



**Center for the
Study of
Social Policy**
Ideas into Action

The Care Families Use, The Care Families Want

*How Policy Can Better Support
the Care of Young Children*

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Elisa Minoff





The Care Families Use, The Care Families Want:

How Policy Can Better Support the Care of Young Children

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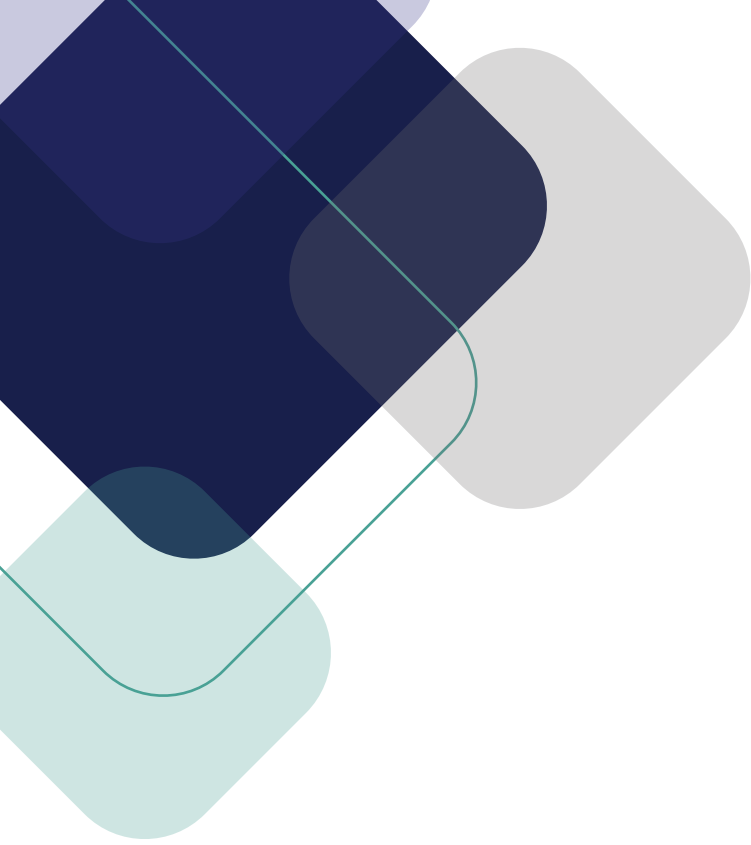
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Research Advisory Board

Eboni Brown, Atlanta, GA
Lupe Mendoza, Walla Walla, WA
Huong Vu, Boston, MA



Introduction

Jade* has worked in child care for more than five years, and lives with her partner and their 2-year-old daughter Ayla in North Carolina. At 26, Jade describes herself as “one of the younger moms.” When Ayla was born, Jade could only afford to take two months off work because she did not receive any paid leave— and their family could only get by for so long on the wages her partner brought in delivering packages for Amazon. Luckily, Jade was able to enroll 2-month-old Ayla at the same child care center where she worked, and Ayla “didn’t have a problem adjusting.” Jade did. “I was that parent,” Jade explains, “checking on her every five seconds, and making sure she was okay and stuff.” When Ayla was 1 year old, they moved closer to family. Jade started

working at a new child care center and enrolled Ayla in that same program for half the day. At lunch time, Jade would drive Ayla to her grandparents, who would care for her in the afternoons while Jade taught the 5- to 12-year-olds who attended the program after the local elementary schools let out.

Reflecting on her daughter’s care arrangements, Jade explains that she likes that the new center is small, “very family oriented,” and connected to the community—organizing back-to-school drives and trunk-or-treating events. She also “just like[s] the bond that” Ayla is developing with her grandparents who care for her in the afternoons. At the end of the day, Jade explains, “My daughter doesn’t want a lot of things. She needs attention, love, nurturing.” Jade has carefully orchestrated their lives to make sure Ayla has exactly that.

We spoke to Jade and more than 70 other parents, caregivers, and early childhood educators to better understand the care of young children today. Families use a variety of care arrangements in the years before their children enter Kindergarten, as parents, family members, friends, neighbors, and teachers provide care across a range of settings—families’ homes, caregivers’ homes, child care centers, early Head Start and Head Start programs, and elementary schools operating pre-K programs. Oftentimes policy research examines a single type of care arrangement, but this project sought to learn from the full range of individuals who care for young children about all of the care arrangements families use today, to better understand what is working, what is not, and how policy can more effectively support the care of young children moving forward.

This report synthesizes what we learned from our interviews with parents and other primary caregivers about the care families use when their children are young, and the care they want. Like Jade, most of the parents we interviewed relied on multiple care arrangements when their children were young, either juggling arrangements simultaneously or switching from one to another over time as their circumstances or needs changed. The vast majority of parents we interviewed also said that their preference would be to use a variety of care arrangements in the future, though both the characteristics of the individual arrangements and the way they would sequence or combine the arrangements would often look quite different than what they were able to achieve for their own children in practice.

Better understanding the care that families use, and the care that families want, is critical so that policymakers can better support all of these arrangements, and young children can thrive. In recent years there have been

“My daughter doesn’t want a lot of things. She needs attention, love, nurturing.”

— **Jade,**
mother in North Carolina

* All of the names in this report are pseudonyms, to protect the privacy of the individuals interviewed.

significant innovations in care policy, as a growing number of states create paid family and medical leave programs, expand free pre-K, and invest in child care to increase the supply of quality care and make it affordable to more families.¹ But there is still no national program of paid parental leave, and federal financing for child care and early education has remained flat with the exception of a brief increase during the pandemic; it continues to serve a small percentage of children who are eligible.² Meanwhile the Trump administration and conservatives in Congress have attempted to rollback even this limited federal funding and undercut vital programs like Head Start, leaving families across the country scrambling to find and afford care.³

When it comes to the care of young children, policy decisions should be driven by families' needs and priorities. Today, child care is front and center in the national conversation on affordability, and there are creative new proposals for increasing federal investments and rethinking how we support care.⁴ To inform these policy debates, this report documents what we learned from parents about how they choose their children's care arrangements, their experiences with those arrangements, and the care arrangements they would like to see in the future. To help chart a path forward we outline the qualities that parents told us were most important in a care arrangement to ensure children thrive, and the types of arrangements that would work best for their families. Finally, we identify five policies that would put this care within reach of families. Some of these policies figure prominently in the national policy conversation, while others do not. But all of them—together—are essential to support the care families want and use, and ensure every child receives what they need. As Jade explained, those needs are simple but fundamental: attention, love, and nurturing.





About the Research

In 2024, CSSP conducted qualitative research to better understand how caregivers and early educators are providing responsive care to young children, families' experiences with that care, and the resources and supports that families and child care providers need to best support young children and set them up for the future. We interviewed parents and primary caregivers, as well as family members and friends who provide regular care for young children, and licensed home-based and center-based child care providers. In total, we conducted more than 70 interviews, including 51 interviews of parents or primary caregivers, whose experiences and perspectives are highlighted in this report.⁵

Because we were interested in learning about the experiences of families and child care providers across a variety of state policy contexts, we focused this research in three states that have made significant investments in early childhood over the years but have different supports in place for families with young children today: Massachusetts, North Carolina, and New Mexico.

State Policy Contexts

Over the last year alone New Mexico and New York have made major new commitments to deliver universal child care, following in the footsteps of a number of other states that have invested significant funding to expand the supply of child care, support the early childhood workforce, and make child care more affordable for families—including Vermont, Massachusetts, Connecticut, and Washington, DC.⁶ As states step up to support the care of young children and fill the gaps created by federal inaction, there is significant variation in the supports that are available to families across the country.

To support care provided by parents, a small but growing number of states offer paid family and medical leave, which enables parents to take time off work to manage their own serious health condition or to care for a newborn or an older child or loved one with a serious illness. Nationally, just under half of children 5 and under are cared for exclusively by their parents.⁷ Currently, 12 states plus the District of Columbia have statewide paid leave programs in place and two more are working on implementation, with the length of time covered and the share of wages replaced varying from state to state.⁸ Only one of the three states we conducted research in has a state paid leave program in place: Massachusetts, which began offering the benefit to families in 2021.

Some states use federal funding to support care provided by family members, friends, and neighbors. Nationally, family members, friends, and neighbors care for over 5 million children under five on a regular basis.⁹ The Child Care and Development Fund is the primary federal funding stream for child care assistance, enabling families with low incomes to receive subsidies to help cover the costs of care, and some states allow families to use

these subsidies to pay for care provided by relatives or other license-exempt providers.¹⁰ Nationally, approximately 1.4 million children receive CCDF subsidies, but only 85,000—or 6%—were enrolled in care provided by a relative or other license-exempt provider in 2019.¹¹ There is wide variation across states, with a handful of states having almost a quarter of children receiving subsidies in license-exempt care, more than half of states having less than 10%, and some not allowing the practice at all. Massachusetts, New Mexico, and North Carolina each have a small share of children receiving subsidies in license-exempt care; North Carolina does not allow families to use subsidies for family, friend, and neighbor care at all.¹²

States are also investing additional state dollars in early care and education, over and above what is required to draw down federal funds—further subsidizing child care for 0-to-2-year-olds and expanding state-funded pre-K for 3 and 4-year-olds. Nationally, these additional state investments in child care and preschool averaged about \$1,575 per child age 0-5 in FY26, with significant variation across states. Fourteen states invest less than \$500 per child, and three states and the District of Columbia invest over \$5,000 per child. Massachusetts and New Mexico are in the top tier of states investing over \$5,000 per child, while North Carolina falls in a lower tier investing between \$501 and \$1,000 per child in child care and preschool.¹³

Despite these critical investments, child care costs remain high, many families struggle to access subsidies for which they are eligible, and many others are not eligible at all. Nationally, the average annual price of child care in 2025 was \$13,184, and in most states child care costs more than the average mortgage. Costs vary significantly depending on the state, setting, and age of child. In Massachusetts, the average costs of care range from \$14,439 for a toddler in home-based care to \$27,067 for an infant in center-based care. In North Carolina, costs range from \$9,728 for a 4-year-old in home-based care to \$13,916 for an infant in center-based care.¹⁴ State waiting lists for child care subsidies are growing, and nationally 225,500 children were on waiting lists in 2025.¹⁵ Again, there is significant variation across states. In 2025, Massachusetts had a waiting list of 30,636 children, North Carolina had a waiting list of 12,755 children, and New Mexico had no waiting list.¹⁶

Finally, a growing number of states are building out state-funded pre-K for 3- and 4-year-olds. Nationally, approximately 37% of 4-year-olds and 9% of 3-year-olds are enrolled in state-funded pre-K.¹⁷ The three states where we conducted this research all offer free pre-K to at least some children. In state rankings of pre-K access, Massachusetts ranks 25th in access for 4-year-olds, and 10th in access for 3-year-olds; New Mexico ranks 11th in access for 4-year-olds, and 7th in access for 3-year-olds, and North Carolina ranks 32nd in access for 4-year-olds and does not serve 3-year-olds.¹⁸

For more on the policy contexts of the three states where we conducted this research, see **Appendix 2: State Policy Contexts**.

Who Are the Parents and Primary Caregivers?

This report synthesizes our findings from interviews with parents and primary caregivers who make important decisions about children's care and wellbeing but are not a child's biological parents. This includes Lan, an aunt in Massachusetts who has lived with and raised her nephew since he was 1 month old, taking him along to mothers' groups as an infant, meeting with teachers when he started pre-K at age 3, and using money from her own paycheck as a home health aide to pay for his shoes, clothes, and books. It includes Gabriela, a grandmother and retired state worker in New Mexico whose days start at 5 AM and don't end until after 11PM as she raises five of her grandchildren. It includes Jason, an uncle in New Mexico who gets his niece and nephew ready for school every morning, cooks dinner for them every evening, and makes important decisions regarding their health and wellbeing, including taking them to the pediatrician: "I'm always there anytime [my sister] takes the

children to the clinic... [the doctors] know me already now as like the second parent. So I basically walk in with the children's information... and get them the treatment they need."

We include the experiences and reflections of primary caregivers like Jason, Gabriela, and Lan along with parents in this report because they have a comparable view into what young children need and how their care arrangements are or are not meeting those needs today. (See the table below for a breakdown of the parents and primary caregivers we interviewed). We use the terms "parent" and "primary caregiver" interchangeably in this report.

Parents and Primary Caregivers Interviewed	
Mother	40
Father	5
Grandmother	4
Aunt	1
Uncle	1
Total Parents and Primary Caregivers	51

For many of the individuals we interviewed, their role as a parent or primary caregiver is only one of several caregiving roles they hold. Twelve of the parents and primary caregivers we interviewed currently or previously worked in a formal early care and education setting, five currently care for other children in addition to their own on as a relative or trusted caregiver, and nine currently care for older or disabled relatives or work as home health aides. We asked parents to draw on all of their caregiving experiences in our conversations as they reflected on the care of young children.

