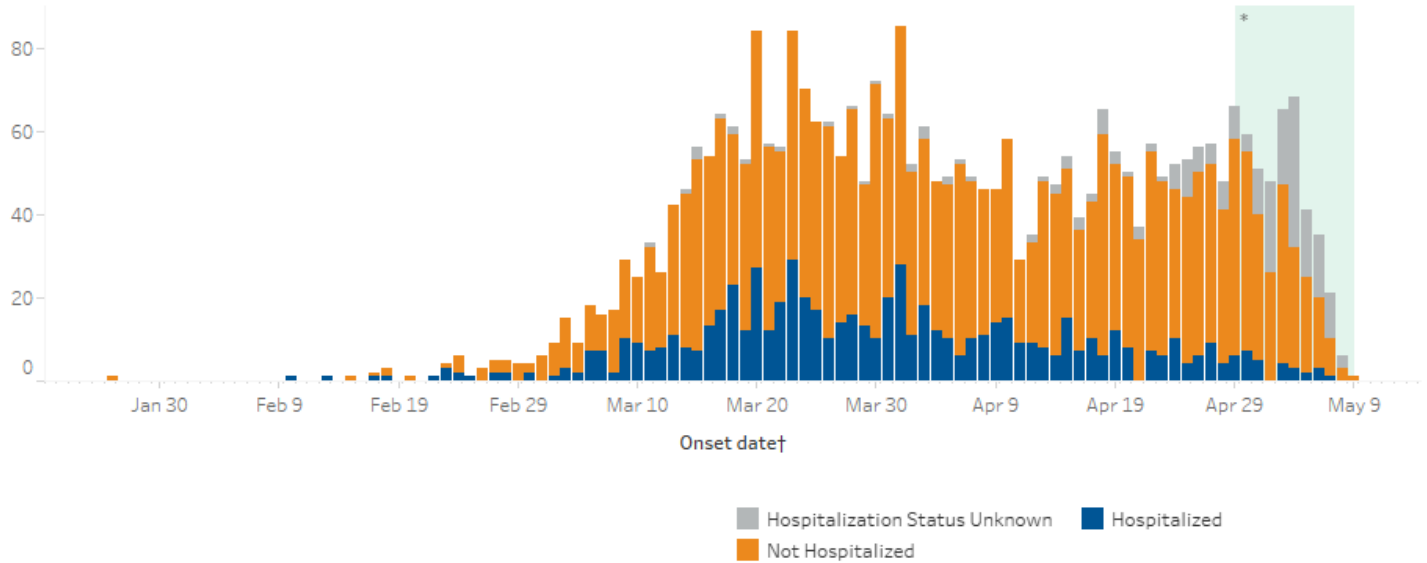


Oregon's Epi Curve: COVID-19 cases

This chart shows the number of Oregonians who have been identified as COVID-19 cases and whether they were ever hospitalized for their illness.†

Total Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
3,286	673	2,382	231

*Illnesses that began during this time period may not yet be reported.



†COVID-19 cases include both confirmed and presumptive cases.



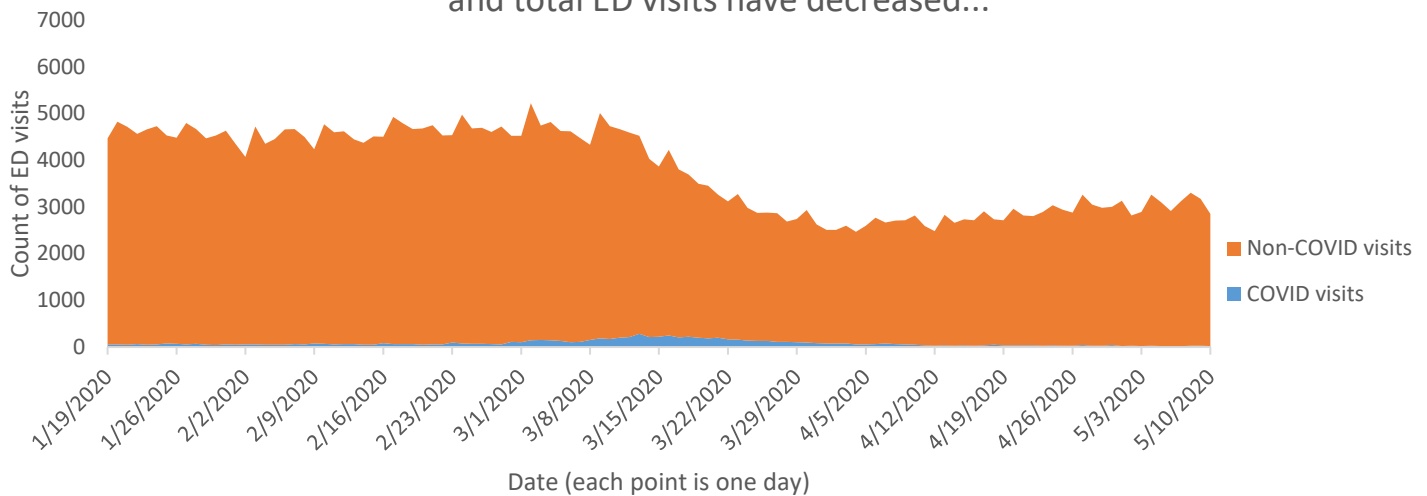
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Emergency Department Visits in Oregon as reported to Oregon ESSENCE*

COVID-like visits still make up a small proportion of all reported ED visits, and total ED visits have decreased...



... and the percentage of COVID-like visits has decreased.



*Oregon ESSENCE receives daily reports of emergency department visits from all 60 non-Federal hospitals in Oregon.




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Status Definitions

Not Impacted	Stable	Anticipated Instability	Unstable
Services and functions are not impacted but are actively monitoring the situation	Minimal impacts to services, long term solutions are in place	Services are impacted with solutions being implemented	Services are disrupted or unable to meet the current need







Emergency Support Function (ESF)	Status	Impacts and Actions
 ESF 8 Health and Medical	Anticipated Instability	Medical Care Impact <ul style="list-style-type: none"> While our data models do not project a patient influx to Oregon hospitals, planning continues to confirm the state can address any surge as well as outbreaks in congregate settings Medical Care Limiting Factors <ul style="list-style-type: none"> PPE stock is strained in the state and across the nation Public Health Impact <ul style="list-style-type: none"> Case investigation for COVID-19 is straining statewide public health resources Ongoing need for public health guidance and communications Public Health Actions <ul style="list-style-type: none"> Expanding Brink Communications contract to include behavioral health tailored materials OHA has trained over 100 personnel on contact tracing
	Stable	Patient Movement stable Medical Care Actions <ul style="list-style-type: none"> Ongoing effort to strengthen regional hospital and healthcare coalitions Non-COVID-19 Medical Care: <ul style="list-style-type: none"> Hospitals and ambulatory surgical centers began reopening for additional procedures starting May 1 after submitting an attestation to OHA. OHA has received attestations from 27 hospitals and 37 ambulatory surgical centers Medical Supply Chain Actions <ul style="list-style-type: none"> SERV-OR recruitment continues



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 ESF 6 Mass Care	Stable	<ul style="list-style-type: none"> • <i>Homeless Populations Task Force:</i> <ul style="list-style-type: none"> • Has been transitioned to Oregon Housing and Community Services. Will support shelter and food/feeding needs as they arise • <i>Threat Management Task Force:</i> <ul style="list-style-type: none"> • Ongoing work will be completed on May 8th and then the task force will stand down • <i>Disability Emergency Management Advisory Council (DEMAC):</i> <ul style="list-style-type: none"> • Will continue its steady state work under the ESF 6 structure • <i>Migrant Farm Workers Task Force:</i> <ul style="list-style-type: none"> • Transitioning to the Governor's Office. Will support sheltering and food/feeding needs as they arise
 ESF 11 Food and Water	Stable	<ul style="list-style-type: none"> • Continuing to support food/feeding as need arises • <i>Food Security Feeding Task Force:</i> <ul style="list-style-type: none"> • Work is complete
 ESF 7 Resource Support	Stable	<ul style="list-style-type: none"> • Oregon National Guard is actively managing operations regarding distribution of PPE from the Wilsonville Distribution Center • In coordination with ESF 5, continuing to receive and analyze data from county PPE users to develop burn rate • Developing a plan for replenishment of PPE stockpiles
 ESF 1 Transportation	Stable	<ul style="list-style-type: none"> • Monitoring for impacts and remain available to assist as necessary
 ESF 2 Communications	Stable	<ul style="list-style-type: none"> • Infrastructure: stable • 911 & Dispatch: stable (7 dispatchers affected) • Responder communications: stable • Public alerting and warning systems: stable • Financial communications: stable
 ESF 3 Public Works	Stable	<ul style="list-style-type: none"> • Monitoring for impacts and remain available to assist as necessary



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 ESF 4 Firefighting	Stable	<ul style="list-style-type: none"> The Oregon Department of Forestry (ODF), Fire Protection Division continues to develop fire season preparedness and response plans for fire season 2020 Reviewing infectious disease guidance for wildland fire incidents Supporting Multi-Agency Coordination (MAC) group, ICP, incident management teams (IMT) and partners by ensuring continuity of operations
 ESF 5 Information and Planning	Stable	<ul style="list-style-type: none"> All counties have declared a state of emergency All tribes have declared a state of emergency
 ESF 9 Search and Rescue	Stable	<ul style="list-style-type: none"> Disseminate to county Sheriff search and rescue coordinators planned options for recreational agencies/regions considering reopening currently closed recreational areas. State/federal regional directors have a unified approach to reopening
 ESF 10 Hazardous Materials	Stable	<ul style="list-style-type: none"> The Environmental Quality Commission has approved a waiver to sell winter blend gasoline through May 20th to be consistent with the federal waiver that EPA has already granted Oregon State Fire Marshal (OSFM) is in regular communications with all 13 Regional HazMat Emergency Response Teams
 ESF 12 Energy	Stable	<ul style="list-style-type: none"> The majority of energy utility providers are curtailing certain non-safety activities, including non-emergency service calls, meter changes, meter relocates and public works to keep employees available to handle critical functions and safety calls in order to keep services safe and operational Non-essential employees are telecommuting when and where possible PPE remains in short supply for utilities. ESF 12 Liaison is working to address PPE and testing needs while supply catches up with the extreme high demand. There are ongoing efforts to find vendors that might be able to fulfill utilities needs for supplies Electric and natural gas providers in Oregon remain operational
 ESF 13 Military Support	Stable	<ul style="list-style-type: none"> 178 Oregon National Guard personnel activated to help with the Wilsonville Distribution Center workload and other missions across the State Wilsonville Distribution Center continues to consolidate and distribute PPE with a focus on long term care facilities, and prepared to start receiving and distributing test kits Military Liaison Officers and county PPE distribution missions are operational in Umatilla, Marion, Deschutes and Multnomah Counties



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 ESF 14 Public Information	Stable	<ul style="list-style-type: none"> Managing all COVID-19 related information sharing to stakeholders, media outlets, state and federal partners and the public through various channels and platforms Content creation and distribution prioritizing Oregonian's health and safety through the lens of equity and inclusion Coordinate and ensure accurate and timely release of all incident information Facilitate press availability
 ESF 15 Volunteers and Donations	Stable	<ul style="list-style-type: none"> Oregon Voluntary Organizations Active in Disaster (ORVOAD) reminder that for help with spiritual/emotional care, a great resource is the Disaster Distress Helpline, 1-800-985-5990, a 24/7, 365 day-per-year, national hotline Staff have established the Volunteer and Donations Management platform. Link to the platform is https://oregonrecovers.communityos.org A volunteers and donations email has been setup oem.donations@state.or.us (503) 378-4479 Managing the state volunteer and donations matching website
 ESF 16 Law Enforcement	Stable	<ul style="list-style-type: none"> <i>Oregon Youth Authority (OYA):</i> <ul style="list-style-type: none"> All outstanding COVID-19 tests have currently come back negative Designated medical isolation areas in each facility Identifying medically vulnerable youth to COVID-19 <i>Oregon Department of Corrections (ODOC):</i> <ul style="list-style-type: none"> Continuing to operate based on the medical plan in the pandemic planning tool. The plan is based on CDC and OHA recommendations
 ESF 17 Agriculture and Animal Protection	Stable	<ul style="list-style-type: none"> Distributing guidance for food retailers and processors related to the Governor's executive order and how to maintain proper physical distancing in grocery stores ODA is working with farmer's markets and livestock auctions to provide guidance on implementation of the Governor's executive orders Provide SARS-CoV-2 testing for companion animals in certain limited situations under the direction of the state veterinarian and the state public health veterinarian
 ESF 18 Business and Industry	Stable	<ul style="list-style-type: none"> Small Business Development Centers are working with over 415 firms who have suffered direct impact from COVID-19



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Oregon Resources

[OHA Public Health COVID-19](#)
[Local Public Health Authority Directory](#)
[ODE and OHA's CD Guidance](#)
[Emerging Respiratory Infections: COVID-19](#)
[OEM COVID-19 Resources](#)
[Oregon Coronavirus Information and Resources](#)
[OHA COVID-19 Data Dashboard](#)

Other Resources

[CDC Coronavirus Disease 2019 \(COVID-19\)](#)
[CDC Hygiene Etiquette](#)
[CDC Handwashing Campaign](#)
[SAMHSA Coping with Stress During Outbreaks](#)
[CDC Helping Children Cope with Emergencies](#)

Acronyms

AOC: Agency Operations Center
AMR: American Medical Response (AMR)
CD: Communicable Disease
CDC: Centers for Disease Control
COVID-19: Coronavirus Disease 2019
DEQ: Department of Environmental Quality
DUL: Data Unit Lead
ECC: Emergency Coordination Center
ED: Emergency Department
EMS: Emergency Medical System
ESF: Emergency Support Function
HHS: Health and Human Services
HIC: Health Information Center
HOSCAP: Hospital Capacity Web System
IC: Incident Commander
ICS: Incident Command System
ICU: Intensive Care Unit
IMT: Incident Management Team
JIC: Joint Information Center
LTCF: Long Term Care Facilities
LPHA: Local Public Health Authority
MCOT: Mass Care Operations Team
NICU: Neonatal Intensive Care Unit
ODA: Oregon Department of Agriculture

ODE: Oregon Department of Education
ODOE: Oregon Department of Energy
OEM: Oregon Office of Emergency Management
OHA: Oregon Health Authority
OOS: Out of State
ORVOAD: Oregon Voluntary Organizations Active in Disaster
OSFM: Oregon State Fire Marshal
OSPHL: Oregon State Public Health Laboratory
OSSA: Oregon State Sheriff's Association
PICU: Pediatric Intensive Care Unit
PIO: Public Information Officer
PPE: Personal Protective Equipment
PSC: Planning Section Chief
RCST: Regional Coalition Support Teams
SAMHSA: Substance Abuse and Mental Health Services Administration
SERV-OR: State Emergency Registry of Volunteers in Oregon
SITL: Situation Unit Leader
USDA: United States Department of Agriculture

This document is available in other languages, large print, braille or other formats upon request. For ADA accommodations, please contact the COVID-19 **Joint Information Center** at **503-373-7872** or email ecc.jic@oem.state.or.us. We accept all relay calls or dial 711.

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Oregon Pediatric Society
A Chapter of the American Academy of Pediatrics

Pediatricians are Open for Children

May 1, 2020

Promoting Pediatrics

OPS Urges Families to Contact Child Health Providers During Pandemic

In a joint [April 30 press release](#) to Oregon news outlets, OPS, Children's Health Alliance, and the Oregon Academy of Family Physicians strongly encourage families to make preventive newborn, child, and adolescent medical and behavioral health appointments now. This release comes as pediatricians across the country report a significant decrease in child health visits and vaccinations in the last two months and their concern that delaying vital preventive or illness care may create problems for kids in the short and long term.

Key messages for families include:

- Child health providers have made their offices safe to see sick and well patients for appointments, and can answer your questions.
- It is important to get scheduled vaccines to protect children and prevent diseases like measles and pertussis, which can be dangerous for children and easily spread in communities. Stay on schedule with your well child visits.
- Patients love the convenience of telemedicine. You can talk to your doctor from your own home by phone or video conference.
- This is a stressful time. Your child health provider is here for you.



OREGON PRESCHOOL DEVELOPMENT GRANT

Strengths & Needs Assessment
Birth through Age 5

Statewide Household Survey Results

**Report to the Oregon Early Learning Division
and the Early Learning Council**

Acknowledgements

We are grateful for the input and advice shared with us by our partners at the Early Learning Division and members of the PDG B-5 Strengths and Needs Assessment Advisory Committee (SNAAC) and Agency Workgroup. Special thanks to the Family Voices Workgroup who consulted on the construction of the survey.

Finally, our deepest appreciation to the families who participated in the PDG Household Survey and to the members of Oregon's early learning community who passed on information about the survey to families throughout the state—the Early Learning Hubs, Child Care Resource and Referral Networks, Head Start/OPK program directors and staff, Preschool Promise directors and staff, and all of the other child care programs and providers who helped support this project.

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Introduction

Project Overview

In 2019, Oregon's Early Learning Division (ELD) received a 1-year Preschool Development Grant Birth through 5 (PDG B-5) from the Administration for Children and Families, in coordination with the Department of Education. The PDG B-5 grant supported several state-level planning activities, with a primary emphasis on conducting a comprehensive statewide needs assessment to identify the current strengths and challenges of the existing landscape of services and supports for families with children from birth through age 5 years. In February 2019, the ELD contracted with Portland State University's Center for the Improvement of Child and Family Services to conduct the *PDG B-5 Needs Assessment*. A report with key findings from Phase 1 of the project was completed in October 2019. This report summarizes findings from Phase 2 of the project that included the completion of the *PDG B-5 Household Survey* of families across the state.

Purpose of the PDG B-5 Household Survey

The *PDG B-5 Household Survey* serves several purposes. First, it provides a representative sampling of the child care needs and experiences of households with at least one child between the ages of 0 and 5 years in Oregon in late 2019 to early 2020 including information about:

1. The types, frequencies, and hours of early care and education services utilized by families in the past year.
2. Families' satisfaction and challenges with finding early care and education services for their child as well as whether the services obtained were culturally responsive to the family's background and/or home language.
3. Rates of suspension and expulsions from early care and education services experienced by families and reasons for these experiences.
4. The frequencies and types of learning activities that families engaged in at home with their children aged 0 to 5 years.

Second, the survey allows for the identification of family-identified barriers to and gaps in access to high quality, affordable, and culturally responsive early care and education opportunities. This is an important complement to the Phase 1 report that utilized existing state and county-level datasets because it adds parent voice to the extant data.

Third, the *PDG B-5 Household Survey* supports the state's recent strategic plan, "*Raise up Oregon*," by providing baseline data that can be used to meet the state's goal of ensuring that the Early Learning system is family-centered.

Finally, this report documents families' experiences with early care and education across the state with a particular emphasis on families who are often underrepresented, such as those from rural and frontier areas, low-income backgrounds, and families of color or those speaking a language other than English. The information and recommendations presented here can be used to strengthen the reach and impact of Oregon's B-5 early learning and support system.

Development of the PDG B-5 Household Survey

Because one purpose of the survey was to ensure representation across all of Oregon's families, including those from often underrepresented populations—such as families of color, those living in rural and frontier areas, and those from low-income backgrounds—it was developed in consultation with a number of community agencies that work with a range of families. These agencies comprised two larger groups: the Community Strengths and Needs Assessment Advisory Council and the Family Voices Working Group. The members of these groups are listed in [Appendix A](#).

Methodology

Sampling Plan

To be eligible for participation in this survey, respondents had to be Oregon residents who were age 18 years or older and the parent or guardian of a child under the age of 6 years who had not yet started kindergarten. The sampling approach utilized for this survey effort began with a random digit dial (RDD) sample of Oregon residents with an oversample of low-income, rural communities, and Hispanic/Latino/a/x families. Given the anticipated low response rates for modern RDD surveys and budget concerns, a second non-probability convenience sample was obtained. This convenience sample was thought to contain records associated with having a child under the age of 6 years. The same oversampling plan was utilized for the convenience sample.

