

Issue Brief | 2022-3 | July 2022

# Child care tradeoffs among Massachusetts mothers

Sarah Savage and Wendy Robeson



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The views expressed in this paper are those of the authors and do not necessarily represent those of the Federal Reserve Bank of Boston or the Federal Reserve System.

## Abstract

In the U.S., early child care is funded through a mostly private market, making access to high-quality care a function of a family's financial resources or access to limited child care subsidies. This results in unequal access to care across income levels, with lower-income families in particular facing constraints in securing care that is affordable, high-quality, and available when, where, and for whom they need it. We know that some parents confront constraints with their options, resulting in forced choices or tradeoffs among aspects of care; this includes, for example, opting out of the formal private market into informal options or opting out of care and work all together. This study aimed to understand the tradeoffs parents make in selecting the best care arrangements for their family. Between October 2019 and January 2020, we interviewed 67 mothers in Massachusetts whose child(ren) had not yet started kindergarten. We found that tradeoffs occurred along a spectrum, with some mothers describing their family's experience compromising on care (accepting suboptimal choices) and others describing sacrificing on care (accepting choices conflicting with needs or preferences, leading to disruptions in care or work). This spectrum applied to the tradeoffs made by mothers who used child care as well as those who did not use child care but perceived tradeoffs should they use it. Even in cases where mothers embarked on extensive searches for child care, tradeoffs were unavoidable. These findings underscore the imperative of addressing the multiple dimensions of child care—affordability, availability, and quality—with attention to potential tradeoffs and their severity, in furtherance of equitable solutions.

## Introduction

Women's labor force participation rate has been persistently lower than men's, and mothers of young children have typically participated in the labor force at lower rates than mothers of older children (U.S. Department of Labor, n.d.). These trends have been exacerbated by COVID-19, whereupon we witnessed an increase of 1.9 million women who were not in the labor force in 2020 compared to 2019, with 16 percent of women who were not in the labor force in 2020 having children under the age of 18 and 9 percent with children under the age of 6.<sup>1</sup> Mothers of young children who work or attend school are more likely to need child care than mothers of children who are school-aged and who are able to rely on a portion of the school day for supervised care (though they may need care for their school-aged children before and after school). Child care access constraints were recognized prior to the pandemic, but COVID-19 gave us valuable insight into the problematic nature of inaccessible child care.

Formal licensed child care occurs in a mostly private market, where providers are unable to charge for the true cost of quality, as that could price out even more parents than is the case with current rates, constraining the supply of high-quality care. Part of the underlying problem is that the dual goals of "early education" and "care as a work support for parents" are often approached with the same policy tools rather than tools that are designed to support each of the goals uniquely. A good example of this is

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<sup>1</sup> Based on author's calculations using U.S. Bureau of Labor Statistics Household Data Annual Averages, Employment status of the civilian noninstitutional population by age, sex, and race, 2019, 2020, and U.S. BLS Economic News Release Table 5. Employment status of the population by sex, marital status, and presence and age of own children under 18, 2019-2020 annual averages.

Child Care and Development Block grants, one of the largest funding sources for subsidized child care. These funds are intended to support care for working parents, but the bulk of funding supports children who are ages 3 and older, including school-aged children up to age 13, while infants and toddlers receive the smallest share of funding (Office of Child Care, 2021). This is likely due to both supply and demand, as parents with infants and toddlers are more likely to use informal parental or relative care, but this usage may be driven in part by an undersupply of affordable high-quality infant/toddler care. In effect, the funding is supporting more early education for preschool-aged children, which is neither K-12 education nor purely child care for working parents; and it is less costly to serve before- and after-school-aged children, rather than care for infants and toddlers, for whom licensed care is least available and most expensive. This may in part explain the large share of children under 3 who are in unlicensed informal settings as opposed to licensed formal care (National Survey of Early Care and Education Project Team, 2016), as well as the lower labor force participation rate of mothers of children under the age of 3 (U.S. Department of Labor, n.d.).

More recently, the critical nature of the formal child care market became clear. We collectively worried about our essential workers' ability to work during the height of the pandemic and economic shutdown. Additionally, many families simultaneously confronted a new work-life balance conundrum: how to balance remote work with the care of young (and school-aged) children. These moments elevated barriers to work in salient ways, exposing a struggle that many families with young children were enduring long before the pandemic.

This issue brief uses data from in-depth interviews with 67 mothers across Massachusetts, gathered from October 2019 to January 2020, to explore the tradeoffs that parents make in selecting care arrangements for young children.<sup>2</sup> Care that is affordable, high-quality, and available when, where, and for whom parents need it, represents an ideal. However, providers of early care and education are often unable to provide care that maximizes all three of these dimensions because of constraints they face—many from operating a service that must attend to critical health, safety, and developmental requirements in a mostly private market. As a result, parents often are forced to make compromises on the care they use or to completely sacrifice features of care, often translating into foregone care or work disruptions. In this brief, we explore these tradeoffs and offer a synthesis across domains to illuminate implications of tradeoffs on work and family life.

## Key Findings

- Tradeoffs occurred along a spectrum of intensity ranging from *compromising* on care— accepting levels of affordability, quality, or availability that did not match well with needs or preferences—to *sacrificing* on care, where conflicts with needs or preferences led to care or work disruptions.
- Sacrificing on care tended to be more consequential than compromising on care, both in terms of parental economic activity and the impact on children.
- Married mothers with incomes above the Massachusetts state median were more likely to leave the labor force as a strategy for meeting child care needs than were married mothers with

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<sup>2</sup> Fathers were welcome to participate in the study, but only mothers responded to our recruitment materials.

incomes below the median or single mothers, for whom voluntarily leaving the workforce was not an option.

- Quality sacrifices, where persistently low quality or serious incidents led to care or work disruptions, were more common among lower-income mothers, who also struggled with the high cost of care, whereas less concerning quality compromises were more common among families better able to afford better-quality care.
- Most married mothers who perceived child care options they explored as unaffordable chose to give up work rather than struggle to afford care.
- Employer flexibility mitigated scheduling conflicts for a number of mothers, helping to minimize tradeoffs, such as having to use care that conflicts with parents’ work schedules.
- There was a small number of mothers requiring care during evenings or weekends, with no flexibility, leading to unemployment unless friend, family, or neighbor care was available.
- Due to challenges securing care that met parents’ needs and preferences, tradeoffs occurred even following extensive searches for care arrangements.

For reference purposes, Table 1 offers descriptions of different intensities of child care tradeoffs along with examples of each level of intensity as it relates to trading quality care for care that is either affordable or available, or some combination thereof.

**Table 1 | Spectrum of Child Care Tradeoffs**

	Compromise	Sacrifice
<b>Definition of tradeoff</b>	When a level of affordability, quality, or availability does not match well with needs or preferences.	When a level of affordability, quality, or availability conflicts with needs or preferences, leading to a care or work disruption.
<b>Example of trading quality for affordability or availability</b>	Using a less preferred care type (e.g., a neighbor versus a center) that is perceived to be lower quality by the parent because it is what a family could access due to affordability or availability.	Experiencing serious quality incidents (e.g., neglect, maltreatment, or endangerment) from poor-quality care, which was all a family could access either due to affordability or availability.

Figure 1 illustrates our theoretical model. We posit that when high-quality care is more accessible either because it is more affordable or more available when, where and for whom parents need it, parents will not need to compromise as much in the care they use. Theoretically this offers more support to the family’s economic security and their child’s development. Conversely, when high-quality care is least accessible, parents may be more likely to have to give up care or work or both, which is consequential for the family’s economic security and child’s development.

**Figure 1 | Child Care Policies Affect Supply of High-Quality Child Care and Who Can Access It**



## Background

Ideal child care generally has three dimensions to it—affordability, high quality, and availability when, where, and for whom parents need it. In the U.S., child care poses a difficult trilemma (Morgan, 1986). Parents may find care that is affordable, high-quality, or available, but only rarely do they find all three at the same time. Solving for this trilemma in a mostly private market has been unsuccessful, driving child care decision-making to be increasingly complex (Weber, 2011). A well-funded child care system may be better positioned to overcome this trilemma, but as it stands, our mostly private market makes achievable levels of quality a function of what parents can afford and child care workers and owner/providers can endure being paid (Savage, 2019). Parents who need nonparental care to work may use a combination of care arrangements ranging from informal unpaid arrangements (with family, friends, or neighbors) to paid care in the licensed child care market. Use of care may be influenced by preferences, what families need, what families are able to pay, and what care is available (Weber, 2011; Meyers & Jordan, 2006). While universal child care and supportive family policies such as lengthy paid parental leave may be accessible in some other developed nations with higher female labor force participation rates (Blau & Kahn, 2013), in the U.S., access to formal licensed care may come down to a family’s financial resources or access to limited subsidies for income-eligible child care assistance. This may push many families into informal unlicensed options more prevalent among lower-income families (Malik, 2019), or block access to child care with implications for the economic activity of one or more parents in a household, exacerbating inequities in childhood outcomes and family economic security. The decision to rely on a mostly private market of child care in the U.S., rather than fund it as a public good, has created a persistent challenge for formal child care providers, which consist mostly of small businesses that cannot charge the true cost of quality *and* stay in business. Child care is labor intensive, especially for the youngest children in care who require one staff person for every three or four children.<sup>3</sup> The high labor costs put providers in a conflicting position of needing to balance what they pay themselves and staff and what they can charge parents, who they need to remain solvent. Providers may also accept subsidized payment for children in their care, but subsidies tend to reimburse at lower rates than providers can charge in the private market

<sup>3</sup> This ratio applies to the state of Massachusetts. Massachusetts Department of Early Education and Care. Standards for the Licensure or Approval of Family Child Care; Small Group and School Age and Large Group and School Age Child Care Programs. Retrieved on 2/7/22: <https://www.mass.gov/doc/606-cmr-700-regulations-for-family-group-school-age-child-care-programs/download>.