A goal of this project was to learn about what is working well in communities that have historically had more limited access to formal child care and early education, as well as the barriers that families in those communities experience accessing the care they need. We worked with state and community-based organizations in each of our three research states to conduct targeted outreach to recruit parents to participate in interviews. We specifically sought interviews with parents of young or early elementary school-aged children, to include both parents who were in the midst of making critical decisions about care as well as those who could look back and reflect on all of the care arrangements for their children between the ages of 0 and 5. Among parents with young and elementary school-aged children, we sought to interview parents with low incomes, parents who were immigrants and/or identified as Indigenous, Black, or Latine and parents living in a range of geographic areas (i.e. rural as well as urban). The characteristics of the parents we ultimately interviewed reflected this outreach.



The parents and primary caregivers we interviewed:

- **Were predominantly low income.** At the time of our interviews, the federal poverty level was \$31,200 for a family of four, and the vast majority of the families we interviewed had household incomes under twice that level: 18 had annual household incomes under \$20,000, 18 had incomes between \$20,000 and \$40,000, 10 had incomes between \$40,000 and \$60,000, and 3 had incomes over \$60,000. Two did not report their incomes.
- **Were more likely to be Black, Latine, Indigenous, and/or immigrants.** Twenty-five parents and primary caregivers identified as Black or African American, 12 identified as Hispanic or Latino/a/x/e, eight identified as Indigenous or Native American, five identified as Asian American, and one as White. Sixteen were immigrants.
- **Lived in rural areas as well as larger urban centers.** Approximately 2 in 3 lived in smaller cities or rural areas, and 1 in 3 lived in large metropolitan areas.

By design, the parents we interviewed were more likely to have experienced financial and other barriers to accessing the care they need. This is because we believe it is critical to learn from families with limited resources so that policy can be responsive to their needs and we can develop solutions that effectively support the care arrangements families want moving forward. However, because we connected to families through state and local partners in the early childhood field, we also heard from families who were typically connected to at least one or more supports for young families. Thus, we were able to learn about how those services and programs are working, or not working, for families with limited resources today.

For more about our methodology, see **Appendix 1: Research Methodology**. For additional findings and analysis from this research, see our project page: **Caregiving Research**.



The Care Families Use

We interviewed parents and primary caregivers between May and November of 2024, a period of relative stabilization following the COVID-19 pandemic's profound disruption of child care and early education in the United States. In our interviews, we asked parents about their current care arrangements, as well as any previous care arrangements they had used when their children were young, including care arrangements they may have used for older children some years in the past. As such, our research paints a nuanced picture of what care has looked like for families raising Generation Alpha, or children born in the 2010s and early 2020s: the factors that influence their care decisions, how families with limited financial resources combine and sequence care arrangements when their children are young, their experiences with care, and the resources and supports that make those care arrangements possible.

How Families Choose Their Care Arrangements

When we talked to parents about their care decisions, it was clear that certain practical constraints shaped the care they were able to use—such as whether it was available and affordable. But their decisions were also driven by an assessment of whether the care arrangement would provide the nurturing care they wanted for their children.

For most families, it was a combination of these factors that led them to use a particular arrangement. Two themes came up most frequently in our conversations with parents: affordability and trust. For all of the parents we spoke to, cost was a primary factor driving their decision around care, while other practical considerations like location, hours, and availability were significant for some. Similarly, most parents we interviewed described trust as a driving factor influencing their decision around care, while other more specific factors related to trust played an important role for some, such as whether a care arrangement reinforced a families' language and culture.

Affordability

For most parents we interviewed, cost or affordability circumscribed their choices of care arrangement, influencing both the type of arrangements families used, as well as how often they were able to use that arrangement.

Considerations of affordability pushed many parents to go back to work earlier than they would have liked after their children were born, as many did not have paid leave or other forms of financial support to rely on. For example, Marissa in New Mexico shared that she went back to work when her daughter was 30 days old because she did not get any paid time off from her job as a home health aide. Initially her own mother, or her daughter's grandmother, cared for her, but Marissa still worried about being separated from her daughter for hours at a time at such a young age. As Marissa explained,

“I was thinking, ‘What is she doing?’ I got attached to her. I wanted to make sure she was fine and I wanted to make sure my mom took care of her, how I took care of her ... Oh, I wish I could stay home, but I work.”

— **Marissa, mother in New Mexico**

Like Marissa, many parents we interviewed returned to work out of financial necessity earlier than they would have liked after their children were born.¹⁹ Only 10 of the 51 parents and primary caregivers we interviewed reported receiving and using any form of paid leave after their children were born. Two of those 10 received paid leave after they gave birth to older children outside the United States, leaving only 8 of the 51 reporting using paid leave to care for themselves or a child after giving birth in the United States. For more details, see the textbox on Paid Leave on page 13.

Once they returned to work, cost or affordability pushed some parents and primary caregivers to choose care provided by family members or neighbors over licensed early care and education. For example, Lan, who is raising her nephew in Massachusetts, would have liked to send him to preschool at age 3, but she stayed home with him until he started free pre-K at age 4 because she could not afford to pay out of pocket for care. Maria, a mother of three in Massachusetts, also could not afford formal early care and education, so she explained that she “had to look for a private caregiver who would charge me less, but obviously I had to feel that my children were safe, because I was leaving my three small children.”²⁰ Esther, a mother in Massachusetts whose son is now 10 years old, made a similar decision to turn to a neighbor because of cost. As she explained:

“So childcare was mostly, what can I afford to get him? At first, I wanted him to be [at] a good, licensed day-care, but when you look at it, \$40 a day within a week, that’s my whole paycheck ... So I had to find an old lady, a lady [from the same country where Esther is from] who’s home and pay her ... to watch him for me.”

— **Esther, mother in Massachusetts**

Families who used formal early care and education were often only able to do so because they received a subsidy or tuition discount—or it was entirely free. Thirteen of the parents we interviewed received child care subsidies,²¹ several parents received tuition discounts as teachers in the programs that their children attended, and almost all of the rest who enrolled their children in formal care used programs that were either heavily subsidized or tuition-free—including Early Head Start, Head Start, state-funded pre-K (whether at a public school or community-based program), military child care, or private programs that were otherwise subsidized or tuition-free.

Even with financial support, considerations of cost sometimes drove parents to choose a program that was less expensive than their preferred option. Danielle, a mother of two in North Carolina explained that when she was looking for child care, “of course I had to stay within my budget, but I still wanted somebody to treat my son

“of course I had to stay within my budget, but I still wanted somebody to treat my son like I would but within my budget.”

like I would but within my budget.” Even with a child care subsidy, “The ones that I really liked I couldn’t afford, but thankfully I got assistance through [the] County and I was able to afford where he did go.” For Danielle, this meant paying more out of pocket for a better program than the subsidy would cover in full, but still not being able to afford her top choice.

For families who could not access subsidies—whether because their incomes were too high or they were income-eligible but were barred by wait lists, work requirements, language barriers, or other restrictions—cost either prohibited them from using formal early care and education entirely, as we saw above, or it led them to reduce their children’s time in formal care, relying more heavily on care provided by parents or relatives.

Patience, a mother in Massachusetts whose children were 4 years old and 15 months old at the time of our interview, enrolled her older daughter in child care when she turned 2 so she could socialize with other children, but only sent her for two days a week because they could not afford to send her for the three or four days a week that she would have preferred. Isabel, a mother in Massachusetts, would have preferred to send her daughter to full-day pre-K at age 4, but sent her part time instead because that was all they could afford and they did not qualify for assistance. Brenda, a mother of two in North Carolina who works in early childhood, reduced her daughter’s hours in care when she took a new job and lost her teacher’s discount at the program her daughter attended.

Paid Leave

In the three states where we conducted this research, only Massachusetts has a state program of paid family and medical leave in place, and it was relatively new at the time of our interviews. It is therefore not surprising that the parents and caregivers we interviewed reported receiving little or no financial support to care for themselves or their children after they were born. As we note in the text above, only 10 of the 51 parents and primary caregivers received some sort of financial support following the birth of a child, and two of these occurred outside the United States.²² Eight received some form of pay following the birth of a child in the United States—a combination of paid time off from employers (either saved up vacation or sick days or paid parental leave); short-term disability insurance, which typically provides the birthing parent with 6 or 8 weeks of partial pay following the birth of their child depending on the type of delivery; and paid leave through the Massachusetts Paid Family and Medical Leave program.²³

Parents also reported whether their spouse or partner had paid time off after their child or children were born, although not all parents knew about a partner’s access to financial support and the data is likely somewhat less reliable as a result. In total, 7 of the 51 noted that a spouse or partner had access to paid leave.

10 of 51 Parents Received Paid Time Off Following the Birth of a Child

Source of Paid Leave	Parent Interviewed	Parent's Spouse or Partner
Outside United States	2	--
Massachusetts Paid Family and Medical Leave	1	3
Short-Term Disability ²⁴	2	1
Other (e.g. saved sick or vacation time or paid parental leave through their employer)	5	3
Total Reported Paid Leave	10	7

Trust

As parents deliberated over their children's care arrangements, trust was a primary consideration alongside cost. Put simply, families would not send their children to an arrangement they did not trust. Parents used the word "trust" time and again when talking about how they decided on their care arrangements. Many described trust as a gut feeling, something they sensed once they met a caregiver or visited an early childhood program. It was a feeling that their children would be safe and well cared for, and as such was inextricably connected to parents' understanding of quality and nurturing care.

Some parents placed trust in care arrangements that were larger, where multiple caregivers worked together to care for children and could relieve and support one another. Carmen, a mother of four in Massachusetts, trusts the child care center her youngest attends because it is:

"... a larger institution, more open, with more staff, more teachers and more supervisors than a private daycare [run out of someone's home], where one doesn't know if the caregiver leaves the baby sleeping with a bottle in their mouth and goes off to talk on the phone and the child chokes and suffocates. It is a bit more difficult to trust what they might be doing there in a small house. At the center more eyes are watching."

— *Carmen, mother in Massachusetts*

Other parents felt greater trust in arrangements where the caregivers had a personal connection to their family, friends, or community. Danielle in North Carolina, found someone she could trust in a friend's aunt. As she explained it:

“When my oldest was born, of course I was a first-time mom, so I didn’t know what to expect. I just knew that I wanted somebody to take care of my kid as though I was taking care of them. And so, I was asking around and looking at different centers and just asking people, and I found that one of my good friends I went to college with, her aunt had an in-home daycare, and I met her and it was perfect. It was like a match made in heaven. As soon as she held my son, I believe he started smiling. So, it was just an indicator to me that this was the right fit.”

— **Danielle, mother in North Carolina**

Tina, a mother in New Mexico, spent the first year of her son's life trading off the care with her husband while one or both of them worked full time because there were few others they trusted to care for him. When they moved closer to her Tribal community, she felt comfortable sending her son to a child care program on the reservation because of the community connection. As she explains it, she felt:

“Just a sense of huge trust that I had just because I know that these are my family. It’s literally all my brothers and sisters, and I just had a huge trust in them. And I tell everybody, I’m like, I literally would not leave him with anybody. So for me to leave him ... [It] brought to my attention how much I value and trust my community even though I wasn’t raised there, even though I don’t know everybody, it’s just... It’s kind of a feeling you can’t really explain; I guess. But just being connected, knowing that these are my people”

— **Tina, mother New Mexico**

Several parents who stayed home with their children and provided full-time parental care mentioned trust as a key driver of that decision, along with a sense of responsibility and feeling that they as parents know best. Selena, a mother in New Mexico, came to the realization soon after her son was born that there were few others she and her husband could trust to care for their child beyond herself and her own mother and sister. As she explained it, she had initially thought more of her extended family would share in the caregiving, but her husband had reservations: “My husband didn’t have a good upbringing. ... And so, he didn’t really trust everybody, and he still doesn’t to this day.... So, I thought it was going to be, his aunties are going to be involved, and there’s so many people that I can trust. Until I brought him home and I’m like, “Oh, there’s only going to be a few that I can trust.”

Ivy, a mother in New Mexico who was caring for her infant full time at the time of our interview, explained that a sense of trust and responsibility drove her decision to stay home:

“So, trust is the big factor. And another thing is I just feel like as his mom, I should be with him. I don’t think that that’s a responsibility that I should be delegating to anyone else. I don’t even like the idea of leaving my child to go to work, to pay for someone to watch my child. That doesn’t compute with me. Although here in New Mexico, I could have childcare for free, they have a program, but yeah, it just doesn’t make sense for me. And when I got pregnant, my husband was like, “Just be at home with him. I’ll figure everything else out.”

— *Ivy, mother in New Mexico*

Isabel, a mother in Massachusetts, had a similar conversation with her husband:

“My husband worked a part-time job and full-time job so I could stay home to take care of my daughter, because he said, “The care you’re going to give her, the time, no one’s going to give her. I prefer that.” ... That’s why I’ve always been [my daughter’s] full-time caregiver, because we thought that was a benefit to her first and foremost. I think that—it’s my way of thinking as a mother. I say that no one takes better care of your children than yourself. That’s why we decided to do that.”

— *Isabel, mother in Massachusetts*

Additional Factors

While cost and trust were the most prevalent considerations driving families’ decisions, for some families other qualities or practical considerations played a decisive role in their choice of care arrangement.