A lower than anticipated contact rate for samples and a lower eligibility rate for the convenience sample led to the decision to supplement the convenience sample with eligible PSU-recruited families in order to ensure a statewide sample. Midway through the contact effort, PSU disseminated materials to community partners throughout Oregon. These community partners advertised the survey on their various social media accounts (e.g., Facebook, Twitter, etc.) and through emails and flyers. Advertisements were also posted on an internet search engine and through a school district partner business. Any person who received information from one of these sources was directed to either call, text, or email the survey provider. Eligible individuals were then provided access to the survey, and these individuals became part of the convenience sample.

Due to a low contact rate and a high ineligibility rate, the response rate for the probability sample was 1.8%. A total of 413 households from the probability sample are thus included in the final sample, whereas there are 1,982 families from the convenience sample. The sampling methodology is explained in greater detail in the technical report for the survey ([Appendix B](#)).

Data Collection

The survey was administered via phone and through the web. For members of the initial probability and convenience samples for whom addresses were available, letters introducing the survey were sent out prior to when calling began. If the participants could not be reached, voice messages explaining the survey and how

to participate were left by research staff. Additionally, a number of reminder postcards were sent. Members of the convenience sample recruited through community agencies or advertisements (e.g., the individuals who contacted the survey provider via phone, email, or text message) were provided with the URL for the web survey as well as a four-character unique passcode to access the survey. If respondents asked to complete the survey via telephone interview, this request was accommodated.

From November 1, 2019 to December 11, 2019, potential respondents were informed that those who completed the survey would be entered into a lottery to win a \$100 Visa gift card after the data-collection period of the project was complete. Starting on December 12, 2019, in order to increase the response rate, potential participants were informed that each respondent who completed the survey would receive a \$30 digital gift card once data collection was complete.

More information about the data-collection practices can be found in [Appendix B](#).

Weighting

Due to the complex nature of the final survey design—which included both probability and non-probability samples, oversampling, and multiple sampling frames—sampling statisticians conducted weighting for the survey data. A description of the weighting procedure and how to generate variance estimation can be found in [Appendix B](#). It should be noted that the weighting represents state-level estimates, rather than those of given areas.

All data presented in this report are norm-weighted estimates. The margin of error for data can be computed to examine statistical confidence or uncertainty, which can provide additional information and context when interpreting data. The margin of error is not presented in this report for descriptive statistics (e.g., norm-weighted sample frequencies) as no statistical testing of estimates was performed. Further examination of descriptive frequencies of subpopulations or any statistical testing of differences would require the generation of variance estimation and potential suppression of results if the margin of error of any estimate is larger than the estimate itself.

1 Sample Description

The final norm-weighted sample of 2,395 participants was 53.6% female and 45.1% male (0.2% nonbinary, 1.1% gender nonconforming; see Table 1-1). The majority of respondents, 61.9%, were between 25 and 39 years old. Approximately 21.7% were 40 to 54 years old, 9.1% were 18 to 24 years old, and 7.3% were 55 years or older. In terms of marital status, 64.1% of the sample reported being married, 28.9% were single, and just under 7% reported not being married but living with a partner. The largest proportion of respondents were White (59.5%), 17.3% were Hispanic/Latino/a/x, 7% were African American/Black, 4.9% were Asian, and 4.3% were American Indian/Alaska Native (see Table 1.1 for all respondent race/ethnicity percentages). English was the language spoken at home for 78.1% of the sample: 15.6% of the sample spoke Spanish at home, and the remaining respondents reported speaking some other language at home (Figure 1-1).

Approximately 46.9% of respondents had a 4-year college degree or more, 31.4% had some college or a 2-year degree, 16.4% had earned a high school diploma or GED, and 5.3% completed some schooling but did not have a high school diploma or GED. In 83.3% of households, either the respondent or their partner was employed full time. Households were considered to be low income if household earnings were at or below 200% of the federal poverty level (FPL), which translates into an annual household income of \$50,200 for a family of four in 2019. According to this definition, 28.2% of the sample was low income (Figure 1-2). Regionally, 63.1% of the sample lived in urban areas, 34.1% lived in rural areas, and 2.8% lived in frontier areas (Figure 1-3). All 36 counties in Oregon were represented in the sample.

Over one half of the sample reported having more than one child in the household. Respondents were asked in-depth questions about their child care needs for one focal child in their household. The focal child was the oldest child in the household who had not yet started kindergarten. One half of the sample were biological, step, or adoptive mothers of these focal children; 40.9% were

biological, step, or adoptive fathers; 5.9% were grandparents; and just under 1% were foster parents. The majority of focal children were White (55.7%), 18.4% were Hispanic/Latino/a/x, 7.8% were African American/Black, 7.7% were Asian/Pacific Islander, 3.7% were American Indian/Alaska Native/Native Hawaiian, 5.7% were multiracial/multiethnic, and 1% reported some other race/ethnicity (Figure 1-4).

To determine the representativeness of the weighted sample for Oregon families overall, a set of selected sample proportions were compared to other national and statewide publicly available data sources. While none of these comparisons can equate the sample directly to the Oregon population due to differences in each proportion examined, they can provide a general sense of the data and paint a picture of the sample within the context of Oregon. With these caveats in mind, the current sample is fairly to moderately representative of Oregon's population overall. For instance, the percentage of the sample at or below 200% FPL (28.2%) falls in between the percentage of children under age 6 years in Oregon living at or below 100% FPL (22%) and 200% FPL (45%) derived from 2017 estimates from the U.S. Census Bureau's American Community Survey (ACS). Additionally, the sample's proportion of White (55.7%) and Hispanic/Latino/a/x (18.4%) children under age 6 years roughly echo—within 10%—ACS estimates for the largest two racial/ethnic groups of children under age 18 years in Oregon (64% White, 22% Hispanic/Latino/a/x), and 2015–2017 Oregon Health Authority Vital Statistics records where 68% of births were to White mothers and 18.7% of births were to Hispanic mothers. Finally, the percentage of urban respondents (63.1%) in the sample hovers around the population of Oregon estimated to live in incorporated areas (68.6%) in 2018 by the Population Research Center at Portland State University. To reiterate, all of these comparisons are clearly not equal, but are presented with the intention of situating the current sample within the context of other data relevant to Oregon's families.

Figure 1-1. Respondent home language

n=2,388

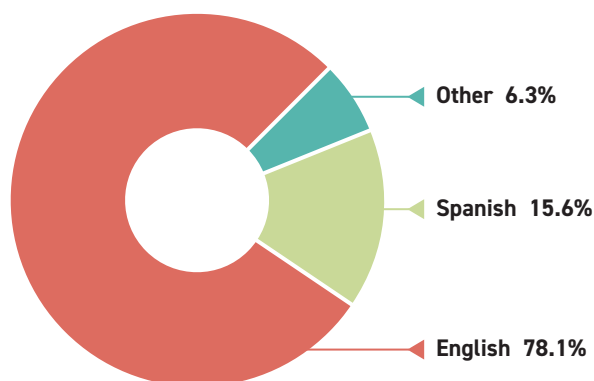


Figure 1-2. Respondent income, based on 200% of Federal Poverty Level

n=2,355

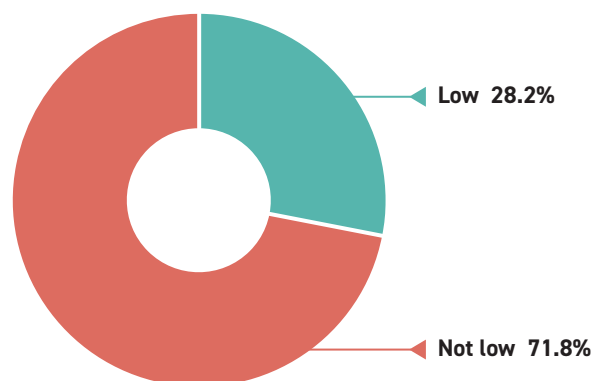


Figure 1-3. Respondent region

n=2,395

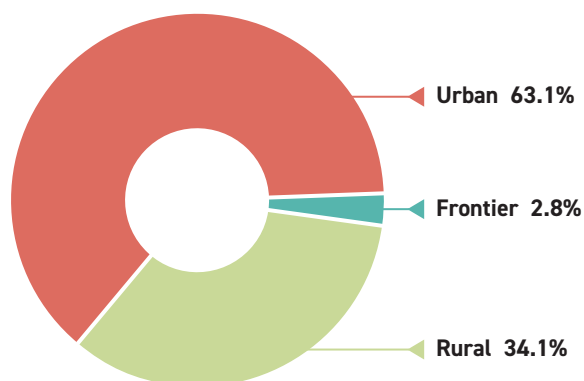
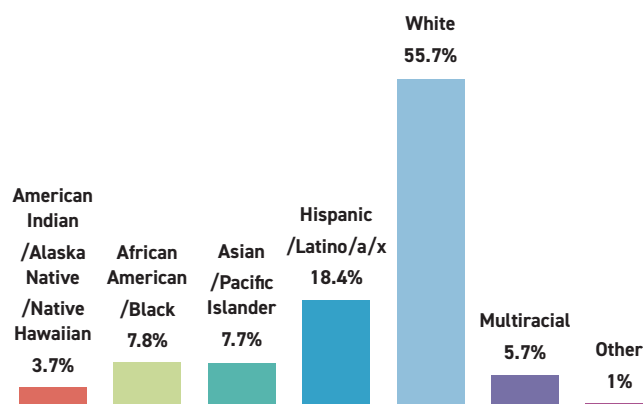


Figure 1-4. Race/ethnicity of respondent's focal child

n=2,343



Source: Oregon PDG-B5 Household Survey

Table 1-1. Respondent demographics

Respondent Category		Percent
Gender	Female	53.6
	Male	45.1
	Nonbinary	0.2
	Nonconforming	1.1
Age	18 to 24	9.1
	25 to 39	61.9
	40 to 54	21.7
	55 +	7.3
Marital Status	Married	64.1
	Not married but living with a partner	6.9
	Single	28.9
Race / Ethnicity	American Indian / Alaska Native	4.3
	African American / Black	7.0
	Asian	4.9
	Native Hawaiian / Pacific Islander	1.1
	Hispanic / Latino/a/x	17.3
	White / Caucasian	59.5
	Multiracial / Multiethnic	4.1
	Other	1.7
Education	Some schooling but no high school diploma or GED	5.3
	High school diploma or GED	16.4
	Some college or 2-year degree/certificate	31.4
	4-year college degree or more advanced degree	46.9
Full-time Employment	Yes	83.3
	No	16.7
Annual Income	Less than \$10,000	5.5
	\$10,000 to < \$25,000	4.6
	\$25,000 to < \$33,000	5.4
	\$33,000 to < \$42,000	4.6
	\$42,000 to < \$50,000	9.8
	\$50,000 to < \$59,000	5.5
	\$59,000 to < \$68,000	16.6
	\$68,000 +	48.0
Children	1	42.0
	2	35.8
	3	12.9
	4	5.8
	5	1.8
	6	1.1
	7 or more	0.7
Relationship to Child	Mother / Step Mother / Adoptive Mother	50.0
	Father / Step Father / Adoptive Father	40.9
	Foster Parent	0.9
	Grandparent	5.9
	Other	2.3

2 Use of Early Care & Education Services

Survey respondents were asked questions about their use of and experiences with early care and education services. The majority of families responding to the survey had at least one child in early care and education services for at least 8 hours a week; over three-fourths of these families reported using care 4 or more times per week, for 7.3 hours per day, on average. Of those who said they did not have their child in care, almost one third (32.2%) of the parents/caregivers had tried to find care during the prior year. Figure 2-1 shows the percentage of children within each race/ethnicity who were in child care for 8 or more hours per week. White children had the highest rate of being in child care. Children whose race/ethnicity was categorized as “other” and Asian/Pacific Islander children were least likely to be in child care. Of those who were not in child care, African American/Black and multiracial/multiethnic children had the highest percentages of caregivers who had tried to find care in the past year (see Figure 2-2). When responses were reviewed separately by home language and region (Appendix C-1), more Spanish-speaking and urban-dwelling caregivers had tried to find care in the past year. The lowest percentages of caregivers trying to find care by home language were those speaking some other language besides English and Spanish, and, by region, those living in frontier areas.

For respondents who had their child in care, additional questions were asked about that child care arrangement. Questions included information about the child care setting and their satisfaction with care. Figure 2-3 shows that, overall, more than one half of children were in a child care center or preschool. The majority of the “Other setting” responses indicated that the child was cared for by a relative in the relative’s house, and a smaller percentage of responses indicated some other type of care such as child care while the parent was at the gym. The use of different kinds of child care settings for children with different racial/ethnic backgrounds is shown in Figures 2-4, 2-5, and 2-6.

Children who were American Indian/Alaska Native/Native Hawaiian, African American/Black, or Hispanic/Latino/a/x were more likely to be in a care arrangement in the child’s home. Multiracial/

multiethnic children were most likely to be in a care arrangement outside of the home with a non-relative. White or Asian/Pacific Islander children were more likely to be in a child care center or preschool. Regionally, respondents living in frontier areas were less likely to have care in the child’s home and most likely to have care outside of the home with a non-relative, while urban respondents were most likely to be using center-based and preschool care (Appendix C-1). Respondents with a home language other than English or Spanish were also more likely to have their child in center or preschool care.

The amount of time children spent in child care in a typical week varied; although, on average, families reported something similar to full-day, full-week care. Specifically, survey respondents reported an average of 4.3 days in care per week (Figure 2-7), averaging 7.3 hours in a typical day, ranging from 1 to 24 hours. Survey respondents were asked about their satisfaction with the amount of care they received. Most caregivers said that the days and hours of their child care were “about right” (Figure 2-8). When answers were reviewed by race/ethnicity (Appendix C-1), American Indian/Native Alaska/Native Hawaiian children were most likely to have caregivers who said that their number of days of care per week was “not enough”, and multiracial/multiethnic and White children were most likely to have caregivers who said that their number of days of care per week was “about right.” Almost twice as many low-income parents/caregivers said that they did not have enough hours per day of care than respondents who were not low-income. Overall, care in other settings was infrequent and, when reviewed by region, race/ethnicity, low-income, and home language, was most likely to be reported (over 10%) by respondents living in frontier areas (Appendix C-1).

When asked what **one thing they would change** about their child care arrangement if they could, other than money, caregivers provided a variety of answers. Nine response options were provided, including one option for “something else not listed” where an answer that did not fit into one of the categories could be described. Many caregivers said that their current arrange-

Figure 2-1. Percentage of children in care 8+ hours per week, by race/ethnicity

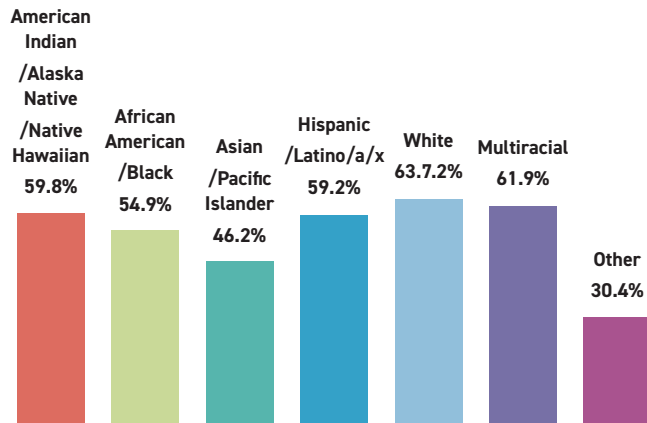
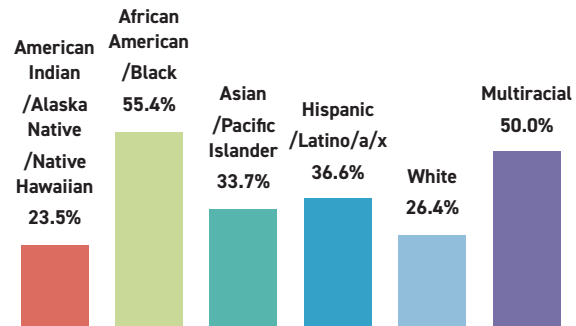


Figure 2-2. Percentage of respondents that tried to find care in the past year, by child's race/ethnicity



Note: Other race/ethnicity suppressed due to small sample size.

ments were just right (see Figure 2-9). The next top-four options selected were a care arrangement that was **more convenient, a higher-quality environment, a smaller setting or fewer children, or something else**. The top-five selected options are shown within each child's race/ethnicity in Figure 2-10, as well as the percentage of respondents indicating that they would like a provider who better represented the child's culture, language, or ethnicity. Overall, White children had caregivers who were most likely to report that they would not change anything about their child care arrangement; other top changes varied by race/ethnicity. Note that responses for participants with children in the other race/ethnicity category is not shown due to suppressed small sample sizes; some data are similarly suppressed for some of the top changes respondents would make to care due to small sample sizes. Families with a home language other than English were more likely to want a provider who better represented their child's culture, language, or ethnicity ([Appendix C-1](#)). Low-income families were more likely to want a different type of setting or facility, whereas families living above 200% of the federal poverty line were more likely to want care that was more convenient. Regionally, parents/caregivers in frontier regions were almost two times more likely than those in other regions to say that they would not change anything and their current arrangements were just right (Figure 2-11).

Figure 2-3. Respondent child care arrangement settings

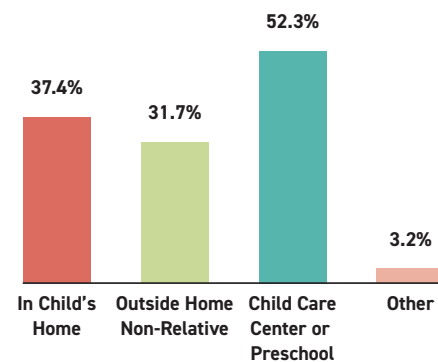


Figure 2-4. Percentage of children whose child care setting type is home, by race/ethnicity

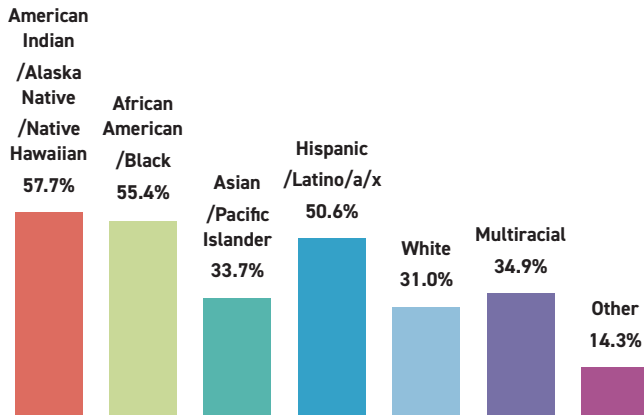


Figure 2-5. Percentage of children whose child care setting type is outside of home with a non-relative, by race/ethnicity

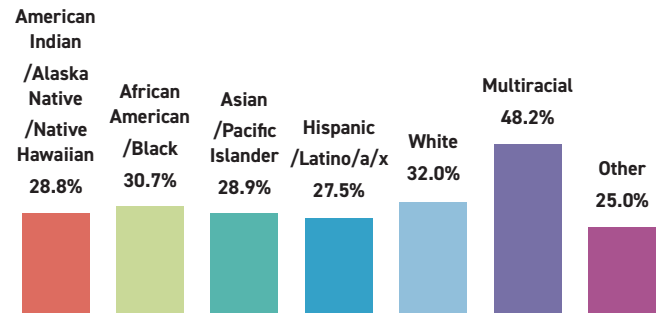


Figure 2-6. Percentage of children whose child care setting type is a center or preschool, by race/ethnicity

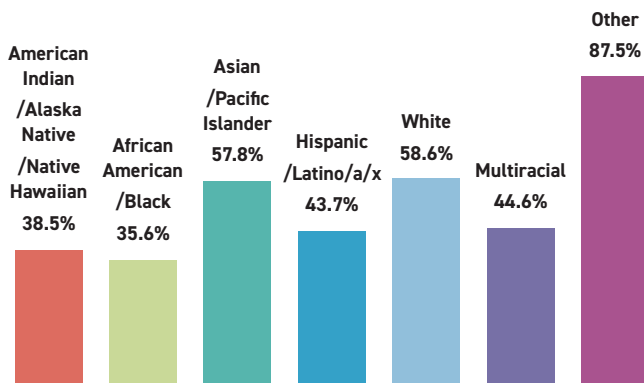


Figure 2-7. Percentage of respondents with children in care, by number of days per week

