Understanding Minnesota Families' Access to Child Care Choices That Align With Their Priorities and Preferences

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Introduction

Parents weigh many factors when searching for and choosing a child care option for their child.[i] While research typically examines factors such as the cost and availability of care within a specific location, families may have additional priorities and preferences for their family's child care arrangement. For example, perhaps a family would *prefer* a provider who offers both instruction in the child's home language and transportation services, all while prioritizing care that is within their budget. Ideally, all three of these criteria would need to be met for the family to have an arrangement that fully aligns with their family's priorities and preferences.

A family-centered definition of access that considers family priorities and preferences offers a more complete understanding of the facilitators and barriers families experience when accessing child care. As described in Defining and Measuring Access to High Quality Early Care and Education: A Guidebook for Policymakers and Researchers,[ii] access is defined as a combination of four interrelated dimensions, which include:

- **Reasonable effort:** The level of effort that is required for families to find information about a program, enroll, and prove eligibility and to access the physical location of the program.

- **Affordability:** The financial costs associated with using a service.

- **Meets the parents' needs:** The extent to which available programs and services meet parents' needs and preferences.

- **Supports the child's development:** A family's ability to access child care that supports the child's developmental needs, including their language and literacy development, cognitive skills, social and emotional development, and physical development.

Together, these four dimensions provide a family-centered approach to conceptualizing access. These dimensions can also be used to better identify specific barriers or challenges parents and families may face in searching for child care that they want and need, as compared to simply examining general population characteristics and the capacity of child care programs. While the four access dimensions highlight important considerations for a family's child care search, there are few examples of how to measure them individually and collectively.

Purpose of brief

This brief examines families' access to child care in Minnesota and presents a new method to operationalize and measure the four dimensions of access. The research team outlines this approach and shares key findings and takeaways.

Existing access measures and a new approach

Several studies have developed measures of access to early care and education (ECE) that incorporate one or more access dimensions into a measure of supply. A team at the University of Minnesota examined access to ECE by creating a distance-based and family centered supply measure that included indicators of ECE quantity, cost, and quality.[iii] This research introduced a new measure of access that displayed variations in access within Minnesota communities in an interactive map that can be found online at ChildCareAccess.org. Another study used data presented in the National Survey of Early Care and Education (NSECE) to calculate access ratios across the four dimensions. This study compared the total number of children who met specific characteristics to the number of enrollment slots from providers who met particular characteristics within the county.[iv] These access ratios were calculated for measures of reasonable effort, affordability, meets parents' needs, and supports children's development. While the four access ratios share a methodology to measure access in a way that is both family-centric and multi-dimensional, the researchers highlight the need for future work to (1) examine the intersection of multiple dimensions to comprehensively measure access and (2) create discrete levels of access (low, adequate, and high) to inform policymaking and decision-making.[v]

This brief describes a new approach to measure a family's level of access. **Using the Access Framework, the research team conceptualized access as being informed by the alignment between families' preferences and their actual experiences in their current child care arrangement.** By examining this alignment between preferences and experiences as reported by parents, the research team was able to capture a diverse set of family experiences. Overall, for a family to "have access," they must be able to find and use a provider that meets their priorities and preferences across these four dimensions. However, families will differ on which access dimensions are more important to them, and how they are defined. For example, for some families, meeting their needs would require a provider to speak their home language while for others, it would require care during non-standard working hours. Additionally, it is worth considering that some families need both.

For each of the four dimensions of access, we reviewed the survey questions used in the Minnesota Child Care Policy Research Partnership study and identified items that related to each access dimension. Based on the survey questions, the research team identified eight key constructs across the four access dimensions (see **Table 1**).

Table 1. Eight survey constructs identified across the four access dimensions

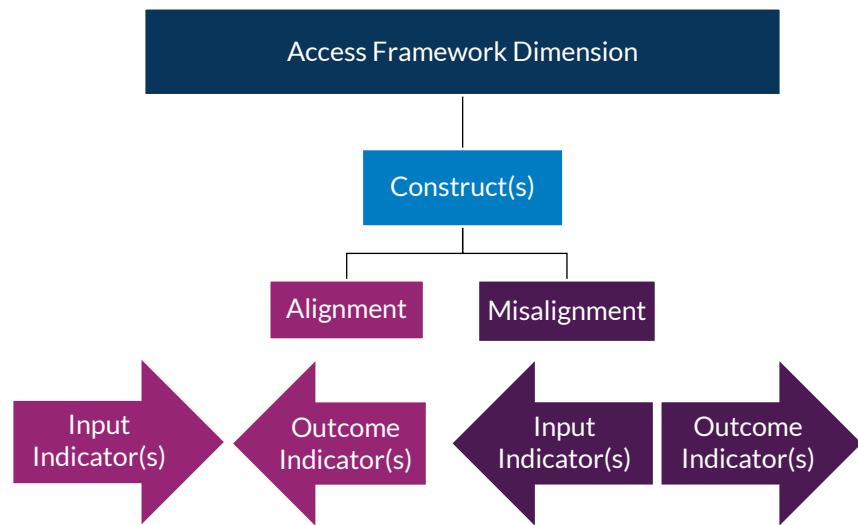| Access dimension	Construct
Meets Parents' Needs	Availability of Instruction in Home Language
	Non-Traditional Care Times
	Family Beliefs, Customs, Ways
Reasonable Effort	Transportation
	Provider Type Preference
Supports Child's Development	Learning & Development
Affordability	Cost
	Subsidy/Financial Aid

All eight constructs were composed of input and outcome indicators that were compared to assess alignment. **Input indicators** capture features of child care that families reported were important when searching for care. **Outcome indicators** reflect the features of families' current child care arrangement within each dimension. For example, we asked families to rank how important the "availability of instruction in a language other than English" was to them when they were last searching for care. We then compared their response to a question about what language staff at their current child care program speak to their child. Availability of home language is a construct (one aspect) of meeting families' needs, and the "outcome" is whether the current provider offers the desired language. Because of the potential repercussions for families when their preferences and priorities for care are not addressed adequately, we chose to focus our measurement approach on the degree of *misalignment* in parents' experiences, i.e., understanding to what extent their preferences or priorities were not met by their current arrangement.