Language and Culture

Several parents explained that their desire for their children to learn their familial language and/or culture influenced their care decisions, alongside feelings of trust. For Isabel, a contributing factor shaping her decision to stay home with her daughter until she was 4 years old was that she wanted to ensure that her daughter entered elementary school fluent in Spanish, her native language. In fact, Isabel taught her daughter to speak, read, and write Spanish fluently. For Fernando in Massachusetts, who provided significant parental care while also relying on a friend of a friend to care for his daughter, he and his wife chose that friend because she shared their values and could speak to their daughter in Spanish, which is also the language they speak at home. As he explained:

“Something that we also really wanted was for my daughter not to lose her Spanish, because we had heard that when people start studying here, and all that, at school they speak to them in English and then they don’t want to use their native language. In her case [i.e. the case of the caregiver] she also speaks Spanish, so they spoke ... in Spanish all the time.”²⁶

— **Fernando, father in Massachusetts**

Jessica, a mother of three in New Mexico, explained that having her own mother, who was a retired early childhood teacher, watch her youngest and teach him their Indigenous language was a big driver of her decision to have her mother provide care full time. She explained that as a family they are “big on the language,” which her family and other families in their Pueblo are committed to revitalizing. She recalled her mother saying, “I don’t want you to send the baby to school. I’m going to stay home with the baby. I’m going to teach the baby.”

Diane, another mother in New Mexico, explained that she decided to send her son to formal early care and education earlier than she initially planned so that he could learn her people’s language and culture at a language-immersion program in her Pueblo:

“I’m proud of my culture and I want that for him. I want him to know that he belongs to a good people. And I wanted the language to persevere, and I want him to love coming to [our Pueblo] and dance for our people ... That was why I took that packet and I filled it out.”

— **Diane, mother in New Mexico**

Location and Hours

For other families, the basic necessity that a care arrangement be within a reasonable commuting distance and open during the hours they needed care drove their decisions around care. Most families lived relatively close to the caregiver or program they chose for their child, but relatively few named proximity as a factor in their decision.²⁷ Gina, a mother in North Carolina, put into words what many parents were clearly thinking. As she explained it, when choosing her daughter’s program, she considered the quality of the program, the cost, and proximity—“it was literally 5 minutes from my home.” In the end it, “just made sense.”

I’m proud of my culture and I want that for him. I want him to know that he belongs to a good people. And I wanted the language to persevere.

Parents who discussed the location or hours of care typically raised it as a challenge or constraint. For example, Jasmin, a mother in North Carolina, works as a pre-K teacher at public school and needs to be at work at 6:50 AM every morning. None of the centers she looked at opened that early. As Jasmin explained:

“One daycare I went to, she told me she opens at 7:30 AM and she closes at 5:30 PM, and reason being is because her staff’s children can’t get to school till 7:00 AM, and they have to be picked up by 6:00 PM. So, she makes it so her staff can get their children to school and then they can pick their kids up, which is good. I mean, that’s a good tactic for an employer to employees, but on people like me that have to teach her [teacher’s] children, I can’t drop my child off with you because ... You know what I’m saying, I can’t.”

— **Jasmin, mother in North Carolina**

Instead, Jasmin found a neighbor who was a retired early childhood teacher to watch her daughter from her home.

For April, a mother of two in North Carolina, the lack of formal care in her area drove her decision to stay home with her children. April lives in a rural part of the state with limited care. As she explained it:

“I think, in our county, there is only less than 10 spots, I think, available for babies under 1 [year old]. And so, when we had my first daughter... we found that it was going to be pretty impossible since we didn’t ever get on any wait list or anything to get her into a care center so that I can go back to work. So, we just decided that it’d be best just to stay home with her”

— **April, mother in North Carolina**

Later, April looked into doing a half day program for her daughter, but the cost combined with the long commute didn’t make sense: “We live about 30 minutes from town, so driving the 30 minutes to drop her off, for her to stay 3 hours and then having to go back and pick her up, it just wasn’t reasonable for us.” In the end, April provided full-time care to her two young children.

“... we found that it was going to be pretty impossible since we didn’t ever get on any wait list or anything to get her into a care center so that I can go back to work. So, we just decided that it’d be best just to stay home with her”

Children’s Health Needs

Another practical necessity influencing some families’ care decisions was finding a care arrangement that would meet their children’s specific health needs.

For parents with children with serious health conditions, those conditions were often the driving factor shaping their care decisions. Crystal, a mother of three in North Carolina whose oldest son has epilepsy, tried two different child care programs for her son before deciding to stay home with him for a period and try to make ends meet on public assistance. As she explained:

“A lot of places [child care programs] wouldn’t accept him because he had epilepsy. Well, he had febrile seizures [as they were diagnosed at the time]. And then I just sacrificed it and I was like, you know what, I’ll just be a stay-at-home mom.... I actually went on welfare and took housing and I was poor. I was really poor just to try to be more active [as a parent] and that struggle is really hard. Some people take it like, oh, I get low-income housing, but you have a light bill. You might not have to pay rent, but your light bill is high, then you have to do that. So, it’s like, woof.”

— Crystal, mother in North Carolina

For other families, even routine childhood health issues like ear infections and colds made care arrangements where they would be exposed to these infections feel untenable. Often, it was the frequency of these routine illnesses and the challenge they posed to holding down a job with limited flexibility or paid sick days that led parents to withdraw their children from a group care setting. Danielle, a mother of two in North Carolina, sent her oldest son to child care for most of his early years, but when her younger son entered child care, he kept getting ear infections. As she explained it, it got to the point that she and her husband “couldn’t keep taking off work on a monthly basis, we was running out of time to take off with.” So, after a year, Danielle explained, “I just made the decision to try to find a job from home and start working from home.” Danielle worked from home and cared for her son for the next 2.5 years, at which point he started part-time pre-K at a local church.

Similarly, Tiffany, a mother of three in North Carolina, could not square the demands of her job where “everyone just need[s] you to be available” with the need to care for her children when she got the inevitable call that they were sick. She did not have family nearby who she could call on to help care for her children when they got sick, so she and her husband decided she should stay home and care for them full time and the family would “just manage [with] whatever we have” from her husband’s wages.

Still other parents noted that a child’s disposition and more general health needs such as eating and sleeping—rather than a specific illness or condition—influenced their decision regarding the care that made the most sense for them. Anna, a mother of three in Massachusetts, explained that her youngest child refused to take food from anyone but her, and so she had to stay home to care for her.



“That was why I could not work the same schedule I had with my middle daughter, because it was impossible. She could be starving but she would not take anything from anyone else, even her dad ... She was like that since she was born, she was so attached to me, to this day, I don’t know how to explain it.”²⁸

— **Anna, mother in Massachusetts**

Families’ Experiences with Their Care Arrangements

While factors such as cost and trust influence most families’ decisions about care, and other preferences and practical considerations play a role for some, weighing those factors led families to use different types of arrangements at different times.

Most of the families we interviewed used care provided by parents, other family members, friends, or neighbors, and licensed early care and education at some point in the years before their children entered kindergarten. Many used multiple types of care simultaneously. This finding is in line with national survey data, which indicates that a substantial and growing number of families use multiple care arrangements for their children.²⁹ But while national surveys provide insight into families’ arrangements at one point in time, our interviews with parents shed light on how families’ arrangements change over time and from child to child.

In short, multiple care arrangements are the norm, not the exception. Of the 51 families we interviewed, more than half had used all three of the major types of care at some point when their children were young: parental care, family, friend, and neighbor care, and early care and education. (For definitions see the textbox, Defining Care.) Those who did not use all three types of care still typically combined at least two arrangements when their children were young. Almost a quarter of parents interviewed used a combination of parental care and formal early care and education, and a handful used a combination of parental care and family, friend, and neighbor care. There were only a handful of families who used a single type of care when their children were young, and all used parental care.

Families’ experiences with these arrangements highlight the work and devotion that goes into caring for young children today, and the challenges families face because care—whether provided by parents, relatives or other caregivers, or formal early care and education programs—is not adequately supported.

The Care Arrangements Families Used Over Time

Care Arrangement	Number of Families
Parental Care 	51 Families
Early Care and Education 	42 Families
Family, Friend, and Neighbor Care 	33 Families

How 51 Families Combined Care Arrangements Over Time

Parental Care Only 	5 Families
Parental Care + Family, Friend, and Neighbor Care  + 	4 Families
Parental Care + Early Care and Education  + 	13 Families
Parental Care + Family, Friend, and Neighbor Care + Early Care and Education  +  + 	29 Families

Defining Care

Parental Care

We define a care arrangement as parental care if:

- a parent was providing care to their child(ren) full time—i.e. they had no other regular care arrangement at the time,³⁰ or
- a parent was providing care for a significant number of hours and working in the paid labor force less than full time to make this caregiving possible.

Early Care and Education

We define a care arrangement as early care and education if it was:

- a licensed or registered early care and education program, and
- a parent or relative was not the sole provider or caregiver.

This category includes licensed or publicly registered care whether provided out of someone's home, a center, an Early Head Start or Head Start program, or a pre-K program in an elementary school.³¹

Family, Friend, and Neighbor Care

We define a care arrangement as family, friend, and neighbor care if:

- a relative or other license-exempt caregiver cared the child, and
- the caregiver provided care to the child on a routine basis, e.g. a regular schedule and/or significant number of hours per week.





Parental Care

All of the parents we interviewed cared for their children themselves full time at some point when they were young—typically following their birth—and many reduced work hours, altered their work arrangements, or took breaks from work so they could care for their children at some point later in their early years.

The time parents were able to stay home with their children after their birth varied significantly—from parent to parent, and often from child to child, as most of the parents we interviewed had more than one child.³² Of those who reported the length of time they had stayed home following a child's birth, approximately a third stayed home 2 months or less, a third stayed home between 3 months and a year (with most of these parents reporting staying home 3-4 months), and a third stayed home over a year.³³

Many parents stayed home for different lengths of time with different children. Lisa in Massachusetts explained that she was in school when her two older children were born and did not take time off after their births, but she was working when her third was born and she stayed home with him for 6 months. Similarly, Bianca, a mother of three in North Carolina, went back to work “early” with her oldest, at 4 months with her middle child, and at 1 year with her youngest.

Many parents we interviewed provided significant parental care even once they returned to work or their children started formal early care and education. For example, Kim, a mother of three in Massachusetts, took 3 years off work when her second and third children were born within a year of each other. When her middle child started pre-K at the local public school at age 3 and her youngest started Head Start at age 2, Kim started working part time as a personal care assistant to an older adult. But even as she increased her work hours over time, Kim continued to provide significant care for her children, picking up her youngest child when he was dismissed from Head Start every day at 2:30 PM and helping her older children with homework.

Other parents cared for their children full time while working from home or took leave or stopped working entirely for a period, because of their children's health needs or challenges finding or affording quality care (see the discussion of Children's Health Needs above on page 19 and Family, Friend, and Neighbor Care below on page 30).

While most of the parents we interviewed provided significant parental care when their children were young, only five relied exclusively on parental care. Each of these parents had children who were still quite young at the time of our interviews and in some cases planned to use other forms of care as they grew older.³⁴ For example, while Ivy in New Mexico had provided full-time parental care to her 9-month-old since her birth and planned to do so indefinitely, Monique in North Carolina planned to stay home until her then 6-month-old turned one, at which point she wanted to enroll her in an early care and education program.

Some of the parents exclusively caring for their children do other work at the same time, while others do not. For example, Selena, mother to a 3-year-old in New Mexico, has cared for her son full time since he was born, while also caring full time for her 2-year-old niece, and providing occasional care for her 1-year-old goddaughter. Sophie, mother to a 2-year-old in Massachusetts, has cared for her son full time while also working part time as a tutor and as a parent aide at a local community organization.



Parental Care

Parents who provided significant parental care valued the bond and connection they formed with their children and spoke of the deep satisfaction—even joy—they felt watching them grow and learn. Isabel in Massachusetts reflected, “Sometimes people say, ‘You sacrifice being at home.’ For me, it wasn’t a sacrifice. For me, it was a joy to be with my daughter, to be able to spend time, take care of her, and do things with her.” Tiffany in North Carolina described feeling a sense of “joy to see that your kid can depend and rely on you.”

Valerie, a mother of six in Massachusetts whose children ranged in age from 1 to 17 at the time of our interview, used formal early care and education for her first four children before deciding to stay home with her last two. As she explained, she wanted to be with her youngest children because she knew from experience how fast they grow:

“Before you know it, they’re grown up and I don’t know if we realize that we’ve missed a lot of that time or maybe we do and it’s just like, ‘Eh, that’s just the way it is.’ My mother worked and my grandmother worked and that’s just the norm, so I don’t know. It might make a difference because as they get older, they’re going to start forming their own circles and moving away from you to a certain extent so why not try to cherish these younger years with them? It’s time with them while you have it. They don’t stay young forever.”

— **Valerie, mother in Massachusetts**

While parents spoke of the rewards of providing parental care, they also shared the challenges—including the economic insecurity stemming from the loss of a parents’ income, the isolation they sometimes felt without other adults to talk to or share the experience with, and for postpartum mothers, the mental strain of doing this caregiving while recovering physically and emotionally from child birth.