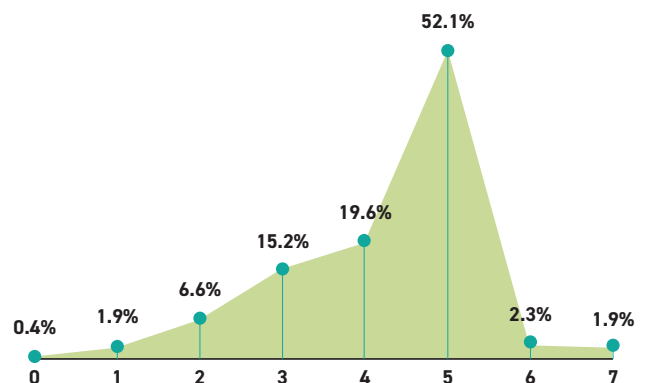


Figure 2-8. Percentage of respondents who are satisfied with amount of care received

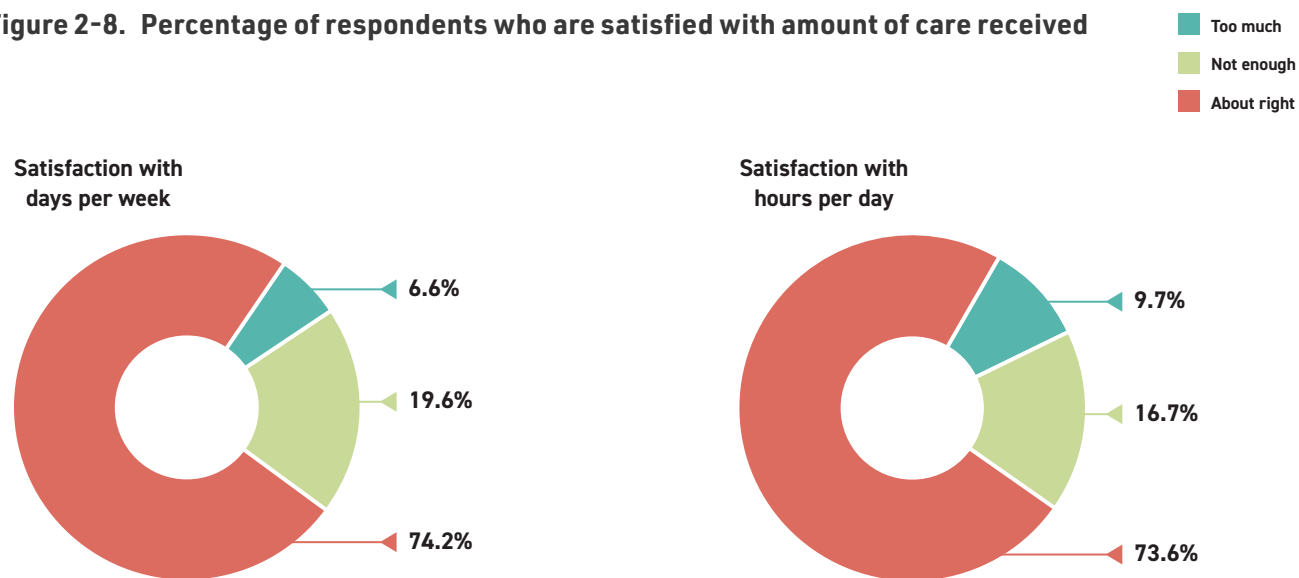


Figure 2-9. The one thing respondents would change about care (other than cost)



Figure 2-10. Top things respondents would change about care (other than cost), by race/ethnicity

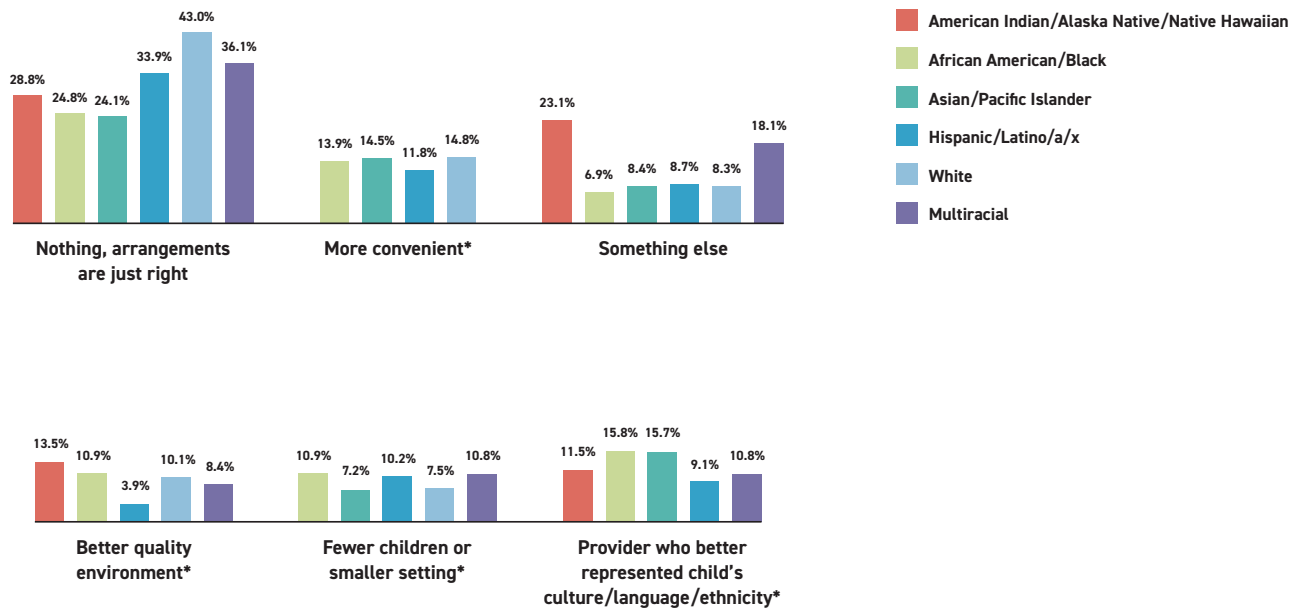
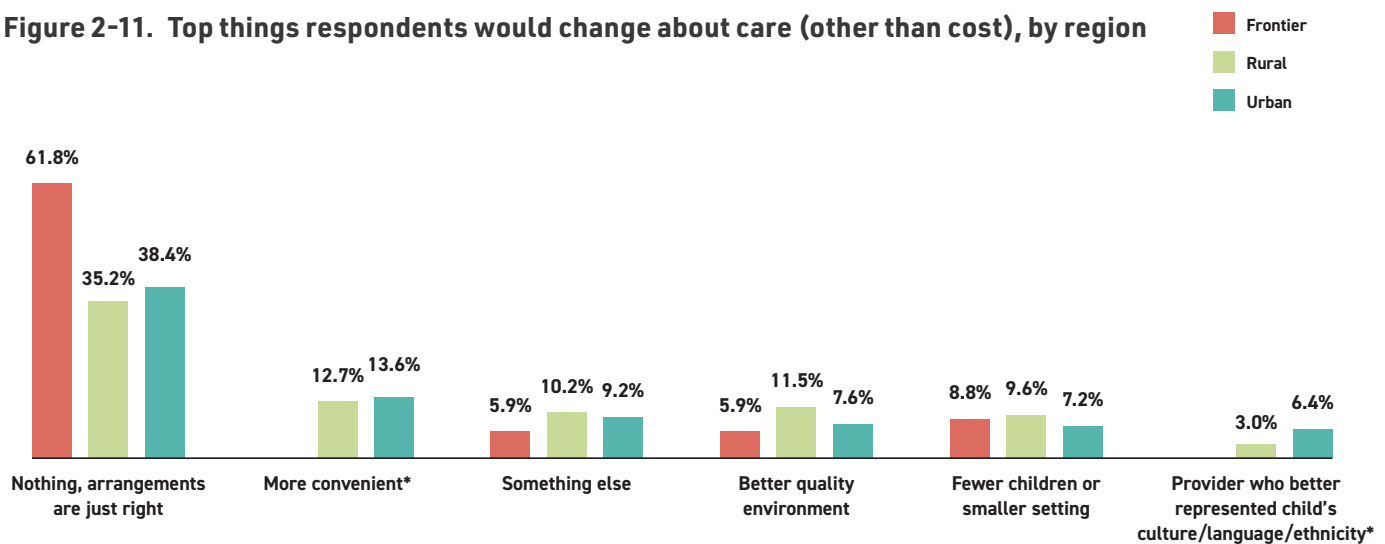


Figure 2-11. Top things respondents would change about care (other than cost), by region



Asterisk (*) indicates that data are suppressed for small sample sizes.

3 Challenges Finding Care

Survey respondents who indicated that their child had either been in care in the past year or who had been looking for care for their child were given a list of potential challenges that families might experience in finding high-quality child care. They were then asked to indicate if each was “not a challenge,” “somewhat challenging,” or “a big challenge.” For the purposes of analysis, the two latter categories were combined to “yes, a challenge.” Figure 3-1 presents the challenges to finding child care ranked in order of the percentage of parents/caregivers who indicated that the challenge was a barrier. By far the two greatest challenges that parents/caregivers reported were **finding affordable care** and **finding a provider with availability**. This was followed by finding the **type of care setting** (e.g., center-based, home-based, in-home) that they wanted and finding a provider in a location that was easy to access. Parents/caregivers named difficulties in finding a provider who was well-qualified and one whom they believed could help their child develop and learn as equally likely. Finding a provider who could meet the child’s medical needs, finding a provider who reflected the family’s cultural background and finding one who spoke the child’s home language were the least often named challenges for all parents/caregivers across the state as a whole. However, important differences emerged for a number of these factors when considering children’s racial/ethnic background and/or geographical location, see below.

Parents/caregivers were also asked to indicate if they had experienced challenges finding a provider who could support their child’s needs related to a physical or other disability. For this question, “Not applicable to your situation” was a possible answer category. Nine hundred twenty-three respondents provided an answer and of these, 40.5% indicated that this had been a challenge. Thus, for families whose children are experiencing a disability, this is clearly a frequent challenge.

Challenges Differed for Children with Different Racial/Ethnic Backgrounds, Primary Language, and Who Lived in Rural and/or Frontier Areas

When parent/caregiver answers were examined by race/ethnicity of the child, affordability continued to be the major challenge across groups. Perhaps not surprisingly, challenges related to “finding a provider who reflected your family’s cultural background” (Figure 3-2) and “finding a provider who spoke your child’s language” (Figure 3-3) were much more likely for children of color than for those who identified as White. This was mirrored when challenges were examined by primary language spoken at home (see [Appendix C-2](#) for details).

There were not many differences in the relative ranking of challenges for families with different income levels. However, when the geographic region was examined, families living in frontier regions were significantly more likely to cite finding a provider with available slots as a challenge than were families in rural and urban regions. Families in frontier regions were also more likely than rural and urban families to say it was challenging to find a provider who was well-qualified or whom they felt could help their child learn and develop (Figure 3-4). Families in both frontier and rural regions were more likely to say that it was a challenge to find a provider who could support the needs of a child with a physical or other disability than were parents/caregivers in urban regions (41% and 49% vs. 35%, respectively). Interestingly, parents/caregivers in frontier regions were least likely to say that finding a provider who could meet their child’s health needs was a challenge compared to parents/caregivers in rural and urban areas (28% vs. 42% and 32%, respectively). Please refer to [Appendix C-2](#) for more information.

Figure 3-1. Top challenges to finding care

Finding a provider that you could afford	76.5%
Finding a provider with open slots or availability	73.5%
Finding the type of child care setting you wanted	69.9%
Finding a provider in a location that was easy for you to get to	68.6%
Finding a provider who you felt could help your child learn and develop	60.8%
Finding a provider who was well-qualified in terms of experience and/or education	60.9%
Finding a provider who could meet your child's health needs	35.3%
Finding a provider who reflected your family's cultural background	34.3%
Finding a provider who spoke your child's home language	23.8%

Figure 3-2. Challenges to finding a provider who reflected family's background, by race/ethnicity

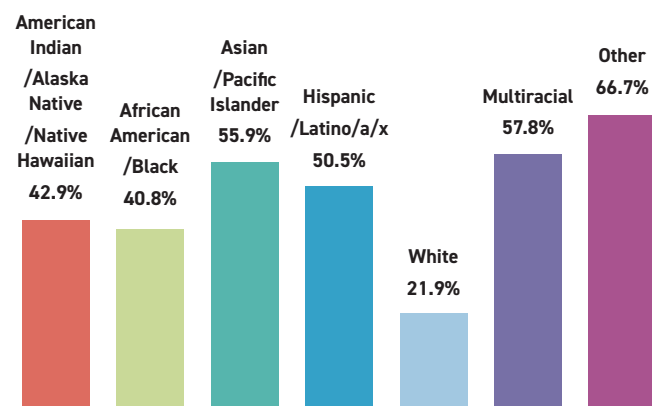


Figure 3-3. Challenges to finding a provider who spoke child's home language, by race/ethnicity

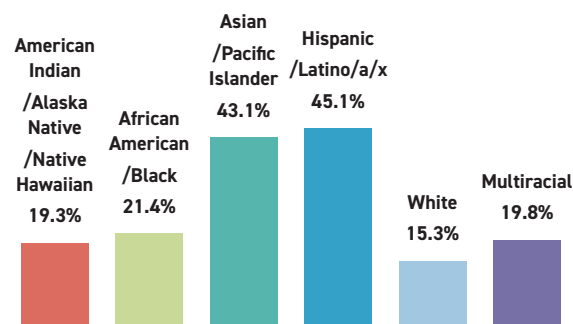
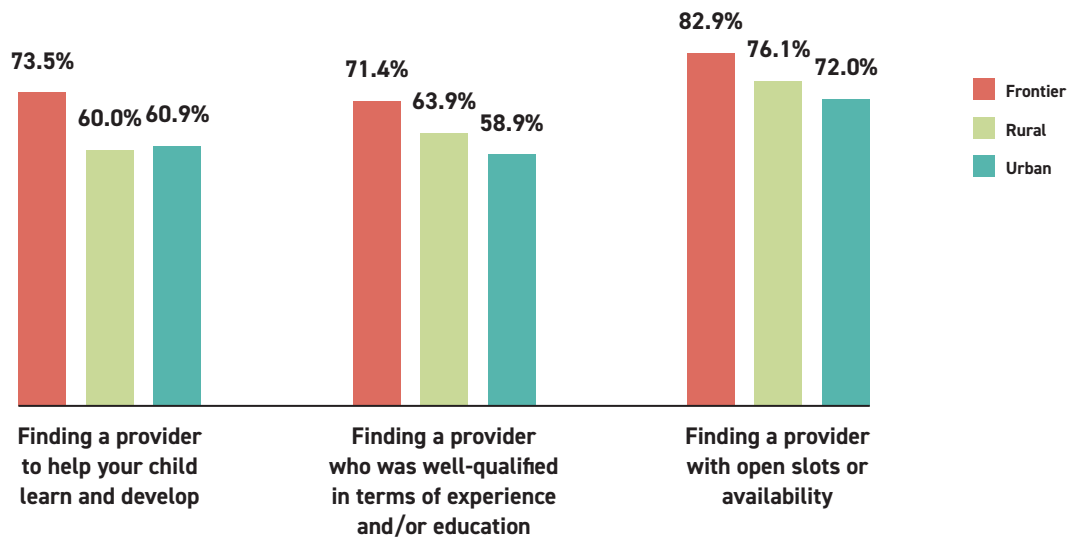


Figure 3-4. Challenges to finding care, by region



4 Suspension & Expulsion

For families, being asked to leave an early care and education setting can bring considerable upset in terms of both practical and emotional considerations. Not only might a family have to find alternative care, but they might also feel stigmatized by the experience of having their child asked to leave care. All respondents to the survey who indicated that their focal child had been in an early care and education situation for at least 8 hours a week in the past year were also asked to indicate if they had ever been told that their child “might need to ‘take a break’ or leave care, either permanently or temporarily.” Five percent (5.1%) of all children had been asked to do this, comprising 87 children total. Their parents/caregivers were then asked several follow up questions about the main reason given for the request, whether the child actually left care, the age at which the child was asked to leave care, how long they were out of care and whether they were able to return to care.

The majority of parents/caregivers indicated that the main reason that their children were asked to take a break from care was that the provider could not handle the child’s behavior towards children or adults (see Figure 4-1). This was followed by the child being unable to adjust emotionally, crying or having separation anxiety. Approximately 23% of parents/caregivers cited other reasons for their child being asked to take a break from care. These included the provider deciding that they did not want to provide care any longer, the family’s plans to travel for an extended time period, and lack of fit between the child and provider. The provider’s inability to meet the child’s physical and developmental needs were the two least cited reasons.

In 87.8% of the cases when children were asked to take a break from care, they did so. On average children were 2.3 years old (range = 0.8-5.3 years) when they were asked to leave care, and remained out of care for 2.5 months (range = 0-22 months). Thirty-five percent of the children returned to care with the same provider, 56% of the children switched providers, and 9% of the children never returned to care.

When the information was examined by the child’s race/ethnicity (Figure 4-2), results showed that children who were American Indian/Alaskan Native/Hawaiian Native and those who were mul-

tiracial/multiethnic were about three times more likely than White children to be asked to leave care either permanently or temporarily and children from Latino/a/x backgrounds were 1.5 times more likely to be asked to leave care (see [Appendix C-3](#)). The most often cited reason for being asked to leave care was the child being unable to adjust emotionally, crying or having separation anxiety for American Indian/Alaskan Native/Hawaiian Native children (67%) and those who were multiracial/multiethnic. For American Indian/Alaskan Native/Hawaiian Native children the next most common reason was that the provider could not handle the child’s behavior towards others, followed by “other” reasons. For multiracial/multiethnic children the two next most common reasons for being asked to leave care were also that the provider was not able to handle the child’s behavior and “other.” For Latino/a/x children the most cited reason for being asked to leave care was that the provider could not handle the child’s behavior (58%) followed by “other” reasons (32%) and the child not being able to adjust to care. Seventy-nine percent of Latino/a/x children were able to return to care with the same provider, by far the highest percentage across all of the racial ethnic groups. Conversely, 93% of children who were identified as multiracial/multiethnic were not able to return to care with the same provider (although they did return to care). This was the highest percentage across the groups.

Children living in families with low incomes were two times more likely to be asked to leave care than children who did not come from low-income backgrounds (8% vs. 4%).

Children from homes in which Spanish or a language other than English was the primary language were more than two times as likely to be asked to leave care than children in homes where the primary language spoken was English (9% and 9% vs. 4%, respectively).

The rates at which children were asked to leave care were approximately equal across regions. However, children in rural regions were more likely than those in urban regions to be asked to leave care due to the provider not being able to handle the child’s behavior (54% vs. 31%, respectively).

Table 4-1. Mean ages at which children were asked to leave care and months out of care

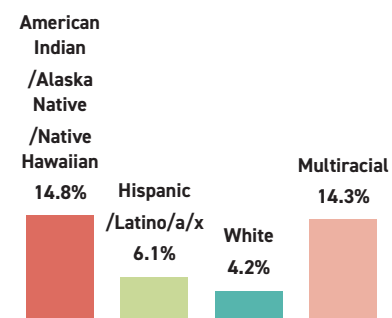
Respondent Category		Age	# of Months
Whole Sample		2.3	2.5
Race / Ethnicity	American Indian / Alaska Native / Native Hawaiian	2.7	0.7
	African American / Black	*	*
	Asian / Pacific Islander	*	*
	Hispanic / Latino/a/x	2.5	6.7
	White / Caucasian	2.4	1.5
	Multiracial / Multiethnic	1.2	2.5
	Other	NA	NA
Primary Home Language	English	2.4	1.3
	Spanish	2.2	4.9
	Other	2.1	0.6
Annual Income	< 200% of the Federal Poverty Level	2.2	1.6
	> 200% of the Federal Poverty Level	3.4	3.3
Geographic Region	Frontier	*	*
	Rural	2.6	1.1
	Urban	2.3	3.1

Asterisk (*) indicates data are suppressed because there were fewer than 5 cases reported.
NA indicates there were no cases reported.

