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Understanding Families' Needs and Preferences to Advance Measurement of Equitable Access to Child Care and Early Education

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Introduction

Many families face considerable barriers to accessing child care and early education (CCEE) that is affordable and meets their families' needs. For example, families with low incomes face challenges to accessing affordable, high-quality care.¹ These challenges are heightened for Black, Latino, and Indigenous American families who are disproportionately more likely to work in jobs with low wages and limited flexibility.² Likewise, families for whom English is not their primary language,³ families living in rural areas, families with infants and toddlers, those who work non-standard hours, and families with a child with disabilities⁴ each face their own unique set of barriers to accessing care that fits their needs.

Policymakers need strategies to measure and track the number and characteristics of families using CCEE compared to those not using CCEE to better understand who is experiencing significant barriers to accessing CCEE. Historically, policymakers and researchers have measured CCEE access by examining the potential demand for care (i.e., the number of young children with employed parents who live within a certain geographic location) divided by the supply of care (i.e., the enrollment capacity of CCEE providers within the same geographic location), known as tots per slot.⁵ However, this analysis incompletely estimates access since it doesn't consider whether a family actually needs and wants care, if the care that is available meets families' needs, or how family needs and preferences vary by family and community characteristics. Further, these incomplete estimates don't help identify and understand existing disparities in CCEE access.

A definition of CCEE access

CCEE leaders and researchers developed a definition of CCEE access that centers family perspectives and experiences and expands opportunities for measuring access. The [Access Guidebook](#)^a provides a definition of access with four interrelated dimensions (see Figure 1) that accounts for families' needs and preferences and considers what care is available and affordable for families. The guidebook offers the following working definition of access:

Access to early care and education means that parents, with reasonable effort and affordability, can enroll their children in an arrangement that supports their child's development and meets the parent's needs.

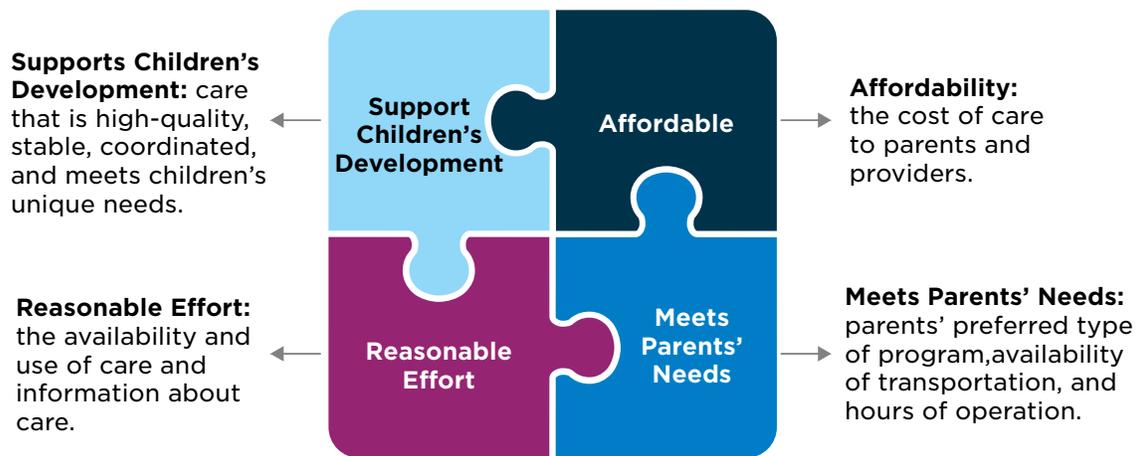
This family-centered, multidimensional view of access promotes a more comprehensive understanding of the factors that affect families' ability to find and use CCEE that meets their needs and highlights the need to advance measurement of equitable access to CCEE.