Maria in Massachusetts described the financial strain that providing full-time parental care caused her family. As she explained it, there were advantages to staying home, “because I felt sure that my children were in good hands, with their own mother, receiving the education, values, and daily routines needed for them to grow in a healthy environment.” But there were also “disadvantages because I was unable to contribute to my household, to my family, to help with our livelihood.”³⁵ Tiffany in North Carolina shared how her family struggled to afford healthy food when she stayed home full time with her children:

“Fresh fruits and vegetables are pretty expensive. They like fruits a lot, but you can’t afford to give them as much as they really want or need. You have to try and make for the time when it’s on sales, coupons, and everything because you’re trying to cut back because of the income. ... Even though they have... [food] pantries ... they don’t carry those things.”

— **Tiffany, mother in North Carolina**



Ivy, mother of a 9-month-old in New Mexico, shared how the financial strain can impact parents' mental health and wellbeing and contribute to their isolation. As she explained,

“So, I try to go to some [parent support] groups, but if my car’s not working because I can’t afford to fix it, then I’m typically at home most of the time. So, the access to the resources is hard as well, and that takes a toll on my mental health. So, it just is a circle of issues for me that I’m experiencing now.”

— *Ivy, mother in New Mexico*

Valerie in Massachusetts shared how important it was for her to have someone to talk to after spending all day with her two young children. As she explained, “I need therapy at times. When I say therapy, after having conversations with the toddler and the infant, I don’t know whether I’m coming or going. And so, my husband is usually my therapist. Bring me back to, ‘Yeah, no, you were right.’”

Many parents reported experiencing postpartum depression after the birth of at least one of their children and needing—but not receiving—additional support. Mia in Massachusetts shared that when her second child was born just 11 months after her first,

“I did deal with postpartum depression, but I sucked it up and I’m like, ‘I need to figure out a routine with these kids because I can’t do it just going with the flow.’... I would before struggle with sleep, but then as I got into a routine with them, I would nap while they’re napping. So I would say that was mainly the conflict, just being tired, exhausted for the most part.”

— *Mia, mother in Massachusetts*

Parents who cared for their children full time while also working shared that doing so came with its own form of stress and exhaustion. Danielle in North Carolina, who got a job where she could work from home so she could care for her second child full time because he kept getting sick at child care, shared that “it was necessary, but it was stressful because I didn’t have any time to myself.” As she explained, “I could never stop thinking about him. I had to make sure I’m doing my work and make sure I’m thinking about him too. So... I never took my mom hat off.”

Though relatively few families received paid leave or other financial assistance to support their parental care (see Affordability on page 11), some did report community programs providing significant in-kind assistance or services to help support caregivers and enrich their caregiving.



Parental Care

Parents and primary caregivers in all three states spoke of the benefits of home visiting, including both the coaching on child development and ideas for age-appropriate activities that home visitors shared as well as the concrete resources they provided families—such as educational materials, diapers, formula, and even gift cards. As Omar, a dad of twins in Massachusetts, told us, “Every child should do one of those classes [the home visiting program he used] to really get a head start at life.” He explained that in that program,

“Someone comes over [to] your house. You’ll get a book one week and then you’ll get a toy the next week. She would come over and she’d bring a bag of educational activities. You get on the floor, and you just do these little activities with your children while she’s there. She’s a preschool teacher. That got me more involved in the homeschooling type of thing.
... That’s when my daughters started loving to count and do math.”

— **Omar, father in Massachusetts**

Parents and primary caregivers also valued libraries, community gardens, playgrounds, and above all playgroups that allowed them to connect with other caregivers and gave their children valuable time to socialize with children their own age. As Patience, a mother of two in Massachusetts, explained, the playgroup she attended “changed everything for me.” She learned about the playgroup from a mother she met at her neighborhood playground and became a regular attendee. As she explained it, the playgroup helped combat a sense of isolation that she felt as a recent immigrant with relatively few social connections and introduced her to family-friendly activities in the area, with excursions to museums and other local attractions. April, a mother in rural North Carolina who provides full-time parental care to her two young children, regularly attends two playgroups not far from her home. One of the playgroup locations has a large outdoor space where the children can play, so she will meet up with other parents and grandparents there and as she explained it,

“We’ll just sit on the porch and let the kids play and we’ll just chat about what’s going on, any struggles that we’re having a hard time with. Everybody has different experiences and different age range of kids, so they know more and pass their knowledge onto some of us, I guess, younger moms that are just into getting into parenting.”

— **April, mother in North Carolina**



Finally, parents and primary caregivers shared the value of community resources that promote the mental health and wellbeing of parents and caregivers. Anna in Massachusetts spoke of the benefits of a parenting program that helped her confront her own childhood experiences, which were “not so pleasant,” so she could avoid “unconsciously pass[ing] those experiences” and traumas to her own children. “Every time I talk about it, I get a lump in my throat because those sessions were so beautiful, like burying the past, but at the same time honoring it, because if I hadn’t gone through all the experiences I went through, I wouldn’t be the woman I am today.”³⁶

Gabriela, who is raising her five grandchildren in New Mexico, shared the critical role that a community-based organization offering therapy, respite care, and support groups has played in her life. Her youngest grandson, who was born drug exposed, received therapy through the organization, and she was able to access respite care— so she had someone to call when she had a doctor’s appointment of her own— as well as a support group for grandparents that made her feel understood and part of a larger community. As she described the support group, it was helpful just “Being able to express yourself in the meeting about what you are going through. You can [also] give support to other grandparents.”

Early Care and Education

In addition to parental care, most of the parents and caregivers we interviewed used formal early care and education at some point before their children entered kindergarten. In total 42 of the 51 parents or primary caregivers we interviewed reported using early care and education. Of these, 7 described a program they used being home-based, 12 described a program being early Head Start or Head Start, and 15 described a program being school-or community-based pre-K.³⁷

Parents who used early care and education valued teachers’ passion, commitment, and communication, children’s learning and socialization, and programs’ structure, family engagement activities, and emphasis on language, culture, and diversity.

David, a father of two in New Mexico, explained that for his oldest who had a speech delay and took “longer to develop friendships,” the opportunity to learn alongside other children and develop relationships was critical:

“The socialization piece—that was really important. He really flourished. He really likes school, and so he really liked being in an environment where he’s being challenged and [they] give him provocations and things to engage with. And his teachers did a really good job with that... For a while he had one very close friend ... I get to see him out in the yard with his friend, and that was really a big deal for me.”

— **David, father in New Mexico**



Early Care and Education

Bianca, a mother of three in North Carolina whose children ranged in age from 4 to 14 at the time of our interview, loved how the program her older children attended when they were young provided a strong academic foundation and instilled confidence and a love of learning:

“For my oldest son...he was excited about learning, and he actually carried that over into preschool. He was one of the only ones that would get homework [in preschool] because he was used to getting homework at his daycare setting. They would just send home little things for him to do. So, seeing how that pathway started him to liking homework... was like, ‘Okay, wow, that was a good start’... With my middle, because they did share with me that she’s really into reading, [so] we started doing library trips and things like that. She actually was one of the top readers in her class. So those kinds of things did spark.”

— **Bianca, mother in North Carolina**

Mia, a mother of three in Massachusetts, loved that the program her youngest attended emphasized hands-on learning and exposes children to a variety of people and cultures:

“The difference here too is just being exposed to life skills, learning how to grow plants, just being in a room where there’s diversity, there’s different cultures, there’s different beliefs around there. Just seeing different things. He walks in with me through the lobby ... [where] there’s posters of LGBTQ families, there’s posters of men[’s] health. I needed that for him to be exposed to. I needed him ... I don’t know. I love it.

— **Mia, mother in Massachusetts**

But families who used formal early care and education also shared challenges they experienced, including difficulty finding work that aligns with their children’s school hours or that was flexible enough to allow them to take time off to care for them when their children were inevitably sent home sick. Crystal in North Carolina, whose son has epilepsy, not only struggled to find a child care that would accept him but also shared that she got “pointed out” for missing work to care for her son and was “fired from several jobs when it came to my children.” She took breaks from working to care for her son, and when she returned to work her son’s grandfather and other family members and friends stepped in to care for him until he started elementary school.



Illness and Child Care

Many parents struggle with the frequent illnesses children often have in child care. For some, meeting their children's health needs while working and sending their children to care becomes unmanageable. Crystal in North Carolina described the experience that led her to decide she could no longer keep her son in child care, as his epilepsy was not well managed when he was young:

“Right when my son was sick, he was rushed to the hospital one time and I was stranded at work because I didn’t have transportation and I couldn’t get to him fast enough.

It was like I can’t get to my son fast enough and I started walking and I knew it was going to take me until a whole ‘nother day to walk, but I was determined.

Somebody by the grace of God picked me up and I got in the car and I kept going, but they took me where I needed to go. And I was just like, ‘As long as I get to the hospital, please just take me to the hospital.’ And they took me to the hospital and I got there.

But it was just [the thought of] what happens in the time of me getting there, him being there, it was so many things going through my head. And it’s like the doctor will call me if something’s wrong. So, every time I’m looking at the phone call and it’s from the hospital, I’m thinking I’m going to get the worst of the news. So now I’m even in more panic mode because I’m still not there yet

Then it was like, would you risk working over your kid’s life or would you risk being homeless because you’re going after your kid?

It’s tough.”

— **Crystal, mother in North Carolina**

Parents also shared concerns that their children were not receiving the attentive and nurturing care they needed in their formal early care and education program because of high student to teacher ratios. Gina, a mother and early childhood teacher and director in North Carolina, was concerned when her daughter joined the infant class at a program she directed, where the owners had the classroom at a ratio of six to one—12 infants to 2 teachers.³⁸ Gina observed that the teachers in the infant classroom did not have time to implement the curriculum because they were too busy tending to the babies’ basic needs—making sure they were fed, their diapers were changed, and they went down for naps. As director, Gina tried to support them as much as she could, but she felt it was still inadequate:



Family, Friend, and Neighbor Care

“That was a big adjustment for [my daughter] as well as me, because you go from one-on-one care to now you having to wait for 11 other infants. And so a lot of the times as a director, I would be in the infant room all the time, not just for my own child, but because I just feel like that ratio to one to six for infants is just, I feel like that is still too many.”

— **Gina, mother in North Carolina**

Family, Friend, and Neighbor Care

In addition to parental care and formal early care and education, most parents we interviewed also used care provided by a relative, friend, or neighbor at some point when their children were young. In total, 33 of the 51 parents or primary caregivers we interviewed used family, friend, and neighbor care.

Parents who used a relative or other trusted caregiver valued their close relationships with the caregiver—who they often described as “like family” if they were not literally family—and noted positive qualities such as good communication and loving relationships. Jennifer in New Mexico had her mother care for her youngest child, with the support of a child care subsidy, and described her mother as a “good communicator. She will tell me, ‘Okay, today we counted up to five in [our native language] and tomorrow we’re going to do it again.’ And then she’ll say, ‘Next week we’re going to do colors or whatever.’” Sandra, who relied on family as well as a friend of the family to help care for her daughters, described her regular caregiver as “just phenomenal,” explaining: “she is very reliable, very dependable. My children and her connect in such a great way.... I love it. I love her. My family does as well.”

Fernando, a father in Massachusetts who hired a friend of a friend to care for his daughter when he works, explained that he and his wife treated the caregiver as a member of their family, and the caregiver in turn treated his daughter as a member of her own family,

“She treated her as if she were her granddaughter, or even her daughter... And not only her, also her husband and her children too, they treated my daughter as if she were their sister. I don’t know if it was fate, I don’t know, but the truth is, my daughter was very well cared for, in that regard. I tell you, we were very lucky because the whole family took care of my daughter. Truthfully, they have given her a lot of love.”

— **Fernando, father in Massachusetts**

Like those who used other types of care arrangements, parents who used relatives, friends, or neighbors to care for their child also reported some challenges. Many wished they could pay their caregiver— or pay their caregiver more. Sandra explained that when she relied on her own parents to help care for her children, “I would



[have] love[d] to be able to pay for the service, [because] family or not, it is still a service. And I think if I could have contributed a little bit, I would've felt better about it.”

By far the most serious concerns were shared by parents who felt that the only care arrangement they could afford was care provided by an unfamiliar neighbor. Esther in Massachusetts sent her son to a neighbor's house, but he would often come back home in the same diaper she sent him in. As she explained,

“They weren't caring for him, really. It had nothing to do with care. It's just like, I can't leave my child home. I'll get DCF [the Department of Children and Families] on my behind, so I have to bring him somewhere just to help. So, I'll provide everything. The food, the diapers, everything ... He'll just sit in front of the TV, and he has his own food. He'll help himself to eat. So that was pretty much it for him. And then I will try to work 4 hours, not be out for 8 hours. And sometimes when he begs me to stay home, I'll stay home and not take him...When your child is begging you not to take him somewhere, you have to listen. Something is going on that he may not be able to transfer that [to] communication.”

— **Esther, mother in Massachusetts**

Families are sometimes forced into impossible situations because of the limited support for care. In these circumstances, the care they use often bears little resemblance to the care they want.



One Family's Care Journey

To better understand how families sequence and combine arrangements over time and the circumstances and supports that make those arrangements possible, consider the example of Sandra's family in North Carolina.