Figure 4-1. Top reasons for child being asked to leave care

Provider could not manage child's behavior toward children or adults	37.3%
Child not adjusting emotionally/crying/separation anxiety	29.4%
Other reason	22.8%
Provider could not meet child's physical/health needs	6.1%
Provider could not meet child's developmental needs	4.4%

Figure 4-2. Children asked to 'take a break' from care, by race/ethnicity



Note: Children of Black/African American and Asian/Pacific Islander heritage are not pictured in this graph because fewer than 5 children in each group had been asked to leave care.

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5 Learning at Home

Survey respondents were asked a set of questions about their child's experiences of learning at home or with caregivers and family members. Questions included information about the number of books in the home, reading to their child, and other developmentally supportive activities. These indicators of early support for children's learning have been associated with later school success outcomes, such as achievement of 3rd grade reading and numeracy benchmarks. Figure 5-1 shows the number of books respondents said they owned or kept in the house. Responses ranged from "0-10", "11-25", "26-50", or "more than 50" books. The majority of respondents (71.9%) reported keeping 26 or more books in their home. This is slightly higher than the 63-68% of parents of entering kindergarteners in Oregon who reported keeping more than 26 books in their home on an annual survey of parents conducted from 2014-2017.¹

There are clear disparities in access to books for children of color. The percentage of children within each of the race/ethnicity categories with 26 or more books in their home can be seen in Figure 5-2. While more than half of children from each race/ethnicity had 26 or more books in their home, disparities in the number of books in the home libraries of children from different racial/ethnic backgrounds are evident. For example, only about half (54%) of Hispanic/Latino/a/x children had 26 or more books in the home, compared to 80.2% of White children.

Respondents were also asked how many days in a typical week they or someone else in the household read or looked at books with their child, in any language. They indicated that their child was read to "every day", "5 or 6 days", "3 or 4 days", "1 or 2 days", or "0 days" in a typical week. Just over 46% said they or someone in the household read to their child every day (see Figure 5-3), which is somewhat higher than the national average. Nationally, approximately 37% of parents report that they or a family member

reads to their child aged 0-5 every day, according to the 2017-2018 National Survey of Children's Health (NSCH).²

Again, however, disparities are evident when rates of reading are compared for families of color. Figure 5-4 shows survey responses by child race/ethnicity for reading every day. (More detailed information on frequency of reading is included in [Appendix C-4](#).) White children had the largest percentage of everyday book reading, followed by American Indian/Alaska Native/Native Hawaiian and Asian/Pacific Islander children. African American/Black children had the largest percentage of no book reading, and African American/Black, Hispanic/Latino/a/x, and Other racial/ethnic group children had the highest percentages of 1 or 2 days of book reading. These disparities echo NSCH 2017-2018 data showing White non-Hispanic children 0-5 had the highest percentage (44.9%) of daily book reading compared to Hispanic (23%) and non-Hispanic Asian (36.8%), Black (26.1%), and Other (41.3%) groups of children of color.³ While reading to children is clearly anchored in middle-class, White cultural values, research continues to suggest that reading books to children is a key activity that can promote children's early literacy and language development. Access to books in families' native languages, as well as support for family literacy, are likely both important to reducing these disparities in children's early learning experiences.

Given the cultural differences in book access and book-reading, we also included in the survey questions about other kinds of developmental activities that have been shown to be associated with later school success. Survey respondents were asked to indicate how often they or someone in their family had done each of the following with their child during the prior week: Taking their child along on an errand, telling a story, teaching letters, words, or numbers, and singing songs or teaching songs or music. They were asked to indicate if they or someone in their family had done

1 Oregon Community Foundation P-3 Cross-Site Parent/Caregiver Survey Year 4 Report, 2017, Center for Improvement of Child and Family Services, Portland State University.

2 The NSCH is an annual nationwide survey that includes data weighted to be representative of the U.S. population of non-institutionalized children under 18. The NSCH is funded and directed by the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) in the U.S. Department of Health and Human Services in partnership with the U.S. Census Bureau, National Center for Health Statistics at the Centers for Disease Control, Child and Adolescent Health Measurement Initiative, and a National Technical Expert Panel.

3 <https://www.childhealthdata.org/browse/survey/results?q=7196&r=1&g=721>

each activity “not at all,” “once or twice,” or “three or more times” in the past week. Figure 5-5 shows how often respondents did each activity: the majority of the respondents engaged in each of the 4 activities three or more times in the past week. Looking at the number of activities engaged in three or more times, American Indian/Alaska Native/Native Hawaiian children were most likely to engage in 3 or 4 of the activities three or more times in the past week (Figure 5-6), and were most likely to have caregivers or family members teach letters, words, or numbers, and sing or teach songs or music (Appendix C-4). Nationally, approximately 47.9% of caregivers or family members told stories or sang songs to their child aged 0-5 every day in the prior week, 20.1% told stories or sang songs 4-6 days, 28.2% told stories or sang songs 1-3 days, and 3.8% did not tell stories or sing songs in the prior week, according to NSCH 2017-2018 data.¹

Survey respondents were also asked how important they thought preschool programs were for helping children be ready for kindergarten. They were provided with three options: “very important,” “somewhat important,” and “not at all important.” The majority of survey respondents thought preschool programs were very important for helping children be ready for kindergarten, followed by somewhat important (Figure 5-7). While some variation exists (Appendix C-4), this pattern of the importance of preschool programs persisted across regions, race/ethnicity, income, and home language.

¹ <https://www.childhealthdata.org/browse/survey/results?q=7197&r=1>

Figure 5-1. Number of books present in respondent homes

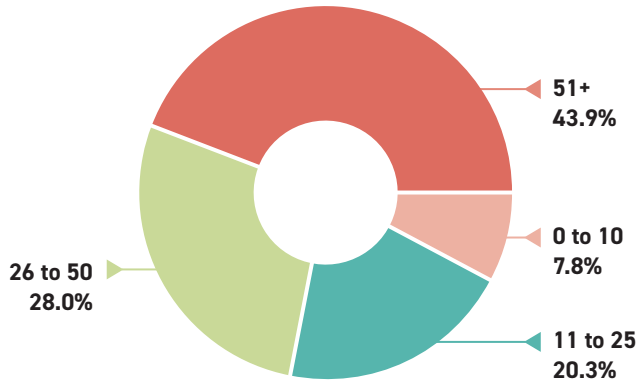


Figure 5-2. Children with 26 or more books in home, by race/ethnicity

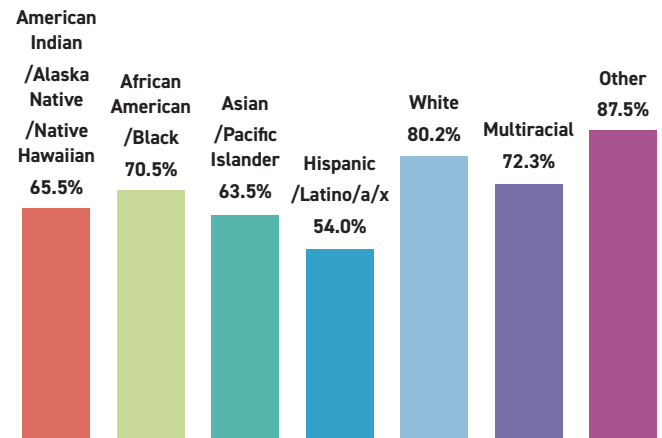


Figure 5-3. Number of days respondents read to their child in a typical week

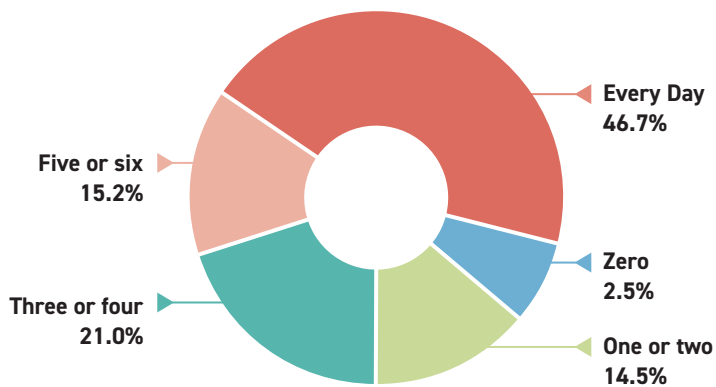


Figure 5-4. Children who were read to every day in a typical week, by race/ethnicity

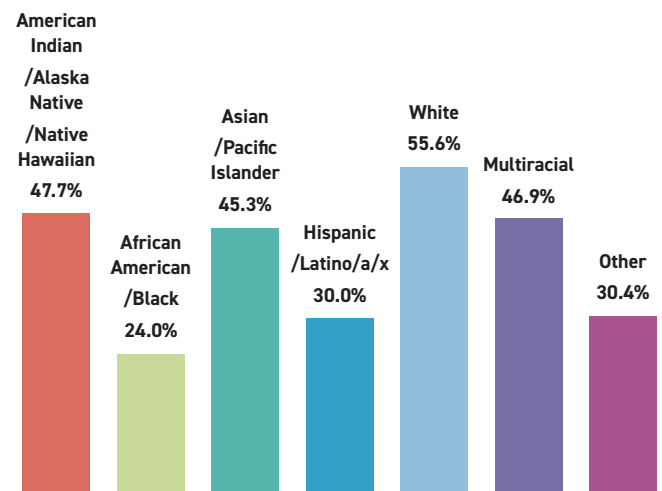


Figure 5-5. Respondents' frequency of other developmentally supportive activities

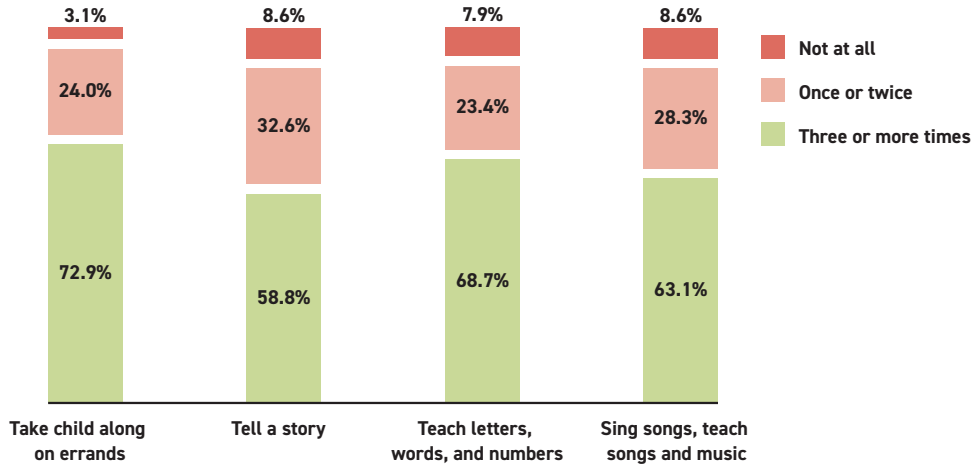


Figure 5-6. Respondents' practice of 3 or more developmentally supportive activities 3 or more times per week, by child's race/ethnicity

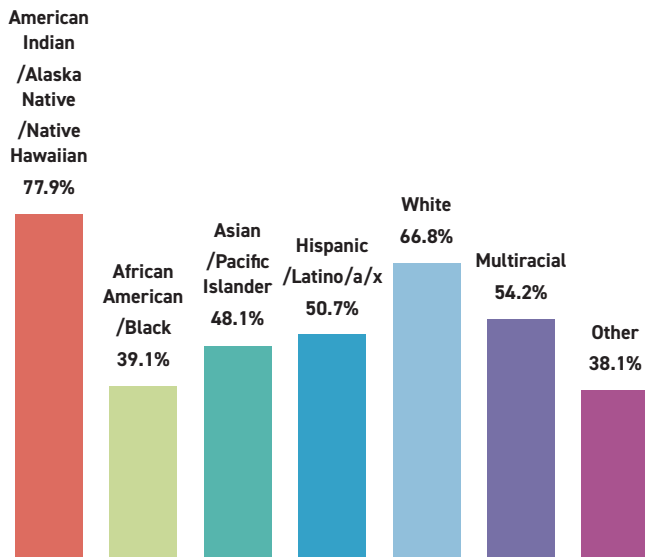
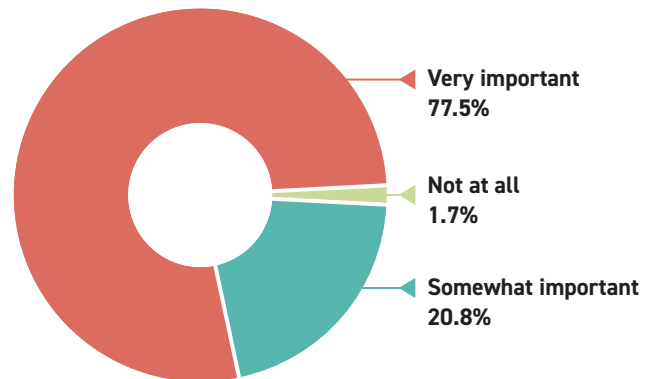


Figure 5-7. Respondents' perceived importance of preschool programs



Summary and Conclusions

The *PDG B-5 Household Survey* asked parents and other caregivers of children age 5 years and younger to describe their experiences with finding and using child care across the State of Oregon. Survey findings helped to identify a number of current strengths as well as opportunities for improvement of Oregon's early care and education systems.

Patterns of Usage and Satisfaction

Use of Early Care and Education Services

The majority of parents/caregivers responding to the survey (59.4%) had at least one child in early care and education services for at least 8 hours a week. Half (52.3%) of parents/caregivers who had their child in care were utilizing center-based services. Further, almost one third of the parents/caregivers who did not currently have a child in a child care arrangement (32.2%) had tried to find early care and education services in the last year. The majority of parents/caregivers across racial/ethnic, language, and income groups and geographic regions believed that preschool programs were "very important" to helping children to be ready for kindergarten. Overall, it is clear that child care and education services in Oregon are being utilized and continue to be needed and valued by parents/caregivers of young children. At the same time, challenges finding and accessing the types of affordable, quality care that parents value were common.

Satisfaction with Current Early Care and Education Services

When asked if they were satisfied with the number of days a week and the number of hours per day that were available for their child to be in care, almost three-quarters of all parents/caregivers reported that the amounts were "about right." When asked to name one thing that they would change about their current care arrangements other than cost, over a third (37.9%) of parents/caregivers noted that their current arrangements were "just right." This was by far the most frequently endorsed answer. While this is a strength, it also suggests that there is room for improvement in the early care and education arrangements of the majority of parents/caregivers.

Challenges Faced by Parents/Caregivers

Affordability and Availability of Early Care and Education Services

Parents/caregivers overwhelmingly indicated that affordability and availability of slots were the two greatest challenges to finding care. The fact that one-third of those parents/caregivers who did not have current child care were looking for such services speaks to the need for more availability across the state. Overall, close to 20% of parents/caregivers indicated that they did not have enough days (19.6%) or hours (16.7%) of early care and education services. Those numbers were higher for parents/caregivers whose income was less than 200% of the federal poverty line. Solutions are needed for providing high-quality early care and education opportunities that are within the economic reach and fit the schedules of a range of families.

Need for Culturally and Linguistically Responsive Early Care and Education Services

The majority of parents/caregivers of children of color and those who spoke Spanish or a language other than English had difficulties finding a provider who reflected the family's cultural background and/or who spoke the child's language. That parents/caregivers saw this as a challenge indicates their preferences for providers who reflect their cultures and home languages. As Oregon's population becomes increasingly diverse, it will continue to be important to recruit and support providers from a variety of racial, ethnic, and cultural backgrounds as well as those who speak languages other than English. This may mean reaching out to in-home providers, as children from a number of racial/ethnic groups were more likely to be in non-center-based care.

Need for Services in Frontier and Rural Areas

Parents/caregivers in frontier areas of the state were most likely to cite the lack of available early care and education services as a challenge to finding care, followed by families in rural regions. Those families in Oregon's most remote regions also cited difficulties in finding well-qualified providers, and providers who could help their children learn and develop. Families in both frontier and rural regions were also likely to have difficulty finding a provider who could support the needs of a child with a physical or other disability. Interestingly, once they found care, parents/caregivers in frontier regions were the most likely to say that they would not change anything about their current care arrangements (61.8%). This suggests that there is a need for more training of more potential providers to ensure not only availability of care but also to improve their capacity to work with children with a variety of needs. Increasing opportunities for providers would help in expanding services for families.

Children Being Asked to Leave Care

The rate of preschool-aged children being asked to leave care either temporarily or permanently has been rising across the country. In a survey of providers across Oregon completed for the *PDG B-5 Strengths and Needs Assessment*, 44% of facilities reported having asked a child to leave care at some point. The present survey of parents/caregivers represents an important step in finding out more about the impact on families when children are asked to leave care.

In the Household Survey, parent/caregivers reported that 5% of children had been asked to "take a break" or leave care either temporarily or permanently. The most often cited reason for the request was that the provider could not handle the child's behavior towards others. This was followed closely by the child being unable to adjust emotionally, crying, or having separation anxiety. Most children did not return to the same provider after they had been asked to leave care. Children of color and those from low-income backgrounds were 2-3 times more likely to be asked to leave care than their White and higher income peers. Given that the most often cited reasons for being asked to leave care was providers not being able to handle the child's behavior towards others or the child's reactions to being in care (e.g., crying, separation anxiety), providing more professional development opportunities around developmental stages, teaching social emotional skills, and classroom behavior management could increase providers' capacities to serve children with a range of behaviors and needs.

Recommendations

Overall, the findings from the survey of parents/caregivers of young children in Oregon has provided a unique snapshot of the needs for early care and education opportunities across multiple groups and geographic regions. This survey highlights the importance of these opportunities for parents/caregivers of young children, as well as the variety of settings in which care is provided. It also allows us to see that expansion and continued support are needed to:

1. Continue to increase the availability of early care and education services around the state, particularly in frontier and rural regions and for low-income families.
2. Continue to increase the affordability of early care and education for all parents/caregivers.
3. Continue to diversify the provider workforce in terms of racial/ethnic, cultural, and language diversity, as well as increase professional development opportunities focused on ways to provide culturally and linguistically responsive care.
4. Continue to expand providers' skills in developmentally appropriate practices, teaching social-emotional skills, and managing behavior.

Oregon parents/caregivers clearly want and value early care and education opportunities. The state recently passed historic legislation to increase those opportunities for all Oregon families. Findings from this survey help to bring the voices of parents/caregivers to the fore in informing decisions to improve and expand Oregon's early childhood care and education system and services moving forward.