Some states and localities are considering families' needs and preferences in their measurement of CCEE access. They recognize that CCEE access includes many interrelated factors. These include the price of care, hours of operation, the distance from families' homes or places of work, and services provided (e.g., whether they serve infants/toddlers, serve children with disabilities, or offer linguistically and culturally appropriate care).⁶

Measurements of CCEE access that account for how access may vary by families' characteristics, needs, and preferences are necessary for supporting decision-making. With widespread program closures and staff shortages in CCEE programs, the COVID-19 pandemic further exposed and highlighted the urgent need for better measures of CCEE access. These measures can support CCEE supply building efforts and strategies to help families find affordable CCEE that meets their needs, with the aim of supporting equitable access.

^a The [Defining and Measuring Access to High-Quality Early Care and Education \(ECE\): A Guidebook for Policymakers and Researchers](#) was developed by the Early Care and Education Access project—supported by the Office of Research, Planning, and Evaluation in the U.S. Department of Health and Human Services and managed by Child Trends.

Figure 1. Access dimensions



Source: Friese, S., Lin, V., Forry, N. & Tout, K. (2017). *Defining and measuring access to high-quality early care and education: A guidebook for policymakers and researchers*. OPRE Report #2017-08. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/cceepira_access_guidebook_final_213_b508.pdf

Purpose

The purpose of this report is to identify actionable steps that state and territory child care administrators, local CCEE leaders, and researchers can take to advance measurement of equitable CCEE access. These steps are based in: 1) the Access Guidebook's definition of access which centers families' child care needs and preferences; 2) a published literature review on ECE access with literature prior to 2019; 3) literature on ECE access published since 2019; and 4) a convening of state agency staff, researchers, and policy experts in four states who discussed their current measures of CCEE access.

Methods

This paper is informed by Thomson and colleague's (2020) review of the CCEE access literature from 2013-2018 and a review of the literature on CCEE access published from 2019-2022. Our goal was to identify any new information on CCEE access or new measures of access following the 2014 Child Care and Development Fund (CCDF)^b reauthorization, which emphasized *equal access* to care, and the 2018 increase in federal CCDF funding to help states and territories address reauthorization requirements.⁷ Building on a previous literature review (Thomson et al., 2020),^c we searched for literature published in 2019 that examined dimensions of access. We also examined literature related to CCEE access conducted between 2020-2022, during the COVID-19 pandemic. Key search terms^d that were used by Thomson et al. (2020) were used to identify state and national reports as well as U.S.-based research published in peer-reviewed journals. The study team identified twenty-six reports that address CCEE access published in 2019, including six national reports and 20 state and local reports. Additionally, 34 journal articles and reports based on survey and interview data collected from families during the pandemic (2020-2022) were included. The literature from these sources was used to identify what we currently know about measuring CCEE access and to identify current gaps.

^b CCDF (Child Care Development Fund) refers to a federally funded child care subsidy program for families with low incomes.

^c https://www.acf.hhs.gov/sites/default/files/documents/opre/conceptualizing_and_measuring_access_508_final.pdf

^d Key search terms and phrases used included: ECE access, affordable ECE, ECE supply, ECE demand, child care desert, barriers to ECE, inequalities in ECE, inequities in ECE, and disparities in ECE. The key phrases were also repeated substituting each of the following terms for ECE: early care and education, early childhood education, child care, early care, day care, preschool, and pre-K.

In addition to the literature synthesis, this paper was informed by a convening of state agency staff, researchers, and policy experts in four states—California, Florida, Minnesota, and South Carolina—who were selected to participate based on recent approaches they’ve used to measure CCEE access. During two 90-minute sessions in October of 2022, the attendees shared their current approaches to considering families’ needs and preferences when measuring access to CCEE, how their states are trying to center equity in examining access, and current challenges to measuring access. The convening further informed current gaps in measuring CCEE access as well as potential strategies for better addressing equity and families’ preferences and needs when measuring CCEE access.