(Bipartisan Policy Center, 2020). The combination of lower tuition and the accompanying administrative work required may discourage participation in the subsidy system, in which only 50 percent of licensed Massachusetts providers participate (Massachusetts Department of Early Education and Care, 2020). Subsidies are also limited in supply, resulting in waitlists. In Massachusetts, more than 13,600 children were on a waitlist for a subsidy in 2020 (Massachusetts Department of Early Education and Care, 2022). These constraints are the result of historical underinvestment in child care, which limits the supply of high-quality care that families can easily access. While child care decision-making can be exceedingly complex in a mostly private market, one common theme is the trilemma parents face—finding care that is either affordable, high-quality, or available when, where, and for whom they need it.

## Child Care Decision-Making

Child care decision-making is a complex process. To start, child care needs and preferences can vary between parents but also within the same parent over time (Weber, 2011). Amidst these potentially changing needs and preferences, parents must contend with barriers and opportunities that may affect employment, child care arrangements, and how those arrangements are accessed. Subsidies may improve access among families who meet eligibility criteria, but access to a subsidy does not guarantee providers will accept it or have space available. Employment outcomes may be influenced by care options which, in turn, may influence how child care decisions are made going forward. Policies are as effective as they are a fit within this complex decision-making process (Weber, 2011). Public policy has the potential to dramatically reduce the complexity of this process, but instead there has been persistent underinvestment in child care in this country. In the meantime, parents confront a constrained supply of child care that requires them to make tradeoffs.

## Child Care Tradeoffs

The result of the structural constraints on the child care supply is that providers struggle to offer high-quality care that is accessible. The constraints limit access to care that is at the same time high quality, affordable, and available when, where, and for whom parents need it. Tradeoffs must be made to secure the necessary care to work, or work may be foregone. Considering this constrained choice, this study explores what it means to either perceive having to give up something of importance in the future or to experience giving up something important. By exploring child care tradeoffs, we move beyond a focus on only one or two dimensions of child care in hopes of revealing ways in which parents are excluded from accessing high-quality care and identifying a more robust framework policy makers can use as they work through approaches to improve accessibility of quality care.

Merriam-Webster (n.d.) defines a “trade-off” as “a balancing of factors all of which are not attainable at the same time; a giving up of one thing in return for another (Merriam-Webster). In the case of child care, tradeoffs are forced choices between dimensions of care. This piece explores the manner in which mothers navigate early child care, often resulting in a forced choice between care that is either affordable, high-quality, or available when, where, and for whom parents need it.<sup>4</sup> Granted, it is possible to find care that is strong in more than a single dimension, but it is highly unlikely for all but the most resourced families to find care that is strong in all three dimensions. This is important to surface because striving for care that attends to just one or two dimensions neglects important needs families have, as we

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<sup>4</sup> Fathers were welcome to participate in the study, but we only received interest from mothers.

have seen with the underutilization of public preschools by lower-income families, possibly due to limited hours of operation (Lee & Barnett, 2020).

We already know that our mostly private market constrains providers from offering care that is strong in all three dimensions of affordability, quality, and availability when, where and for whom parents need it (Savage, 2019). This study builds on the recognition of the constraints on child care by exploring the tradeoffs parents make. It is one thing to know that care is rarely strong in all three dimensions of care, and another to explore how the embedded weaknesses are perceived and experienced by parents.

Our aims for this study were to explore tradeoffs and what they mean for parents' own ability to work, their families' economic security, and their children's ability to thrive. The findings are broken down into three primary sections, asking: 1) What do affordability tradeoffs look like? 2) What do availability tradeoffs look like? and 3) What do quality tradeoffs look like? We conclude with a synthesis across domains to illuminate implications of tradeoffs on work and family life.

## Sample

While open to mothers and fathers, all 67 interview participants were mothers. The average age of respondents was 33, with the oldest child being under age 3 for more than half of the interviewees. The large majority were married or partnered, and 15 interviewees were divorced or single. In all, 44 interviewees were working at the time of the study, four were in school, 14 were stay-at-home mothers, with the remaining five not working, two of whom were seeking work. The sample is less balanced than we intended socioeconomically and racially/ethnically with a majority of interviewees having an Associate's degree or higher and a majority having family incomes greater than \$50K. Sixteen interviewees were parents of color. We offered the option to conduct interviews in Spanish, though only one participant used this option. Among 24 mothers with incomes less than \$50K, 14 had experience with income-eligible assistance in the form of a child care voucher, contracted slot or Head Start. More specifically, relative to the state median household income (SMI) of \$81,215 from 2015-2019, 31 mothers lived in families with incomes below the SMI, 35 had family incomes above the SMI, and one mother preferred not to answer.<sup>5</sup>

Of the mothers who used nonparental care, the majority had experience with center-based care at some point for one or more of their children. Fewer mothers (30 percent) had experience with family child care homes (also called in-home care), with the smallest portion reporting primary reliance on nanny- or babysitter-care. Many mothers reported the use of mixed care arrangements with a grandparent or relative care supplementing either center-based or family child care. The five mothers who were unemployed were without care at the time of the interview, but the stay-at-home mothers varied as to whether they used no care or were using a few days of preschool for educational and socialization purposes.

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<sup>5</sup> In instances when self-reported income categories crossed the state median income, we classified the respondent's income as below median income.



## Findings

### What Do Affordability Tradeoffs Look Like?

The cost of care was the most decisive driver in the selection of child care arrangements, meaning that for most mothers with whom we spoke, cost was the dimension mothers weighed most heavily in their decision of a care arrangement. This does not mean that all the mothers were able to find care they could afford, but that it factored into their decision-making the most.

#### *Compromising Affordability to Secure Any Care or Highly Desirable Care*

In order to secure care, mothers had to find care that the family income or a subsidy could be used to cover. Affordability compromises occurred when the cost of care exceeded a family's cost estimate, leading to a tightening of financial resources. Some mothers described the use of free or very low-cost care through a relative, which in most cases was a grandmother and, in most cases, unpaid.

For some, the compromise was to use unaffordable care in order to get what they needed, as shared by this white, above-median-income, married mother of two:

*“We have a small amount of credit card debt that we wouldn’t have. If not for child care, we would make faster payments on that. Between student loans, mortgage and child care, money is going out the door.”*

Securing preferred care that was more than the family could afford on their own was achievable for some by seeking family help to supplement the cost, as described by this white, below-median-income, married mother of two.

*“I fell in love with [preschool]. Last year, I needed a lot of help from my parents to pay for it. We made one payment by ourselves.”*

One concern the mother had about this care arrangement was that at the time of the interview, she had no idea what they would do for their children during the summer when this provider would be closed for the season.

Here is a below-median-income, divorced mother of color, who lives in a shelter with her young child. This mother tries to manage affordability challenges by working full-time at her child's center, and shared that her struggles with English have kept her from getting the certification needed to make more at the center where she worked.

*“It’s a bit expensive, but compared to what’s available when compared to others, it’s more affordable because of working there. \$5 or \$7 a day or \$160 per month.”*

#### *Unaffordable Care Motivated Leaving or Reducing Work*

Fifteen mothers were not using nonparental care at the time of the interview, although some of these families had children attending a few hours of preschool each week. The most common reason that these mothers did not have substantial child care arrangements was the perceived high cost of care. There

were both opportunity costs of waiting for a subsidy or available spot and financial costs of allocating a majority of income earned by a member of the household to child care expenses. In these cases, the mothers who were married were unwilling to sacrifice affordability by using care they perceived as wholly unaffordable and chose to give up work instead or to have their spouse give up work. Leaving the workforce was not an option for low-income or single mothers.

For one white, above-median-income, married mother of one child, plans made with her husband to rely on grandparents for child care fell through, delaying her husband's return to work, which affordable care could expedite.