Each of the access dimensions can be measured by multiple constructs, and each construct by multiple input indicators. See **Appendix A** for the full list of input and outcome indicators used per construct used to create the misalignment index and **Figure 1** for a visual aid that describes the relationship among terminology used to create the Misalignment Index.

Figure 1. Relationship among terminology used to create the Misalignment Index

The Misalignment Index incorporates all four access dimensions, represented by one or more constructs, which are key concepts used to measure the respective dimension.

Each construct has input indicators (survey items indicating preference) and outcome indicators (survey items indicating characteristics of their current provider). These indicators were reviewed to understand if within the construct, there was alignment or misalignment between parents' preferences and current child care outcomes.

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          Access Framework Dimension

                  Construct(s)

          Alignment        Misalignment

  Input      Outcome      Input      Outcome
Indicator(s) Indicator(s) Indicator(s) Indicator(s)
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Research questions

The Misalignment Index offers a conceptualization of access intended to support policymakers and decision-makers in considering the range of family priorities and preferences when searching for child care.

Our research questions include:

1. What are the ECE experiences of families receiving financial assistance compared to those who privately pay for child care?

2. What proportion of families have high, moderate, or low misalignment?

3. In what counties are families experiencing high, moderate, or low misalignment?

4. What are the characteristics of families who have higher misalignment in their current arrangement?

5. What are the characteristics of families with lower misalignment?

6. In what ways did the child care search process and reasons for choosing their provider differ among families with high, moderate, and low misalignment?

Calculating the Misalignment Index

As mentioned, the Misalignment Index compares families' priorities or preferences to their current child care outcome across eight key constructs related to access. To create the index score, the research team followed three steps:

1. **We first determined whether the construct was a priority or preference for the family.** For six of the eight constructs, a construct was noted as being a priority if the family marked one or more input indicator(s) as being "crucially important—I would not consider a provider who did not provide this." If a family marked any other level of importance, "very important," "important" or "slightly important" for one or more input indicator(s), the research team considered the construct as being a preference for the family. If all input indicators in a construct were ranked as being, "not at all important," the construct was neither a priority nor a preference.

   For the two remaining constructs, we used a different approach. For the non-traditional care options construct, families indicated whether they would use care during non-traditional times (e.g., weekend care, early morning care, evening care, etc.). If any families noted that they "would use" care during any of the specified times, the construct was considered a priority. Similarly, for the provider type preference construct, we asked families to rank provider types

Data sources and final sample

Between November 2021 and January 2022, we launched a survey focusing on families with children enrolled in child care by asking their providers to distribute the survey to families in their programs. A total of 673 families responded to the survey, of whom nine (1%) reported that they received financial assistance from the Child Care Assistance Program (CCAP) and 35 (5%) reported that they received both CCAP and an Early Learning Scholarship (ELS). The survey included questions about additional sources of financial support for child care, the amount of out-of-pocket expenses families pay, and the importance of certain factors (e.g., cost, transportation) when selecting child care. Families who completed this survey were entered into a raffle to receive a $25 gift card.

Because the distribution method we used with the initial survey did not result in an adequate sample of families eligible for or using financial assistance (CCAP and ELS), we administered a second family survey in the fall of 2022. This survey focused only on families who receive CCAP and those who participate in the ELS to understand how financial assistance affects families more broadly and to compare the experiences of those receiving different types of funds. We conducted outreach to 4,000 families who receive CCAP and/or ELS; we also ensured that half of the families we reached out to resided in the seven-county Minneapolis-St. Paul metropolitan area and half resided in Greater Minnesota. Respondents received a $25 gift card for completing the survey.

In both surveys, we asked respondents to describe their current child care arrangements and focused on families' access to and preferences for child care. Families first ranked factors on a five-point scale from "crucially important—I would not consider a provider who did not offer this" to "not at all important." Out of the factors that families marked as "crucially important," families were later asked to indicate which factor was the primary reason they had selected their child care arrangement. Families were also asked open-ended questions about the process they used to search for child care (2021 only) and details about how they ultimately chose care (2022 only).

In additon to survey data, the research team used NACCRAware data, through an agreement with the Minnesota Department of Human Services and the University of Minnesota to access licensed provider's hours of operation.

Final Sample

There were a total of 1,043 respondents (26 percent response rate) across both surveys. The majority of families used center-based child care programs (57%), followed by family child care programs (20%), certified license exempt centers (11%), and school-based programs (6%). Thirty-four percent of families reported receiving financial assistance, of whom 55 percent received CCAP alone, 22 percent received ELS alone, and 21 percent received both CCAP and ELS. Among families who reported their location, they were evenly split between the metropolitan area (50%) and Greater Minnesota (50%).

from their most preferred to least preferred. If any provider types were marked as being the family's first or second choice, we considered the construct to be a priority.

Appendix B displays the frequencies across all input indicators.

2. **Secondly, for any construct established as being a priority or a preference, we compared the input indicators to the families' actual child care outcome indicators.** Constructs were then scored depending on the alignment between the input and outcome indicators:

    a. When the input aligned with the outcome or if a construct was neither a priority nor a preference, the construct was scored as a **zero**.

    b. If the construct was a priority and misaligned with the outcome indicator, the construct is scored as a **negative two**.

    c. If the construct was a preference and misaligned with the outcome indicator, the construct was scored as a **negative one**.

    For example, if a family shared that it was "crucially important" that their child has instruction in a language other than English and indicated that their provider offers instruction in Spanish, the construct would be scored as a zero, meaning there was alignment between this priority and outcome. However, if the family shared that their current provider only offered instruction in English, this would be considered a priority misalignment, and the construct would be scored as a negative two.

3. **Lastly, we summed scores across all constructs to determine the family's misalignment index score.** A lower (more negative) score indicates greater misalignment.

Using the Misalignment Index score, the research time used the percentiles and index scores to divide the sample into thirds and categorized the subgroups of families as having high, moderate, and low misalignment. Across these three subgroups, we ran descriptives (e.g., income, race/ethnicity, geography, age of child, provider type used, etc.) to determine if there were any significant differences between the characteristics of families in the three alignment groups.

Where available, we thematically coded open-ended questions by misalignment groups to provide supplemental information and context about the misalignment index scores.