Developments in Defining and Measuring CCEE Access

This section summarizes recent lessons learned about improving measurements of CCEE access that centers family perspectives. It includes considerations for measuring multiple dimensions of CCEE access, conceptualizing what *equitable access* is, and more accurately measuring family demand for CCEE. We also discuss ways the COVID-19 pandemic further shaped considerations for measuring CCEE access with family experiences in mind.

Examinations of multiple dimensions of CCEE access

Data collection methods and analysis techniques that promote both examination of multiple dimensions of access individually and in combination are needed to better understand families’ experiences accessing care. Thomson and colleague’s (2020) review of the CCEE access literature from 2013-2018 explored the extent to which studies have measured multiple dimensions of access included in the Access Framework. The review found that most studies explored the availability, affordability, and use of CCEE programs by type of care. However, fewer studies explored elements of the *supports child’s development* and *meets parents’ needs dimensions* (e.g., reports that addressed access to specialized services for children or hours of operation that align with parents’ work schedules). There were also few reports that overlaid multiple dimensions of access together to understand how the dimensions interact (e.g., what is the availability of affordable slots that offer non-traditional hours of care).

Embedding equity within the CCEE Access Framework

Critical to measuring equitable access is evaluating **who** has access to **what** (e.g., care type, quality, etc.) and **why** certain barriers and inequities exist. To do this, analyses of supply and demand can examine variation by community characteristics and among diverse populations, and how the supply of CCEE aligns with families’ needs and preferences among diverse populations.

Thomson et al.’s (2020) review of the CCEE access literature found that studies on access commonly included examinations of differences by the following family or child characteristics to understand who has access to CCEE:

- Family income level
- Family structure (e.g., marital status, family size)
- Race/ethnicity
- Parental education
- Child care subsidy receipt
- Linguistic diversity
- Urbanicity
- Immigrant status

Most of these studies looked at access by one family or child characteristic at a time (e.g. availability of slots for families receiving a child care subsidy). However, these studies rarely looked at multiple family or child characteristics simultaneously (e.g., availability of slots for families receiving a subsidy who live in rural areas). These gaps may be caused in part by a lack of data or inadequate sample sizes, particularly when subgroups are created.

To advance measurement of CCEE access, it will be important to look at multiple family or child characteristics simultaneously when examining access. This involves identifying key family and community characteristics and prioritizing them in data collection (through oversampling for surveys and/or through qualitative data collection) to ensure the data highlights how diverse families experience access.

Regarding measuring *what* families have access to, many of the studies looked at differences in CCEE access by availability (*reasonable effort*), cost (*affordability*), and quality (*one factor of supports child development*) of care. Fewer studies examined differences in access across populations by other indicators of the *supports child development dimension* (e.g., serving children with special needs). Similarly, few examined indicators of the *meets families' needs* dimension (e.g., whether families could access their preferred type of care or a provider that shares their preferred language). To advance measurement of access, there is a need to develop methods to understand how all dimensions of access, particularly families' preferences and needs, vary by family characteristics and community contexts. In measuring *why* certain barriers constrain access, it's important to consider how the supply of CCEE and other system-level factors that influence parents' access (e.g., child care assistance, information about CCEE options, etc.) align with the child care needs and preferences among a diverse population of families.⁸ This information can inform how policy changes might affect certain subpopulations and identify discriminatory policies that perpetuate disparities.

Examinations of family demand for CCEE

Estimations of family demand for CCEE can be strengthened by accounting for factors beyond the number and ages of children in a geographic area. Family-centered measures of demand incorporate differences by families' characteristics, families' needs and preferences, and other constraints that affect demand. The Thomson et al. (2020) literature review found that studies commonly measured demand as the total number of children within a geographic unit, or the number of children with all parents in the workforce. A few studies used CCEE referral requests to estimate demand or estimated demand based on CCEE participation rates in other areas with populations similar to their own. While these population-based measures of "potential demand" provide a benchmark, they do not account for how demand may differ among:

- Families that want and need care
- Family characteristics (e.g., income, family composition, race/ethnicity, languages spoken)
- Family preferences and needs (e.g., care type preference, need for non-traditional hour care)

Comprehensive measures of family demand would include multiple and overlaid family and child characteristics to better understand how demand might vary within a geographic unit. They can also include information about families' needs and preferences across access dimensions. For instance, a more nuanced examination of demand might look at the number of families who are eligible for subsidies with infants and toddlers who need non-traditional hour care in a particular community.