Sandra has two daughters and describes her family as “very blessed.” Her oldest daughter was born the summer before Sandra entered college, and she acknowledges that “it was a lot” of transitions for her to manage at once. Nevertheless, she knew she could do it because “I always had a strong village.” Her parents have been at the center of that village. As Sandra explains it, “there’s not anything in the world that I can’t ask them for.” When her younger daughter was born a decade after her first, her village expanded. It now includes not just her family—her “grandparents, parents, aunties, and uncles”—but also her “church family that is very active in our life,” as well and her youngest daughter’s father, who co-parents and “play[s] a large role” in both of her daughters’ lives.

When her daughters were young, Sandra’s village played a critically important role in the care of her children, as did formal early care and education programs. Sandra’s mother initially cared for her oldest while Sandra attended college and worked. Later, when Sandra moved across town, she received a child care subsidy and sent her daughter to a child care center that “was big on academics.” The program sparked a love of Spanish in her daughter, which she continues to nurture to this day. When her daughter entered elementary school, Sandra paid a family friend who has a background in education to care for her after school. That same family friend stepped in to care for her younger daughter full time when she was born a few years later with a serious health condition. While she had loved her older daughter’s child care center, Sandra did not want her younger one “being around a lot of children” since “her immune system was compromised.” When her younger daughter’s health stabilized, she started preschool through North Carolina’s free pre-K program.

Sandra valued all of these arrangements both for the nurturing care and education they offered her daughters, and for the room they gave her to earn an income and provide for her family. Reflecting on her daughters’ care arrangements in those early years, she explained everything “worked out very, very well for me. And I don’t have many complaints.”

However, Sandra herself has always been the linchpin holding these care arrangements together. Over the years, she has needed to step in and take significant time off work to care for her daughters, particularly when her youngest was in and out of the hospital. During those long hospital stays, she explained,

“Sometimes I would miss 2 or 3 days out of work. Sometimes I would rotate with her father, and I would miss 2 days, and he would miss 2 days and then I would need to miss 2 days again just based off how we was able to break it up and work it out. But either way, to me, as much as I needed the job, it wasn’t the most important thing.”

— *Sandra, mother in North Carolina*

The most important thing was ensuring her daughter received the loving care and attention she needed.

For other examples of how families combined and sequenced care arrangements, see **Appendix 3: How Families Combine and Sequence Care Arrangements.**

One Family's Care Journey

Sandra lives in North Carolina and is raising two daughters with the help and support of family and friends.

The child care arrangements she relied on when her children were young highlights the range of arrangements that families use as their needs and circumstances change.



Sandra moves out on her own, but her parents are no longer nearby to help. She applies for and receives a **child care subsidy**.

When her first daughter is born, Sandra is living with her family. Her daughter's **grandmother** helps care for her daughter for free.



With the help of the subsidy, Sandra's daughter attends a **child care center** until she is ready for school.



VOUCHER

A **family friend** watches Sandra's daughter after school for a small fee.



Sandra receives unpaid **FMLA leave**, which protects her job when she is caring for her daughter, but money is tight.



When Sandra's second daughter is born, **Sandra** takes 6-8 weeks of leave. Over the next few years, she takes additional leave to care for her daughter during her frequent hospital stays due to a congenital health condition.



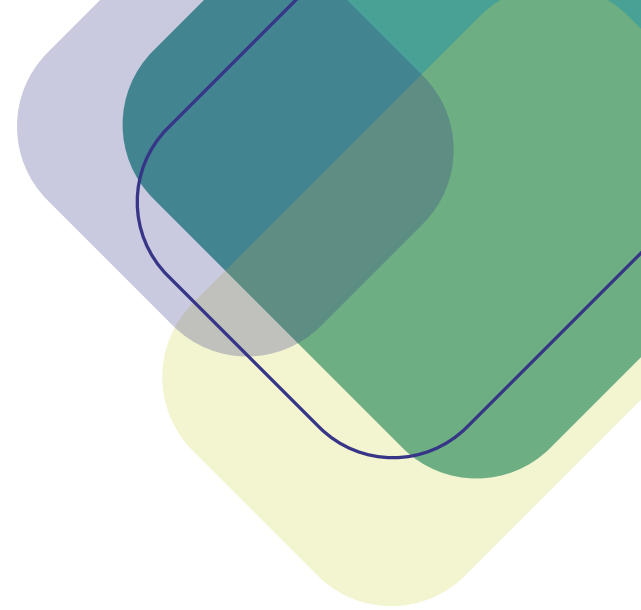
The **family friend** watches Sandra's younger daughter full time while Sandra works, so her daughter does not have to be exposed to germs in a group child care setting.



When her younger daughter's health stabilizes, she starts preschool through North Carolina's free **pre-K** program.







The Care Families Want

Parents today seek an elusive goal: attentive and nurturing care for their young children, in a setting that they can trust and afford, that meets their children's and families' practical needs. Many struggle to find that perfect arrangement.

In our research, we asked families what their ideal care arrangements would look like, if there were no constraints—financial or otherwise. We heard that many would use similar types of arrangements to the ones they actually used, but they would combine and sequence their arrangements in different ways.⁴⁰ And the arrangements themselves would sometimes look quite different, because in this ideal world they would be fully supported, so they could provide the quality, nurturing care their children need and deserve.

The Types of Care Families Want

Parents want to use all three types of care arrangements when their children are young—parental care, early care and education, and family, friend and neighbor care. The largest single difference we see between the care families use and the care families want is that most would significantly increase the amount of parental care they relied on if they were able.

Parental Care

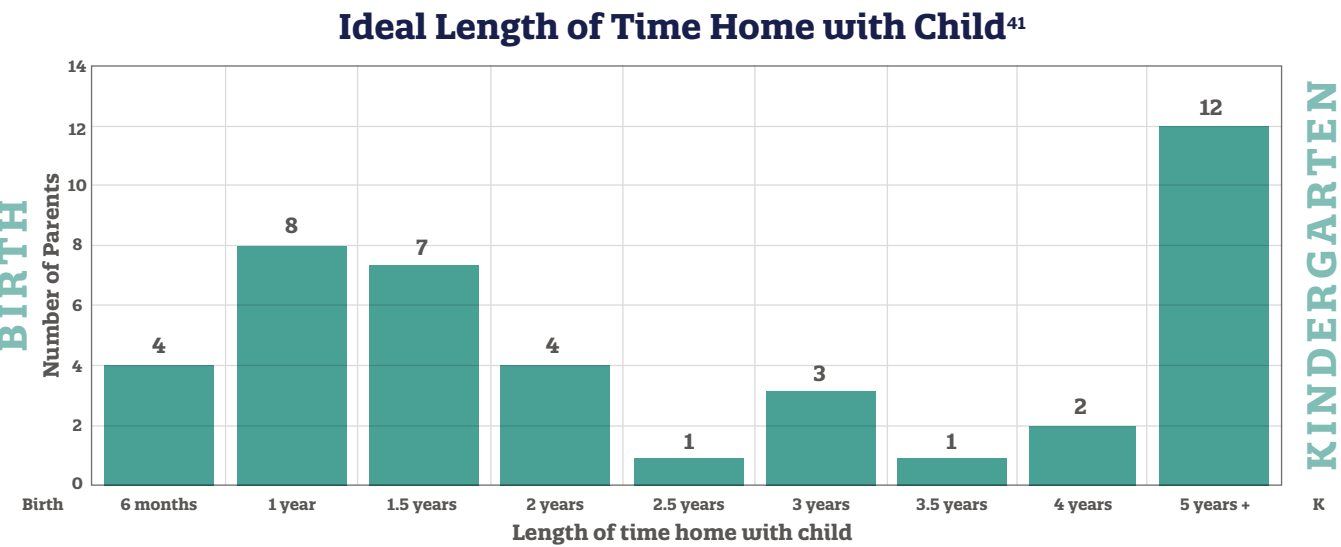
Most of the parents and caregivers we interviewed wanted more time with their children, both after their birth and later, once they started formal early care and education or elementary school.

When we asked parents how long they would ideally stay home after their children were born, most wanted to stay home significantly longer than they were able to in practice. While in practice, approximately a third of parents stayed home 1-2 months, a third stayed home between 3 months and a year, and a third stayed home over a year, in an ideal world no parents would stay home for as little as 1-2 months, only a few would stay home between 3 months and a year, and the vast majority would stay home a year or longer.

In total, 38 of the 42 parents and primary caregivers who specified a length of time they would ideally provide full-time care following their child's birth would stay home for a year or longer. Half wanted to stay home with their children until they were 1-2 years old, or 19 of the 42. A large number also wanted to stay home until their children entered kindergarten or beyond, or 12 of the 42.

Parents often described their ideal time at home as corresponding with particular developmental milestones. Parents who wanted to be home for at least the first year often shared how important this period was for children's physical development—as children's digestive systems are adjusting and breast milk and breast feeding

is especially beneficial, and children are still developing gross motor skills such as rolling over that are critical for safe sleep. Those who wanted to provide full-time parental care beyond the first year often noted a desire to be their child’s primary caregiver until their children could communicate effectively and report what had happened when they were out of their care.



Most parents wanted to be able to focus exclusively on their children while providing full-time parental care, but a few of the parents we interviewed wanted to combine full-time parental care with socially-useful community work—working and learning alongside their children in their communities, starting child care programs that their children could attend, or continuing work they are already doing as parent leaders in early childhood programming, which enables them to bring their children with them to work.

Tina, a mother in New Mexico, painted a picture of what combining parental care and child-centered work could look like for her family. In her “dream world,” she would start a program that is rooted in her Pueblo community and lead her own son and other children in activities that are both fun and teach important traditions that need to be sustained. They would:

“Have days where we do karate, where we learn how to cook...learn how to hunt...learn how to plant... I would love to just be there and just to teach him and to learn with him, that would be my dream world, would be to be able to teach him and learn with him at the same time and to just, in doing all those activities, instill values in him.”

— **Tina, mother in New Mexico**

Parents like Tina were sometimes interested in combining parental care with child-friendly community work because it would allow them to earn some income while caring for their children, but they were also driven by the sense of purpose and deep connection with others it could provide—combatting the isolation that sometimes comes with providing full-time parental care.

Finally, other parents wanted to provide significant parental care but also work part time, sending their children to formal early care and education part time, for the hours they are working.

Early Care and Education

Most parents described wanting to send their children to formal early care and education once they stopped providing full-time parental care, so their children could socialize with children their age and learn from other teachers and caregivers in a rich and stimulating environment. The age at which parents would send their children to early care and education varied, as indicated by the range of time they would stay home with their children above. In addition, some wanted full-time early care and education, while others wanted part-time care so that they as parents could continue to play a significant role in the care of their children.

In total, 39 of the 51 parents and primary caregivers we interviewed indicated that in an ideal world they would send their children to a formal early care and education arrangement before they started kindergarten. Most wanted full-time care—8 hours a day or more—but a significant minority—11 of the 39—shared that they would prefer part-time care, with a parent or a relative stepping in to provide care for the remainder of the time. For example, Lisa in Massachusetts would ideally send her children to formal early care and education at 6 months, and would like it to be like the Head Start program her children attended, but one that accepts infants and has longer hours—7 AM to 6:30 PM. Danielle in North Carolina would also send her children to child care at 6 months but would prefer a slightly shorter school day. As Danielle put it, “I think honestly 8 hours is too long, so maybe 6 because 8 hours is a long time to be away from your children. I mean, you got to do what you got to do, but it’s still a long time.” Valerie in Massachusetts would ideally send her children to a child care program 3 days a week starting at 18 months or 2 years old, while David in New Mexico would send his children to a full day program starting at the same age. Miriam, a grandmother in New Mexico, would ideally send her grandchildren to part-time child care at 3 years old, while Trang in Massachusetts named wanting to send her children to full-day pre-K at the same age (which is often closer to the length of a typical K-12 school day of 6.5 hours).

A handful of parents and primary caregivers who otherwise wanted to provide full-time parental care until their children entered elementary school mentioned wanting some form of flexible drop-in care in an ideal world—care that was regulated or licensed, but that they could use as the need arose as opposed to on a regular basis. Jason, an uncle and primary caregiver in New Mexico, noted that he loves caring for his 5-year-old niece with autism and his 3-year-old nephew, but needs an occasional break and would ideally have “respite care on demand.” He expected he would use it once every couple of weeks.

Family, Friend, and Neighbor Care

In an ideal world, some parents would continue to turn to relatives or other trusted caregivers to care for their children when they are young. If there were no constraints, Jessica in New Mexico would stay at home longer with her children, until she finished breastfeeding, and then have her own mother watch her children, as she did, before sending them to a language-immersive preschool. Sandra in North Carolina shared that she would stay at home with her children for the first year or two of their lives and then have them cared for by relatives and close family friends until they entered elementary school. As Sandra explained:

“Yes, I would have liked to keep them home and still be able to keep them with people that I could trust and that I knew about. It is sometimes leaving your children with a complete stranger when taking them to daycares and things like that. ... Yeah, I would’ve kept them home.”