Findings

The misalignment scores ranged from zero to negative 15 (out of a total of negative 16 points possible) as shown in **Figure 2**. The largest proportion of families had a misalignment index score between negative four (17.5%) and negative three (16.6%). A handful of families (4.1%) received no score because they reported no priorities or preferences across all constructs. Additionally, because these families reported no priorities and preferences, we assumed they had no misalignment based on the constructs we were able to measure.

Figure 2. Total Misalignment Index distribution
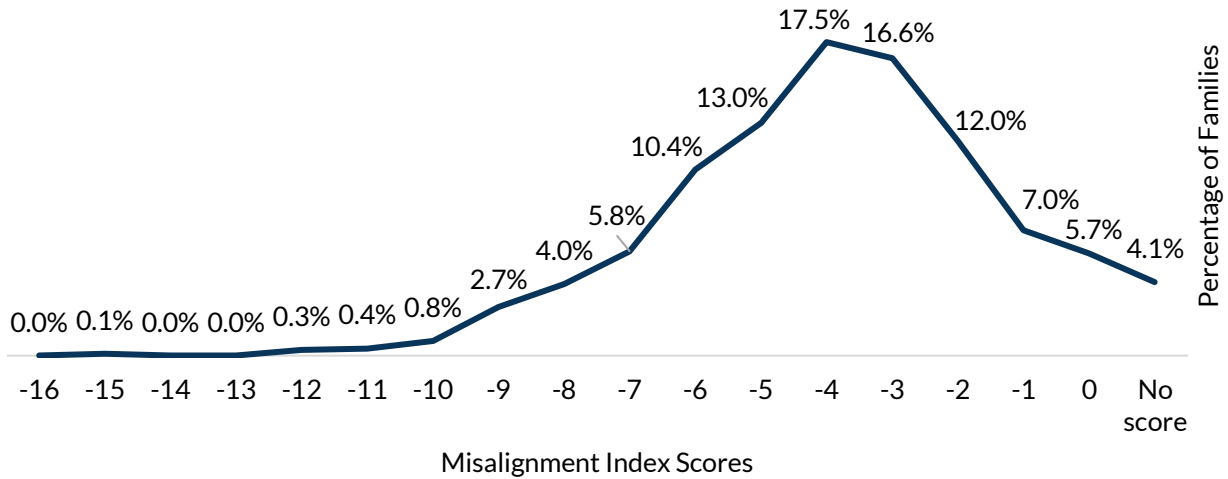
Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

❓ What are the experiences of families receiving financial assistance compared to those who privately pay for child care?

Figure 3 displays the score distribution across families who receive financial assistance (CCAP and/or ELS) compared to those who privately pay for child care. As shown, the largest proportion of families who privately pay for child care received a score of negative three (22.3%) with the majority (57. 6%) receiving a score between negative three and zero. The largest proportion of families receiving financial assistance received a score of negative six (18.8%), with the majority (68.8%) of families receiving a score between negative four and negative eight.

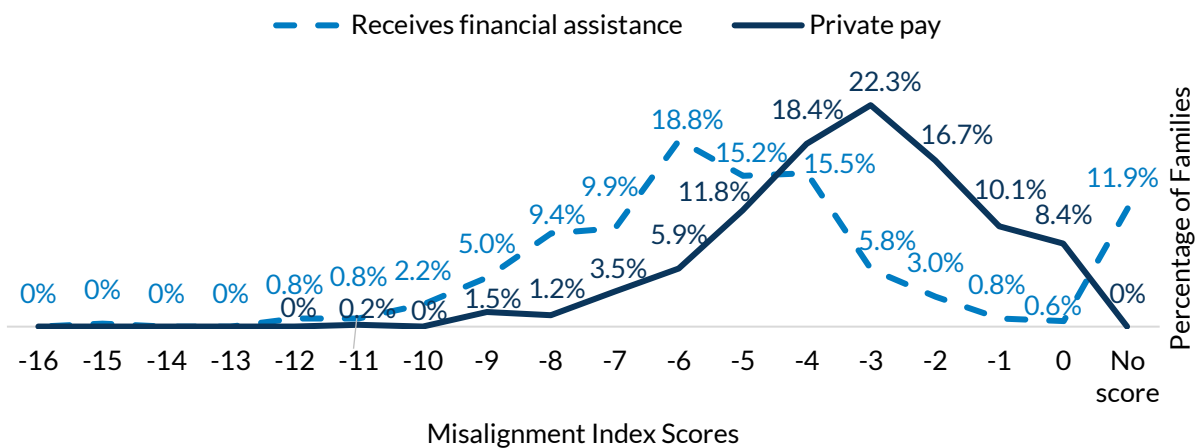**Figure 3.** Misalignment Index distribution by payment type

Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

As shown in **Table 2**, families receiving financial assistance experienced higher rates of misalignment across nearly all constructs or preferences compared to families who privately pay for child care. Specifically, about 75 percent of families receiving financial assistance reported misalignment between their preferred scheduling or care hours and the program's hours of operation. This was only true for 60 percent of families who privately pay for child care. Moreover, roughly half of families receiving financial assistance reported discrepancies between their cost and financial assistance preferences, whereas fewer families who privately pay for child care reported such issues, suggesting that families who receive financial assistance may struggle to find care within their budget and/or financial assistance that covers all child care expenses. Lastly, nearly half of families who receive financial assistance experienced misalignment between their preferences for inclusive child care practices that support their child's development and the child care they actually received.

Table 2. The proportion of misalignments by payment type and construct

Access Dimension	Construct (Preferences)	Families who receive financial assistance	Families who privately pay
Meets Parents' Needs	Provider offers flexible scheduling or extended hours of operation	75.4%	60.1%
	Inclusive and culturally rich child care with diverse staff, families, and engaging, values-based learning.	35.1%	40.5%
	Classroom instruction offered in a language other than English	42.3%	36.3%
Reasonable Effort	Convenient location and accessible transportation options or support offered	10.8%	1.0%
	Child care provider type	29.6%	17.5%
Affordability	Child care cost within budget	50.6%	36.1%
	Financial assistance accepted by child care provider and/or offers sliding scale tuition or some other form of financial aid	48.0%	23.0%
Supports Child's Development	Inclusive child care that supports child's development including social-emotional development and peer interaction.	46.1%	23.7%

Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

Experiences of families with low incomes and not receiving financial assistance

A subset of 22 families reported having annual incomes under $35,000 and not receiving financial assistance from CCAP and/or ELS. Of these families, half were categorized as having moderate misalignment, 27 percent having low misalignment, and 23 percent with high misalignment. The majority have a single child (77 percent) between the ages of 12 to 36 months (71 percent). Most families in this group reporting being White (68 percent) or multi-racial (23 percent), and living in Greater Minnesota (55 percent). On average, these families pay $528 per month for child care. The majority of these families reported needing full time care, early morning, and evening care. Of the 14 families that described their process for finding a child care arrangement, the majority (65 percent) described it as being difficult due to availability and cost.