Appendix A

SNAAC Membership Lists

Table A1. SNACC membership list

Name	Organization or Role	Membership
Benjamin Hazelton	Oregon Health Authority	SNAAC ¹
David Mandell	Early Learning Division	SNAAC ¹
Evan Fuller	Oregon Department of Education	SNAAC ¹
Gwyn Bachtle	Early Learning Division	SNAAC ¹
Joan Blough	Early Learning Division	SNAAC ¹
Julie Reeder	Oregon Health Authority, WIC	SNAAC ¹
Kara Williams	Oregon Department of Education	SNAAC ¹
Maria Duryea	Department of Human Services	SNAAC ¹
Megan Pratt	Oregon State University	SNAAC ¹
Michaela Sektan	Oregon State University	SNAAC ¹
Nurit Fischler	Oregon Health Authority	SNAAC ¹
Paul Bellaty	Department of Human Services	SNAAC ¹
Ramona Halcomb	Oregon Department of Education	SNAAC ¹
Sherril Kuhns	Department of Human Services	SNAAC ¹
Abby Bush	Oregon Community Fund	SNAAC
Alonzo Chadwick	Self Enhancement, Incorporated	SNAAC*
Amanda Manjarrez	Latino Network	SNAAC
Amanda Mercer	Confederated Tribes of Grand Ronde	SNAAC*
Amy True	Children's Institute	SNAAC*
Angela Jarvis-Holland	NW Down Syndrome Association	SNAAC
Angie Blackwell	Confederated Tribes of Grand Ronde	SNAAC
Ben Bowman	Confederation of Oregon School Administrators	SNAAC
Bobbie Weber	System Research Partner	SNAAC
Bruce Sheppard	Early Intervention/Early Childhood Special Education	SNAAC
Cara Copland	Oregon Association of Relief Nurseries	SNAAC
Cassandra Ferder	ELD Community Systems and Family/Parent Engagement	SNAAC*
Christa Rude	Four Rivers Early Learning Hub	SNAAC*
Christine Waters	Child Care Resource and Referral of Multnomah County, Mt. Hood Community College	SNAAC
Christy Cox	The Ford Family Foundation	SNAAC
Coi Vu	IRCO Asian Family Center	SNAAC
Colleen Reulend	Oregon Pediatric Improvement Partnership	SNAAC
Danaye Gonzalez	South Coast Child Care Resource and Referral	SNAAC
Dee Hayward	Immigrant and Refugee Community Organization	SNAAC*
Diane Tipton	Early Intervention/Early Childhood Special Education, High Desert Education Service District	SNAAC
Gladys Alvarado	Latino Network	SNAAC*
Jamie Burch	NW Disability Support	SNAAC*

Table A1. SNACC membership list *continued*

Name	Organization or Role	Membership
John Radich	Department of Human Services	SNAAC
Jose Juan Escobar	Oregon Child Development Coalition	SNAAC
Julie Bettles	The Klamath Tribes	SNAAC
Kerry Wels	211info	SNAAC
Kristi Collins	Early Learning Hub of Linn, Benton, and Lincoln Counties	SNAAC
Lai-Lani Ovalles	Early Learning Multnomah	SNAAC*
Leanne Trask	Early Learning Hub of Linn, Benton, and Lincoln Counties	SNAAC
Lydia Chiang	Pediatrician	SNAAC
Lili Hoag	Family Forward	SNAAC
Linda Watson	GOBHI Coordinated Care Organization	SNAAC
Margie McNabb	Early Learning Division	SNAAC
Maria Rangel	NW Disability Support	SNAAC
Marina Merrill	Children's Institute	SNAAC*
Molly Day	Early Learning Multnomah	SNAAC*
Mychal Cherry	Confederated Tribes of Grand Ronde	SNAAC
Nancy Nordyke	Southern Oregon Head Start	SNAAC
Peg King	Health Share of Oregon, Coordinated Care Organization	SNAAC
Regan Gray	Family Forward	SNAAC
Robin Hill-Dunbar	The Ford Family Foundation	SNAAC
Sadie Feibel	Latino Network	SNAAC*
Shawna Rodrigues	Early Learning Division	SNAAC
Tab Dansby	Children First for Oregon	SNAAC
Tom George	Oregon Department of Education	SNAAC

Asterisk (*) indicates Family Voices Working Group member

Superscript (¹) indicates State Agency Working Group member

Appendix B

Survey Technical Report

Table B. PDG B-5 Household Survey

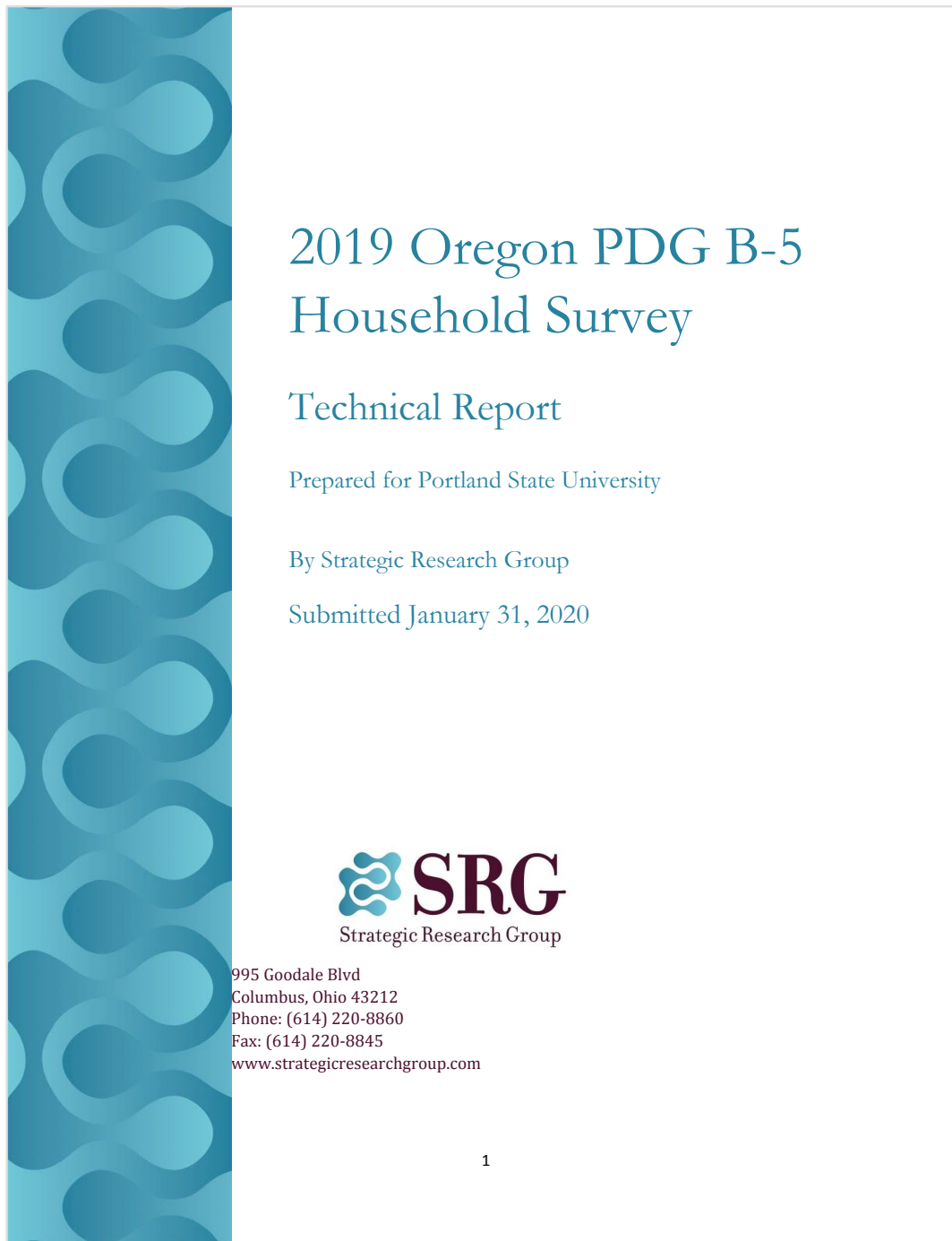


Table B. PDG B-5 Household Survey *continued*

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Table B. PDG B-5 Household Survey *continued*

Background

Though the state of Oregon has many positive indicators relating to early childhood development and education, there are still areas of need and room for improvement in related indicators. Data from Education Weekly Research Center indicate that Oregon ranks 46th in the nation in early childhood education¹ (and scores lower than the U.S. overall in preschool and kindergarten enrollment²). Other data indicate Oregon ranks in the bottom half of the nation when it comes to children's well-being.³

In particular, childhood development issues and well-being can be affected by other risk factors, such as living in poverty or being part of a historically underserved minority group. In Oregon, 17 percent of children are living in poverty, with county-level childhood poverty ranging from nine to 40 percent.⁴ Approximately 13 percent of the state's population are of Hispanic origin.⁵ As such, there are segments of Oregon's population which could benefit from support services.

Oregon was awarded a \$4.25 million federal grant to conduct a birth through five needs assessment, followed by strategic planning and enhancement/expansion of their service delivery system. As part of this process, Portland State University (PSU) contracted with Strategic Research Group (SRG) to conduct a telephone and web survey of parents of young children to understand what the current system provides and lacks for families in the birth through five area.

Methodology

Sample

To be eligible for participation in this survey, respondents had to be Oregon residents who were 18 years or older and the parent or guardian of a child under the age of six who had not yet started kindergarten. The sampling approach utilized for this survey effort began with a random digit dial (RDD) sample of Oregon residents with an oversample of low income, rural communities, and Hispanic/Latino families. This probability-based sample consisted of approximately 80 percent cell-phones and 20 percent landlines. Strategic Research Group (SRG) worked with Marketing Systems Group (MSG) to identify the targeted populations and obtain the oversample of records believed to be low income, rural, or Hispanic/Latino. A sample size of approximately 32,000 records was selected after weighing an anticipated number of out of scope records and anticipated response rate of approximately five percent against budget constraints.

Given the anticipated low response rates for modern RDD surveys and budget concerns, a second non-probability convenience sample was obtained from MSG. This convenience sample was thought to contain records associated with having a child under the age of six years old. The same oversampling plan was utilized for the convenience sample, resulting in an additional 13,706 records for the non-probability convenience sample. The convenience sample had a 75/25 cell-phone to landline split.

¹ <https://www.oregonlive.com/education/2015/01/oregon-ranks-no-46-for-early-c.html>

² <https://www.edweek.org/ew/articles/2019/01/16/highlights-report-oregon.html>

³ <https://www.publicnewsservice.org/2019-06-17/childrens-issues/report-oregon-ranks-in-bottom-half-of-states-for-child-well-being/a66821-1>

⁴ <https://www.countyhealthrankings.org/reports/state-reports/2019-oregon-report>

⁵ <https://www.census.gov/quickfacts/OR>

Table B. PDG B-5 Household Survey *continued*

MSG also provided mailing addresses to records when available, which SRG utilized to send prenotification letters and reminder postcards. Address matches were available for 27 percent of the probability sample records and all of the non-probability convenience sample records.

A lower than anticipated contact rate for both samples and eligibility rate for the convenience sample⁶, led to the decision to supplement the MSG convenience sample with eligible PSU-recruited families. Midway through the contact effort, PSU disseminated materials developed by SRG to community partners throughout Oregon. These community partners advertised the survey on their various social media accounts (e.g., Facebook, Twitter, etc.) and through emails and flyers. Any person who received the information from one of these sources was directed to either call, text, or email SRG. SRG then provided eligible individuals access to the survey via one of these methods. These individuals then became part of the convenience sample.

Data Collection

Data for the 2019 Oregon Early Childhood Survey were collected via telephone interviews and web survey for eligible households that elected to participate. Contact with respondents was made through a variety of modes throughout the data collection period. The contact efforts for this survey began with telephone calls to the portion of the probability sample for whom addresses were not available and the mailing of a prenotification letter to all probability households for which MSG was able to provide an address. SRG began calling the probability sample who were sent the prenotification letters about a week after the letters were mailed. A web option was added to the survey effort to increase access to the survey. A reminder postcard with the web survey link and unique household passcode was sent to households with a known address whose prenotification letter had not been returned as undeliverable and who had not yet completed the survey. Households with a valid email address were sent email reminders that provided a link to the web survey along with SRG contact information should they prefer to complete the survey over the phone.

Survey Invitations

Survey invitation letters (Appendix B) were mailed on November 6, 2019 to all probability sample households for whom SRG had a mailing address, which was 8694 households. The invitation letter included a description of the survey's purpose and content, identified Portland State University as the institution sponsoring the survey and SRG as the survey contractor, and provided contact information for both PSU and SRG.

Incentive

From November 1, 2019 to December 11, 2019, potential respondents were informed that those who completed the survey would be entered into a lottery to win a \$100 Visa gift card after the data collection period of the project was complete. Once data collection was complete, two respondents who completed the survey during this phase were selected at random to receive a \$100 Visa gift card.

Starting on December 12, 2019, respondents were informed that each respondent who completed the survey would receive a \$30 digital gift card once data collection was complete. Respondents who completed the survey during this phase of data collection received their gift cards via email following the close of the contact effort phase.

⁶ The confirmed Out of Scope rate for the convenience sample was not much lower than for the probability sample; 48.4% of those reached as opposed to 53.6% for the probability sample.

Table B. PDG B-5 Household Survey *continued***Telephone Interviewing**

SRG conducted telephone interviews throughout the entire data collection period, from November 1, 2019 until January 12, 2020. The calling effort consisted of contacting sampled households and determining their eligibility to take the survey. If the household was not reached, a voicemail was left (when possible) notifying the household of the survey, mentioning the incentive, and providing a phone number to call should the respondent wish to participate.

Table 1 below provides the days and times during which telephone calls were made.

Table 1: Calling Times

Day	Times (PST)
Monday-Thursday	10:00 A.M. – 8:00 P.M.
Friday	10:00 A.M. – 3:00 P.M.
Saturday	10:00 A.M. – 6:00 P.M.
Sunday	11:00 A.M. – 8:00 P.M.

Trained interviewers conducted the calls using scripts (Appendix A) developed by SRG research staff. If a household was reached, interviewers determined if any adults in the household were eligible to take the survey. In order to be eligible, the respondent had to be 18 years or older, an Oregon resident, and be the primary caretaker of at least one child under the age of six who had not yet started kindergarten. Eligible respondents were then invited to participate in the survey. If a sampled household refused or was ineligible to participate, interviewers requested and documented the reason for their refusal (if provided) or ineligibility.

Throughout the data collection phase, SRG reviewed the number of completed surveys to gauge the progress of the project. Due to concerns over low eligibility and low response rates early in the collection phase, SRG and PSU agreed to supplement the probability sample with a non-probability convenience sample, expected to contain a larger number of eligible households. Telephone interviews for the convenience sample began on November 18, 2019 and lasted until the end of the data collection period on January 12, 2020.

In early December, it was determined that the MSG-provided convenience sample was also yielding low eligibility and response. SRG and PSU implemented an approach to augment the convenience sample by advertising the survey through PSU's community partners. The advertisements notified potential respondents that, as a show of appreciation, all those who completed the survey would receive a \$30 digital gift card. Potential respondents were invited to contact SRG via phone, email, or text message. Those who did so were provided with the URL for the web survey as well as a four-character unique passcode to access the survey. If respondents asked to complete the survey via telephone interview, this request was accommodated.

Web Survey

In order to provide greater access to the survey, SRG began to offer the survey via the web on November 26, 2019. Sampled households were assigned a four-character unique passcode they could use to access the survey. Potential respondents from sampled households were informed of the web option for the survey through reminder post cards and/or through email. Postcards contained the survey web address and the household's unique passcode. Households with available email addresses

Table B. PDG B-5 Household Survey *continued*

were sent multiple emails informing them of the opportunity to participate in the survey effort over the internet and were provided both a clickable link to take them directly into their household's individual survey as well as the URL for the general survey site and their household's four-character passcode.

Beginning on December 13, 2019, the survey was marketed by PSU community partners and SRG opened the web survey allowing any adult Oregon resident 18 years of age or older who was the primary caretaker for at least one child under the age of six who had not yet started kindergarten to complete the survey. Eligible residents were asked to contact SRG for a passcode to access the survey. Table 2 below provides the number of passcodes provided to those requesting access to the survey. Not all passcodes were utilized and not all those accessing the survey met the eligibility requirements.

Table 2: Assigned Passcodes

Assigned Passcodes	Number of Households
Total Assigned Passcodes	2832
Passcodes assigned via email	532
Passcodes assigned via text	2107
Passcodes assigned via phone	193

Reminder Contacts

Two reminder contact efforts were made to increase response rates for the survey: a series of reminder postcards and several reminder emails.

The first reminder postcard (Appendix F) was sent on December 6, 2019 to a small sample of respondents from both the probability and convenience samples in order to test the effectiveness of this effort. The second postcard (Appendix G) was sent on December 16, 2019, to remaining probability sample households who had not received the initial postcard. The final reminder postcard (Appendix H) was sent on December 26, 2019 to targeted households in the probability sample in order to increase response rates for underperforming demographics. All three reminder postcards prompted the recipients to complete the survey and emphasized the importance of the information. The postcards contained the URL for the survey website as well as the household's individual passcode. Recipients were also provided SRG's phone number in case they had questions or wished to complete the survey over the phone.

Another reminder effort involved sending email reminders to sampled households for which a valid email address was available. The first reminder email (Appendix C) was sent on November 26th, 2019 and second (Appendix D) on December 5th, 2019. The first two emails were sent to households in both the probability and convenience samples for whom SRG had valid email addresses, but who had not yet completed the survey. The final reminder email (Appendix E) was sent on January 7, 2020. This email was sent to all non-responding households in the probability sample for whom SRG had a valid email address. All reminder emails prompted the recipient to respond to the survey and emphasized the importance of the information being collected. Each reminder email also contained a clickable link to the take the respondent directly to their individual survey as well as a URL to the general survey page and the household's passcode.

Table B. PDG B-5 Household Survey *continued*

Table 3 below provides the timeline for all letter, postcard, and email contacts. All contact materials can be found in Appendices B-H.

Table 3: Mailing Contact Effort Timeline

Contact	Date Sent
Invitation Letter	11/6/2019
Reminder Email #1	11/26/2019
Reminder Email #2	12/5/2019
Reminder Postcard #1	12/6/2019
Reminder Postcard #2	12/16/2019
Reminder Postcard #3	12/26/2019
Reminder Email #3	1/7/2020

Response Rate

The 2019 Oregon Early Childhood Survey was originally designed as a random digit dialing (RDD) telephone survey, consisting of a large probability sample from which to anchor the responses, and a smaller non-probability convenience sample to bolster the likelihood of contact with eligible households. The probability sample consisted of 32,060 records and the convenience sample consisted of 13,637 records. Both samples contained oversamples of records believed to be low income, rural, or Hispanic/Latino.

Initial calling efforts found that over 50 percent of the households reached in the probability sample were not eligible for the survey (i.e., not an Oregon resident 18 years or older who is the parent or guardian of a child under the age of six who has not yet started kindergarten), which was anticipated. However, initial calling efforts also found that just under 50 percent of the MSG-supplied non-probability convenience sample were not eligible for the survey, which was lower than anticipated. Therefore, calling efforts for the MSG-supplied convenience sample were placed at a lower priority as SRG and PSU focused on the PSU community partner recruited convenience sample. Given that the MSG-supplied convenience sample did not receive the standard contact efforts, only the response rate for the probability sample is provided.

A total of 416 households from the probability sample responded to the survey. However, missing demographic data led to three of these cases being excluded from the final data as they could not be appropriately grouped and weighted. The eligibility of most of the sample (60%) remained unknown as calls were unanswered. The contact rate for the calling effort was only 30 percent and, of those contacted, 54 percent were ineligible households or non-residential numbers. The low contact rate and high ineligibility rate resulted in a survey response rate of 1.8 percent.

Table 4 below provides the breakdown of the results of the calling effort including completed cases, remaining eligible cases, cases with unknown eligibility, ineligible cases, and the number of households that SRG was unable to contact.

Table 4 Contact Effort Breakdown

Contact Effort Outcome	Number of Households
------------------------	----------------------

Table B. PDG B-5 Household Survey *continued*

Number of cases in probability sample	32,060
Cases still eligible	23,629
Interview completed	416
Household refused	381
Household reached but no complete or refusal (call back, will think about it, partial complete)	3,691
Cases with unknown eligibility	19,141
No contact (voicemail or message left, letter or email sent)	19,141
Cases removed from sample	8,431
Household ineligible	4,064
Household speaks language other than English or Spanish	29
Uncontactable cases (disconnected, business, fax, modem) & no mail or email address	4,338
Response Rate	1.8%

Weighting

Due to the complex nature of the final survey design, which included both probability and non-probability samples, oversampling, and multiple sampling frames, sampling statisticians from Marketing Systems Group (MSG) conducted the weighting for the survey data. A describing of the weighting procedure and how to generate variance estimation can be found in MSG's report, *Weighting Methodology Report: PSU-Blending Weighting*.

Table B. PDG B-5 Household Survey *continued*

Appendix A: Survey Instrument





PDG Statewide Needs Assessment Household Survey

SECTION 0 – INTRODUCTION AND SCREENING

1. Hello, my name is [Gina/John] and I am calling on behalf of Portland State University about a 10-minute survey we are doing to learn what supports parents and guardians think will help Oregon's children be healthy and successful. As a show of appreciation, eligible individuals who complete the survey will receive a \$30 digital gift card. Specifically, we're looking to talk with parents and guardians in Oregon who have a child under age 6 who hasn't started kindergarten. Does that describe you?

IF R SPEAKS SPANISH, EITHER SAY "OKAY, THANK YOU!" AND DISPOSITION OR SELECT "GO TO SPANISH SURVEY" OPTION.

Programming note: Above instruction not needed for the Spanish version.