*“I’m the parent who works and my husband is the one who stays home. He was working a seasonal job, and when we found out I was pregnant, he was going to take some classes to get back into [field]. Then when [child] was born, our priorities changed. I feel like when [child] gets a little older, maybe we would consider it if it was affordable and we could do it.”*

In each of the instances that follow, mothers perceived what it would be like to pay for the amount of care needed to work at a level they had in mind. Considering that amount to be unaffordable, these mothers all reduced work or left the workforce. The perceived effects of having to use unaffordable care were not worth it to these mothers.

A white, above-median-income, married mother of two shared her deliberate attempts to find a balance between child care expenses and maximizing her work schedule.

*“I’m dropping to 32 hours and three days a week. We cannot afford to have them there more than three days a week. Knowing my job and stress level and all the expectations when I’m back to work, I must make sure it’s work that’s feasible and manageable for me. Forty hours a week and one full day with both at home would be way too much stress for me. I spent six hours running numbers to see how many hours I could finagle and what we could afford. If I went back 40 hours and covered one day a week it would not be worth the stress.”*

Among mothers who forewent care, there was a perception that lack of affordability would lead to financial consequences that would not make economic sense. Using care that was unaffordable was not something these families were willing to endure.

This white, above-median-income, college-educated married mother of two did not expect to leave the workforce when her family relocated to the state of MA.

*“When we moved out here, we moved out with the idea I’d be working. That played into our decision to move. Financially, we made the decision to have two incomes. So, when we couldn’t find child care in*

*our price range, we took a big financial hit and had to rework our finances for me to stay at home.”*

Both of these white, above-median-income, college-educated married mothers could not justify child care expenses, even if their family incomes could support it.

*“We never really took the initiative to look at a place where we’re just like, you know, it’s going to be probably the same price as me staying home.”*

*“I think that people should consider staying home. People think I’m lucky, but they don’t understand I have no choice. When you have three children this young, it makes more sense. It’s a necessity, not a luxury. Some people go to work but shouldn’t. They don’t sit down and do the math. I expected paying closer to, like, \$1000 a month. I couldn’t remember exactly the math, but take-home I was bringing home \$2600 a month. If I drop \$2000 on daycare, I’ll bring home \$600 and work crazy hours and never see my kid. Bringing home \$1600 a month would’ve been a good driver. I would’ve considered it more.”*

A white, above-median-income, married mother with a master’s degree who did not use paid care for her child and instead relied on unpaid care through family members to be able to work part-time shared what she would have been doing if paid care had not required a tradeoff.

*“I certainly would’ve done child care and would be working full-time. To cover the cost of it is just crazy.”*

Despite the emergence of affordability tradeoffs with the mothers we interviewed, many mothers found care that was affordable. In these cases, they often needed to compromise on availability or quality or make sacrifices in order to afford a care arrangement.

## What Do Availability Tradeoffs Look Like?

To a lesser extent than affordability, aspects of availability were also decisive, given that without an acceptable level of availability, there could be no care arrangement. As mothers were forced to choose between dimensions of care, it was common for mothers to make availability compromises, such as using care that was not conveniently located, open during the ideal times needed, or accommodating to the ages or number of children needed. These compromises would present challenges and burdens for families, whereas sacrificing care altogether was more consequential.

In general, availability tradeoffs are more complex than affordability tradeoffs in that they come in different sub-dimensions of time-, space-, and location-availability. Furthermore, space-availability is more nuanced than simply having a spot for a child, since child care capacity varies depending on the age and

needs of the child, number of siblings needing care, as well as how parents cover the costs of the child, since providers may limit the number of subsidized slots. For instance, a provider could have a slot for a private-pay toddler but may not have a slot available for the care of a toddler covered by child care assistance. Or they could have space for a toddler but not the qualified staffing needed to serve a toddler with special needs. Time-availability includes the hours of operation as well as options for days, as some parents need five days of care a week, while others may be looking for two to three specific days. There may be a need to match a work schedule, supplement care from an unpaid source such as a relative, or reduce expenses by using less care. Still other parents need care outside of traditional work hours. Finally, location-availability, another strong consideration for families, can encompass proximity to work or home but can also refer to ease of access, since something could be close mileage-wise but difficult to reach. Keeping all of this in mind, mothers made availability compromises across the different sub-dimensions or sacrificed care altogether.

### *Time-Availability Compromises: Knowingly Compromising on Scheduling Needs is a Source of Stress*

Time-availability compromises occurred when there was a mismatch between what mothers needed for scheduling in terms of hours and/or days and what a care arrangement offered. This included both paid care as well as unpaid care and the amount of time a provider or family member, for instance, had available to care for a child. These compromises were challenging, yet manageable.

We heard from one woman of color who was a mother of two, had attended some college, and whose income combined with her partner's fell below the median. She was happy with the hours for drop-off in the morning but not for pick-up at the end of the day. Both she and her children's father worked full-time.

*“Going home, I work until 5 and it closes at 5:30. I work in [place] and it's in [place]. That's really stressful. More stressful than going to work. I have to pay a dollar per minute when I'm late. I had to do it once. There was an accident and I had to call and say I'm going to be late. I got there five minutes after but had to pay \$5. They're very strict with that.”*

A white, married mother of one child who worked full-time shared how flexibility from her husband's employer made time-availability compromises more manageable. This mother held a graduate degree and with her husband, earned a household income above the median.

*“My husband has more flexibility than I do. So, if daycare closes early, for instance, he's the one to go get [child] because he has the option of working from home. Or he can finish his work online that night after [child] is in bed.”*

Other families struggled with the stress of time-availability compromises. In this instance, a below-median-income, married mother of two children shared the stress she felt based on her employer's response to her needing to leave early to arrive before her provider closed.

*“Usually, I would have to leave 10 minutes too early to get [child]. I had to compromise on that. Some managers were better than others. Some more accepting than others. It was always stressful for me to get out early. The times we arrived at 5:05 and times when I’ve called and said I was stuck in traffic, [Provider] never charged us extra.”*

This below-median-income married mother of color of two shared her stress and fears as it related to finding child care that worked with her schedule.

*“Finding a good daycare is very scary. Like, really important for me because a lot of daycares have professional development days or close sometimes and it impacts my work schedule.”*

One mother described a time-availability tradeoff that sounded like an inconsequential compromise initially. In the long run, however, the mismatch in scheduling had the potential to affect her career, particularly with respect to feeling like she needs to do more than is required of her because of her child care needs. This white, below-median-income, divorced mother of two shared her perceptions about possible consequences from her employer. This was a source of stress for this mother, who felt like being made an exception might have consequences.

*“From my perspective it’s working out okay, but I get the sense that there’s resentment from my boss. Uncomfortable feeling—she’s made this exception for me that she’s allowing me to do this. There’s this underlying tension. I can only do the best I can. You have to always be on and more responsive to things.”*

A white, above-median-income, married mother of two who worked full-time shared her perceptions about limitations on her personal job growth, which she attributed in part to child care needs interfering with working later.

*“As far as growth potential—it’s a sore subject. It’s smaller and I’ve reached my limit here. I would need to be at a larger firm to advance further. I can’t stay later.”*

#### *Time-availability Sacrifices: Unmet Scheduling Needs Are Consequential for Work*

A few mothers shared clearer consequences of not having care options when they needed them, specifically during non-traditional hours that fall outside the typical 9-to-5 workday. These time-availability conflicts ultimately led to both of the following mothers not working.

This white, below-median-income, single mother of one was unemployed at the time of the interview.

*“Terrible employer. If Monday [was] a holiday, I would get suspended if I couldn’t work. ‘Suspended’ means lose a week’s pay. I couldn’t work if there was no one to take care of the baby. It kind of screwed me*

*because [babysitter] had a job somewhere else. She worked somewhere else on Monday, so I'd get suspended—three times. They restructured but also me having the baby resulted in my unemployment.”*

This same mother tried different strategies to get back to work but she was unable to secure assistance and struggled with limited hours of availability.

*“I interviewed sitters, tried to get financial aid, tried voucher route. None of it to my avail. My [job] started at 6:30am on Friday, none open then.”*

This white, below-median-income, partnered mother of one was also unemployed at the time of the interview.

*“I would need an open schedule—some places want you to work mornings and nights—if I had to work 3-8 or something. A place I could have my mother pick up [from] if [my daughter's] father got stuck in traffic.”*

A common perception among mothers with preschool-aged children was that certain care options would require a scheduling conflict, as was the case with public preschool options. This perception led mothers to give little consideration to this option since it would not work with their work schedules.

As shared by a white, below-median-income mother of two, who was married and working full-time:

*“Some [deal-breakers] are actual preschools with strange hours that I can't work with.”*

Another white, above-median-income, married mother of two, who was staying at home with her children and not seeking work at the time of the interview shared a similar sentiment.