"It was hard to find one inside my budget that had the right fit for my daughter. I still had to settle at the end of the day for a few things..." **-Family with high misalignment and not receiving financial assistance**

"As a single parent, cost was most important for me but also finding a center that was a good fit for my child. Finding a close daycare was extremely important... age-appropriate toys are extremely important for my [child's development] too..." **-Family with high misalignment and not receiving financial assistance**
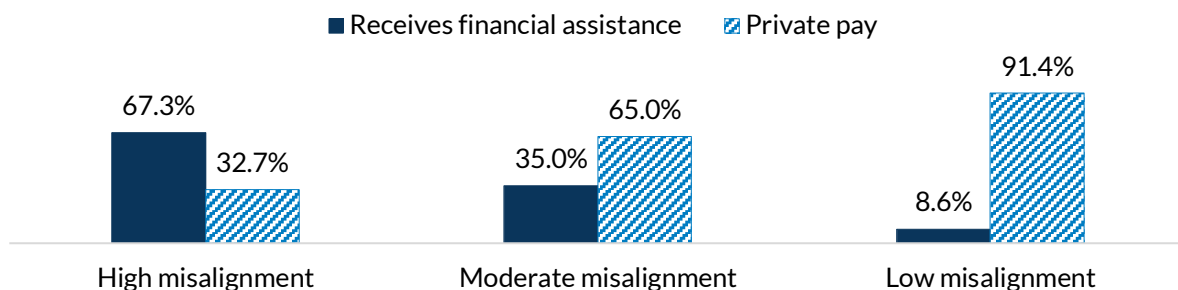
Misalignment subgroups

❓ What proportion of families have high, moderate, or low misalignment?

To further understand the Misalignment Index, we created three subgroups based on the total distribution, percentiles, and index scores: (1) high misalignment, (2) moderate misalignment, and (3) low misalignment. The high misalignment group accounts for 24 percent of our sample and represents families with a Misalignment Index ranging from negative six to negative 15. The moderate misalignment subgroup accounts for 30 percent of our sample and represents families with a Misalignment Index ranging from negative four to negative five. The low misalignment subgroup accounts for 41 percent of our sample and represents families with a misalignment index ranging from zero to negative three.

Figure 4 highlights the proportion of families per misalignment subgroup and payment type. As shown, families categorized as privately paying for child care were most commonly found in the low misalignment subgroup (91.4%) whereas the greatest proportion of families receiving financial assistance were categorized as having high misalignment (67.3%).

Figure 4. Proportion of families per misalignment subgroup and payment type

■ Receives financial assistance   ▨ Private pay

	High misalignment	Moderate misalignment	Low misalignment
Receives financial assistance	67.3%	35.0%	8.6%
Private pay	32.7%	65.0%	91.4%

Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

? In what counties are families experiencing high, moderate, or low misalignment?

Figure 5 shows the average misalignment index scores by county. Most counties across the state have families who received an average misalignment score of negative four and negative five (moderate misalignment). Eight counties including Isanti (1), Swift (2), Lincoln (3), Murray (4), Cottonwood (5), Nobles (6), Jackson (7), and Martin (8) have families with an average misalignment score ranging between negative six to negative 15 (high misalignment). An examination of key demographics such as race/ethnicity, immigration status, and income in these counties revealed higher proportions of the following characteristics compared to surrounding counties:[1]
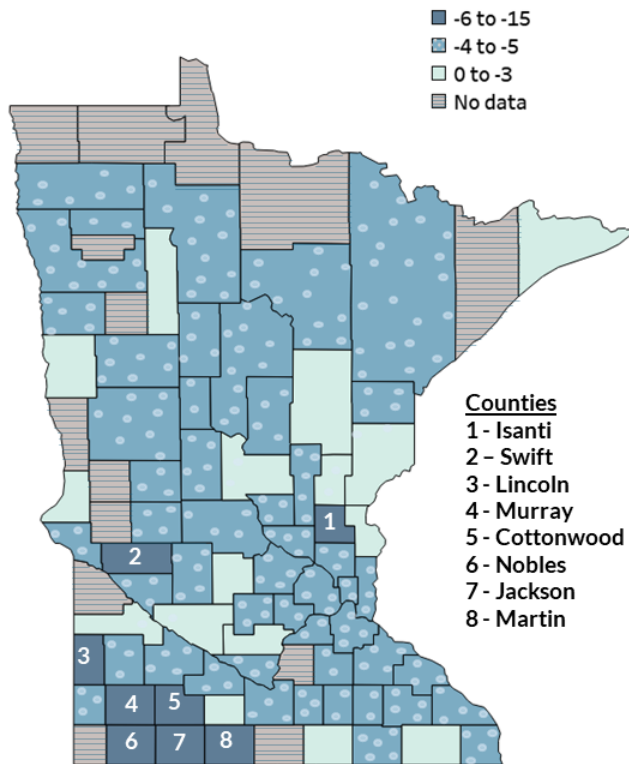
- Hispanic or Latino/e/x populations in Nobles and Cottonwood counties,
- Asian populations in Isanti, Nobles, and Cottonwood counties,
- Black or African American populations in Nobles and Cottonwood counties,
- Immigrant populations in Nobles and Cottonwood counties, and
- Families living in deep poverty (below 50 percent of the poverty level) in Nobles and Martin counties.

Considering the higher proportion of racial, ethnic, immigrant, and economic diversity in these counties, along with greater misalignment scores, it is possible that families in these areas may have less access to child care that aligns with the features they consider important.