Lessons learned about families' access to CCEE during the COVID-19 pandemic

The pandemic further exacerbated inequities in CCEE access and created an urgency for states to better understand shifts in the supply and demand for care as they targeted funds during stabilization efforts. The research on access to CCEE during the COVID-19 pandemic highlights the following considerations when measuring CCEE access:

- 1. Fluctuations in the supply and demand of care during the pandemic were interconnected, reinforcing the need to understand how fluctuations in demand and supply influence each other.** During the pandemic, many parents of young children, especially working mothers, left the workforce. These departures were due to loss of employment, changes to their employment, disruptions to their child care arrangements, or a combination of these factors.^{9,10} As a result of, or in addition to, parents of young children leaving the labor force, CCEE enrollment declined substantially during the pandemic.^{11,12}

Declines in enrollment as well as higher operating costs during the pandemic led to CCEE program closures, which then limited supply and availability of CCEE programs.¹³⁻¹⁶ Some programs closed temporarily with plans to re-open, while others closed permanently.¹⁷ Staffing challenges also influenced program closures and/or reductions in capacity. There were also disparities in which programs were more likely to close or experience reductions in staff capacity. Black, Indigenous, and people of color (BIPOC)-owned CCEE programs, and programs serving infants and toddlers and children receiving a subsidy closed or experienced reductions in staff capacity at higher rates.¹⁸⁻²¹ Therefore, as parents returned to work and the demand for child care grew, child care staffing shortages prevented CCEE programs from serving more children.²²

One way to examine the interactions between supply and demand is by looking at annual or monthly trends in enrollment data for programs as well as trends in staffing at programs. While this data is not always available, enrollment and staffing data can help identify areas where there are vacancies so states can better understand whether there are constraints on the supply side (e.g., staff shortages) or a lack of demand for care.

- 2. Families' needs and preferences are not static. Measurement approaches should consider families' shifting priorities that reflect immediate concerns and/or opportunities.** A few state and national surveys of parents showed a shift in parent preferences for care type during the pandemic. For some families, this included a shift to using home-based child care given the smaller group sizes and health and safety and illness prevention concerns, or using family, friend, or neighbor care (FFN).²³⁻²⁵ Several parents also reported they would prefer to stay home to care for their child throughout the pandemic, if finances were not a concern to their household.²⁶

These shifts in families' needs and preferences during the pandemic further highlight the need to develop strategies to hear regularly from families (e.g., through surveys, focus groups, and advisory councils). Additionally, it is important to recognize how families' priorities might shift over time given the ages of their children, changes to employment, and other changes in circumstances. Community-level approaches may be needed when local events create disruptions for families and providers (e.g., natural disasters or closing of a major employer).

Next Steps to Advance Measurement of CCEE Access for State Research Partnerships

State and territory considerations to improve measures of CCEE access

As states and territories continue to stabilize and make improvements to their CCEE systems, they can consider several steps to promote equitable access to CCEE through new measurement approaches. The following ideas represent potential starting points for improving measurement of access:

- 1. Explore families' needs and preferences and how they align with the current supply of CCEE available.** Participatory research (i.e. co-constructing research with those affected by an issue being studied)²⁷ in communities can help CCEE leaders understand how community features, such as the local availability and features of CCEE supply as well as available resources (e.g., child care assistance), align with families' needs and preferences. Information about families' needs and preferences can be collected in a variety of ways including surveys, focus groups, and interviews. Collecting this information allows families to shape the questions being asked to ensure that families' unique perspectives are being addressed. These methods can help with understanding the following:
 - What care types do parents prefer? How does preference for care type vary by child's age? How might care type preference vary by price? How does preference for care type vary by family characteristics (i.e., family income, parent education, family structure, parental employment, race/ethnicity, language, subsidy receipt)?
 - What hours of care are needed? How does this vary by child age, family characteristics, and parental employment circumstances?
 - What do families prioritize when selecting care? What circumstances prompt priorities to shift (e.g., changes to employment, changes to family structure/the addition of a new sibling, changes to family income, etc.)?
 - How do families navigate tradeoffs between their needs and preferences, and what CCEE options are available?