*“There's a public program with public school and cheaper than private, but the hours were weird—8:00 in the morning—could no way get her there.”*

#### *Finding a Provider with Available Capacity: Space Needs Are Consequential for the Use of Care*

At one extreme, the care a family needed was at times unavailable. At the other extreme, families compromised on space when a care option would be challenging or burdensome. Here a mother described unavailable space as she confronted the reality of waitlists she was too late to join, as well as a compromise involving the use of two separate facilities for her two young children that would prove tricky. Ultimately this white, above-median-income, married mother of two left the workforce.

*“Our timeline was short. It was rushed. So, we weren’t able to get on waitlists because we didn’t have the time to wait. That was the biggest hurdle, coupled with the money we’d be paying for what was available. Another option we considered was having one kid in one center and another in a different center, and we’d divide and conquer. It seemed, logistically, [that] it would be a lot to take on, especially when trying to navigate a new area and jobs, and then the thought was to have each kid on each other’s waitlists, so we could move them to the same place so they could be together. But it seemed like another transition after moving them across [place]. There was the potential for a lot to go wrong.”*

In the next example, a white, below-median-income married mother of one shared the experience of a loss of space availability, when the care that she worked hard to secure disappeared after just two months, and the waitlists she expected to confront for new care exceeded the period when she would need it for her infant.

*“I was working full-time before my leave at [workplace] and intended on full-time. I followed all steps to find a provider ahead of time, looking at all the waitlists and spending more of my salary on daycare, and found a reasonably priced provider. I put [child] in daycare for two months, but lost daycare because the provider was hospitalized, completely out of her control. [Child] was still in infant care and every other facility had 18-month waitlists for infant care. Any that had availability cost more than I made in a month or my husband made in a month. So, I left my job and stayed at home with my son, which is approaching a year that I’ve been home with him.”*

We heard from a white, below-median-income married mother of two who worked part-time and often struggled with her husband to figure out who was able to pick up the children. She shared her early struggles finding infant care for her youngest.

*“It was such a struggle—even that whole search for daycare for [child] last year. Calling these places and no openings. ‘Sorry I’m closed or closing.’ ‘Sure, we have an opening but it’s \$90 a day.’ An infuriating process. So, I jumped on a place so quickly and put money down. It’s a huge problem, especially for infant care.”*

While care was affordable for one family because they used unpaid care through the child’s grandmother, this white, above-median-income, married mother of two shared that there were concerns about the reliability of the “space” in this care arrangement. This strategy for affordability was accompanied by space-availability challenges since at times, the grandmother’s availability was not guaranteed.

*“If someone is sick, the whole thing falls apart. Or if my mom can't watch them. There is a scramble. It feels very tenuous to me, like a scaffolding. So, yeah, it would be nice to have a place that has more available hours that we could afford.”*

#### *Location-availability Compromises: Deprioritizing Location Created Challenges*

A location-availability compromise is when care is not ideally located or accessed but does not cause serious disruption or burden for the family. One white, above-median-income married mother of one described a care arrangement that was close in proximity yet challenging to access.

*“What I needed was not so much the hours, because my hours are so flexible. This daycare has very long hours. Kids could be there 6:30-6:30. We aim for seven–eight hours. The location we didn't factor in. This daycare is 10-15 mins away but across the worst bridge traffic ever. If we'd taken location into account, we'd have thought differently. We went with our gut.”*

This white, above-median-income, married mother of two shared her family's location compromise. Affordability appeared to be a main driver in the decision, leading them to deprioritize location.

*“We did want it close to work, but thinking about cost, we had to do where we live and not work since downtown [place] is too expensive.”*

#### *Location-Availability Sacrifices: Unavailable Locations Were Consequential to Care and Work*

When parents needed locations that were unavailable, at times this resulted in forgoing needed care and/or curbing or forgoing work. We heard from a single mother of color with one child who needed care within walking distance because she did not have a car. Her description of her community having little infant/toddler care was partly due to her need for care that did not require a car. Any infant care beyond walking distance was not worth consideration to this mother.

*“When I started looking, [child] was eight months. Not a lot around here that start that young. I wanted it to be local. I wanted to walk to it so I could drop off and pick up, because I had no car at the time.”*

This same mother worked part-time after her child reached eight months, working nine hours a week on average. She did not switch to full-time until her child was 2.9 years old, when she got a subsidized spot in a preschool. Reflecting on how the lack of available care where she needed it impacted her, the mother shared what she thinks would have been different with care earlier in her child's life.

*“I would've had different job opportunities as well. I would've gotten the full-time spot faster. I was looking for other job opportunities to work*



*around my schedule. I was looking to see what was out there. There were things I could've done."*

## What Do Quality Tradeoffs Look Like?

In reference to early child care, “quality” often means different things to different people. Experts and parents may not always agree on what constitutes high-quality care. Yet “quality” tends to be referred to in a global sense, and it is not uncommon for quality discussions to occur with different definitions in mind. Among some experts, high-quality care is held accountable to strong childhood development outcomes, where evidence-based standards, structure and process measures are clear delineators (National Institute of Child Health and Human Development, 2006). In contrast, families may need to assess care against how well it supports their economic security, which may inadvertently shift definitions of quality away from childhood outcomes to how well the care fits the family’s needs. In either case, there may be an expectation that as access to high-quality care improves, so will childhood outcomes and family economic security. Considering the differences in expectations for what high-quality care can deliver, there are also differences in what experts, parents, and providers consider markers of high-quality care. This study focuses solely on parent perceptions but offers an opportunity to not only understand quality tradeoffs and what giving up quality looks like for parents, but also to understand what giving up quality looks like relative to each parent’s definition of quality.

Descriptions of what mothers thought was important in the care they sought were coded as quality preferences. These preferences served as reference points for discussions of the quality levels of care that were either observed or used by the family. There were both instances of *perceived* levels of quality among mothers who forwent care and had accumulated experience through the search process as well as *experienced* levels of quality among mothers who used care arrangements at some point. Quality compromises occurred when mothers were unhappy with an aspect of the care their child(ren) was receiving. Quality sacrifices occurred when mothers described persistently low quality or serious incidents that generated disruptions in care or parental work.

### *Quality Compromises: Compromising Quality for the Sake of Affordability or Availability*

One white mother of two whose household income fell below the median had found affordable care through a family child care provider, but then the provider abruptly closed. The closure was difficult to manage but leading up to it, this mother shared examples of quality compromises.

*“When [child] started at [provider], she had two dogs—a smaller dog and an older dog that was pretty calm. She added a third dog. And not long after, added a fourth dog to her household. This was a few months before she closed. I was not comfortable with all the dogs. I was*

*nervous about sending a baby there with all the dogs. None showed aggression, but it made me nervous.”*

We also heard from a white married mother of two whose household income fell below the median and who was unemployed at the time of the interview. She shared how she and her husband had to give up on their preferred type of care, a center, because of their need for a flexible schedule.

*“We needed a certain combination of days. I had a set schedule. I was working per diem. I needed a place that was flexible. If I worked Monday, Wednesday, Friday, I needed a magical unicorn place to accommodate a flexible schedule every other week. We didn’t actually find that so went with the home daycare. They felt right for us at time based on factors and price.”*

The next example of a quality compromise by one white, above-median-income, married mother of two was partly mitigated by the fact that the provider was soon to retire, so the mother’s plan was to tolerate it until forced to transition to a new care arrangement. The circumstance leading to the initial use of this family child care provider was described as “panic mode” by the mother. She had begun a search process during her pregnancy of centers of mid-range affordability, only to find that there was no space available for an infant. While expensive centers in her town had plenty of openings for infants, her family could not afford them. She described her search at this point as a “desperate attempt to look for home daycare.” And even then, the mother heard on a few occasions a response from family child care providers who would “call back and say, ‘My friend had a baby and I have to take them instead of you.’”

*“My major compromise is screen time. Conflicted with that. Should I pull [child] earlier than later? [Child] is getting more [screen time] than I’d like. I don’t drill [provider] on how she does it. But [child] does get iPad and YouTube kids, and at home gets none of that to try and balance that.”*

The same mother described the provider’s plans to retire, partly motivated by increased regulations, which helped the mother tolerate the quality compromise as it was coming to an end.

*“[Provider] said she was going to renew her license for [date], and she said when she will be done...after license is expired. She’s...mentally ready. She uses her actual house. She wants to take back her home and have it be hers. Regulations keep getting more and more stringent especially for curriculum—how to educate kids from four to four months at their respective levels, so she said, ‘I’m done.’”*

One way to deal with quality tradeoffs is to leave the care arrangement, but another way is to confront the provider. Questioning providers is not something all parents are willing to do or feel they are empowered to do. Here is a white, above-median-income, mother describing her and her husband’s passive disposition toward providers.