Figure 6 shows the number of child care slots available per young child within each county. By looking at these two maps in conjunction, we can infer two critical aspects of access: supply (the availability of child care slots [Figure 6]) and demand (alignment of families' priorities and preferences and current child care enrollment [Figure 5]). Continuing to examine the eight counties with high misalignment, families in Murray (4) and Nobles (6) counties are also shown as having very low access or very few child care slots per young child in Figure 6. This could suggest that the lack of available child care slots in these counties may mean that families settle for care arrangements that are not actually aligned with their priorities and preferences. Figure 6 shows Swift County (2) as having higher access, however, the average misalignment score was between negative six and negative 15. This discrepancy may suggest that while there are many slots available, they do not match the needs of families in that county.

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[1] **Source:** www.policymap.com

Figure 5. Average Misalignment Index score by county

Legend:
- -6 to -15
- -4 to -5
- 0 to -3
- No data

Counties
1 - Isanti
2 – Swift
3 - Lincoln
4 - Murray
5 - Cottonwood
6 - Nobles
7 - Jackson
8 - Martin

Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

Figure 6. Number of child care slots (i.e., licensed capacity) per young child by county

Legend:
- Very low access
- Low access
- Above median access
- Higher access
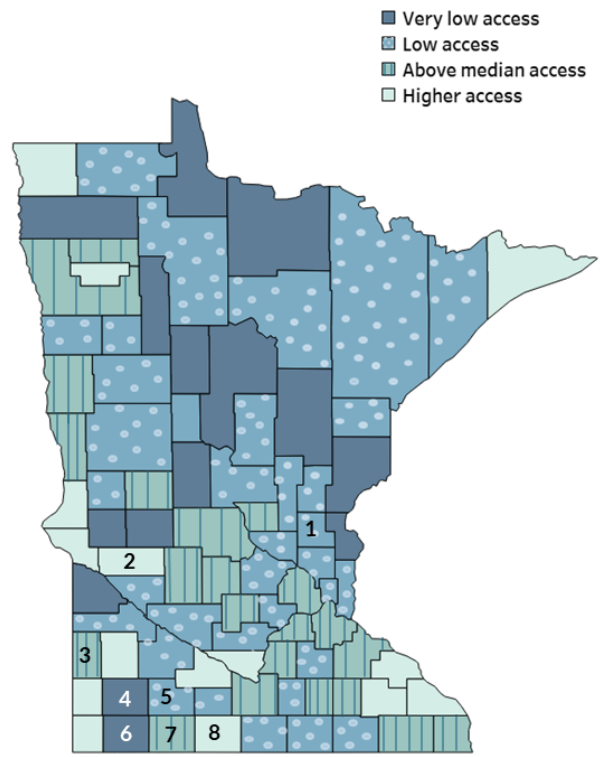
Source: University of Minnesota's analysis of U.S. Census data, Median values in 2021

Priority and preference misalignments by subgroups

Table 3 displays the priority and preference misalignments by access dimension construct and subgroups. As expected, families with high misalignment were found to have greater misalignment across all constructs when compared to families with moderate and low misalignment. While at least a quarter of all families experienced misalignments in the constructs under "meets parents' needs," it is notable that families across all subgroups, especially those with high (94.1%) and moderate (86.8%) misalignment, often found a discrepancy between their preferences for flexible scheduling or extended hours of operation and the actual hours of their child's current provider. Similarly, under "affordability," at least a quarter of families across subgroups experienced misalignment, with even more families in the high (64.2%) and moderate (46.6%) misalignment subgroups showing a discrepancy between their budget preferences and their actual child care costs, which exceeded seven percent of their household income. Other misalignments included families' preferences for inclusive and culturally rich child care and availability of classroom instruction offered in a language other than English.

Table 3. The proportion of misalignments by subgroup and construct

Access dimension	Construct (Preferences)	High misalignment	Moderate misalignment	Low misalignment
Meets Parents' Needs	Provider offers flexible scheduling or extended hours of operation	94.1%	86.8%	39.2%
	Inclusive and culturally rich child care with diverse staff, families, and engaging, values-based learning.	60.6%	45.4%	24.5%
	Classroom instruction offered in a language other than English	61.4%	42.3%	25.6%
Reasonable Effort	Convenient location and accessible transportation options or support offered	14.2%	2.8%	0.2%
	Child care provider type	53.5%	18.3%	7.5%
Affordability	Child care cost within budget	64.2%	48.6%	26.1%
	Financial assistance accepted by child care provider	48.0%	23.0%	4.9%
Supports Child's Development	Inclusive child care that supports child's development including social-emotional development and peer interaction.	46.1%	23.7%	11.4%

Source: Minnesota Child Care Policy Research Partnership 2021 and 2022 Family Survey

Comparison of families with high and low misalignment

❓ What are the characteristics of families who have higher misalignment? What are the characteristics of families with lower misalignment?

To further understand the differences between families with high and low Misalignment Index scores, we compared key characteristics between the subgroups. Characteristics include the type of provider used, the parent's race and/or ethnicity, age of the child needing care, the number of children, household income,

geography, payment type, provider recommendation. **Figure 7** displays the percentage of families with high and low misalignment by characteristic. All differences were tested for statistical significance.

- **Provider type**. Families with higher misalignment were significantly more likely to use school-based care while those with lower misalignment were more likely to be served by family child care providers. However, the greatest proportion of families within both subgroups used center-based programs.

- **Race/Ethnicity.** Significantly more families with higher misalignment reported their race/ethnicity as being multiracial, Hispanic, or Black. Those with low misalignment were significantly more likely to report their race as being White. Within the entire sample, no Black families scored as having low misalignment. This finding may suggest a racial and ethnic disparity among families in their ability to find and enroll in child care that meets the qualities they consider important.

- **Age of child.** Those with higher misalignment had significantly higher likelihood of having older children, age 5 and up, while families with lower misalignment were significantly more likely to describe their experiences in accessing care for their toddlers, ages two and three.

- **Number of children.** Compared to families with high misalignment, significantly more families with lower misalignment had a single child. Most families with higher misalignment reported having multiple children.

- **Household income.** Families with low misalignment were significantly more likely to have higher household annual incomes, ranging from $55,001 to more than $100,000. In contrast, families with higher misalignment were significantly more likely to have lower incomes, ranging from less than $25,000 to $55,000, potentially indicating a disparity based on income.

- **Geography.** No statistically significant differences were found between those with high and low misalignment across families living in the seven-county metro and Greater Minnesota.