— **Sandra, mother in North Carolina**

Whatever the type or types of care arrangement parents would ideally use, parents want those arrangements to provide their children the nurturing, quality care they need to flourish. When we asked parents what characteristics were important so that care arrangements set children up to succeed, their thinking was informed by their experiences with care—both the qualities they valued in the care arrangements they used, and the challenges they had experienced. In the end, the themes that arose from our conversations transcended types of care arrangements, and taken together, amount to a parent-driven definition of quality care.⁴²

The Qualities Families Want in a Care Arrangement

At the heart of how the parents and primary caregivers we interviewed defined quality care was a recognition that care is a relationship, and that care needs to be responsive to the needs, experiences, and backgrounds of children, as well as the circumstances of families, to set children up to thrive.

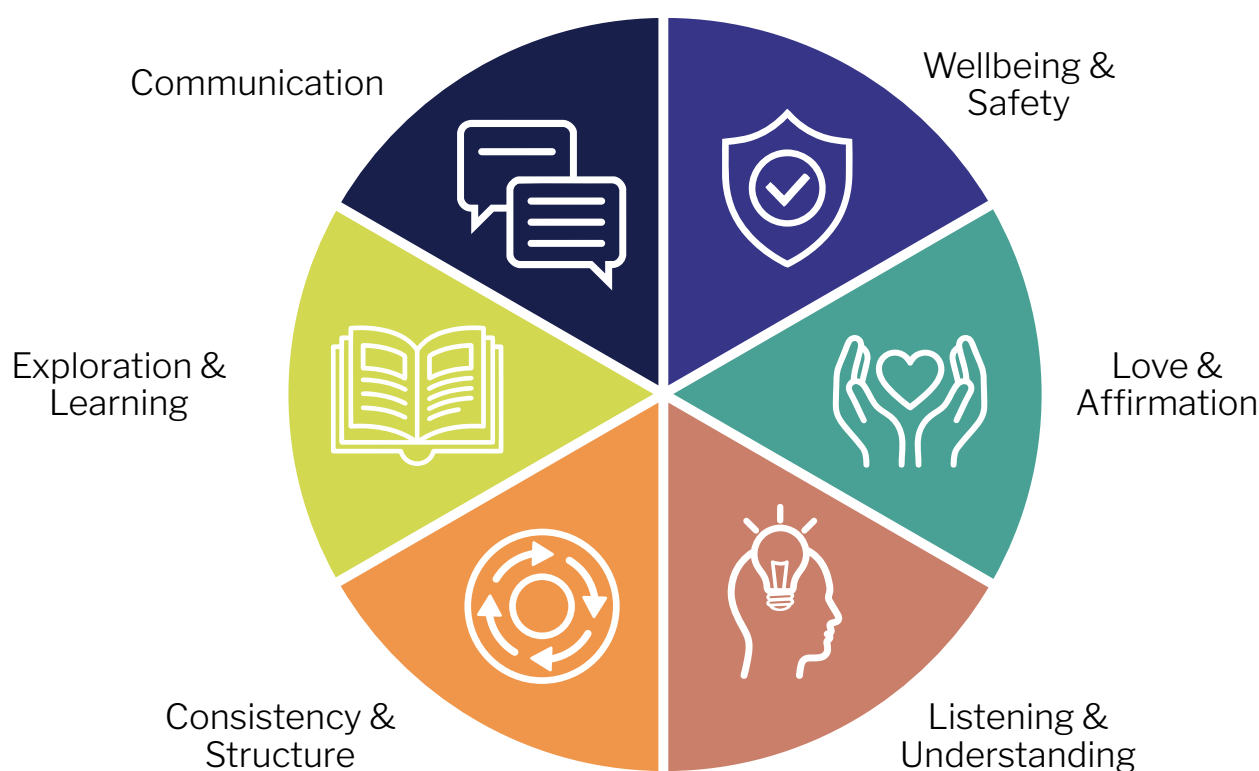
The parents and caregivers we interviewed described a quality care arrangement as one in which:

- there is clear and frequent communication between caregivers
- children are safe, loved, and understood
- children are provided the structure and hands-on experiences they need to learn and grow

Woven across all of the themes parents raised was a desire for care to be culturally responsive and affirming to their children, so they could enter elementary school confident in who they are, and where they come from.

These same themes arose in the parallel interviews we conducted with informal caregivers and child care providers as part of this project, and their reflections are included in this section as well.

The Qualities Families Want in a Care Arrangement





Communication

Parents described good communication as the foundation for quality care. Maria, a mother in Massachusetts explained that “for me, the most important thing is communication between the two parties, between the caregiver and the parents.”⁴³ Even families who relied exclusively on parental care talked about the importance of communication between parents as well as other occasional caregivers in children’s lives. But for families who regularly relied on care provided by non-parental caregivers—whether relatives, friends, neighbors, or teachers in early childhood programs—strong communication was absolutely indispensable.

“Parents noted that good communication facilitates care that is responsive to children’s needs and ensures all the caregivers in a child’s life are reinforcing important expectations, lessons, and values.”

Parents noted that good communication facilitates care that is responsive to children’s needs and ensures all the caregivers in a child’s life are reinforcing important expectations, lessons, and values. Valerie, a mother in Massachusetts, explained how communication was critical to providing quality care:

“Definitely the most important thing between a caregiver and a parent ... [is] communication because I am not there when you’re caring for my child and I want you to know what it is that I expect of you on how to take care of my child, and then you letting me know based on your center or your policies as how you’re going to take care of my child and I can ask questions.”

— **Valerie, mother in Massachusetts**

For Valerie, strong communication was the foundation to care that was responsive to her families’ culture, as it was important that care providers are “Understanding of my backgrounds and things that we may or may not celebrate.” As she explained, “I can say my family doesn’t eat pork, so if there was a meal or something, they typically would have a substitute or alternate. As long as they respected that and they didn’t give my children pork, I was okay with that.”

Brenda, a mother of two in North Carolina who has worked in early care and education for more than two decades, emphasized how communication is critical to building trust with families: “Everything to make a parent feel comfortable in communication, just knowing that their child is really truly being cared for. It is an everyday reassurance.”



Elizabeth, who runs a child care program out of her own home in New Mexico, explains that good communication is critical to support and reinforce what children are learning:

“You have to maintain healthy communication with the parents and encourage them, because it’s not easy, with their jobs, their responsibilities, their children, their homes, you name it. You have to encourage and help them. ‘Hey, look, your son was already able to do this. What do you think if you can help me at home with this, and we’ll continue working at it here at the daycare?’ Whether it’s potty training, counting, or singing a song about numbers so they can learn them. ... Yes, communication with the parents is very important.”⁴⁴

— *Elizabeth, child care provider in New Mexico*

Wellbeing and Safety

Parents we interviewed routinely noted that a caregiving arrangement must meet children’s basic needs and ensure their safety and security. For parents, this included healthy eating and sleeping, a clean and safe environment, and caregivers who “protect them,” as Cassandra, a grandmother in North Carolina put it. Many parents named a similar set of conditions that indicated that basic standards of health and wellness were being met, including: the physical environment was clean, their children’s diapers were changed frequently, infants were drinking enough milk, and children who had graduated to solids were getting healthy “well-balanced meals,” as Mercy, a mother of five in New Mexico put it.

When parents talked about protection and safety, many noted the need for both physical and emotional safety—for children to be in an age-appropriate and safe physical environment that enabled them to explore without danger, but also a space where they could be themselves and be free from violence. Though few parents spoke of any direct experience with abuse, many parents were concerned about the threat and emphasized the need for care arrangements to be safe places for children.

Love and Affirmation

Before parents even mentioned health, safety, or communication, however, many spoke about love. When Marissa, a mother in New Mexico, was asked about the most important qualities of a care arrangement she replied: “Just love.” Beatriz, a mother in North Carolina, said “always with love, above all else.”⁴⁵

The vast majority of the parents we talked to named love, affection, and emotional connection as a top requirement of a quality child care arrangement. Many connected those qualities directly to promoting children’s



confidence and self-esteem. Jason, an uncle in New Mexico, explained that care is providing “love, support, and dedication to a person’s wellbeing,” and above all else he tries to provide “emotional support and validation” to his niece and nephew. Shannon, a grandmother in New Mexico, connected love and care to “letting children know they’re wanted and they belong.”

Some parents emphasized that it was critical that a care arrangement affirm their children’s culture and racial or ethnic identity to foster a sense of belonging. As Tina, a mother in New Mexico, explained, it’s important that children “know that they’re loved no matter what” and also:

“Whatever environment that they’re in, keep in mind their backgrounds, I guess. Because for my son, he’s half native and half Black. ... I want him to be in an environment that protects that, that protects his nativeness and his Blackness because I feel like sometimes we’re targeted in a way. And so, I would just want him in an environment where... he’s not targeted because of who he is.”

— **Tina, mother in New Mexico**

Tina wants her son to be loved and affirmed for his whole self.

The informal caregivers and child care providers we interviewed echoed the importance of love and affirmation. Joan, a grandmother in North Carolina who helps care for her own grandchildren and many neighborhood children during the day, said that love was critical to ensure children grow and thrive: “love—can’t do this job without love.” Anne, a director of a child care center in North Carolina, agreed that love was a prerequisite for working with children. Anne explained that at the start of every school year she has a meeting with all of her staff and shares the same message:

“If you don’t love kids, let me know now, because I really, really don’t want you here. ... I love you, but I need you to really love what you do. I need you to really love kids. This is not just a job. We’re part of their village.

And that’s important because your village needs to love you and care.”

— **Anne, child care provider in North Carolina**



Listening and Understanding

Listening and Understanding

Relatedly, parents emphasized the importance of caregivers being empathetic, understanding, and listening attentively to the children for whom they care. Parents explained that listening and understanding enables caregivers to provide the individualized care that young children need—that is most responsive and engaging to young children.

Monique, a mother in North Carolina who worked in child care briefly before she had her own daughter, noted that in a good care arrangement, a caregiver has “to just be an active listener, and also just be open-minded because no child is the same as the next one.... So just make sure you’re always watching them, always listening.”

Parents noted how important it is for a caregiver to understand a child’s interests, to understand how they process information, and to understand how they communicate so that the caregiver can not only meet their needs but also foster their curiosity and learning. As Patience, a mother in Massachusetts explained, it is important for a caregiver to pay attention:

“Know what is specific for each child, not just what works for everyone too.... For example, I think if you know what a kid likes, then you can know how to guide them or how to take care of them. She [my daughter] likes horses, for example. And I think I’ve learned to talk more about horses with her instead of talking about maybe sheep. It’s not bad to talk about sheeps, we do talk about sheeps.... but I try to also focus on her interests.”

— **Patience, mother in Massachusetts**

Parents and caregivers also emphasized that it was critical for caregivers to understand children’s backgrounds so that they could provide effective and responsive care. Gabriela, whose five grandchildren had been involved in child protective services before she became their legal guardian, explained that for her, understanding was the number one requirement of a care arrangement. Understanding, she emphasized, like love, helps children feel they belong. For Gabriela, all adults involved in children’s care, including those caring for older children or those in administrative roles, should “be understanding of the kids—not just the teachers but the principal and assistant principal.” For her, it was critical that her grandchildren know “they were in a safe place that understands where they were coming from.”



Parents recognized that coming to this sort of understanding and responding effectively often takes significant patience on the part of the caregiver. Gina in North Carolina said caregivers need “Patience, so much patience.” Mercy, a mother in New Mexico, said “I think the most important parenting characteristic or caregiving characteristic needs to be patience and the ability to meet your child where they’re at, not where you expect them to be.” Danielle in North Carolina connected the dots on how patience can help caregivers develop a better understanding of the children in their care:

“I think caregivers need a lot of patience and understanding and empathy because if you’re caring for somebody, you might not understand their pain. You might not understand what they need, but just kind of like take a step back, and if they’re able to communicate that, listen. Make sure you’re listening to understand those needs, empathize, and just try to be able to relate.”

— **Danielle, mother in North Carolina**

Early educators agreed that listening and understanding was at the center of providing quality care. Martha, a director of a child care center in Massachusetts, noted that the teachers in her program are so successful because they take time to understand each individual child: “They individualize their approaches, knowing and understanding each child is just so different and so unique.” Reflecting on what quality early care and education means, she came back to this idea of understanding:

“I do think it’s important that there’s quality... but it doesn’t have to be my teacher has a Master’s degree it has to be people who want to be there. People who are interested in understanding and knowing how babies, children, whatever age they are, grow and connect with the world.”

— **Martha, child care provider in Massachusetts**



Listening and Understanding

Brenda, a mother and early childhood teacher in North Carolina, shared how difficult it can be to provide this responsive and individualized care when there are too many children in a classroom:

“The whole thing with early childhood is the responsiveness and letting children know that they’re okay and responding to their need, no matter how big, how small. When you’re in a classroom with 8, 10, or 11 children and somebody falls and hurts their self, yet somebody’s having a whole poop blow out, you have to choose between who to serve first or what’s the number one emergency. Or somebody’s getting dropped off at the door and they’re freaking out because their mom is leaving them. You have to choose, you know what I mean? That’s the hardest part, of saying who’s emergency is more important. Because they’re all important, especially to a child.”