*“When we started hearing how expensive it was, I wasn’t feeling the need for specific curriculum for an infant. When I toured, if people seemed nice, I didn’t feel like I had much say. I had a say, but I didn’t feel like I had the privilege to say, ‘I want this type of person.’”*

This white, below-median-income, single mother, who was unemployed at the time of the interview, described a former babysitter she was able to secure as “a gift from God for what I could afford”, despite experiencing quality compromises relative to what she felt was important, which was to be listened to by the babysitter.

*“The communication always went her way no matter what I asked. She always let [child] nap three–four hours no matter what I said. This would keep [child] up at night. She would just ignore me saying it.”*

#### *Quality Compromises: Compromising Quality Due to Market Constraints on Quality Levels*

Some families preferred higher quality than what was available. This might be a function of constraints on the child care market as opposed to being unable to afford high-quality care. Multiple mothers shared either perceptions or experiences surrounding an inconsistency with teachers and what that could mean for their child.

This white, above-median-income, married mother of one perceived center-based care as having too many children and too much movement of teachers for there to be a consistent connection, which this mother felt was important.

*“With so many kids, I just wanted someone I felt comfortable with that made me feel like I could ask them questions about their day and be able to tell me about it. When I thought about it, I didn’t like that the kids are with a different teacher in the morning, in the afternoon. Then they can’t tell you about what happened that day because they don’t know [child].”*

Another white, above-median-income, married mother of one child shared a similar sentiment about the movement of teachers that concerned her.

*“Something that I struggle with, in many daycare settings, there’s a lot of movement around of staff. At the beginning and end of day, [child] is often in a different classroom, so combining classrooms. For kids that young, that’s a lot of transitions and new faces. [Child] has separation anxiety and ‘stranger danger,’ so I’m not sure how she does with that throughout the day.”*

#### *Quality Sacrifices: Expected or Realized Quality Sacrifices Led to Disruptions in Care or Work*

In reflecting on the search process to secure care, this married mother of color of two shared concerns she had with the quality of different options her family could afford. Her household income fell below the

median and she expected to need to give up quality, which she was not willing to do. She did try one center that she was unhappy with before moving to a different center that offered her a scholarship, which was where her children were at the time of the interview. As her second sentiment reflects, if she did not find the second center, she would have left the workforce.

*“I looked at another in [City/Town]. I heard a teacher yell at a kid, and I ran out. I thought about having someone come to our house to watch them; then my mom made me scared. You need cameras in every room. I did paperwork and was on waitlists. I’m not doing this.”*

*“If I didn’t find [center], I would’ve stayed home. I already know the system, so I know what to apply for. I wanted to make sure that I wasn’t dropping my kid off and having anxiety. I didn’t want to drop kids off and worry about them. There’s nothing more important than they are.”*

This white, above-median-income, stay-at-home mother of two shared a conflicted view of what she and her husband felt was important for care in order for the mother to work. The high cost was a deterrent to using care for this family because to them, it could not be worth it to have someone else spend so much time with their children when the children were still so young. At the same time, this mother wanted her children in settings high in diversity, but they lived in a homogenous community. A downside of one model that struck the right quality level to this mother was that it would have too little diversity, based on her observations that it was “upper class.” Yet if this family could have gotten relatives to live with them to provide care, that would have made a difference in this mother’s decision to return to the workforce. This was an example of both giving up aspects of quality they felt were important as well as an absence of available relatives who met their quality preferences.

*“Only way could see going back to work is if one of our immediate relatives would move in with us or close to us. All out of state. They would need to uproot their life.”*

This white, above-median-income, married stay-at-home mother of three felt that “nobody can pay for daycare for 3 kids.” She and her husband shared a similar perspective about a quality sacrifice, owing to the young ages of their children. The combination of the high costs of care and the fear of a harmful incident occurring without them ever knowing led the mother to remain outside of the workforce.

*“There’s always kids on the news being abused—always those concerns. They’ll end up unsafe, in an environment where there’s people who shouldn’t be taking care of children. You can go online and get a million recommendations. But it’s still a factor. My husband is not on board with me going back to work full-time. He’d not be on board because the kids can’t talk. The little ones don’t talk. That’s a valid point. They can’t tell us if something’s off. My husband does not want kids who are too small being with strangers. I don’t disagree.”*

This married, below-median-income mother of color of two experienced quality sacrifices both directly and indirectly. The direct instances involved her interactions with the center director and her child's well-being at pickup. The indirect instances came through a friend who shared feelings about how children of color are treated at the center. Ultimately, the family left this care arrangement for a new arrangement that they ended up loving.

*“The director was not a people person. When she communicated, I didn’t like how she communicated with me. We had to drop off first thing in the morning. I was coming in and always seeing [child] dirty. I ran into a parent who I went to high school with who had an older child in the classroom; she said to be careful because parents with brown kids weren’t getting what they needed.”*

We learned about another quality sacrifice from a single mother of color of one who earned an income below the median and received subsidized care through a child care voucher. She shared an instance when her child was not treated how the mother would want—in ways nurturing and respectful. The mother chose to confront the center director about what amounted to a quality sacrifice, only to receive no support.

*“I went to pick up my daughter one day and a teacher was screaming at my daughter to walk away. She was barely two and delayed with her communication...she wasn’t using words at school. They were teaching her sign language. They were screaming at her to walk away. I couldn’t say anything. I would’ve lost my cool. I knew that. I grabbed my daughter’s things. I grabbed my daughter. When the teacher saw me walk in, she grabbed my daughter and sat her on the floor and said, ‘She’s not being a good listener. You deal with her.’ I told the director; I was bawling my eyes out and I called corporate, and they said employees have bad days too. That was my daughter’s last day there. I got into [new place] pretty quick. I had the voucher switched over.”*

This same mother described her experiences in a new care setting, which by comparison, was a welcome change despite having to compromise on cultural sensitivity. This could be seen as giving up quality but in the mind of this mother, it was an improvement from feeling like her child was unsafe. In effect, her first experience shaped her preferences and tolerance for compromising on quality.

*“It’s been amazing at [provider name]. I’ve had issues but not with [child’s] care. My issues have been between myself and the director. I don’t feel like she’s culturally competent. Most of the people are white and my [child] is Puerto Rican with big puffy hair. She was raised with Puerto Rican families. The director checked all the kids’ hair for head lice but not [child] because she said, ‘I don’t know what to do with that.’”*

A final quality sacrifice experienced by a below-median-income married mother of color of two involved a family child care arrangement. It was an arrangement the mother used because her options were limited until she received a voucher, after waiting more than a year. This lack of quality resulted in a care disruption on the provider side.

*“The first place [child] went, the lady had no patience. When someone is not real, I can just feel it. So, I feel there’s something wrong. And the environment...it was in the middle of summer; when you go inside the kids are sweating and packed in the rooms. My child was covered in heat rash. So, I told her [child] is having some heat rashes. She has a porch but in summer the kids are always in the room. Then something happened. She left the kids and one kid bit another. The parents reported it and the place was closed down.”*

## Summary

Child care tradeoffs occurred in almost all instances among the sample interviewed in this study. While mothers did not specify if something was missing in the initial descriptions, by sequentially asking about preferences and experiences, compromises and sacrifices emerged. These were not always apparent during the care selection process, yet there were times that perceived tradeoffs would result in a decision to forgo care because what mothers would have to give up was not deemed worth it. There were other times that tradeoffs became apparent only once care was used and it was either too late or considered too difficult or disruptive to change a care arrangement. In some cases, an actual change was precipitated. The intensity of quality tradeoffs did seem to be patterned by the income level of the mothers, with more mothers with lower incomes citing consequential quality tradeoffs, for instance, than mothers with higher incomes. However, this was not necessarily the case with affordability tradeoffs, with mothers from formerly dual-earning higher-income households being represented among mothers unwilling to use care they perceived as unaffordable for the family, sometimes defined as child care consuming too much of the mother’s salary. Tradeoffs may not be front of mind or recognized by mothers, but when asking specifically about quality, for instance, mothers were forthcoming about knowingly using lower quality for affordability reasons, exposing their children to setting practices that conflicted with their preferences, or enduring incidents that required a care change or a work disruption. When asked specifically about affordability, bypassing care and work was not uncommon, especially if it would eat up the mother’s salary. Finding ways to manage what was for most a burdensome expense by cutting corners on quality or soliciting help from family or assistance was also common. Like quality, availability challenges were accompanied by less strategizing and more acceptance about options. One mother mentioned the possibility of using two separate places for her two young children but ultimately chose leaving the workforce over the use of this strategy. Two mothers with nontraditional schedules were stuck given that the need for care during evening hours fell through and both were trying to navigate seeking work without care. There was no immediate strategy for overcoming this lack of availability in their sights. Child care tradeoffs have different consequences for families and may yield insights into solutions for solving child care challenges more broadly.