- **Payment type.** Families with low misalignment privately paid for child care at a significantly higher rate than families with high misalignment. Nearly 70 percent of those with high misalignment received financial assistance to pay for care.

- **Provider recommendation.** We asked all families if they would recommend their current provider to a friend or family member looking for care. Significantly more families with lower misalignment agreed that they would recommend their provider, whereas significantly more families with higher misalignment disagreed that they would recommend their provider.

Figure 7. Comparison of families with high and low misalignment

■ High misalignment (N = 254)   ▨ Low misalignment (N = 429)

Provider Type
- School-based** — 12.8% / 1.6%
- FCC** — 11.6% / 29.8%
- Certified center — 10.0% / 10.6%
- Center — 64.0% / 57.8%

Race/Ethnicity
- Multi-racial** — 9.5% / 2.6%
- White** — 67.8% / 90.2%
- Hispanic* — 4.8% / 1.2%
- Black** — 16.5% / 0.0%
- Asian — 0.9% / 1.4%
- AIAN — 2.2% / 1.4%

Age of Child
- Kindergarten and up (5-12 years)** — 25.6% / 13.8%
- Preschooler (4 years) — 16.5% / 13.5%
- Toddler (2-3 years)* — 28.4% / 39.9%
- Young toddler (12-24 months) — 10.6% / 14.9%
- Infants (0-12 months) — 17.3% / 15.4%

Number of Children
- More than one child — 77.2% / 38.7%
- Single child** — 22.8% / 61.3%

Household Income
- More than $95,000** — 14.6% / 61.5%
- $55,001-$95,000* — 13.8% / 21.0%
- $25,001-$55,000** — 38.2% / 8.9%
- Less than $25,000** — 25.6% / 2.6%

Provider Recommendation
- Strongly disagree* — 2.4% / 0.2%
- Somewhat disagree* — 4.0% / 0.7%
- Neither agree nor disagree* — 8.3% / 3.1%
- Somewhat agree* — 25.8% / 16.2%
- Strongly agree** — 59.5% / 79.7%

Process of finding and choosing child care

? In what ways did the child care search process and reasons for choosing their provider differ among families with high, moderate, and low misalignment?

A total of 378 families described their process of finding a child care arrangement for their child in the initial family survey launched in 2021. **Table 4** shows that the process of finding child care varied in difficulty for families across subgroups. Those with moderate and high misalignment described more challenges in finding child care. Some found it difficult due to factors like the timing coinciding with the pandemic's onset, limited availability, long waitlists, and high costs.

> *"It was very difficult, the care I found was the only care that had availability for a baby in my surrounding area. [The] other places had wait lists of 2+ years."* **-Family with high misalignment**

Others found the process difficult due to the complexity of meeting their expectations.

> *"I think it is a grueling process—I want the child care arrangement to meet my expectations and my daughter's needs, be accessible in terms of distance and cost, and be collaborative in understanding my needs and being partners in the care and education of my child. I have high expectations, so the process can be complex for me."* **-Family with high misalignment**

Some emphasized the difficulty of finding suitable options for infants, with few available spots and extended waiting times. In some cases, parents had to settle for options they were not fully satisfied with due to the scarcity of openings.

> *"It was honestly the only one that was accepting new babies when I was pregnant with my child. I needed to go back to work and need care, I didn't get to be picky. I just lucked out in getting in at a good place."* **-Family with moderate misalignment**

Families emphasized the need for better resources and easier access to information online about child care providers.

Despite the challenges, some families attributed their ease in finding child care to luck and felt fortunate to have found quality care. Families also described the process as being easy when they were able to secure spots through referrals or their workplace. While families reported that the search process was often time-consuming, they highlighted the importance of early planning, being on waitlists, and even making financial commitments before their child was born to secure spots.

Most important factor in child care search

Among all factors marked as being crucially important by families, we asked families to select the most important factor they considered when searching for care. The top factors chosen varied by misalignment subgroup. The largest portion of families with high and moderate misalignment selected that the provider's willingness to accept subsidy was their top factor when searching for care (24% and 12%, respectively). Families in these subgroups also indicated that having an arrangement that is within close driving distance was important. Among families with high misalignment, the third highest proportion of families selected the cost being within their family budget as the most important factor while families with moderate misalignment selected the quality of learning activities.

For families with low misalignment, the top three factors included (1) child development, (2) quality of learning activities, and (3) time spent with other children.

Table 4. Process of finding child care (n=378)

	High misalignment (n=42)	Moderate misalignment (n=114)	Low misalignment (n=222)
Challenging	62.0%	63.2%	53.2%
Easy	35.7%	29.8%	41.4%
Neither challenging nor easy	0.02%	7.0%	5.0%

Source: Minnesota Child Care Policy Research Partnership 2021 Family Survey

Moreover, in the 2022 Family Survey, we asked families to share a few details about how they ended up choosing their child care providers. A total of 309 families shared these details. As shown in **Table 5**, both families with high and low misalignment most commonly chose care based on convenience and location (30 and 22.9%, respectively). These families chose child care that was close to their homes, workplaces, or their other child's school. Having an arrangement located nearby made drop-off and pick-up easier. Additionally, about 20 percent of families with moderate and low misalignment chose care because the provider had availability.

> *"My child started daycare as soon as he could and like most parents, this was the only daycare with openings for an infant at the time."* **– Family with moderate misalignment**

Some families with high and low misalignment considered the reviews and/or Parent Aware ratings of the child care program as a reliable indicator of their quality and trustworthiness. Within the low misalignment subgroup, more families (17.1%) chose care based on recommendations from friends, family members, or colleagues who had positive experiences with the provider. Lastly, families with moderate and high misalignment often chose a provider with whom they already had experience.