- 1  YES (SKIP TO Q13)
- 0  NOT A GOOD TIME, SET CALLBACK (GO TO Q2)
- 2  NO (GO TO Q4)
- 3  GO TO SPANISH SURVEY



(1) IF NO

2. When would be a better time to talk? (SET CALLBACK, CLICK DISPOSITION)

(1, 3) IF NO



4. Is there another adult in your household who is a parent or guardian for at least one child who is under the age of 6 and who has not yet started kindergarten?

IF ASKED: A guardian can include anyone who has day-to-day decision-making responsibility for the child. This may be a parent, step parent, foster parent, grandparent, or other legal guardian. It does not include child care providers or live-in nannies.

- 1  YES (GO TO Q5)
- 0  NO – THANK AND END CALL

(4) IF YES

5. May I speak with this person?

- 1  YES – PERSON COMES TO PHONE (GO TO Q7)
- 0  NO (GO TO Q6)

(5) IF NO

6. When would be a better time to reach this person? (SET CALLBACK, CLICK DISPOSITION)

(5) IF YES

7. Hi, my name is [Gina/John] and I am calling on behalf of the Oregon Early Learning Division. We're doing a survey for Oregon's families. We're hoping to hear from families about what supports they think

Table B. PDG B-5 Household Survey *continued*

will help young children be healthy and successful. Your input is very important to us and will help the state prioritize its investments in improving child care, preschool, and other early learning programs. Do you have a minute for a few questions to see if you are eligible? The survey takes about 10 minutes, and all the information you provide is confidential.

- 1 ☐ YES ([GO TO Q8](#))
 0 ☐ NO ([GO TO Q2](#))
 3 ☐ GO TO SPANISH SURVEY

(3, 7) IF YES

8. Can I verify that you are currently living in Oregon?

- 1 ☐ YES ([GO TO Q10](#))
 0 ☐ NO ([GO TO Q9](#))

(8) IF NO

9. Okay, thank you. We are looking to talk with people who are currently living in Oregon, so unfortunately you aren't eligible to take the survey. Thank you so much for your time and have a great rest of the day.

(8) IF YES

10. And can I verify that you are at least 18 years old?

- 1 ☐ YES ([GO TO Q12](#))
 0 ☐ NO ([GO TO Q11](#))

(10) IF NO

11. Okay, thank you. We are looking to talk with people who are at least 18 years old, so unfortunately you aren't eligible to take the survey. Thank you so much for your time and have a great rest of the day.

(10) IF YES

12. IF ZIP CODE: Great, thank you. And I have your zip code as [\[ZIPCODE\]](#). Is that correct?

IF NO ZIP CODE: CLICK "NO"

- 1 ☐ YES ([GO TO Q14](#))
 0 ☐ NO ([GO TO Q13](#))

(12) IF NO

13. Great, thank you. Now, because we are trying to talk with families all throughout Oregon, could I get your zip code?

- 1 ☐ YES: _____
 8 ☐ DK
 9 ☐ RF

IF ASKED: WE ARE ASKING FOR ZIP CODE TO MAKE SURE WE TALK TO PEOPLE ALL THROUGHOUT THE STATE. YOUR ZIP CODE WILL NOT BE USED FOR ANY OTHER PURPOSE.

Table B. PDG B-5 Household Survey *continued***(11) IF YES**

14. And in what Oregon county are you living?

Programming note: drop-down list with DK and RF options.

SECTION 1 -- DEMOGRAPHICS

1. Great, thank you for that information. Next, I have a few questions that will help us to paint a picture of the families we talk to – these questions ask about you, your background, and your family resources. Please keep in mind that none of this information could be used to identify you, and all of it will be used to help improve child care for Oregon’s families.

1a. First, how old are you? Are you:

- 1 ☐ 18 to 24
- 2 ☐ 25 to 39
- 3 ☐ 40 to 54
- 4 ☐ 55 and older
- 8 ☐ DK
- 9 ☐ RF

1b. How would you describe your gender? Would you say:

- 1 ☐ Female
- 2 ☐ Male
- 3 ☐ Nonbinary
- 4 ☐ Gender nonconforming
- 8 ☐ DK
- 9 ☐ RF

2. Which of the following racial or ethnic groups describes your background? Please say yes or no for each option. Are you:

- ☐ American Indian or Alaska Native?
- ☐ African American or Black?
- ☐ Asian?
- ☐ Native Hawaiian or Pacific Islander?
- ☐ Hispanic or Latin-x?
- ☐ White or Caucasian?
- ☐ Other? IF YES, Please Specify: _____

Table B. PDG B-5 Household Survey *continued*

3. What languages do you typically speak at home?

IF R ONLY GIVES ONE LANGUAGE, ASK: Anything else?

- ☐ CHINESE (INCLUDES MANDARIN AND CANTONESE)
- ☐ ENGLISH
- ☐ SPANISH
- ☐ RUSSIAN
- ☐ VIETNAMESE
- ☐ OTHER: _____
- ☐ DK
- ☐ RF

4. In which of the following categories does your total household income for the past year fall? Please stop me when I reach your category.

- 1 Less than 10,000 dollars per year
- 2 10,000 to less than 25,000
- 3 25,000 to less than 33,000
- 4 33,000 to less than 42,000
- 5 42,000 to less than 50,000
- 6 50,000 to less than 59,000
- 7 59,000 to less than 68,000
- 8 68,000 or more
- 98 DK
- 99 RF

5. How many people in your household are supported by that income? By that I mean anyone living in your household who relies on this income for basic needs like food, rent, and so on, including yourself.

IF ASKED, THIS INCLUDES ADULTS AND CHILDREN

- 1 NUMBER: _____
- 8 DK
- 9 RF

6. How many children in your household are:

- a. Less than 1 year old
 - 1 NUMBER: _____
 - 8 DK
 - 9 RF
- b. At least 1 year old but less than 3 years old
 - 1 NUMBER: _____
 - 8 DK
 - 9 RF

Table B. PDG B-5 Household Survey *continued*

- c. At least 3 years old but less than 5 years old
- 1 ☐ NUMBER: _____
- 8 ☐ DK
- 9 ☐ RF
- d. At least 5 years old but not yet in kindergarten
- 1 ☐ NUMBER: _____
- 8 ☐ DK
- 9 ☐ RF
- e. Currently in kindergarten or older
- 1 ☐ NUMBER: _____
- 8 ☐ DK
- 9 ☐ RF
- f. INTERVIEWER: IS THERE **JUST ONE** OR **MORE THAN ONE** CHILD IN ITEMS A-D? (DO NOT COUNT ITEM E)
- 1 ☐ JUST ONE ([GO TO Q8](#))
- 2 ☐ MORE THAN ONE ([GO TO Q7](#))
7. To help me ask the right questions, I'd like to focus on the **oldest** child you have who has **not yet started kindergarten**. How old is the oldest child you have who has not yet started kindergarten?
- IF MULTIPLE BIRTHS, OLDEST CHILD IS THE ONE WHO WAS BORN FIRST.
- 1 ☐ LESS THAN 1 YEAR OLD
- 2 ☐ AT LEAST 1 YEAR OLD BUT LESS THAN 3 YEARS OLD
- 3 ☐ AT LEAST 3 YEARS OLD BUT LESS THAN 5 YEARS OLD
- 4 ☐ AT LEAST 5 YEARS OLD BUT NOT YET IN KINDERGARTEN
- 8 ☐ DK
- 9 ☐ RF
8. Just for my reference, could you tell me that child's name? A nickname or initials would also be fine.
- _____
9. What is your relationship to **[Focus Child]**?
- 1 ☐ MOTHER/STEP MOTHER/ADOPTIVE MOTHER
- 2 ☐ FATHER/STEP FATHER/ADOPTIVE FATHER
- 3 ☐ FOSTER PARENT
- 4 ☐ GRANDPARENT
- 5 ☐ OTHER
10. How would you describe **[Focus Child]**'s race or ethnicity? Is **[Focus Child]** American Indian or Alaska Native?
- 1 ☐ YES ([GO TO Q11](#))
- 0 ☐ NO ([GO TO Q12](#))
- 8 ☐ DK ([GO TO Q12](#))

Table B. PDG B-5 Household Survey *continued*

9 🟡 RF (GO TO Q12)

11. More specifically, is **[Focus Child]**:

- ☐ American Indian?
- ☐ Alaska Native?
- ☐ Canadian Inuit, Metis, or First Nation?
- ☐ Indigenous Mexican, Central American, or South American?
- ☐ DK
- ☐ RF

12. Is **[Focus Child]** African American or Black?

1 🟡 YES (GO TO Q13)

0 🟡 NO (GO TO Q14)

8 🟡 DK (GO TO Q14)

9 🟡 RF (GO TO Q14)

13. More specifically, is **[Focus Child]**:

- ☐ African American?
- ☐ African?
- ☐ Caribbean?
- ☐ Or Other Black?
- ☐ DK
- ☐ RF

14. Is **[Focus Child]** Asian?

1 🟡 YES (GO TO Q15)

0 🟡 NO (GO TO Q16)

8 🟡 DK (GO TO Q16)

9 🟡 RF (GO TO Q16)

15. More specifically, is **[Focus Child]**:

- ☐ Asian Indian?
- ☐ Chinese?
- ☐ Filipino or Filipina?
- ☐ Hmong?
- ☐ Japanese?
- ☐ Korean?
- ☐ Laotian?
- ☐ South Asian?
- ☐ Vietnamese?
- ☐ Or Other Asian?

Table B. PDG B-5 Household Survey *continued*

- ☐ DK
- ☐ RF

Table B. PDG B-5 Household Survey *continued*

16. Is **[Focus Child]** Native Hawaiian or Pacific Islander?

- 1 YES (GO TO Q17)
 0 NO (GO TO Q18)
 8 DK (GO TO Q18)
 9 RF (GO TO Q18)

17. More specifically, is **[Focus Child]**:

- ☐ Guamanian?
☐ Micronesian?
☐ Native Hawaiian?
☐ Samoan?
☐ Tongan?
☐ Or Other Pacific Islander?
☐ DK
☐ RF

18. Is **[Focus Child]** Hispanic or Latin-x?

- 1 YES (GO TO Q19)
 0 NO (GO TO Q20)
 8 DK (GO TO Q20)
 9 RF (GO TO Q20)

19. More specifically, is **[Focus Child]**:

- ☐ Central American?
☐ Mexican?
☐ South American?
☐ Or Other Hispanic or Latin-x?
☐ DK
☐ RF

20. Is **[Focus Child]** Middle Eastern or North African?

- 1 YES (GO TO Q21)
 0 NO (GO TO Q22)
 8 DK (GO TO Q22)
 9 RF (GO TO Q22)

21. More specifically, is **[Focus Child]**:

- ☐ Northern African?
☐ Middle Eastern?
☐ DK

Table B. PDG B-5 Household Survey *continued*

☐ RF

22. Is **[Focus Child]** White or Caucasian?

- 1 YES (GO TO Q23)
 0 NO (GO TO Q1 IN THE NEXT SECTION)
 8 DK (GO TO Q1 IN THE NEXT SECTION)
 9 RF (GO TO Q1 IN THE NEXT SECTION)

23. More specifically, is **[Focus Child]**:

- ☐ Eastern European?
☐ Slavic?
☐ Western European?
☐ Or Other White or Caucasian?
☐ DK
☐ RF

SECTION 2 – TYPES OF CARE BEING USED & REASONS FOR CARE

1. Thinking just about **[Focus Child]**, in the past year has **[Focus Child]** been cared for by someone other than a parent or guardian for at least 8 hours per week on a regular basis?

IF ASKED “REGULAR BASIS” MEANS CARE PROVIDED IN A TYPICAL WEEK DURING THE YEAR OR SCHOOL YEAR.

- 1 YES (GO TO Q2)
 0 NO (GO TO Q5)
 8 DK (GO TO Q5)
 9 RF (GO TO Q5)

2. Which of the following describes the types of care provided on a regular basis for **[Focus Child]** in the past year? Please say yes or no for each option.

- ☐ Care in **[Focus Child]**'s home by a friend, relative, neighbor, or nanny
☐ Care provided in **someone else's** home by a person who is **not** related to you, including family or home-based childcare programs.
☐ Care in a childcare center, preschool, Head Start Center, or other center that was not in someone's home. This includes preschool provided at an elementary school.
☐ Care in another type of setting. IF YES: What type of setting is this?

3A. In a typical week, how many days per week is **[Focus Child]** in these child care arrangements?

- 1 DAYS PER WEEK: _____

Table B. PDG B-5 Household Survey *continued*

- 8 ☐ DK
9 ☐ RF

3B. Given your family's childcare needs, is this about right, not enough, or too much?

- 1 ☐ ABOUT RIGHT
2 ☐ NOT ENOUGH
3 ☐ TOO MUCH
8 ☐ DK
9 ☐ RF

3C. In a typical week, how many hours per day is [Focus Child] in these settings?

- 1 ☐ HOURS PER DAY: _____
8 ☐ DK
9 ☐ RF

3D. Given your family's childcare needs, is this about right, not enough, or too much?

- 1 ☐ ABOUT RIGHT
2 ☐ NOT ENOUGH
3 ☐ TOO MUCH
8 ☐ DK
9 ☐ RF

4. Other than cost, if you could change one thing about [Focus Child]'s current childcare arrangements, what would it be? I'm going to read you a list of options:

- ☐ Would the childcare be more conveniently located?
- ☐ A different type of setting or facility?
- ☐ Fewer children or a smaller setting?
- ☐ More communication from the provider?
- ☐ Better quality environment, for example, play areas, toys, and so on?
- ☐ A provider you liked or trusted more?
- ☐ A provider who better represented [Focus Child]'s culture, language or ethnicity?
- ☐ Something else?
- ☐ Or would you say nothing, [Focus Child]'s current childcare arrangements are just right?

IF SOMETHING ELSE: What would that something else be? _____

Programming note: now skip to Q6

5. Have you tried to find care for [Focus Child] in the past year?

- 1 ☐ YES (GO TO Q6)
0 ☐ NO (GO TO Q1 IN NEXT SECTION)
8 ☐ DK (GO TO Q1 IN NEXT SECTION)
9 ☐ RF (GO TO Q1 IN NEXT SECTION)

Table B. PDG B-5 Household Survey *continued*

6. Families often experience challenges finding high quality childcare that meets their needs. I'm going to read a list of challenges you may have experienced when trying to find care for **[Focus Child]**. For each one, please tell me if it was not a challenge, somewhat challenging, or a big challenge.

- a. Finding the type of child care setting you wanted, for example, a nanny, home-based care, or a center. Would you say that was not a challenge, somewhat challenging, or a big challenge?
- b. How about finding a provider who spoke **[Focus Child]**'s home language?
- c. Finding a provider who was well-qualified in terms of experience and/or education?
- d. Finding a provider who you felt could help **[Focus Child]** learn and develop?
- e. Finding a provider who could meet **[Focus Child]**'s health needs?
- f. Finding a provider who reflected your family's cultural background?
- g. Finding a provider with open slots or availability?
- h. Finding a provider in a location that was easy for you to get to?
- i. Finding a provider that you could afford?

Programming note: matrix response with the following options:

- 1 ☐ NOT A CHALLENGE
- 2 ☐ SOMEWHAT CHALLENGING
- 3 ☐ A BIG CHALLENGE
- 8 ☐ DK
- 9 ☐ RF

Programming note: Item j will be at the bottom of the page, because it has a n/a option:

- j. Finding a provider who could support **[Focus Child]**'s needs related to a physical or other disability?
Would you say that was:

- 1 ☐ Not a challenge
- 2 ☐ Somewhat challenging
- 3 ☐ A big challenge, or
- 4 ☐ Not applicable to your situation?
- 8 ☐ DK
- 9 ☐ RF

- 7. Have you ever been told by a childcare provider that **[Focus Child]** might need to "take a break" or leave care, either permanently or temporarily?

- 1 ☐ YES (GO TO Q8a)
- 0 ☐ NO (GO TO Q1 IN NEXT SECTION)
- 8 ☐ DK (GO TO Q1 IN NEXT SECTION)
- 9 ☐ RF (GO TO Q1 IN NEXT SECTION)

- 8A. How old was **[Focus Child]** when this happened?

- 1 ☐ MONTHS: _____
- 2 ☐ YEARS: _____
- 8 ☐ DK
- 9 ☐ RF

Note: Page 20 of the Household Survey is a blank page and therefore not included.

Table B. PDG B-5 Household Survey *continued*

8B. What was the **main** reason given? Was it because:

- 1 ☐ The provider could not manage [Focus Child]'s behavior towards other children or adults
- 2 ☐ The provider could not meet [Focus Child]'s health or physical care needs
- 3 ☐ The provider could not meet [Focus Child]'s developmental needs
- 3 ☐ [Focus Child] was not adjusting emotionally, was crying, or had separation anxiety
- 3 ☐ Some other reason? IF YES: Please explain: _____

8C. Did [Focus Child] have to leave care because of this?

- 1 ☐ YES (GO TO Q9a)
- 0 ☐ NO (GO TO Q1 IN NEXT SECTION)
- 8 ☐ DK (GO TO Q1 IN NEXT SECTION)
- 9 ☐ RF (GO TO Q1 IN NEXT SECTION)

9A. How long was [Focus Child] out of care?

- 1 ☐ DAYS: _____
- 2 ☐ WEEKS: _____
- 3 ☐ MONTHS: _____
- 8 ☐ DK
- 9 ☐ RF

9B. Was [Focus Child] able to return to care? Would you say:

- 1 ☐ Yes, at the same provider or setting
- 2 ☐ Yes, but with a different provider or setting, or
- 3 ☐ No
- 8 ☐ DK
- 9 ☐ RF

SECTION 3 – SUPPORT FOR LEARNING AT HOME

1a. The next few questions ask about some of the things you might do at home with [Focus Child]. First, about how many children's books do you own or keep in the house? Would you say:

- 1 ☐ 0 to 10
- 2 ☐ 11 to 25
- 3 ☐ 26 to 50
- 4 ☐ More than 50
- 8 ☐ DK
- 9 ☐ RF

Table B. PDG B-5 Household Survey *continued*

1b. How many **days** in a typical **week** do you or someone else in your household read or look at books with **[Focus Child]**, in any language? Would you say:

- 1 ☐ 0 days
- 2 ☐ 1 or 2 days
- 3 ☐ 3 or 4 days
- 4 ☐ 5 or 6 days
- 5 ☐ Every day
- 8 ☐ DK
- 9 ☐ RF

2a. For these next questions, please think about the **past week**. In the past week, how often did you or someone in your family take **[Focus Child]** along when doing errands like going to the grocery store, bank, or shopping? Would you say:

- 1 ☐ Not at all
- 2 ☐ Once or twice, or
- 3 ☐ Three or more times
- 8 ☐ DK
- 9 ☐ RF

2b. How often did you or someone in your family tell **[Focus Child]** a story, in any language? Would you say:

- 1 ☐ Not at all
- 2 ☐ Once or twice, or
- 3 ☐ Three or more times
- 8 ☐ DK
- 9 ☐ RF

2c. How often did you or someone in your family teach **[Focus Child]** letters, words, or numbers? Would you say:

- 1 ☐ Not at all
- 2 ☐ Once or twice, or
- 3 ☐ Three or more times
- 8 ☐ DK
- 9 ☐ RF

2d. How often did you or someone in your family sing songs, or teach **[Focus Child]** songs or music? Would you say:

- 1 ☐ Not at all
- 2 ☐ Once or twice, or
- 3 ☐ Three or more times
- 8 ☐ DK
- 9 ☐ RF

Table B. PDG B-5 Household Survey *continued*

3. How important do you think preschool programs are for helping children be ready to start kindergarten? Would you say:

- 1 ☐ Not at all important
- 2 ☐ Somewhat important, or
- 3 ☐ Very important
- 8 ☐ DK
- 9 ☐ RF

SECTION 4 – DEMOGRAPHICS, PART 2

1a. We just have a few more questions about you and your family. First, what is your current marital status? Are you:

- 1 ☐ Married
- 2 ☐ Not married but living with a partner
- 3 ☐ Single
- 8 ☐ DK
- 9 ☐ RF

1b. What is your highest level of education? You:

- 1 ☐ Completed some schooling but do not have a high school diploma or GED
- 2 ☐ Have a high school diploma or GED
- 3 ☐ Have some college or at 2-year degree/certificate
- 4 ☐ Have a 4-year college degree or more advanced degree
- 8 ☐ DK
- 9 ☐ RF

1c. Which of the following best describes your current employment status?