States and territories may prioritize learning more about families with particular characteristics (e.g., families that speak a language other than English or families living in rural communities). States can then compare the information they collect about families' needs and preferences to the current supply of care across communities to see whether there is alignment.^e

- 2. Examine how available resources or supports facilitate families' access to CCEE and how this varies by community.** In addition to learning about families' needs and preferences, states can also seek to better understand how current resources and supports for families impact CCEE access. States can examine the following availability of resources related to each access dimension:
 - For *reasonable effort*: What information is available (e.g., through online search tools, consumer education websites, or through child care resources and referral agencies) to families about their CCEE options and how are they using that information? Are families able to access available information (e.g., is the information available in their preferred language)?
 - For *affordability*: How does the availability of child care assistance or Head Start and public pre-K improve or constrain access? What proportion of eligible families receive child care assistance or care at no cost?

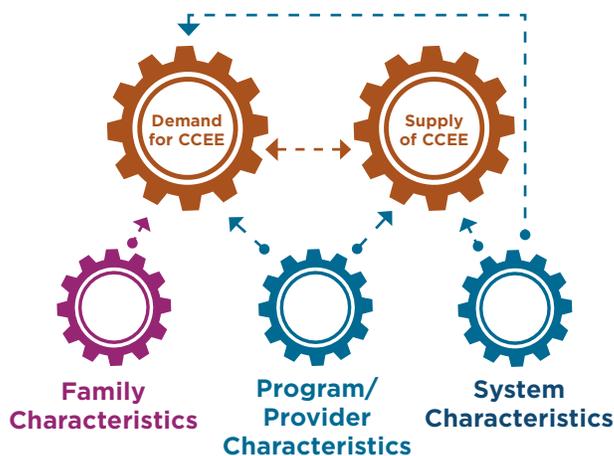
^eFor more information on data that can be used to assess access and the supply of care see [Analyzing Access with Child Care and Early Education Data \(hhs.gov\)](#) and [tools](#) suggested by the Child Care Technical Assistance Center.

- For *supports child development*: How does the availability of care and supports for children with disabilities improve or constrain access? What proportion of providers are rated at high quality levels through state systems, what proportion of highly rated providers accept child care subsidies, and how many slots do providers with high quality ratings in different geographic areas have available?
- For *meets parents' needs*: How does the availability of care during non-traditional hours help improve or constrain access? How does the availability of transportation improve or constrain access?
- How does access to information and other supports that facilitate access to CCEE vary by family characteristics (e.g., family income, parent education, family structure, parental employment, race/ethnicity, language, etc.)?

3. Identify family, CCEE program, and CCEE system characteristics that influence CCEE demand and supply in the state. States can examine family, CCEE program, and CCEE system characteristics—across access dimensions—to understand demand and supply across the state more fully and to help identify supports and constraints on access. Figure 2 provides examples of family, CCEE program, and state and local CCEE system characteristics that states can overlay to understand supply and demand more fully and help identify facilitators of access. For example, states may want to examine the geographic locations of CCEE programs that accept child care subsidies and the availability of reliable public transportation options to better understand supply.