> *"We chose it because our other children always attended [program], and it is a reliable center."* **– Family with high misalignment**

Table 5. Choosing a child care provider (n=309)

	High misalignment (n=166)	Moderate misalignment (n=108)	Low misalignment (n=35)
Convenience & Location	30.0%	3.7%	22.9%
Positive Reviews & Ratings	10.8%	6.0%	14.3%
Open Slots	7.2%	21.3%	20.0%
Recommendations & Referrals	4.8%	7.0%	17.1%

	High misalignment (n=166)	Moderate misalignment (n=108)	Low misalignment (n=35)
Accepts CCAP and/or ELS	4.8%	3.7%	0.0%
Experience with Provider	9.0%	15.0%	0.08%
Curriculum & Instruction	4.8%	4.6%	0.0%
Hours of Operation	4.8%	0.02%	0.0%
Other	Environment (n=6) Diverse & Inclusive Spaces (n=5) Connection to School District (n=5)	Environment (n=3) Diverse & Inclusive Spaces (n=2) Connection to School District (n=2)	Environment (n=2) Connection to School District (n=3)

Source: Minnesota Child Care Policy Research Partnership 2022 Family Survey

Summary of findings

Our analysis using the Misalignment Index highlights the following key findings.

- The Misalignment Index ranges from zero to negative 15 with the largest proportion of families receiving a score between negative four and negative three.
  - o By payment type, we found that families who receive financial assistance had a larger proportion of scores ranging from negative four to negative eight whereas most families who privately pay received scores between zero and negative three.
  - o Families receiving financial assistance experience higher rates of misalignment across nearly all constructs or preferences compared to families who privately pay for child care. Most notably, about 75 percent of families receiving financial assistance reported misalignment between their preferred scheduling or care hours and the program's hours of operation.

- The high misalignment group has the highest proportion of families receiving financial assistance. This may indicate that families receiving CCAP and/or an ELS often did not use child care that aligned with the features of child care they deemed important.

- When mapped, the highest average misalignment scores were found in Isanti, Swift, Murray, Lincoln, Martin, Cottonwood, Nobles, and Jackson counties. In some of these counties, particularly Nobles and Cottonwood, there are larger populations of Hispanic or Latino/e/x, Asian, and Black or African American families, as well as immigrant families. Additionally, Nobles and Martin counties have a larger proportion of families living in deep poverty. When compared to an access map examining the median number of licensed child care slots per young child, Murray and Nobles counties show very low access, indicating a scarcity of child care slots per young child. This suggests that the lack of available child care slots in these counties may lead families to settle for care arrangements that do not align with their priorities and preferences.

- The majority of families (over 60%) in the high misalignment subgroup experienced misalignment between their preferences for flexible scheduling and care hours, cost, non-English classroom

instruction, and inclusive and culturally rich child care, Moreover, families with high misalignment were significantly more likely to have used school-based care, reported their race/ethnicity as being multiracial, Hispanic, or Black, have more than one child and older children (Kindergarten and up), earn less annually, and receive a subsidy and/or scholarship. Families with higher misalignment were also less likely to recommend their current provider.

- Across all misalignment subgroups, the majority of families reported that the process of finding child care was challenging; however, more families with moderate and high misalignment reported this. Many families cited factors such as the pandemic, limited availability, long waitlists, and costs as being consistent difficulties.

- When asked to describe how they ended up choosing their provider, the many families with high and low misalignment shared that it came down to convenience and location of the provider whereas families with moderate misalignment reported they ended up choosing a provider who had availability.

Discussion and Study Limitations

Unlike other measures of access, the Misalignment Index captures the diverse priorities and preferences families consider when making child care decisions, evaluating how well these align with their current arrangements. By incorporating key indicators across the dimensions of the Access Framework, the index succinctly encompasses many factors influencing families' access to child care options. Additionally, it is the only current measure of access that centers on parents' perspectives.

There were notable differences between families with high and low misalignment, not only in their characteristics but also in their child care experiences. For instance, most families with high misalignment were enrolled in care that did not offer the flexible scheduling or hours needed, align with their budget, match their preferences for classroom instruction in a language other than English, or provide inclusive and culturally rich programming. This finding highlights the unequal access to child care options that align with families' priorities and preferences.

While the Misalignment Index provided a useful lens to dive deeper into the access puzzle, we recommend future efforts explore ways to validate the measure. In the brief, we examined open-ended questions that captured families' processes and factors considered when searching and choosing care. As expected, families with moderate and high misalignment reported a harder time finding care than those with low misalignment. Similarly, we examined whether the characteristics of those with high and low misalignment matched our expectations. The findings show that families who are enrolled in CCAP or received an ELS were more likely to be within the high misalignment subgroup as well as families who are multiracial, Hispanic, or Black. Further research should investigate the experiences of these populations to understand access barriers families may face in finding and utilizing child care that aligns with their preferences.

Additionally, the survey tool used to create the Misalignment Index was not originally developed to support these analyses and the index calculation. The research team recommends that future work considers opportunities to strengthen the connection between input and outcome indicators as well as explore whether some access constructs are more foundational than others and should therefore be weighted more heavily in the misalignment calculation. For example, should cost be considered a foundational factor, and when misaligned, should it have a greater impact on a family's score than, perhaps, a preference for a certain provider type?

Another limitation of this study is that the sample only included families who were using a provider. This means that these families found a solution even if it was misaligned. That said, an equitable child care system will enable suitable choices for all families. As reported, many families shared that they ended up choosing

their current provider because they were the only option. Future work can further examine the relationship between alignment and access.

Lastly, a future longitudinal study could track whether the misalignment index predicts a family leaving their provider. We hypothesize that families who are more aligned with their provider have more stability and higher satisfaction in their arrangement while families who are misaligned may experience more frequent changes, instability, dissatisfaction, and stress.

Policy Implications

The Misalignment Index may have several useful policy applications as it continues to be developed and validated. At this stage, we see the Misalignment Index as a tool to expand discourse about early childhood and education access within the state, bringing a multifaceted and family-centered lens to ongoing initiatives. We see this tool as useful at both a local and statewide context. At a local level, it may help states and counties understand the child care access experiences of a particular geographic area, community, or population that they want to know more about. For example, findings from our study suggested that families identifying as multiracial, Hispanic, or Black had disparate access to child care that aligned with their priorities and preferences. For state and local leaders who wish to gain a more comprehensive understanding of the barriers these families face in finding care that is aligned with their priorities and preferences, further use of this index could be a useful tool.