- 1 ☐ Currently employed full time, that is, employed 32 hours per week or more
- 2 ☐ Currently employed part time, that is, employed less than 32 hours per week
- 3 ☐ Currently not employed
- 8 ☐ DK
- 9 ☐ RF

Programming note: Q2 is asked of those who answered 1 or 2 to Q1a.

2. Which of the following best describes your spouse or partner's current employment status?

- 1 ☐ Currently employed full time, that is, employed 32 hours per week or more
- 2 ☐ Currently employed part time, that is, employed less than 32 hours per week
- 3 ☐ Currently not employed
- 8 ☐ DK
- 9 ☐ RF

Table B. PDG B-5 Household Survey *continued***Thank you page:**

Thank you so much for completing this survey! We know your time is valuable and your input is greatly appreciated.

To ensure that your \$30 digital gift card gets to you, can I have your first name and email address?

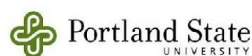
RECORD BOTH THE NAME AND EMAIL ON CALL SHEET

I would like to confirm that I have these down correct.

READ BACK NAME AND EMAIL TO CONFIRM

Thank you again and have a nice rest of your day.

Note: Page 25 of the Household Survey is a blank page and therefore not included.

Table B. PDG B-5 Household Survey *continued*

October 28, 2019



Resident

[Address1] [Address2]

[City], [State] [Zip]

Do you live in Oregon with a child under the age of 6? If **YES**, Oregon wants to hear from you – and will be calling you soon to get your input.

The Oregon Early Learning Division is excited to talk to families across Oregon to learn more about what kind of childcare families need and want. **Your input is extremely important** and will help the state make important decisions about how to prioritize resources to support families with young children. All of the information you share will be confidential.

The survey is being conducted by Strategic Research Group (SRG). Over the next couple of weeks SRG will call you to ask about the benefits and challenges you may have faced when trying to access child care. **SRG is located in Columbus, Ohio, and the number that will show up on your phone is 614-220-8860.** The survey will not take longer than 10 minutes to complete – and we hope you will spend a few minutes sharing feedback with us!

When you receive our call, you are always free to say no or to decline to answer any question you don't want to answer. However, your participation and feedback will greatly help improve the type of care provided to children under 6 and their families across the state of Oregon.

If you have questions about the project, please call Beth Green at Portland State University, at 503-725-9904. If you have time and would like to participate now, prefer to opt out, or don't have children under six years old, please call SRG toll free at 1-800-341-3660.

Thank you in advance for helping Oregon to hear from families!



Appendix B: Survey Prenotification Letter

Table B. PDG B-5 Household Survey *continued*

Octubre 28, 2019

Residente
[Address1] [Address2]
[City], [State] [Zip]

¿Vive usted en Oregon con un niño menor de 6 años? Si es así, Oregon quiere escuchar sobre usted y lo estará llamando muy pronto para obtener su reacción.

El Oregon Early Learning Division (Division de Educación temprana) esta emocionado de poder hablar con familias a través de Oregon sobre los tipos de centros de cuidado para niños que necesitan y desean. **Su opinión es muy importante** y ayudara al estado a tomar decisiones importantes sobre como designar los recursos que ayudan a familias con niños menores de edad.

La encuesta está siendo dirigida por Strategic Research Group (SRG). En las próximas semanas SRG les estará llamando para preguntar sobre los beneficios y dificultades que usted puede estar enfrentando al tratar de adquirir el servicio de cuidado para niños. **SRG está localizado en Columbus, Ohio y el número que parecerá en su teléfono es el 614-220-8860.** La encuesta no tomara más de 10 minutos para ser completada y esperamos que usted tome unos minutos para compartir su opinion con nosotros!

Cuando reciba nuestra llamada, usted es libre de decir no o tomar la decisión de no contestar cualquier pregunta que no quiera contestar. Aun así, su participación y opinión será de mucha ayuda para mejorar el tipo de servicio de cuido de niños ofrecido a niños menores de 6 años y las familias a través de Oregon.

De tener alguna pregunta sobre este proyecto, por favor llame a Beth Green en la Universidad de Portland al 503-725-9904.

¡Gracias anticipadas por ayudar a Oregon a escuchar a sus familias!



Note: Page 28 of the Household Survey is a blank page and therefore not included.

Table B. PDG B-5 Household Survey *continued*

Appendix C: Reminder Email #1

Subject: The Oregon Early Learning Division Needs Your Feedback

Dear Oregon Resident:

The Oregon Early Learning Division is seeking feedback from families across Oregon to learn more about what kind of childcare families need and want. In particular, they want to hear from parents and guardians in Oregon who have a child under age 6 who hasn't started kindergarten.

Your household was randomly selected to participate in a 10-minute survey that will help the state make important decisions about how to prioritize resources to support families with young children.

We know your time is valuable, so **eligible individuals who complete the survey will be able to opt into a drawing for one of 20 \$100 VISA gift cards.** The survey will be open through Tuesday, December 24, 2019.

You can take the survey by clicking here:

[LINK WITH EMBEDDED PASSCODE]

Or, you may access the survey by going to:

[SURVEY LINK]

And entering this passcode: [PASSCODE]

This survey is being administered by Strategic Research Group (SRG), an independent research firm in Columbus, Ohio that has been contracted by Portland State University. All information you provide will be completely confidential, and reports of results will not identify any individual household's responses.

If you are having problems accessing the survey, have other questions, or would like to take the survey by phone, please contact SRG at 1-800-341-3660. If you have questions about the project, please call Beth Green at Portland State University, at 503-725-9904.

Thank you in advance for your time and your help with this survey!

Table B. PDG B-5 Household Survey *continued*

Appendix D: Reminder Email #2

Subject: Oregon Early Learning Survey

Do you live in Oregon with a child under the age of 6 who has yet to start kindergarten? If YES, Oregon wants to hear from you.

The Oregon Early Learning Division is seeking feedback from families across Oregon to learn more about what kind of childcare services families need and want. Your responses to a quick 10-minute survey will help the state make important decisions about how to prioritize resources to support families with young children.

We know your time is valuable, so as a thank you, **eligible individuals who complete the survey will be able to opt into a drawing for a \$100 VISA gift card.** The survey will be open through Tuesday, December 24, 2019.

You can take the survey by clicking here:

[LINK WITH EMBEDDED PASSCODE]

Or, you may access the survey by going to:

[SURVEY LINK]

And entering this passcode: [PASSCODE]

This survey is being administered by Strategic Research Group (SRG), an independent research firm in Columbus, Ohio that has been contracted by Portland State University. All information you provide will be completely confidential, and reports of results will not identify any individual household's responses.

If you are having problems accessing the survey, have other questions, or would like to take the survey by phone, please contact SRG at 1-800-341-3660. If you have questions about the project, please call Beth Green at Portland State University, at 503-725-9904.

Thank you in advance for your time and your help with this important survey!

Table B. PDG B-5 Household Survey *continued*

Appendix E: Reminder Email #3

Subject: Time is running out to complete the Oregon Early Childhood Survey

If you **live in Oregon and have a child under the age of 6** who has not yet started Kindergarten, Portland State University wants to hear from you!

There is less than a week to provide your feedback to the Oregon Early Learning Division to help find out what kind of childcare services Oregon families need and want. By taking a quick 10-minute survey, you can help the state make important decisions about how to support families with young children.

Eligible individuals who complete the survey will receive a \$30 gift card. To receive a gift card, you must complete the survey **no later than Sunday, January 12, 2020.**

You can take the survey by clicking here:

[LINK WITH EMBEDDED PASSCODE]

Or, you may access the survey by going to:

[SURVEY LINK]

And entering this passcode: [PASSCODE]

This survey is being done by Strategic Research Group (SRG), a research firm in Columbus, Ohio that is working with Portland State University. All information you provide will be completely confidential, and you and your family will never be identified in any reports.

If you are having problems accessing the survey, have other questions, or would like to take the survey by phone, please contact SRG at 1-800-341-3660. If you have questions about the project, please call Beth Green at Portland State University, at 503-725-9904.

Thank you in advance for your time and your help with this important survey!

Table B. PDG B-5 Household Survey *continued*

Appendix F: Reminder Postcard #1

Dear Resident,

You should have recently received a letter asking you to participate in a survey that will help us understand what kind of childcare services Oregon families need and want. We hope that you will find the time to complete the survey online.

Eligible individuals who complete the survey will be able to enter a drawing for a \$100 VISA gift card.

The survey will take approximately 10 minutes. We are asking that the survey be completed by 12/24/2019.

The survey is at: websrg.com/psuweb

Use the passcode: «case_ID»

If you have already completed the survey, thank you for your time!

If you have questions or encounter issues accessing your survey, please call our survey contractor:

Strategic Research Group at 1-800-341-3660



Oregon Resident
 «Standardized Address Line 1»
 «Standardized Address Line 2»
 «Standardized City», «Standardized

Table B. PDG B-5 Household Survey *continued*

Appendix G: Reminder Postcard #2

Dear Resident,

Portland State University is conducting a survey that will help us understand what kind of childcare services Oregon families with young children need and want.

Eligible individuals who complete the survey will receive a **\$30 digital gift card**.

The survey will take approximately 10 minutes. We are asking that the survey be completed by 1/12/2019.

The survey is at: websrg.com/psu

Use the passcode: «case_ID»

If you have already completed the survey, thank you for your time!

If you have questions or encounter issues accessing your survey, please call our survey contractor:

Strategic Research Group at 1-800-341-3660



c/o Strategic Research Group
995 Goodale Blvd
Columbus, OH 43212

Oregon Resident

«Standardized Address Line 1»

«Standardized Address Line 2»

«Standardized City», «Standardized

Table B. PDG B-5 Household Survey *continued*

Appendix H: Reminder Postcard #3

Dear Resident,

We've been trying to reach you to take part in Portland State University's Oregon Early Childhood Survey that will help the state understand what kind of childcare services Oregon families with young children need and want.

Eligible individuals who complete the survey will receive a **\$30 digital gift card**.

The survey will take approximately 10 minutes. We are asking that the survey be completed by **January 12th, 2019**.

The survey is at: websrg.com/psu

Use the passcode: **«case_ID»**

If you have already completed the survey, thank you for your time!

If you have questions or encounter issues accessing your survey, please call our survey contractor:

Strategic Research Group at 1-800-341-3660



c/o Strategic Research Group
995 Goodale Blvd
Columbus, OH 43212



Oregon Resident

«Standardized Address Line 1»

«Standardized Address Line 2»

«Standardized City», «Standardized

Appendix C

Breakouts by Key Variables

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Table C1. In child care 8 or more hours per week, statewide

	Percent
No	40.6%
Yes	59.4%

Table C2. In child care 8 or more hours per week, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
No	40.2%	45.1%	53.8%	40.8%	36.3%	38.1%	69.6%
Yes	59.8%	54.9%	46.2%	59.2%	63.7%	61.9%	30.4%

Table C3. In child care 8 or more hours per week, by home language

	English	Spanish	Other
No	40.8%	36.8%	47.7%
Yes	59.2%	63.2%	52.3%

Table C4. In child care 8 or more hours per week, by income level

	< 200% FPL	> 200% FPL
No	45.3%	37.6%
Yes	54.7%	62.4%

Table C5. In child care 8 or more hours per week, by region

	Frontier	Rural	Urban
No	47.0%	42.4%	39.4%
Yes	53.0%	57.6%	60.6%

Table C6. Tried to find child care, statewide

	Percent
No	67.8%
Yes	32.2%

Table C7. Tried to find child care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
No	76.5%	44.6%	66.3%	63.4%	73.6%	50.0%	81.3%
Yes	23.5%	55.4%	33.7%	36.6%	26.4%	50.0%	*

Table C8. Tried to find child care, by home language

	English	Spanish	Other
No	68.5%	58.8%	79.5%
Yes	31.5%	41.2%	20.5%

Table C9. Tried to find child care, by income level

	< 200% FPL	> 200% FPL
No	67.5%	66.2%
Yes	32.5%	33.8%

Table C10. Tried to find child care, by region

	Frontier	Rural	Urban
No	96.8%	71.1%	64.3%
Yes	*	28.9%	35.7%

Table C11. Child care settings, statewide

	Percent
In child's home	37.4%
In someone else's home, by non-relative	31.7%
Childcare center or preschool, not in a home	52.3%
In other setting	3.2%

Table C12. Child care settings, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
In child's home	57.7%	55.4%	33.7%	50.6%	31.0%	34.9%	*
In someone else's home, by non-relative	28.8%	30.7%	28.9%	27.5%	32.0%	48.2%	*
Childcare center or preschool, not in a home	38.5%	35.6%	57.8%	43.7%	58.6%	44.6%	87.5%
In other setting	*	*	*	2.8%	3.8%	*	*

Table C13. Child care settings, by home language

	English	Spanish	Other
In child's home	33.9%	49.6%	49.4%
In someone else's home, by non-relative	31.4%	37.4%	19.8%
Childcare center or preschool, not in a home	53.6%	42.6%	63.8%
In other setting	3.4%	3.0%	*

Table C14. Child care settings, by income level

	< 200% FPL	> 200% FPL
In child's home	39.3%	37.0%
In someone else's home, by non-relative	31.1%	31.9%
Childcare center or preschool, not in a home	47.7%	54.3%
In other setting	4.4%	2.8%

Table C15. Child care settings, by region

	Frontier	Rural	Urban
In child's home	20.0%	35.3%	39.1%
In someone else's home, by non-relative	55.9%	32.6%	30.3%
Childcare center or preschool, not in a home	45.7%	42.3%	57.7%
In other setting	*	5.2%	1.8%

Table C16. Hours per day in care, statewide

	Percent
<3	1.7%
3-4	23.5%
5-6	32.6%
7-9	18.0%
10-12	16.3%
13-16	2.5%
17-20	1.7%
21+	3.8%

Table C17. Hours per day in care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
<3	*	*	*	*	1.3%	*	*
3-4	30.3%	22.2%	22.7%	31.2%	19.8%	32.5%	*
5-6	27.3%	25.4%	29.5%	33.1%	32.8%	47.5%	*
7-9	*	19.0%	27.3%	12.7%	20.3%	*	*
10-12	18.2%	22.2%	*	12.7%	19.0%	*	*
13-16	*	*	*	*	3.3%	*	*
17-20	*	9.5%	*	*	*	*	*
21+	*	*	*	6.4%	2.7%	*	*

Table C18. Hours per day in care, by home language

	English	Spanish	Other
<3	1.7%	*	*
3-4	20.9%	33.6%	34.0%
5-6	33.7%	30.3%	21.3%
7-9	17.4%	17.6%	27.7%
10-12	18.0%	8.4%	12.8%
13-16	3.0%	*	*
17-20	1.8%	*	*
21+	3.5%	6.7%	*

Table C19. Hours per day in care, by income level

	< 200% FPL	> 200% FPL
<3	2.9%	1.2%
3-4	31.8%	19.9%
5-6	33.9%	32.2%
7-9	16.1%	18.7%
10-12	7.0%	20.3%
13-16	2.5%	2.4%
17-20	*	1.5%
21+	3.7%	3.7%

Table C20. Hours per day in care, by region

	Frontier	Rural	Urban
<3	*	*	2.4%
3-4	*	16.7%	26.4%
5-6	42.9%	41.7%	27.7%
7-9	*	17.8%	18.3%
10-12	*	18.8%	15.3%
13-16	*	2.5%	2.6%
17-20	*	*	2.2%
21+	*	*	5.0%

Table C21. Satisfaction with hours per day in care, statewide

	Percent
About right	73.6%
Not enough	16.7%
Too much	9.7%

Table C22. Satisfaction with hours per day in care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
About right	62.7%	84.2%	74.4%	60.1%	77.2%	73.8%	*
Not enough	17.6%	15.8%	11.0%	28.1%	14.4%	10.0%	*
Too much	19.6%	*	14.6%	11.9%	8.4%	16.3%	*

Table C23. Satisfaction with hours per day in care, by home language

	English	Spanish	Other
About right	76.5%	62.9%	63.6%
Not enough	15.2%	22.4%	19.5%
Too much	8.2%	14.7%	16.9%

Table C24. Satisfaction with hours per day in care, by income level

	< 200% FPL	> 200% FPL
About right	63.6%	76.9%
Not enough	27.1%	13.2%
Too much	9.3%	9.9%

Table C25. Satisfaction with hours per day in care, by region

	Frontier	Rural	Urban
About right	88.6%	69.9%	75.0%
Not enough	*	19.8%	15.3%
Too much	*	10.2%	9.7%

Table C26. Days per week in care, statewide

	Percent
1	2.3%
2	6.6%
3	15.2%
4	19.6%
5	52.1%
6	2.3%
7	1.9%

Table C27. Days per week in care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
1	*	*	*	3.5%	2.2%	*	*
2	*	*	*	9.4%	7.5%	*	*
3	26.9%	12.0%	20.5%	12.6%	16.4%	*	*
4	13.5%	28.0%	14.5%	17.3%	19.8%	20.7%	*
5	50.0%	53.0%	63.9%	50.4%	49.8%	68.3%	*
6	*	*	*	5.5%	2.0%	*	*
7	*	*	*	*	2.3%	*	*

Table C28. Days per week in care, by home language

	English	Spanish	Other
1	2.0%	3.9%	*
2	7.0%	6.9%	*
3	14.7%	12.5%	30.4%
4	21.8%	12.1%	11.4%
5	50.0%	60.8%	55.7%
6	2.3%	3.0%	*
7	2.2%	*	*

Table C29. Days per week in care, by income level

	< 200% FPL	> 200% FPL
1	4.9%	1.0%
2	3.8%	7.5%
3	10.7%	16.6%
4	29.7%	16.3%
5	47.5%	54.0%
6	*	2.9%
7	2.5%	1.7%

Table C30. Days per week in care, by region

	Frontier	Rural	Urban
1	*	3.2%	2.0%
2	*	4.9%	7.5%
3	*	15.2%	15.3%
4	34.3%	20.5%	18.6%
5	51.4%	48.6%	53.9%
6	*	5.3%	0.9%
7	*	2.3%	1.8%

Table C31. Satisfaction with days per week in care, statewide

	Percent
About right	74.2%
Not enough	19.6%
Too much	6.2%

Table C32. Satisfaction with days per week in care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
About right	60.0%	74.0%	73.8%	65.9%	77.2%	82.7%	*
Not enough	30.0%	24.0%	17.9%	24.6%	17.7%	11.1%	*
Too much	*	*	8.3%	9.5%	5.1%	*	*

Table C33. Satisfaction with days per week in care, by home language

	English	Spanish	Other
About right	76.7%	66.8%	61.5%
Not enough	18.8%	22.4%	21.8%
Too much	4.5%	10.8%	16.7%

Table C34. Satisfaction with days per week in care, by income level

	< 200% FPL	> 200% FPL
About right	67.4%	76.5%
Not enough	27.0%	17.0%
Too much	5.6%	6.4%

Table C35. Satisfaction with days per week in care, by region

	Frontier	Rural	Urban
About right	85.3%	67.7%	77.2%
Not enough	*	25.0%	17.1%
Too much	*	7.3%	5.6%

Table C36. One change desired to child care, statewide

	Percent
Nothing—arrangements are just right	37.9%
More convenient	13.0%
Something else	9.5%
Better quality environment	8.8%
Fewer children or smaller setting	8.0%
A provider liked or trusted more	6.7%
Different type of setting/facility	5.5%
More communication from the provider	5.4%
A provider who better represented child's culture/language/ethnicity	5.1%

Table C37. One change desired to child care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Nothing—arrangements are just right	28.8%	24.8%	24.1%	33.9%	43.0%	36.1%	*
More convenient	*	13.9%	14.5%	11.8%	14.8%	*	*
Something else	23.1%	6.9%	8.4%	8.7%	8.3%	18.1%	*
Better quality environment	13.5%	10.9%	*	3.9%	10.1%	8.4%	*
Fewer children or smaller setting	*	10.9%	7.2%	10.2%	7.5%	10.8%	*
A provider liked or trusted more	*	10.9%	14.5%	5.1%	6.4%	*	*
Different type of setting/facility	*	*	12.0%	7.5%	5.0%	*	*
More communication from the provider	*	*	*	9.8%	4.4%	*	*
A provider who better represented child's culture/language/ethnicity	11.5%	15.8%	15.7%	9.1%	*	10.8%	*