## Limitations

A clear challenge of this study was that recall was required to understand what mothers wanted before they ever used care or chose to forgo it. Not only does recall introduce the risk of inaccuracy, it also is difficult to unlearn what has been learned since that moment in time. So, while we worked to understand early preferences and perspectives, we acknowledge that accuracy could be compromised to some degree. This could be truer with mothers with relatively older children (study restricted participation to those whose oldest child was under age 6) or who have had more experiences with child care settings. Related to this recall practice was our attempt to overcome the tendency for cognitive dissonance, or mothers not wanting to reflect critically on their child care choices (Bastardi, et al, 2011). While our intention was to avoid this tendency by asking mothers to think back to when they first started thinking about their care needs, it is possible that respondents may not have shared fully.

We also acknowledge the lack of diversity in the sample with whom we spoke. Halfway through the study, we worked to introduce an income cutoff of \$50,000 a year or less per household as well as geographic limitations, as we were not reaching low-income mothers and mothers from more rural areas in the western part of the state. The composition of our sample could bias our findings to some degree. This could be a function of the non-random selection process used to recruit for interviews. Furthermore, the composition of our sample also lacked diversity racially and ethnically, with only one interview conducted in Spanish, meaning we may have missed opportunities to explore whether tradeoffs were patterned in meaningful ways.

Finally, these data were collected just before the pandemic, with the final interviews completed in January 2020. The supply of child care and stresses on parents are different today than when these data were collected. However, since the same pitfalls of focusing on one-dimensional care exist today as much as pre-COVID, the findings from this study should continue to have relevance. If anything, the pandemic has exacerbated challenges as child care workers have left the workforce, resulting in some degree of classroom, center, and family child care closures (Commonwealth of Massachusetts Department of Early Education and Care, 2022).

## Discussion and Recommendations

When asking parents to drill down into certain dimensions of child care, one gets a distinct picture of child care challenges that an overall assessment of care may mask. On the surface, child care tradeoffs are not necessarily apparent. They seem to require a deeper inquiry than most satisfaction polls or surveys enable. This may explain why it is common for experts to rate child care at lower-quality levels than parents (The Forum, Harvard T.H. Chan School of Public Health, 2016). More common perhaps is for parental assessments of care to invoke the question of whether care is good enough not just for childhood development but to be able to support a family. Using family economic security as a measure against which to assess care gives way to a different set of demands for quality and care than accountability for cognitive and developmental outcomes alone. Child development and progress are measures against which K-12 education is assessed since affordability and availability are not necessarily part of the equation. If child care were both affordable and available, there might be more room to focus on quality and outcomes rather than the pains of accessing it, as is currently the case. Instead, we have a mostly private matter that families must investigate, arrange, and fund themselves, constraining providers from covering the true cost of quality, and leaving parents to often feel reluctant about complaining and

voicing concerns. This tendency may serve to limit both the demand for high-quality and the ability to support its widespread actualization.

This study reveals that an inadvertent effect of a mostly private market of child care is that it requires parents of young children to compromise and in some cases sacrifice what they need to achieve and maintain economic security, let alone advance it, with consequences for their children's development. There are abundant quality standards for improving early child care (American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care, 2005), but without adequate funding to attract and retain qualified early educators as a first order of priority, implementing those standards becomes elusive and secondary. Instead, we are in a perpetual cycle of trying to keep these businesses in an underfunded sector staffed and afloat while trying to improve access to them. Despite the current constraints, we offer an optimistic pathway toward a child care system that works to alleviate tradeoffs.

The tradeoffs mothers made were often consequential and difficult to remedy. As such, we see value in thinking of child care decision-making, selection, or avoidance in terms of tradeoffs. This offers a way to see beyond a singular challenge of affordability, for instance. Mothers that traded off quality for affordability no longer faced affordability challenges to the same degree, but at the expense of using a care setting where they may have endured poor quality or concerning incidents. Focusing solely on affordability would not illuminate these cases. Some mothers were able to find care by making one or more compromises—for example, using savings or buying on credit in order to pay a child's tuition bill, or going with a family child care home rather than a preferred center because a child care subsidy could be used at the family child care home or the tuition could be afforded out-of-pocket. Other mothers found they had to make sacrifices, for example, no longer pursuing a career and staying home, or in some cases staying in a particular job without career advancement because of the need to arrive late or leave early for caregiving responsibilities. It is noteworthy that for some mothers, access to employer flexibility lessened the severity of tradeoffs, especially as they related to time-availability challenges. The following recommendations build on what we learned about tradeoffs through our interviews and how they might be applied in support of working parents.

Our first recommendation involves applying a tradeoffs lens to assess programs and policies by adopting a practice of investigating what parents at varying income levels need to give up to access high-quality care. We recommend studying the severity of these tradeoffs and the extent to which parents lack access to employer flexibility to mitigate tradeoffs. This investigation could be done directly with parents as advisors or research participants and supported through the incorporation of tradeoff indicators into secondary data-collection efforts. We also see value in moving away from solving for a single problem, such as affordability, that does not address supply constraints on providers who are operating on thin margins and thus unable to charge the true cost of quality. Solving for affordability alone may have little impact on parents whose schedules conflict with that of most formal care arrangements, and it would do little to help providers attract and retain qualified early educators. As we observed that some availability challenges were mitigated by employer flexibility, there seems to be an opportunity for collaboration between those in the child care field and employers to consider how employer policy can mitigate tradeoffs for parents in different occupations and industries. There may be times when employer policy lacks flexibility, depending on the occupation and industry, but employers could be key informants and partners for access considerations. There also seems to be an opportunity to resolve the disparate policy goals of early education for preschool-aged children and care designed to support working parents. It might be worth considering whether all early care and education for children under kindergarten age



should be treated more as educational care that supports working parents, or whether early education for preschool-aged children should be moved into the realm of K-12 education policy. Lastly, we recommend identifying means for loosening the constraints on the supply of high-quality child care to minimize the tradeoffs parents must make, and maximize their chances for family economic security and positive child development.

While we gathered these data right before COVID, we feel that the findings are important to consider for informing child care—both when using status quo methods and considering legislative change at state and federal levels. The pandemic put the critical nature of child care on center stage, making what was a private crisis into a public one. The effects of having no child care were visible across the economic spectrum, bringing attention to the widespread reliance on care as a work support. In the years leading up to the pandemic, parents confronted challenges in a strong economy with a tight labor market and low unemployment, so the consequences were less evident. The pandemic illuminated the consequences of not having child care, as many parents either struggled to work from home while caring for young children or to perform essential work amidst changes in child care availability. At different stages of recovery, the majority of early child care has come back online but a portion of temporary closures from the economic shutdown may remain closed, with one Boston-level study finding re-openings to be more likely among providers with subsidized slots (Campbell, et al, 2021). Participation in the subsidy system, which in many states continued to pay providers based on enrollments even during shutdowns, may have been a protective factor against permanent closure for programs accepting subsidies, though challenges remain. A summer of 2021 survey revealed staffing shortages among 71 percent of respondents, with more than a third unable to open classrooms (NAEYC, 2021). The supply of early child care may be permanently changed, though it is too soon to know with certainty. Its essentiality to the workforce and the economy has emerged with prominence. A full recovery will be delayed if child care is not available in the ways parents demand. So, as decision-makers and policymakers confront critical decision points, it is vital to consider the way in which the previous ecosystem of child care lent itself to care that was not strong in multiple dimensions of affordability, quality, and availability.

At a minimum, we consider the alleviation of tradeoffs as at least one critical measure of success of public investments in support of a system of child care, such as federal legislation that was under consideration in 2021 but lacked support (White House, 2021). The Build Back Better Act would have given discretion to states to figure out how to both subsidize costs for parents to make early care more affordable and to increase wages for early educators—critical steps toward care that is both affordable and high quality, should states elect to use these funds if passed. However, the discretionary feature of the Act, as opposed to set rules and distinct guidelines, ran the risk of generating disparate and inequitable outcomes. For instance, at either the federal- or state-level, it is important that plans prioritize underserved populations such as parents working nontraditional schedules. The absence of set requirements could lead to insufficient attention to this serious gap in care, which disproportionately affects the care needs of low-income parents and parents of color. Thus, guidelines could be critical in helping to address these disparities in ways that discretion may not. With stalled federal funding to address the present crisis, some states are also doing the work themselves. For example, both Massachusetts and Delaware have planned to use American Rescue Act dollars to help programs continue providing care and keep educators in the field (Commonwealth of Massachusetts Department of Early Education and Care, 2021). Early educators in Washington, DC will receive one-time bonuses between \$10,000 and \$14,000 to keep them in the field (CBS News, 2022). These programs are mindful

of the need to focus not just on whether parents can access care but also on the barriers that providers might be facing in delivering high-quality care. A reliance on child care access alone as an indicator of success, rather than a consideration of the constraints on providers as well, masks inequities in whether the care parents are able to access is affordable, high-quality, and available—with equity implications for parents’ ability to advance economically and their children’s ability to thrive.