The Misalignment Index can also be applied at the state level to measure the overall health of families' access to aligned child care options. For example, a validated version of the Misalignment Index may be useful in demonstrating equal access under the Child Care and Development Block Grant Act (CCDBG). Collecting and analyzing the data over time could provide insight into how families' access changes after CCDBG policy changes. While not a representative sample, these analyses showed us that most frequently, families received a misalignment score between negative four and negative three, meaning that families experienced two to three mismatches between their preferences and priorities and their actual child care options. By disaggregating the data, we were able to see differences in misalignments by certain groups. For instance, we learned that families receiving subsidy and/or a scholarship experienced more misalignment than families who privately pay for child care. In particular, we found that families receiving financial assistance did not find care that aligned with their preferences for flexible scheduling, preferred care hours, or cost. This statewide sample enabled our team to understand more about access as well as the ability to dive into the experiences of populations of families.

Appendix A. Input and Outcome Indicators by Construct and Access Dimension

Access dimension	Construct	Input indicator(s)/Survey item indicating importance	Outcome indicator(s)/Characteristics of current provider
Meets Parents' Needs	Language	Availability of instruction in a language other than English.	What language do staff at program speak most often when caring for your child?
	Non-traditional Care Options	Weekend care Early morning care Evening care Overnight care Full-time care Part-time care Year-round care Flexible scheduling	Administrative Data - Provider's Hours of Operation
	Families Beliefs, Customs, Ways	Diversity of other children and families attending the program. Diversity of child care staff. Culturally relevant learning materials, activities, or curricula. Religious content or values are incorporated into learning materials, activities, or curricula. Opportunities for families to engage with the child care.	To what extent do you agree or disagree with the following statement: "My child care provider has asked me about my families' beliefs, customs, and ways that my family does things."

Access dimension	Construct	Input indicator(s)/Survey item indicating importance	Outcome indicator(s)/Characteristics of current provider
Reasonable Effort	Transportation	Transportation is provided at no additional cost. Transportation is provided for a fee. The facility is within walking distance of my home or workplace. The facility is within driving distance of my home or workplace. The facility is accessible via public transportation.	Do you have difficulty transporting your child to child care?
	Provider Type Preference	When thinking about sending your child to child care, if cost were not a factor in your decision, please rank the following child care options from your most preferred to your least preferred child care option.	Current Provider Type
Supports Children Development	Learning and Development	Availability of 1-on-1 time with an adult provider or small group activities. Emphasis on children's social-emotional or behavioral development. My child can spend time with other kids their age. Qualifications of the staff. Accommodations for children with special needs.	How often do you meet with or talk to your child care provider or teacher about... Your child's general behavior? Goals you have for your child?

Access dimension	Construct	Input indicator(s)/Survey item indicating importance	Outcome indicator(s)/Characteristics of current provider
Affordability	Cost	Costs are within my ideal price range or budget.	What is the total amount of out-of-pocket expense you pay for your child's enrollment in a typical week or month?
	Financial Assistance	The provider accepts child care subsidy. The provider offers sliding-scale tuition or some other form of financial aid (e.g., scholarships).	Does the assistance cover all of your expenses for your child's enrollment in provider in a typical week or month?

Appendix B. Frequencies of All Input Indicators (Shown as Percentages)

When thinking about the last time you searched for care, how important were the following factors?	Crucially important - I would not consider a provider who did not provide this.	Very important	Important	Slightly important	Not at all important	Missing
Availability of instruction in a language other than English	3.7	7.8	12.1	15.9	54.9	5.7
Diversity of other children and families attending the program	8.6	20.5	28.8	16.4	20.4	5.3
Diversity of child care staff	8.1	18.7	26.4	15.5	26.0	5.4
Culturally relevant learning materials, activities, or curricula	11.3	24.8	28.2	14.5	15.4	5.8
Religious content or values are incorporated into learning materials, activities, or curricula	4.3	9.0	17.2	17.4	46.6	5.6
Opportunities for families to engage with the child's care	9.0	19.7	29.2	18.3	18.3	5.5
Transportation is provided at no additional cost	6.6	12.6	11.7	9.4	53.8	5.8
Transportation is provided for a fee	4.3	6.8	11.4	9.6	61.3	6.6
The facility is within walking distance of my home or workplace	3.1	6.4	9.4	13.6	60.7	6.8

When thinking about the last time you searched for care, how important were the following factors?	Crucially important - I would not consider a provider who did not provide this.	Very important	Important	Slightly important	Not at all important	Missing
The facility is within driving distance of my home or workplace	25.8	39.9	20.0	4.6	3.7	5.9
The facility is accessible via public transportation	3.9	6.8	6.5	8.5	68.1	6.1
Availability of 1-on-1 time with an adult provider or small group activities	20.2	37.8	25.8	8.7	1.9	5.6
Emphasis on children's social-emotional or behavioral development	42.1	38.7	11.0	2.3	0.2	5.8
My child can spend time with other kids their age	43.1	39.8	9.9	1.5	0.3	5.5
Qualifications of the staff	33.6	41.2	17.2	1.7	0.6	5.7
Accommodations for children with special needs	15.8	21.5	24.3	12.3	20.4	5.8
Costs are within my ideal price range or budget	30.2	38.6	19.8	4.4	1.2	5.8
The provider accepts child care subsidy	21.9	10.3	6.7	5.0	49.9	6.2
The provider offers sliding-scale tuition or some other form of financial aid (e.g., scholarships)	12.1	13.9	14.7	10.3	43.1	5.9

When thinking about sending your child to child care, if cost were not a factor in your decision, please rank the following child care options from your most preferred to your least preferred child care option.	1	2	3	4	5	6	Missing
Center	35.1	16.6	12.2	7.8	5.4	7.4	15.7
FCC	14.1	13.6	14.3	17.2	11.6	13.1	16.1
School-based	23.2	27.1	18.3	8.4	4.6	1.5	16.9
Head Start	4.7	7.6	20.6	22.3	21.9	6.1	16.8
Family, Friend, Neighbor	8.7	14.0	14.2	18.2	23.6	6.5	14.9
Other	4.0	1.2	2.5	3.1	6.6	28.3	54.4

Please indicate whether your family uses or would use the following services	Do not need/would not use	Need/would use	Missing
Weekend care	67.7	26.7	5.6
Early morning care	32.6	61.3	6.1
Evening care	47.1	46.5	6.4
Overnight care	83.2	8.6	8.1
Full-time care	18.1	76.2	5.8
Part-time care	32.0	58.7	9.3
Year-round care	10.6	83.7	5.7
Flexible scheduling	33.2	60.4	6.3

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