Table C38. One change desired to child care, by home language

	English	Spanish	Other
Nothing—arrangements are just right	39.9%	32.2%	26.6%
More convenient	13.8%	11.2%	8.9%
Something else	8.9%	6.9%	25.3%
Better quality environment	9.9%	5.2%	*
Fewer children or smaller setting	7.9%	12.0%	*
A provider liked or trusted more	7.2%	3.9%	7.6%
Different type of setting/facility	4.7%	9.4%	*
More communication from the provider	5.1%	8.2%	*
A provider who better represented child's culture/language/ethnicity	2.6%	11.2%	21.5%

Table C39. One change desired to child care, by income level

	< 200% FPL	> 200% FPL
Nothing—arrangements are just right	34.3%	39.0%
More convenient	9.4%	14.4%
Something else	13.0%	8.3%
Better quality environment	5.8%	9.9%
Fewer children or smaller setting	9.4%	7.6%
A provider liked or trusted more	8.3%	6.0%
Different type of setting/facility	8.9%	4.3%
More communication from the provider	8.6%	4.3%
A provider who better represented child's culture/language/ethnicity	2.2%	6.1%

Table C40. One change desired to child care, by region

	Frontier	Rural	Urban
Nothing—arrangements are just right	61.8%	35.2%	38.4%
More convenient	*	12.7%	13.6%
Something else	*	10.2%	9.2%
Better quality environment	*	11.5%	7.6%
Fewer children or smaller setting	*	9.6%	7.2%
A provider liked or trusted more	*	7.2%	6.3%
Different type of setting/facility	*	4.7%	5.9%
More communication from the provider	*	5.9%	5.3%
A provider who better represented child's culture/language/ethnicity	*	3.0%	6.4%

Table C41. Challenges to finding care, statewide

	Percent
Finding a provider that you could afford	76.5%
Finding a provider with open slots or availability	73.5%
Finding the type of child care setting you wanted	69.9%
Finding a provider in a location that was easy for you to get to	68.6%
Finding a provider who you felt could help your child learn and develop	60.9%
Finding a provider who was well-qualified in terms of experience and/or education	60.8%
Finding a provider who could meet your child's health needs	35.3%
Finding a provider who reflected your family's cultural background	34.3%
Finding a provider who spoke your child's home language	23.8%
Finding a provider to support needs of physical/other disability (N=922)	40.5%

Table C42. Challenges to finding care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Finding a provider that you could afford	96.7%	63.8%	75.2%	82.2%	74.5%	79.4%	100.0%
Finding a provider with open slots or availability	71.2%	47.5%	82.9%	80.5%	73.4%	78.2%	88.9%
Finding the type of child care setting you wanted	69.5%	56.3%	83.3%	71.4%	68.6%	76.0%	87.5%
Finding a provider in a location that was easy for you to get to	71.7%	69.3%	84.8%	73.8%	63.5%	76.7%	88.9%
Finding a provider who you felt could help your child learn and develop	67.2%	47.2%	66.3%	72.8%	57.7%	57.0%	100.0%
Finding a provider who was well-qualified in terms of experience and/or education	76.3%	54.7%	68.0%	67.0%	56.9%	63.9%	88.9%
Finding a provider who could meet your child's health needs	42.1%	37.8%	35.4%	41.2%	31.7%	31.9%	87.5%
Finding a provider who reflected your family's cultural background	42.9%	40.8%	55.9%	50.5%	21.9%	57.8%	66.7%
Finding a provider who spoke your child's home language	19.3%	21.4%	43.1%	45.1%	15.3%	19.8%	*
Finding a provider to support needs of physical/ other disability	65.5%	49.6%	47.6%	39.4%	36.4%	38.8%	*

Table C43. Challenges to finding care, by home language

	English	Spanish	Other
Finding a provider that you could afford	76.0%	78.3%	77.1%
Finding a provider with open slots or availability	71.5%	81.1%	78.6%
Finding the type of child care setting you wanted	69.2%	70.2%	80.2%
Finding a provider in a location that was easy for you to get to	66.5%	74.7%	82.4%
Finding a provider who you felt could help your child learn and develop	57.5%	73.9%	66.3%
Finding a provider who was well-qualified in terms of experience and/or education	59.5%	68.0%	57.6%
Finding a provider who could meet your child's health needs	33.3%	39.3%	52.9%
Finding a provider who reflected your family's cultural background	28.4%	48.4%	74.4%
Finding a provider who spoke your child's home language	16.9%	45.7%	57.1%
Finding a provider to support needs of physical/ other disability	38.0%	39.9%	75.0%

Table C44. Challenges to finding care, by income level

	< 200% FPL	> 200% FPL
Finding a provider that you could afford	84.8%	73.7%
Finding a provider with open slots or availability	80.7%	71.0%
Finding the type of child care setting you wanted	77.5%	67.2%
Finding a provider in a location that was easy for you to get to	78.8%	65.1%
Finding a provider who you felt could help your child learn and develop	66.4%	58.8%
Finding a provider who was well-qualified in terms of experience and/or education	70.1%	57.6%
Finding a provider who could meet your child's health needs	38.8%	34.0%
Finding a provider who reflected your family's cultural background	39.9%	32.5%
Finding a provider who spoke your child's home language	22.3%	24.4%
Finding a provider to support needs of physical/ other disability	36.3%	42.1%

Table C45. Challenges to finding care, by region

	Frontier	Rural	Urban
Finding a provider that you could afford	75.0%	75.9%	76.8%
Finding a provider with open slots or availability	82.9%	76.1%	72.0%
Finding the type of child care setting you wanted	77.8%	70.2%	69.5%
Finding a provider in a location that was easy for you to get to	52.8%	67.1%	69.9%
Finding a provider who you felt could help your child learn and develop	73.5%	60.0%	60.9%
Finding a provider who was well-qualified in terms of experience and/or education	71.4%	63.9%	58.9%
Finding a provider who could meet your child's health needs	28.6%	41.9%	32.2%
Finding a provider who reflected your family's cultural background	38.7%	35.5%	33.6%
Finding a provider who spoke your child's home language	22.6%	29.2%	21.2%
Finding a provider to support needs of physical/ other disability	41.2%	49.3%	35.3%

Table C46. Having a child asked to 'take a break' from care, statewide

	Percent
Asked to take a break	5.1%
Never asked to take a break	94.9%

Table C47. Having a child asked to 'take a break' from care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Asked to take a break	14.8%	*	*	6.1%	4.2%	14.3%	*
Never asked to take a break	85.2%	98.6%	97.2%	93.9%	95.8%	85.7%	100.0%

Table C48. Having a child asked to 'take a break' from care, by home language

	English	Spanish	Other
Asked to take a break	4.0%	9.0%	9.3%
Never asked to take a break	96.0%	91.0%	90.7%

Table C49. Having a child asked to 'take a break' from care, by income level

	< 200% FPL	> 200% FPL
Asked to take a break	8.1%	4.0%
Never asked to take a break	91.9%	96.0%

Table C50. Having a child asked to 'take a break' from care, by region

	Frontier	Rural	Urban
Asked to take a break	*	4.9%	5.3%
Never asked to take a break	94.3%	95.1%	94.7%

Table C51. Reason for being asked to 'take a break' from care, statewide

	Percent
Provider could not manage child's behavior toward children or adults	37.3%
Provider could not meet child's physical health needs	*
Provider could not meet child's developmental needs	*
Child was not adjusting emotionally/crying/separation anxiety	29.4%
Some other reason	22.8%

Table C52. Reason for being asked to 'take a break' from care, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Provider could not manage child's behavior toward children or adults	*	*	*	57.9%	38.5%	*	*
Provider could not meet child's physical health needs	*	*	*	*	*	*	*
Provider could not meet child's developmental needs	*	*	*	*	*	*	*
Child was not adjusting emotionally/crying/separation anxiety	66.7%	*	*	*	*	85.7%	*
Some other reason	*	*	*	31.6%	28.2%	*	*

Table C53. Reason for being asked to 'take a break' from care, by home language

	English	Spanish	Other
Provider could not manage child's behavior toward children or adults	38.5%	42.3%	*
Provider could not meet child's physical health needs	*	*	*
Provider could not meet child's developmental needs	*	*	*
Child was not adjusting emotionally/crying/separation anxiety	21.2%	30.8%	*
Some other reason	26.9%	*	*

Table C54. Reason for being asked to 'take a break' from care, by income level

	< 200% FPL	> 200% FPL
Provider could not manage child's behavior toward children or adults	30.6%	39.2%
Provider could not meet child's physical health needs	*	*
Provider could not meet child's developmental needs	*	*
Child was not adjusting emotionally/crying/separation anxiety	44.4%	19.6%
Some other reason	16.7%	27.5%

Table C55. Reason for being asked to 'take a break' from care, by region

	Frontier	Rural	Urban
Provider could not manage child's behavior toward children or adults	*	53.8%	31.0%
Provider could not meet child's physical health needs	*	*	*
Provider could not meet child's developmental needs	*	*	*
Child was not adjusting emotionally/crying/separation anxiety	*	26.9%	31.0%
Some other reason	*	*	27.6%

Table C56. Whether or not child left care after being asked to 'take a break', statewide

	Percent
Left care	87.8%
Did not leave care	12.2%

Table C57. Whether or not child left care after being asked to 'take a break', by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Left care	87.5%	*	*	94.7%	87.2%	100.0%	*
Did not leave care	*	*	*	*	*	*	*

Table C58. Whether or not child left care after being asked to 'take a break', by home language

	English	Spanish	Other
Left care	82.7%	100.0%	87.5%
Did not leave care	17.3%	*	*

Table C59. Whether or not child left care after being asked to 'take a break', by income level

	< 200% FPL	> 200% FPL
Left care	91.4%	86.0%
Did not leave care	*	14.0%

Table C60. Whether or not child left care after being asked to 'take a break', by region

	Frontier	Rural	Urban
Left care	*	77.8%	93.0%
Did not leave care	*	22.22%	*

Table C61. Whether or not child returned to care after 'break', statewide

	Percent
Yes, same provider/setting	34.8%
Yes, different provider/setting	55.8%
No	9.4%

Table C62. Whether or not child returned to care after 'break', by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Yes, same provider/setting	*	*	*	77.8%	27.3%	*	*
Yes, different provider/setting	*	*	*	16.7%	60.6%	92.3%	*
No	*	*	*	*	*	*	*

Table C63. Whether or not child returned to care after 'break', by home language

	English	Spanish	Other
Yes, same provider/setting	27.9%	56.0%	*
Yes, different provider/setting	55.8%	44.0%	100.0%
No	16.3%	*	*

Table C64. Whether or not child returned to care after 'break', by income level

	< 200% FPL	> 200% FPL
Yes, same provider/setting	*	50.0%
Yes, different provider/setting	71.0%	45.2%
No	*	*

Table C65. Whether or not child returned to care after 'break', by region

	Frontier	Rural	Urban
Yes, same provider/setting	*	30.0%	35.8%
Yes, different provider/setting	*	60.0%	54.7%
No	*	*	*

Table C66. Number of children's books in house, statewide

	Percent
0-10	7.8%
11-25	20.3%
26-50	28.0%
51+	43.9%

Table C67. Number of children's books in house, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
0-10	13.8%	6.6%	22.1%	12.9%	4.1%	7.7%	*
11-25	20.7%	23.0%	14.4%	33.1%	15.7%	20.0%	*
26-50	10.3%	33.9%	26.0%	30.3%	27.3%	30.0%	58.3%
51+	55.2%	36.6%	37.6%	23.7%	53.0%	42.3%	29.2%

Table C68. Number of children's books in house, by home language

	English	Spanish	Other
0-10	6.2%	12.8%	14.6%
11-25	17.3%	34.5%	22.5%
26-50	28.9%	25.0%	24.5%
51+	47.5%	27.7%	38.4%

Table C69. Number of children's books in house, by income level

	< 200% FPL	> 200% FPL
0-10	13.3%	5.8%
11-25	32.1%	16.1%
26-50	27.5%	28.7%
51+	27.2%	49.3%

Table C70. Number of children's books in house, by region

	Frontier	Rural	Urban
0-10	15.2%	4.5%	9.3%
11-25	15.2%	19.0%	21.3%
26-50	16.7%	32.4%	26.1%
51+	53.0%	44.2%	43.3%

Table C71. Days per week books are read or looked at with child, statewide

	Percent
0	2.5%
1 or 2 days	14.5%
3 or 4 days	21.0%
5 or 6 days	15.2%
Every day	46.7%

Table C72. Days per week books are read or looked at with child, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
0	*	15.8%	*	1.9%	1.2%	5.4%	*
1 or 2 days	*	27.3%	12.7%	26.9%	9.3%	14.6%	26.1%
3 or 4 days	32.6%	23.0%	25.4%	28.1%	16.2%	25.4%	43.5%
5 or 6 days	15.1%	9.8%	16.6%	13.1%	17.7%	7.7%	*
Every day	47.7%	24.0%	45.3%	30.0%	55.6%	46.9%	30.4%

Table C73. Days per week books are read or looked at with child, by home language

	English	Spanish	Other
0	2.7%	2.2%	*
1 or 2 days	11.6%	27.9%	18.4%
3 or 4 days	19.0%	26.8%	32.2%
5 or 6 days	15.8%	13.3%	13.2%
Every day	50.9%	29.8%	36.2%

Table C74. Days per week books are read or looked at with child, by income level

	< 200% FPL	> 200% FPL
0	2.3%	2.7%
1 or 2 days	14.8%	14.8%
3 or 4 days	26.7%	19.3%
5 or 6 days	15.0%	15.7%
Every day	41.2%	47.5%

Table C75. Days per week books are read or looked at with child, by region

	Frontier	Rural	Urban
0	*	3.5%	1.9%
1 or 2 days	*	13.8%	15.4%
3 or 4 days	32.8%	19.0%	21.6%
5 or 6 days	16.4%	17.8%	13.8%
Every day	40.3%	45.9%	47.3%

Table C76. How often child is taken on errands in a week, statewide

	Percent
Not at all	3.4%
Once or twice	23.7%
Three or more times	72.9%

Table C77. How often child is taken on errands in a week, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Not at all	*	*	8.2%	4.5%	2.1%	*	*
Once or twice	22.1%	24.2%	30.8%	26.6%	22.2%	23.1%	30.0%
Three or more times	72.1%	74.7%	61.0%	68.9%	75.7%	73.8%	70.0%

Table C78. How often child is taken on errands in a week, by home language

	English	Spanish	Other
Not at all	2.4%	4.4%	13.9%
Once or twice	22.1%	28.7%	28.5%
Three or more times	75.5%	66.9%	57.6%

Table C79. How often child is taken on errands in a week, by income level

	< 200% FPL	> 200% FPL
Not at all	4.3%	2.7%
Once or twice	22.7%	24.5%
Three or more times	73.0%	72.7%

Table C80. How often child is taken on errands in a week, by region

	Frontier	Rural	Urban
Not at all	11.1%	3.1%	3.3%
Once or twice	23.8%	21.1%	25.0%
Three or more times	65.1%	75.8%	71.7%

Table C81. How often child is told a story in a week, statewide

	Percent
Not at all	8.8%
Once or twice	32.4%
Three or more times	58.8%

Table C82. How often child is told a story in a week, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Not at all	18.6%	25.3%	5.1%	6.7%	6.0%	12.7%	*
Once or twice	30.2%	33.5%	41.1%	45.5%	26.8%	34.9%	59.1%
Three or more times	51.2%	41.2%	53.7%	47.8%	67.2%	52.4%	40.9%

Table C83. How often child is told a story in a week, by home language

	English	Spanish	Other
Not at all	9.5%	7.2%	4.0%
Once or twice	30.1%	42.1%	36.4%
Three or more times	60.4%	50.7%	59.6%

Table C84. How often child is told a story in a week, by income level

	< 200% FPL	> 200% FPL
Not at all	9.9%	8.0%
Once or twice	36.1%	31.2%
Three or more times	54.0%	60.7%

Table C85. How often child is told a story in a week, by region

	Frontier	Rural	Urban
Not at all	28.6%	11.4%	6.5%
Once or twice	23.8%	30.1%	34.1%
Three or more times	47.6%	58.5%	59.4%

Table C86. How often child is taught letters/words/numbers in a week, statewide

	Percent
Not at all	7.9%
Once or twice	23.4%
Three or more times	68.7%

Table C87. How often child is taught letters/words/numbers in a week, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Not at all	*	30.9%	9.1%	5.9%	5.7%	5.4%	*
Once or twice	11.6%	24.9%	21.7%	32.4%	20.0%	32.3%	33.3%
Three or more times	86.0%	44.2%	69.1%	61.7%	74.4%	62.3%	66.7%

Table C88. How often child is taught letters/words/numbers in a week, by home language

	English	Spanish	Other
Not at all	8.0%	5.8%	11.3%
Once or twice	21.7%	35.1%	15.9%
Three or more times	70.3%	59.2%	72.8%

Table C89. How often child is taught letters/words/numbers in a week, by income level

	< 200% FPL	> 200% FPL
Not at all	4.4%	9.0%
Once or twice	27.3%	22.4%
Three or more times	68.2%	68.5%

Table C90. How often child is taught letters/words/numbers in a week, by region

	Frontier	Rural	Urban
Not at all	*	8.5%	7.6%
Once or twice	16.7%	18.8%	26.2%
Three or more times	76.7%	72.7%	66.2%

Table C91. How often child sings or is taught songs/music in a week, statewide

	Percent
Not at all	8.5%
Once or twice	27.8%
Three or more times	63.7%

Table C92. How often child sings or is taught songs/music in a week, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Not at all	*	32.8%	5.6%	10.3%	5.5%	6.1%	*
Once or twice	12.6%	30.6%	40.7%	29.3%	26.6%	27.5%	50.0%
Three or more times	87.4%	36.6%	53.7%	60.3%	67.9%	66.4%	50.0%

Table C93. How often child sings or is taught songs/music in a week, by home language

	English	Spanish	Other
Not at all	8.5%	8.2%	7.8%
Once or twice	26.1%	29.7%	44.7%
Three or more times	65.4%	62.1%	47.5%

Table C94. How often child sings or is taught songs/music in a week, by income level

	< 200% FPL	> 200% FPL
Not at all	4.4%	10.2%
Once or twice	23.7%	30.0%
Three or more times	71.9%	59.7%

Table C95. How often child sings or is taught songs/music in a week, by region

	Frontier	Rural	Urban
Not at all	17.2%	11.3%	6.6%
Once or twice	20.3%	25.5%	29.3%
Three or more times	62.5%	63.2%	64.1%

Table C96. Perceived importance of preschool programs for kindergarten readiness, statewide

	Percent
Not at all important	1.7%
Somewhat important	20.8%
Very important	77.5%

Table C97. Perceived importance of preschool programs for kindergarten readiness, by race/ethnicity

	American Indian /Alaskan Native /Native Hawaiian	African American /Black	Asian /Pacific Islander	Hispanic /Latino/a/x	White	Multiracial	Other Race
Not at all important	*	3.4%	6.8%	*	1.1%	*	*
Somewhat important	19.5%	26.4%	19.1%	15.4%	23.6%	8.4%	*
Very important	80.5%	70.2%	74.1%	83.4%	75.3%	90.8%	95.7%

Table C98. Perceived importance of preschool programs for kindergarten readiness, by home language

	English	Spanish	Other
Not at all important	1.8%	*	4.4%
Somewhat important	22.5%	14.1%	16.2%
Very important	75.8%	85.6%	79.4%

Table C99. Perceived importance of preschool programs for kindergarten readiness, by income level

	< 200% FPL	> 200% FPL
Not at all important	1.2%	1.2%
Somewhat important	14.1%	23.8%
Very important	84.7%	75.0%

Table C100. Perceived importance of preschool programs for kindergarten readiness, by region

	Frontier	Rural	Urban
Not at all important	*	2.5%	1.2%
Somewhat important	11.1%	27.4%	17.7%
Very important	87.3%	70.1%	81.1%