Figure 2, which is grounded in the literature sources reviewed, also illustrates how family, CCEE program, and CCEE system characteristics may interact to influence the supply of and demand for CCEE in a state. For instance, subsidy payment policies might influence the supply of CCEE (e.g., providers may be more willing to accept subsidies if there's a higher reimbursement rate), while subsidy eligibility policies might influence the demand for CCEE. Or the price of care might influence family demand. While not an exhaustive list of characteristics, Figure 2 is intended to be a starting point for state/local discussions of CCEE access and compilation of characteristics that can support analyses. There are other CCEE system, CCEE program, and family characteristics that could be included in the table depending on the state or local context being examined. The aim is to show that access has multiple facets and can be analyzed from different angles to assess alignment. For example, a state might compare data on languages spoken by families, languages spoken by CCEE providers, and languages the state's family engagement efforts are in to see where there may be gaps.

Figure 2. Family, program/provider, and system characteristics that influence the supply and demand for CCEE



Family Characteristics Associated with Access Dimensions

Affordability

- Income level
- Child care subsidy eligibility and receipt
- Eligibility for no- cost care including Head Start and public pre-K
- Number and ages of children in need of cares

Reasonable Effort

- Geographic location (census tract, urban/rural)
- Employment status and schedule

Supports Children’s Development

- Families with children with disabilities
- Families with mental health support needs

Meets Families’ Needs

- Ages of children
- Care type preference
- Need for siblings to be in care together
- Race/ethnicity
- Languages spoken
- Single-headed household
- Need for non-standard hour care

Program/Provider Characteristics that Support CCEE Access for Families

Affordability

- Price of care
- Acceptance of children receiving a child care subsidy
- Participation in Head Start and public pre-K
- Income level of children served
- Staff compensation and benefits

Reasonable Effort

- Geographic location (census tract, urban/rural)
- Program capacity, enrollment, and available slots

Supports Children’s Development

- QRIS rating/quality standards met
- Ages of children served
- Serving children with disabilities
- Use of culturally and linguistically responsive practices

Meets Families’ Needs

- Care type (i.e., center-based, family child care, and family, friend, neighbor care if applicable)
- Serving infants/toddlers
- Providing non-standard hour care
- Race/ethnicity of provider(s)
- Languages spoken by provider(s)

System Characteristics that Support CCEE Access for Families

Affordability

- Subsidy payment policies
- Subsidy eligibility policies
- Availability of no cost care (e.g., public pre-K, Head Start/Early Head Start, etc.)

Reasonable Effort

- Provision of information about CCEE options/state and local CCEE consumer education efforts
- Availability of reliable transportation options

Supports Children’s Development

- Supports for quality and professional development of programs/teachers in families’ communities
- Supports for culturally and linguistically appropriate developmental assessments

Meets Families’ Needs

- Efforts to target supply-building to ensure equity of access
- Efforts to support family provider relationships (family engagement)

Source: This figure is based on information in the literature reviewed for this resource.

Researcher considerations to improve measures of CCEE access

In collaboration with state partners, researchers can continue to develop measures that evaluate access as a dynamic, multi-dimensional construct to better understand families' experiences. Researchers can support CCEE leaders in identifying any access gaps—particularly for families who have historically faced barriers—by taking several steps to better measure access:

- 1. Develop measures that assess multiple access dimensions simultaneously.** Researchers can develop new measures that assess multiple access dimensions through several potential strategies:
 - Overlay multiple family, CCEE program, and system characteristics to examine access.
 - Compare information about parents' needs and preferences, collected through surveys, interviews/focus groups, or other participatory research, to characteristics of the available supply of care.
 - When collecting information about families' needs and preferences through participatory research or qualitative methods is not possible, researchers can estimate families' needs with "child care request" data from local Child Care Resource and Referral (CCR&R) agencies, data from the state's online search tool, and/or data from child care subsidy eligibility specialists who may assist families in locating care. These approaches have some limitations, however, since not all families may know about or use CCR&R or online search tools and looking at supply characteristics still does not consider families' multiple preferences and needs.

Some state research partnerships are in the process of developing new measures that assess multiple access dimensions (see examples 1 and 2 below). However, additional measure development and testing are still needed for examining interactions across access dimensions.