## Methodological Appendix

The aim of this study was to explore child care tradeoffs among parents who need child care to work, regardless of whether they used non-parental child care and regardless of whether they worked after the birth of a child or at the time of the interview. The research proposal, design and survey protocols were reviewed and approved by the Institutional Review Board (IRB) at Wellesley College. Two researchers, one from the Federal Reserve Bank of Boston and another from Wellesley Centers for Women conducted the interviews. The researchers interviewed 67 mothers between October 2019 and January 2020. Using a structured interview guide, interviews ranged in length from 45–90 minutes. In recognition of the tendency for cognitive dissonance to occur when parents feel they have prioritized their desires or needs over their beliefs when it comes to making care choices (Bastardi, et al, 2011), we worked to understand preferences retrospectively, when parents first needed care. This enabled us to have a point of comparison when hearing about what parents ultimately did or used over time, including up until the present moment at the time of the interviews. In order for parents to be able to talk about their first time needing care to work with some degree of confidence in their recall, we limited eligibility for the study to parents with young children only. This meant that a parent with a child of kindergarten-age or older was ineligible even if the parent also had a child aged 0 to 4 years of age. Limiting the recall period to 4 to 5 years at most, we expected parents to be able to speak about their 1) initial perceptions of care and care preferences, 2) experiences considering or searching for care, and 3) experiences with care or decision to forego care. In efforts to achieve diversity economically, racially, ethnically, and geographically, we used a combination of convenience and snowball sampling techniques. Through a combination of email and mail, we disseminated a descriptive study flyer in English and Spanish, listing eligibility criteria and offering a \$50 gift card incentive. We distributed the flyers widely—to children’s librarians across the state’s towns and cities, location-specific mom’s groups, parent networks, playgroups on Facebook, various provider contacts, and the 13-member Boston Fed Family Council—and we encouraged those who received the information to share it with others. We also asked interviewees if they would share details about the study with their parent contacts. During an initial email or phone screening, we determined eligibility for the study and participant preference for phone or in-person interviews. The large majority were conducted over the phone and contingent on the informed consent of participants, nearly all interviews were audio recorded to enable subsequent transcription. Though we did not include geographic or income cutoffs in the initial design, we introduced cutoffs midway through data collection to achieve a more diverse sample, with approval from Wellesley College’s IRB. These included cutting off eligibility among those in the Greater Boston area and surrounding suburbs and those with family incomes of \$50K or greater.

## Instrument

We developed an interview guide in combination with a detailed calendar to track all jobs, residential types, moves, and (if applicable) child care arrangements surrounding the birth of a child for whom child

care would be needed to work (Henly, et al, 2017). After asking participants to share a bit about themselves and their families, we moved to complete the calendar, starting with details surrounding the birth of the oldest child up to the present, so that we would have a reference for the interview guide. When designing the interview guide, we were mindful of the tendency for cognitive dissonance to occur when parents feel they have prioritized their desires or needs over their beliefs when it comes to child care choices (see Methodology) (Bastardi, et al, 2011). To compensate for this, we asked mothers to reflect back to when they first needed child care and to recall their preferences then, rather than starting by asking about their current situations, experiences, and satisfaction. We subsequently asked about their experiences.

The interview guide was designed to capture a phenomenon that was determined *a priori*. We purposely asked about preferences for each care dimension of affordability, quality, and availability so that when we later asked about actual decisions and experiences, we would be able to assess where experiences matched needs and preferences and where there were departures, signaling tradeoffs. Needs and preferences could change and evolve over time, so we were mindful to note tradeoffs of an experience relative to any changes in needs and preferences that emerged. Rather than focusing on a target child, we were trying to understand the earliest needs and preferences, and the points at which those changed, regardless of whether it was for the first child or a subsequent child. We asked about experiences with all child care arrangements, whether parental or nonparental, for all children up until the present.

## Appendix

### A.1. Analytical Technique

To explore the concept and occurrences of child care tradeoffs, two researchers conducted and audio-recorded interviews separately, after which all interviews were transcribed. Transcriptions varied in quality<sup>6</sup> and were supplemented with each researchers' notes, which helped with the coding process in Excel. Codes were determined by going through each interview carefully and then grouping data accordingly. New codes were created whenever data did not fit into an existing code. The Excel file contained numerous codes for each case, which could then be cross-referenced with transcriptions of the interviews that were uploaded to NVivo Version 12. By cross-referencing cases containing a code such as "quality tradeoff" with the interview transcripts in NVivo, it was possible to detect themes about the nuance in the quality tradeoffs, for example, in the detailed accounts by parents, and apply these more thematic codes to the interview data in NVivo.

### A.2. Structured Interview Questionnaire

**SCREENING QUESTIONS (these will be asked if parent meets eligibility criteria—no children of kindergarten age or above—but not working or taking classes and need to make sure 18 or older)**

1. Have you ever looked for child care or thought about looking for child care in order to work or take classes?

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<sup>6</sup> Interviews that were typed verbatim at the time of the interview represented accurate transcriptions. Transcriptions of half the audio recorded interviews using NVivo Transcription varied in quality and accuracy, but the ability to refer to respective audio recordings as needed provided clarity.

2. If you were able to have child care that you liked and could afford, would you work or take classes?

[Discontinue if child care has no bearing on work/education situation of parent.]

### INTERVIEW GUIDE

Let's start by getting to know a bit about you and your family.

1. Can you tell me a bit about yourself and your family? [prompt: spouse/partner?]
2. What are your child(ren)'s names and ages?
3. Can I ask you to share why the chance to share your story about needing child care appealed to you?
  - a. How did you hear about the study?

Great, now I'd like to talk a little bit about what you and your spouse/partner do and then get into your care giving needs.

4. [CALENDAR OF EMPLOYMENT/TRAINING—DOCUMENT RESPONSES ON CALENDAR AS APPLICABLE]
  - a. Can you tell me what you were doing for work or school when you first would've needed care for your child? How long did you (or have you) had that job? Have you had other jobs/schooling since you first needed child care? Can you tell me what those jobs were and for how long you worked in those positions?
    - i. [If applicable] What have these jobs been like? [prompts: benefits, flexibility, predictable hours, employment policies such as maternity/paternity leave, growth potential; what you like most/least]
    - ii. Can you share if you were doing anything different before your (first) child was born? [prompt: work status change, job change, hours change, school change] If yes, what was the reason you changed your situation? [Note: this would be before child care was needed; record answer but do not need to put on calendar]
    - iii. [If applicable] What was your partner doing when you first needed care for your child? For how long? What other jobs/schooling has your partner done up to the present?
    - iv. [If a family member ever didn't work for child care reasons] What was this like for your family? [prompts: household finances, the nonworking member's future, ability to save on child care]

- b. Can you also tell me places you've lived since your first child was born? [prompts: town/city, rent/own] [Note: the first start date on the calendar could be before child born if child lived there; end dates and subsequent start dates indicate moves]
5. [CALENDAR OF CARE—DOCUMENT RESPONSES ON CALENDAR AS APPLICABLE] Now moving on to what you've needed for care for your child(ren)...
  - a. Can you tell me about the first time you needed caregiving help to be able to work or go to school? [Complete the calendar starting with the earliest need; capture for each child if applicable]
6. [VALUES/NEEDS] Before you had the first situation you described to manage your child care needs, can you think back to what you considered important/necessary in care options for your child for you to be able to work (regardless of whether working)
  - a. On the type of care—formal that tends to be licensed and in a center or at a home or informal by a family or friend? Why?
  - b. Thinking about the costs—did you expect to pay for care? If yes, what would you have expected to pay each week or month?
  - c. On quality, can you share what that means to you and what you wanted for quality [prompt: health and safety, the facility, caregiver personality, staff qualifications, age and developmentally appropriate, programming/activities]
  - d. What did you need (would you have needed) for location (near home or work?) and hours of operation (part-time versus full-time; school-year versus year-round) and for your job/work schedule?
  - e. What did you (would you have) consider deal-breakers, meaning thing(s) that would make you not consider a caregiver?
  - f. What other things did you want (would you have wanted) before you began searching or learning about options? [prompt: around transportation, culture, language spoken, age/reputation of provider, accreditation, licensing, specific expertise (special needs, health), children served by the provider (ages, kids from inside/outside the neighborhood, flexibility in payments (pay for care that you use vs. monthly rate) flexibility—families who travel to home country, shared custody]
7. [SEARCH/INFORMATION PROCESSING] Thinking back to your earliest care arrangement, can you describe what it was like to look for care?

**[Note:** If participant is under constraints such as being in a shelter and had their care chosen for them, ask them to please describe the effects of that situation instead of a-h.]