— ***Brenda, mother and child care provider in North Carolina***

Krystal, a home-based child care provider in North Carolina, shared the enormous impact it can have when children are shown this responsive and understanding care. As she put it,

“I think that’s been a lot of the issue for our poor country, that [we have not given] everybody that opportunity to feel valued.... [If we show children that they are valued] they can be productive in society, maybe be more of a happy, well-balanced person in their lives, give what they need to give and receive what they need to receive.”

— ***Krystal, child care provider in North Carolina***

For Krystal, understanding and listening to children and teaching them how to understand and respect others strengthens our social fabric.



Consistency and Structure

Parents and primary caregivers also emphasized the importance of consistency and structure for young children—qualities that early educators also prized.

Several parents noted the importance of maintaining consistent caregivers in their children's lives, to ensure their children felt safe and supported and learned important values and mores. Sandra, a mother of two in North Carolina who had one family friend care for her daughters for years, explained that for her “I think consistency is very important. I would not want my children to have to do this thing of getting to know people all over again and I just didn't want that for them. I am mindful of who I bring into my home.”

Jessica, a mother of three in New Mexico, explained that she has come to value maintaining consistent caregivers for her children more over time, as she has reflected on her own experiences and the teachings of her community. As Jessica explained, her oldest child switched care arrangements frequently, but her uncle shared with her the teachings of her Indigenous elders and “would preach to me and say, ‘When you do that, the child's brain is still a sponge. They're still developing. They're still learning.’ And when you take them to a different setting or a different home, their structure and living situation is different. So, they're going to pick up whatever structure or living habits in the school or in that other home or in that daycare setting. Then they're going to come back home and then that's when and where the behavior stuff comes in.” Now with her third child, Jessica explains, “I don't like to move her from home to home or from different caregivers or care providers because of that reasoning and because I've learned that with my oldest child.”

In addition to consistency in caregivers, parents noted the many benefits of creating structure and daily routines for young children. Gina, a mother in North Carolina, explained that routine gives children a sense of security: “I think consistency and routine help children to feel safe, and they know what's coming next. It just helps them to maneuver.” Kristin, a mother in North Carolina who also works as a special education teacher, noted that consistency and routines can also reduce challenging behavior:

“Consistency, that if you pick them up and you take them out to eat or you make sure they have something to eat, or you go home and cook, just keep it consistent. Don't pick them up on Monday and Tuesday and then you pick them up on Wednesday and you go and run a thousand errands, you don't get home till 11:00 o'clock, and you're hungry, they're hungry. They know if you're going to pick them up, they know that you're going to go Chick-fil-A, McDonalds, or we're going to go home and cook. And they know that their little tummies are going to full by a certain period of time. So just consistency ... and structure, it makes a difference in their behavior as well.”

— **Kristin, mother in North Carolina**



Consistency and Structure

Relative caregivers and child care providers echoed the importance of consistency and structure. Linh, a grandmother in Massachusetts who cares for her two grandchildren while their parents work, emphasized that she always keeps a consistent routine with her grandchildren and set high expectations regarding tidiness and organization. As she explained, her philosophy is that “if we train them to be in the mold and to have discipline first, then later on when they are out there in society, if everything is more relaxed, then they won’t find it too challenging.”⁴⁶

Anne, the center director in North Carolina, suggested that consistency and structure is especially important for children who may not have that consistency at home:

“A lot of these kids go through a lot of stuff once they leave here. So, when they come here, one thing I have really, really pushed with my staff over the 21 years, is they need consistency. ... They eat breakfast the same time every morning. They go outside. So, I’m really a stickler for consistency. What time they eat, they know they’re going to eat. We have menus up, they know they’re going to get fed. I have kids that come in here hungry. ... And so, you have kids that just knowing they’re going to eat every day, pretty much the same time. It’s important. So, the consistency for me is very important.”

— **Anne, child care provider in North Carolina**

Catherine, a director of a child care center in New Mexico, emphasized the consistency and routine also helps children feel comfortable so they can explore and learn:

“I think they need a safe and reliable environment, having a place where they know what’s coming next... having a routine for sure, where they feel like they are empowered to take on their own environment and develop the skills that they need to do the next thing in their academic or in their life, in their home life, any skills that they’re working on.

— **Catherine, child care provider in New Mexico**



Exploration and Learning

Finally, parents and caregivers emphasized that at the end of the day, the goal of quality care is to help children learn and grow. For a care arrangement to effectively nurture children, parents and caregivers were clear that children need the opportunity and space to try new things and learn by doing. As April in North Carolina explained, a good care arrangement is one where children “are in a safe environment where they can learn through exploring.” For April, and many of the parents we spoke to, this includes plenty of time outdoors and hands on activities. As April explained, she has learned that “children do better ... being hands-on, exploring, exploring through messy play.”

Parents and caregivers alike noted how these are critical years for children to learn the skills they need to become more independent: feeding themselves, dressing themselves, using the toilet, and putting themselves to sleep. Helping children gain this independence requires thoughtful guidance, as well as taking a step back, as Sarah, a director of a child care center in Massachusetts, explained: “All children need to have an opportunity to experience and explore on their own without having adults telling them they need to do this, this and this.”

“Parents and caregivers alike noted how these are critical years for children to learn the skills they need to become more independent: feeding themselves, dressing themselves, using the toilet, and putting themselves to sleep. Helping children gain this independence requires thoughtful guidance ...”

Many parents viewed hands on activities and time outdoors as critical to children’s development and wellbeing. Lan, an aunt in Massachusetts, shared that at her ideal child care program children would have a lot of time outdoors, so they could breathe fresh air, strengthen their gross motor skills, and lean into their creativity. As she explained, “they play outside with other kids, and they have their own creativity. Their hands and feet touch the ground, touch the earth”—all of it is important for children’s development.⁴⁷ Jasmin, a mother in North Carolina who has taught young children in the public school system for decades, values hands on activities even more as she has seen the changes in children’s skills and abilities as screens have entered homes and schools. She emphasized how important it is for children to have a “welcoming environment... a lot of manipulatives and materials,” and “experiences... let them play in water, let them paint, let them do the sand, because I know at home they probably won’t do it, so at least give them those experiences.” She has iPads in her own pre-K classroom but does not use them.

To put this quality care within reach of families, across all of the care arrangements they want and use, requires policy change to both adequately support caregivers, so they can provide this loving, responsive care, and to create the spaces and the programming for young children to connect, explore, and learn.



Five Policies to Support the Care of Young Children

When we asked parents what resources or supports they would need so they could have the care arrangements they want for their children when they are young, they had concrete recommendations for policy change. Together, their recommendations would:

- Support all of the care arrangements families' want and use: parental care, early care and education, and family, friend, and neighbor care.
- Promote the financial security and well-being of caregivers, so they can focus on providing attentive, loving, and nurturing care.
- Invest in physical spaces, organizations, and programming to ensure children across all care arrangements have the opportunities they need to learn and grow.

A policy agenda to put the care families want within reach would include five transformative commitments and investments: paid leave and a universal package of parental supports; free, quality early care and education; direct cash for caregivers; family forward work; and community early learning supports.





Paid Leave and a Universal Package of Parental Supports

Paid Leave and a Universal Package of Parental Supports

To adequately support parental care, parents were clear that the first step is providing adequate paid parental leave, so that parents have financial support to take time off work and care for their children and themselves. But they were also clear that paid leave alone is not enough. Paid leave needs to be paired with a package of parental supports—so that parents receive the help they need to be healthy and well during a significant life transition that can be joyful but also exhausting and challenging.

Paid leave is the foundation. As Kristin in North Carolina explained, the lack of paid leave in the United States adds to the stress that parents are under when they bring a baby home from the hospital:

“My job doesn’t really give you maternity leave. They offer you maternity leave that’s not paid. That’s not the same thing as paid leave. But a lot of people don’t realize that, oh, she’s out, she had a baby, not knowing that [she’s] out because she had a baby, but she’s at home struggling because she’s not making money even though her husband’s working. They just, oh, she had a baby. Oh my god, the baby’s so cute. She’s seen all the pictures, but you’re not seeing the depression and everything that she’s going through behind it.”

— **Kristin, mother in North Carolina**

Kristin had a solution: “If they just mixed a little bit of Canada and just a little bit of Australia together, then we might have a little plan.”

In addition to paid leave, which is available to parents in almost every other country, parents shared the importance of caring for their own health and well-being at this critical time. As Danielle in North Carolina explained:

“The most important thing a caregiver should do is take care of themselves because if you don’t, you’re not going to be able to give your best self to whoever you’re caring for. You’re going to give them 60% or 50% of you, and you want to be at a full 100% in order to care for somebody the best that you can.”

— **Danielle, mother in North Carolina**



Parents shared the need for a wide range of supports for parents, from an extra set of hands at home to help manage during those first few weeks with a newborn to specialists like lactations consultants, nurse home visitors, and clinical mental health providers for parents experiencing postpartum depression or related issues.

Patience in Massachusetts reflected on the enormous benefit of the postpartum nurse who came to her home after her first child was born in the Netherlands. The nurse—called a *kraamverzorgenden*—came every day for the 2 weeks after the birth of her child, to care for both mother and baby. The service was free. As Patience explained:

“They clean, they cook, they take care of you. They take you in the shower. They take the baby, they shower the baby too. They watch you, your health, for that 2 weeks, and then they make records and they leave ... I couldn’t get up much. I couldn’t move around much, it was so helpful.”

— *Patience, mother in Massachusetts*

The nurse cared for Patience’s health as well as the health of the baby, and helped with the everyday household tasks that can be challenging— if not impossible— when recovering from child birth and caring for a newborn. Patience wished she could have received a similar service when her second child was born in the United States, and recommends that parents here be offered the same service.

Other parents spoke of the need for more specific services, including new parent support groups, clinical mental health therapy, physical therapy, and more. Some states and communities do offer paid leave and perinatal or postpartum supports to promote parents’ health and wellbeing.⁴⁸ But those supports are not universally available, and parents often have to jump through significant hoops or piece together resources from a number of different organizations or agencies to get the full range of assistance they need.

To support the care of young children, policymakers should enact a federal program of paid family leave that would provide financial security to parents so they can stay home with their children at least for the first year of life, which is what the majority of parents we interviewed wanted. Federal policymakers should also fund, and state and local leaders should help shape, a universal package of parental supports to promote the health and wellbeing of parents during this period. This package would offer a range of voluntary services that parents could choose from, including therapy, support groups, and home visiting by nurses and others who can care for parents as they care for their babies.



Free, Quality Early Care and Education

Free, Quality Early Care and Education

The vast majority of parents want their children to attend high-quality formal early care and education at some point before they enter kindergarten. To make this feasible for families with low and moderate incomes, it needs to be widely available, and it needs to be free. As Crystal in North Carolina observed, “nobody can afford daycare if you [are] paying a mortgage.” Most of the parents we interviewed were only able to use formal early care and education if it was free—as they turned to Head Start, state-funded pre-K, or other programs that did not charge tuition. Many parents said that in an ideal world, they would send their children to a program like the free ones they used, but called for more resources for those programs to ensure quality care. They specifically named the need to improve teacher pay and retention, so that children have the consistency they need; to lower ratios, so that teachers had time to give each child the attentive and nurturing care they need; and to improve the facilities or activities offered, so that children have the materials and space to explore and learn.

As Crystal dreamed:

“If they could ever open up a Head Start to all kids, that would be lovely. Regardless of race or demographics, whatever, if they could open up the Early Head Start to all children, that would be a blessing because they learn even being with peers...and it’s never too early to learn something.”

— **Crystal, mother in North Carolina**

Parents recognized that free, high-quality early care and education was especially important for families who were already stretched thin. As Cassandra, a grandmother in North Carolina, shared, for families like hers to access early care and education, it should be free “with no out-of-pocket costs.” Danielle in North Carolina observed that free child care would be an especially big help for single parents.

To support the care of young children, policymakers should make significant federal investments in early care and education—so that families across the country can access high-quality child care, it is tuition-free, teachers are paid wages that accord with the value of their work so they can care for themselves and provide attentive and nurturing care to children, ratios are low, and all programs have the space and materials to foster children’s exploration and growth. Families should not need to sit on waitlists or meet additional conditions such as work requirements to access early care and education. It should be available in a range of settings, including elementary schools, community-based centers, and home-based programs. And finally, parents should be able to send their children part time, so they can combine formal early education with other types of care such as parental or relative care, as many parents wish to do.



Direct Cash for Caregivers

To support families who would like to rely on parental care for longer than a program of paid family leave supports, or those would like to use care provided by a relative or other trusted caregiver who is not a licensed child care provider, we need a federal program to compensate parents and other caregivers of young children directly for the care they provide. As Mercy in New Mexico put it:

“I think if family and children’s services can afford to pay foster families to take care of children, I think that there should be funds made available for families who would like to stay home with their kids. Not saying completely, fully cover that, but there should be some funds available to just help parents who want to stay home with their kids. ... I don’t think any family should have to struggle to pay their bills if their community has the funds to help.”

— *Mercy, mother New Mexico*

Omar in Massachusetts reasoned that families who would like to “homeschool” their young children need help to pay the bills and also buy educational materials. Jessica in New Mexico recommends that all communities adopt the tribal program that she relies on to pay her own mother to care for her children. As she explains: “I think a lot of communities could benefit with what my community has, is this child care program to be able to pay their own community members to provide child care in their home ... And a lot of communities don’t have this child care resources provided to them and I’m just really grateful and thankful for my community to have that.”