Example 1. One example of a new, exploratory measure is the Minnesota Child Care Policy Research Partnership's Access Composite Index. The partnership team created parent survey items that align with the four dimensions of access. Parents were asked to indicate features of child care across the four dimensions of access that they thought were important when searching for care. Responses were then aggregated into a composite score that provided an overall portrait of how well their current arrangement was meeting their needs. Families were also asked to differentiate between priorities and preferences. Preferences and priorities were then compared to the family's current child care arrangement. Greater misalignment between priorities and current arrangements was given a higher score. For example, if transportation was a priority and a family reported difficulty transporting their child to care, their arrangement was not aligned with their priorities. When scores were summarized across respondents, the team found disparities among families with lower alignment scores by family income, structure, and race/ethnicity.^f Families that receive a child care subsidy, earn less than \$55,000 annually, have more than one child, report their race/ethnicity as being Black, Hispanic, or Multiracial, and report that they would not recommend their child care provider to friends or family members were significantly more likely to have lower alignment scores.²⁸

Example 2. South Carolina and their research partner at the University of South Carolina developed an Equity Index to identify areas of low child care access. The Equity Index overlays multiple characteristics of supply and demand, including geographic/community characteristics, the availability of licensed child care, child age, and family income from several data sources. Data sources include the Social Vulnerability Index, child care supply data from licensing, child care demand estimates from the American Community Survey, and the number of children under five living below poverty based on Medicaid birth data to estimate eligibility for child care subsidies. This measure allowed the state to better identify areas of low access for families in vulnerable geographical areas (i.e., areas with a higher SVI and number of children under age 5 living in poverty) rather than poverty level estimates in census tracts alone. It also further defined potential family demand to look at children by age (e.g., infants and toddlers) who are potentially eligible for subsidies.²⁹

^fNote that multivariate analyses have not yet been conducted to identify correlates among the family characteristics and how these are related to the alignment scores.

2. **Explore what data visualizations and mapping strategies are most useful for supporting CCEE leaders in understanding and acting on CCEE access measures.** Maps of supply and demand factors can help states identify where there are areas of low access to CCEE, including at the county or community level. Layering maps that show different components of the access dimensions or show them as indexes can be particularly helpful (see Example 3 for information on how Florida did this).⁹

Example 3. Florida has created several different child care access maps. Their Child Care Access Index map shows the use of highly rated providers (i.e., providers who are rated at a level 4-5 in Florida's QRIS) who accept subsidies based on the capacity of the highly rated provider minus the enrollment of children who receive a subsidy. The map highlights areas of low access for highly rated providers accepting subsidies and low use of highly rated providers with capacity to serve children with a subsidy.³⁰ Another Florida map uses stabilization grant reporting data^h (e.g. waitlists, capacity, number of children, etc. by age) to map the supply of care and identify areas with vacancies or areas with long wait lists. It will be helpful to know how tools such as these are working to clarify access needs in states and localities and the extent to which they help inform leaders of variations in access for families.

3. **Consider how CCEE policies and practices can promote equitable access for families.** When measuring access, researchers should consider state and community contexts that can influence family needs and preferences, such as the availability of new or expanded child care facilities, changes in eligibility for child care assistance, changes in the availability of public pre-K or Head Start, availability of other financial assistance, and consumer education improvements (e.g., new websites or CCEE search tools).