- a. When did you first start thinking about finding care? [month or season]
  - b. How did you learn about the different child care options? [prompts: information sources—word of mouth, family, social network, agencies, word of mouth, saw facility in community, internet]
  - c. How many options did you consider and how did that go? [prompt for weighing pros cons, listing features and costs, paperwork, application fees, waiting lists]
  - d. What else influenced your thinking? [spouse/partner input, friend/family input, news article, your job schedule/demands]
  - e. Did your preferences change at all during or after the search process/consideration of options? If yes, how did they change? Were you surprised at what you learned?
  - f. If the care you sought/secured is subsidized, please describe the process you used to find providers who take vouchers or have contracted slots. [prompt: if/when name was put on state’s waitlist, length of wait]
  - g. How did you make a decision in the end? How did you feel about your choice?
  - h. Can you describe any instances when you searched for care after your first experience and how it may have been different?
8. [EXPERIENCE/PERCEPTIONS] You shared what you needed or would’ve needed for care in order to work or go to school. Now let’s spend some time on your actual experiences with care—or the perceptions you formed that influenced your decision to provide care yourself (or for your partner to provide care.)

**For those who used only parental care:**

- a. Why did you choose not to use child care (by this we mean “other-than-parent” care)?
- b. Are there any features of care that you valued/needed that you feel your child is missing?
- c. What, if any, concerns did you have about care you could’ve accessed?
- d. [If in workforce and using parental care only] Are there features of child care that if in place, would make you switch to other-than-parent care instead of relying purely on parental care? If yes, please describe.
- e. [If not working for child care reasons] Are there features of other-than-parent care you would have needed in place so you could join/rejoin the workforce?

**For those who used some amount of non-parental care for their earliest care arrangement. Tell me about the child care arrangements you used:**

- a. Did you pay for any of the care you used?
    - i. [If yes] How much do you think you pay per week or per month (whichever easier) for the different options you're using presently?  

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    - ii. How does this compare to what you expected to pay? [If applicable] What explains the difference?
    - iii. If applicable, did you receive any help paying for care? [prompts: Government subsidy or voucher, Head Start or other government-supported care, Child care tax credits on your taxes, Before-tax dependent care account at work, Employer pays part or all of your child care costs, Scholarship, financial aid, or reduced fee from the center or provider, Sliding fee scale, Relative or friend helps to pay, Other help paying for care]
  - b. Are there any other features of care you used that were different than what you wanted or expected? [prompts as appropriate: on quality in general, on the teacher's warmth/skills, relationship with provider/caregiver, health and safety, age appropriate, social activities, location/hours, general feel]
  - c. Were there any things that you originally considered deal-breakers that you had to reconsider? [If applicable] What were they and what explains the change?
  - d. Overall, do you feel like you sacrificed anything of importance to you? Please explain what and why.
9. [CONSEQUENCES] We've talked about your experiences with care and what you wanted—or you've shared what you would've needed for care in order to work and your perceptions of care. [If there were differences] What have these differences meant for different areas of your life? [If care matched needs] What has having the care that matched all your needs meant for different areas of your life?
- a. Your job [whether worked, where you worked, tenure, type of work, productivity, stability, engagement/hours worked, job changes, absences, advancement]
  - b. Your financial circumstances and decisions [credit, household debt]
  - c. Please think about times you have been absent, late to work/school, or have left work/school early due to child care caregiving needs. Can you tell me about instances

when that's happened and why? [prompts: because your child was sick, child care wasn't available, other child-related reasons, other non-child related reasons]

10. [If care didn't fully match needs] What would be different in your life if you had been able to access child care that better matched your needs and values? [If care matched needs] What would be different in your life if you were unable to access care that met your needs?
11. What do you see the future holding for yourself, your job, and your family with respect to child care?

Thank you for all of that! To wrap this up I just want to ask you a few details about yourself and your family not related to child care if you don't mind.

12. [RESPONDENT DEMOGRAPHICS]

- a. Can you tell me your age? \_\_\_\_\_ Prefer not to answer \_\_\_\_\_
- b. What is your gender? (circle)  
Female  
Male  
Non-binary  
Prefer not to say  
Other
- c. What is your race and/or ethnicity? (Choose all that apply.)  
American Indian or Alaska Native  
Asian  
Black or African American  
Latinx  
Native Hawaiian or Other Pacific Islander  
White  
Prefer not to say  
Other
- d. What country were you born in? \_\_\_\_\_
  - i. If you were not born on the U.S. mainland, how many years have you lived on the mainland? \_\_\_\_\_ years
- e. What language is most often spoken in your home? \_\_\_\_\_
- f. How would you describe your marital/partner status?  
Married or Partnered  
Single



Separated, Divorced, or Widowed

g. What is your highest education level?

- 1 = Some High School
- 2 = High School Grad or GED
- 3 = Some college but no degree
- 4 = AA Degree
- 5 = Technical School
- 6 = Bachelor's Degree from College or University
- 7 = Graduate Degree

h. [If in school or training] Can you tell me what you're studying/learning in your school/training program? [If applicable] What degree are you pursuing?

i. [If employed] Are you currently employed full-time or part-time?

- i. Can you tell me what you do?
- ii. When do you typically work most or all of your hours?
  - Between 7 a.m. and 7 p.m. weekdays
  - Before 7 a.m. or after 7 p.m. weekdays*
  - On weekends
  - On a schedule that varies

j. From these categories, choose the one that represents your total family's income range from all sources (**hand to parent on laminated card to circle**). [Note: for phone calls, say "stop me when I reach the correct category."]

<b>1</b> = Less than \$5,000	<b>10</b> = 45,001-50,000
<b>2</b> = 5,000-10,000	<b>11</b> = 50,001-60,000
<b>3</b> = 10,001-15,000	<b>12</b> = 60,001-70,000
<b>4</b> = 15,001-20,000	<b>13</b> = 70,001-80,000
<b>5</b> = 20,001-25,000	<b>14</b> = 80,001-90,000
<b>6</b> = 25,001-30,000	<b>15</b> = 90,001-100,000
<b>7</b> = 30,001-35,000	<b>16</b> = 100,001-150,000
<b>8</b> = 35,001-40,000	<b>17</b> = 150,001-200,000
<b>9</b> = 40,001-45,000	<b>18</b> = More than 200,000

k. How many adults are supported by this income? \_\_\_\_\_

- I. How many children are supported by this income? \_\_\_\_\_
  
- m. Does your family receive any income from any of the following?
  - Savings or Money Market Account
  - Food stamps or SNAP
  - Temporary Assistance for Needy Families (TANF), or welfare
  - WIC
  - Disability benefits
  - Child Support/Alimony
  - Unemployment benefits
  - Other: specify \_\_\_\_\_

### A.3. Calendar

Calendar of Employment, Residency, & Care [ID: _____ ]						
Employer/School (start with what doing at time of earliest care need)	Startdate	Enddate				
Partner emp/school (start with what doing at time of earliest care need)	Startdate	Enddate				
Residence (start with residence at time of earliest care need)	Startdate	Enddate				
Child name	Age	Care (start with earliest)	Start mm/yy	End mm/yy	Days per week (or varies)	Hours per week (or varies)

Source: Authors used an event-history calendar approach based on conversations with Pam Joshi (personal communication, November 26, 2018).

## About the Authors



### **Sarah Savage**

Sarah works in the area of community development as a senior policy analyst & advisor at the Federal Reserve Bank of Boston. As part of the Bank's work to increase employment opportunities and household economic security and equity, Sarah's current research focuses on barriers to labor force engagement of low- and moderate-income parents in the New England region. Sarah earned her BS from Babson College and her PhD from the University of New Hampshire.

[sarah.savage@bos.frb.org](mailto:sarah.savage@bos.frb.org)



### **Wendy Wagner Robeson**

Wendy Wagner Robeson is Senior Research Scientist with the Work, Families, and Children Research Group at the Wellesley Centers for Women. She has an extensive research background in child development, early childhood care and education, child care policy, and school readiness. Wendy holds a BS from Boston University, a MEd from the University of Houston, and a doctorate from Harvard Graduate School of Education.

[wrobeson@wellesley.edu](mailto:wrobeson@wellesley.edu)

## Acknowledgements

The authors would like to thank Marybeth Mattingly, Erin Graves, and Sara Chaganti for their thoughtful insight and feedback, along with Prabal Chakrabarti, Anna Steiger, and Tamar Kotelchuck for their input. Marija Bingulac and former members of the Boston Fed's Family Council offered valuable contributions and insights to the early conceptual stages of this work. Pamela Joshi, Senior Scientist at The Heller School for Social Policy and Management at Brandeis University, served as a consultant on the research design for this study and offered valuable input on the paper. The authors also want to thank Gina Adams, Senior Fellow at the Center on Labor, Human Services, and Population at the Urban Institute for her useful perspective and feedback. Cover image design by Intercultural Productions LLC, production help by Suzanne Cummings, and editing by Elise Hahl were greatly appreciated.

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