For instance, if a state recently increased eligibility for subsidies and lowered copayments for families receiving a subsidy, they might explore the following family-centered questions through surveys or interviews/focus groups with families and/or using their administrative data (e.g., licensing, subsidy, and QRIS data) to look at trends in participation following policy implementation:

- **Reasonable effort:** How are families learning about changes to subsidy policies? How does the number of children and families receiving subsidies change following these policy changes? Does the number of children in a family receiving subsidized care change following the co-payment policy changes? Are the policy changes associated with changes in the demographic characteristics of children/families who are accessing child care subsidies? How do the policy changes in eligibility and co-payments affect families' use of child care arrangements?
- **Affordability:** Are families who receive subsidies paying less because of the policy changes? Are there demographic differences in the characteristics of children and families who pay more/less than 7 percent of their income for child care following the policy changes?
- **Supports child development:** Does the percentage of families receiving subsidies participating in higher-rated programs (i.e., levels 3, 4, and 5 in QRIS) increase following these policy changes? Why are or why aren't families choosing higher-rated care following the policy changes? Following the policy changes, are there differences in the demographic characteristics of children and families who (1) obtain a subsidy and higher-rated care (i.e., level 3, 4, or 5 in QRIS), and (2) families who obtain a subsidy and lower rated care? What elements of quality are important to parents?
- **Meets parents' needs:** How do the policy changes help families obtain child care arrangements that align with their needs and preferences? For families that are eligible but do not enroll in the subsidy system, what are their constraints?

⁹ For additional information about how maps can support CCEE leaders in making decisions about what strategies may be most effective for improving access, see [Using Maps to Inform Decisions about Child Care and Early Education](#)

^h The American Rescue Plan Act (ARPA) provided \$24 billion for states to offer CCEE providers stabilization grants to help CCEE programs remain open or reopen. As part of these grants, many states either required or requested information from providers about their programs and how they used the funds.

Researchers could also examine how the supply of CCEE is currently being used to understand effects of CCEE policies. For example, Florida uses stabilization grant reporting data (e.g., waitlist, capacity, and enrollment data) to better understand how provider stabilization grants and expansions of subsidy eligibility have helped families access care. Florida uses these data to create maps that show where there are areas with vacancies and where there are areas with waiting lists.

Summary

Advancing measurement of CCEE access is a complex and iterative process. States and their research partners, however, are developing innovative approaches to measure access. Looking across the steps to advance measurement presented above, there are three primary recommendations for supporting more accurate measures of access—to ensure that families have equitable access to CCEE, particularly families who have faced barriers.

1. Examine multiple dimensions of access. Looking at families’ experiences from different angles is key to understanding families’ experiences accessing CCEE. This includes:

- Information about CCEE options families have,
- Availability of CCEE providers who accept child care subsidies
- Availability of CCEE options close to families’ homes or places of work,
- Price of care,
- Availability of child care assistance or no-cost programs (e.g., Head Start, public pre-K),
- Availability of highly rated CCEE options,
- Availability of CCEE programs that serve children with disabilities,
- Availability of CCEE programs with non-traditional hours, and
- Presence of other program characteristics that help meet families’ needs.

As described above, most access analyses thus far have focused on the availability and affordability of care for families. Fewer analyses have included indicators of the *supports child development* and *meets parents’ needs* dimensions. Most access analyses thus far have also looked at dimensions of access one at a time rather than simultaneously. Further research and more comprehensive tools such as access composite scores are needed to examine multiple dimensions of access to better understand families’ experiences.

2. Consider family characteristics and family needs and preferences when measuring demand. Most access analyses to date have used broad population estimates (e.g., the number children under 5 in a geographic area) to measure “potential demand” for CCEE. While some access research has examined potential demand for families with certain characteristics (e.g., income level or parental employment), research has rarely looked at how potential demand might vary across subgroups or how families might exist within several subgroups. Most access analyses have also not considered families’ preferences and needs when examining demand and how this aligns with the current supply of care. Ensuring that family perspectives are included is critical.

3. Consider how state and local contexts influence families’ needs, preferences, and use of care. Measures that center families’ needs and preferences can also help state leaders understand how CCEE policies help families access CCEE and how to better design supports to promote equitable access. Exploring the questions above related to families’ awareness of policies, barriers to accessing supports, how supports help them afford CCEE, and how supports help meet their CCEE needs can advance states’ knowledge of how policies are helping to support CCEE access. Additionally, states can also examine trends in the use of care by families to understand effects of policies on access.

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