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To support the care of young children, policymakers should create a program of direct cash for caregivers to pay parents and other trusted caregivers who care for young children. Families should be able to access direct cash for caregivers at the same time as they access free formal early care and education, so that families who would like to combine part-time formal care with part-time parental care or care provided by a relative or other trusted caregiver can do so.



Family Forward Work

To make it possible for parents to combine part-time or full-time work with caregiving, they also need to see significant changes in the way work is organized, and workers are treated. The parents we interviewed described repeatedly getting “called out” because they had to miss work to care for a sick child, losing jobs because of their caregiving responsibilities, or taking pay cuts so they could work jobs that allowed them to control their schedule and have more flexible hours so they could be there for their children. Sandra in North Carolina had worked in a pharmacy for years, but when her second child was born with a serious health condition, she almost lost her job before human resources explained that she could apply for FMLA so her job was protected when she needed to be at the hospital for days at a time. In the end she decided “I no longer wanted to work for them because I just felt like what mattered to me didn’t matter to them,” and she turned to work as a home health aide. Work in home health enables her to care for her children’s health and be involved in their schooling, but as she explains: “I’ll be honest, it does not pay well.”

Many parents, like Sandra, want to be able to combine waged work with caregiving, but not have their care responsibilities take second place. As Monique in North Carolina shared:

“I just wish that there was a way that we can work, but also if we need to take off, we can be there for our child if they’re sick or an accident happens without being told, ‘Okay. Well, you got to make sure you get back and get this done, or you can’t get paid for this.’”

— **Monique, mother in North Carolina**

Many parents also want to work part time, or “school hours,” so they can earn an income while also being an active parent in their children’s lives. Fabienne in Massachusetts explained that when she talks to social service providers trying to help her family, she says, “Give me a job, give me a job, give me a job,” but she needs “mothers hours” so she can be there for her twins when they get out of child care every day.

To support the care of young children, there need to be significant changes to the structure of work in the United States. Policymakers should significantly increase the minimum wage, so that parents can make enough to support their families even if they work less than full time or their hours fluctuate due to their caregiving needs. They should enact paid sick days in addition to paid leave, so that parents who need to take time off work to take their children to well-visits or care for them when they experience routine—but often quite frequent—illnesses can do so without worrying how they will pay the bills. Parents also should be guaranteed some predictability and control over their schedules, so they can request time off if an event comes up at their children’s



school, and not be expected to take on extra hours or have their hours change at the last minute if they do not have child care in place. Finally, other countries have experimented with shorter work weeks and the right to request part-time work, which would address parents' desire to combine caregiving with part-time waged work. Policymakers should explore these ideas too.

Community Early Learning Supports

For families who would want a parent, relative, or other trusted caregiver to care for their children when they are young, they also need resources and programming in their communities to foster connection and learning. Trang in Massachusetts said she would love to see more enrichment programs for children under 3 years old, such as story time at the library, “so parents can play with their children” and also meet and learn alongside other children and caregivers.⁴⁹

Parents called for more resources for playgroups, community activities and events, home visiting, and educational materials. They also wanted more public spaces where they could bring young children so their children can be active and connect with others regardless of the weather.

Some parents shared the need for better indoor gathering spaces for young children: Marissa in New Mexico shared that they have good parks in her city, but she wishes there were community centers for young children: “I know they have a teen center, but they don’t have a center for little kids ... [where they could go] with their parents and have stuff to do with them... maybe arts and crafts or just even parenting classes.” Sophie in Massachusetts suggested a school “that was open to caregivers and their kids” and would have “a little indoor playground,” where mothers could go when breastfeeding and children could socialize.

Other parents shared the need for better outdoor spaces: Selena in New Mexico wishes there were better outdoor spaces in her Pueblo, “a nice park” because “that’s how they get their tantrums when they have too much being inside, they got to be outside.” Anna in Massachusetts also wanted more outdoor activities. As she reflects:

“We have also quite forgotten that we come from the earth, do you know what I mean? That connection between a human being and nature is so necessary, and sometimes we take it for granted, it’s like we don’t give it the importance that it deserves, and that is where I feel we fail. That is why sometimes we feel so low, or things like that.”⁵⁰

— **Anna, mother in Massachusetts**



David in New Mexico would love to see his community build a large child-friendly park:

“The kind of park you can go and spend the whole day. Huge place. I think of when I was growing up, the nearby park had a boating lake, and it had a little steam train and it had a farm on it and a woodland walk. It was a huge place. It was a whole day. It was like, what are we doing today? We’re going to the park. We won’t be back until dark. And that’s kind of missing here.”

— **David, mother New Mexico**

To support the care of young children, policymakers will need to rethink how communities function and support families. What families need in one community to foster connection and learning may be different from what they need in another community, but all families need spaces and resources that enable their children to socialize and parents to learn from other parents and caregivers. Policymakers at the federal level should invest in this work, and communities should drive it in collaboration with parents and caregivers.

Finally, parents shared that families with young children also need more information about all of the supports that are available in their communities. Many parents did not realize that the supports they needed were available until the need was acute, and they had to spend significant time and resources hunting down this information. Many parents we interviewed took it upon themselves to share the information they had acquired with parents in their networks. As Mia in Massachusetts shared, we need “More information. Spread the word. I have helped mothers like, “Oh, you can go here to get this, or you can go there to get that.” But that’s information I’m giving to them that I wish was given to me. You know what I mean?” Ivy in New Mexico recommends that every new mother be given a resource list:

“[New mothers] should be sent a letter in the mail saying, ‘Here are some local resources for your mental health. Here are some psychologists that have some openings in your area. Here are some pelvic floor therapy positions. Here are the home visiting. Here are some volunteers. Here are these nonprofits that support you.’ A lot of the information, I had to find my own. I had to ask people, I had to Google. It wasn’t just information that was readily available to me.”

— **Ivy, mother in New Mexico**



Parents wanted information to be vetted as well as readily available. Valerie in Massachusetts recommended that hospitals, Social Security offices, and WIC offices that provide food and nutrition assistance to young families all offer information about resources—that was how she found out about a playgroup she attends every week with her two youngest children.

Putting these policies and programs in place would require significant investment at the federal level, as well as ongoing work in states and communities to implement and tailor these supports to meet the needs of children and families now, and as they change over time. But advancing this agenda is a necessary and worthwhile investment in our future—because what could be more important than ensuring children receive the loving, nurturing, and attentive care they need?



Conclusion

Today, there is critically important work happening at every level of government to better support the care of young children. In states that are making the largest investments in care, we may soon be telling a different story than the one told in this report—a story in which the care families use is becoming more closely aligned with the care they want for their children when they are young. But parents across the country will continue to struggle to find and afford the care arrangements that are best for their children and families without significant federal investments—investments that support all of the care arrangements families want and use.

As CSSP's research makes clear, families want and use multiple care arrangements when their children are young, including parental care, formal early care and education, and family, friend, and neighbor care. Designing policies that respond to families' needs and support all of the care arrangements they want requires that policymakers recognize the complexity of families' care journeys and work across policy silos to more effectively support care. We hope this report helps that effort. ■





Appendix 1: Research Methodology

The Center for the Study of Social Policy conducted this research between May and November of 2024. The study was designed in close partnership with a research advisory board of parents. In each of our three research states, we spoke with advocates, early childhood systems leaders, and community partners to identify individuals to interview, including parents, grandparents and other relatives, friends, or neighbors who care for young children, and licensed early care and education programs.

In our outreach to parents, we sought interviews with families with low incomes, or incomes below \$60,000, which was twice the federal poverty line for a family of four at the time of our interviews. We also sought interviews with families who identified as Black, Latine, indigenous, or immigrant, as these communities traditionally have had more limited access to formal early care and education.

In our outreach to informal caregivers and formal child care providers, we sought interviews with individuals and programs with a reputation for providing high-quality, culturally-responsive care.

The semi-structured interviews followed interview protocols that were co-developed with the research advisory board. Interviews typically lasted 60-90 minutes, and were conducted in person or virtually over Zoom. We provided all interviewees—parents, caregivers, and child care providers—with a \$100 cash gift card as a stipend for their time.

In our interviews with parents and primary caregivers, we asked about the care arrangements they used; their experiences with those care arrangements; any resources or supports that made those care arrangements possible; the qualities that are important in a care arrangement to ensure children flourish; the care arrangements they would ideally use if there were no constraints—financial or otherwise; and what resources or supports they would need to make these ideal care arrangements feasible for their families.

Importantly, we asked parents about the care arrangements they used for all of their children when they were young—including older children. Collecting information about the full range of care families relied on for each of their children was important for this project, because it allowed us to better understand how families' needs for care and the resources they have available to meet those needs change over time, as well as how families' experiences with their older children shaped the decisions they made around care for their younger children. One result is that we sometimes learned about care arrangements that occurred many years ago, or in other countries. These experiences often served as parents' baseline for comparing more recent care arrangements, however, and shaped what parents understood to be viable alternatives moving forward, so they are included in this analysis.



Appendix 2: State Policy Contexts

Massachusetts

Paid Family Leave: Up to 12 weeks of paid leave to care for a family member with a serious illness or bond with a new child. Wage replacement is progressive, with benefits replacing 80% of a parent or caregiver's average weekly wage for those paid the lowest wages.⁵¹

Family, Friend, and Neighbor Care: Massachusetts does not provide significant financial support to relatives or other trusted caregivers, though it is exploring how to better support these caregivers. In 2026, only 194 children ages 5 and under used child care subsidies for license exempt care in the state.⁵²

Child Care and Early Education: Massachusetts invests significant funding in child care to make it more affordable to families, and to support providers to stabilize the supply of child care. Massachusetts uses state dollars both to increase access to portable subsidies for families with low incomes and to contract directly with providers to create subsidized slots for families. Massachusetts' Child Care Financial Assistance (CCFA) program provides low or no-cost child care to families who are eligible based on their income or because they are involved with the Department of Children and Families (DCF) or the Department of Transitional Assistance (DTA). In the FY 2027 budget Massachusetts invested \$1.2 billion to provide child care assistance to 72,000 children in the Department of Children and Family, Department of Transitional Assistance related Child Care and Income Eligible Child Care programs to subsidize the costs of child care. Commonwealth Cares for Children (C3) is a non-competitive grant program administered by the Massachusetts Department of Early Education and Care (EEC) that helps licensed early education and out-of-school time programs in Massachusetts with operating costs. This funding has helped stabilize delivery and staffing across the mixed-delivery early care and education system.⁵³

State-Funded Pre-K: The state funds communities to subsidize pre-K to 3- and 4-year olds. The Commonwealth Preschool Partnerships Initiative is the primary state grant program to expand access to affordable pre-K. For approximately half of children attending CPPI-funded programs pre-K is free, a quarter pay with reduced cost, and another quarter pay full tuition.⁵⁴ Statewide 29.7% of 4-year-olds and 16.3% of 3-year-olds are enrolled in state-funded pre-K.⁵⁵

North Carolina

Paid Family Leave: None.⁵⁶

Family, Friend, and Neighbor Care: North Carolina does not provide significant financial support to relative or other trusted caregivers, as they are not currently included in the child care subsidy program. There is growing

interest in more effectively supporting family members, friends, and neighbors as part of an effort to increase the supply of child care in the state, however.⁵⁷

Child Care and Early Education: North Carolina invests state dollars both to expand access to child care subsidies and to increase the supply of child care, though state investments have remained flat or decreased in recent years.⁵⁸ Families who are over-income for child care subsidies may be eligible for the NC Tri-Share Program, which is a statewide public-private partnership that divides the cost of child care equally among families, employers, and the state—so families only pay a third of the total cost.⁵⁹

State-Funded Pre-K: In North Carolina, eligibility for free pre-K, called NC Pre-K, is restricted to children in families with incomes below 75% of state median income or those considered “at risk” because of factors such as developmental delays or limited English proficiency. Statewide 21% of 4-year-olds are enrolled in state pre-K. It is not available to 3-year-olds.⁶⁰

New Mexico

Paid Family Leave: None.⁶¹

Family, Friend, and Neighbor Care: New Mexico does not provide significant financial support to relative or other trusted caregivers. In 2019, only 200 children in the average month received child care subsidies for license-exempt care, or 1.5% of children receiving subsidies in the state.⁶²

Child Care and Early Education: New Mexico invests significant state funding in child care and early education, and in late 2025 launched its universal child care program, guaranteeing free child care for most families in the state.⁶³ Our research was conducted in 2024 before the state had committed to universal child care, but it was already well on its way to increasing affordability—income limits to receive child care subsidies were already high, so families with both low and moderate incomes were eligible.⁶⁴

State-Funded Pre-K: In New Mexico, state pre-K funding is awarded through a competitive process with priority given to communities with public elementary schools designated as Title 1, though eligibility is not otherwise determined by income. Statewide 53% of 4-year-olds and 22% of 3-year-olds are enrolled in state pre-K.⁶⁵





Appendix 3: How Families Combine and Sequence Care Arrangements

Below are some additional examples of how families combine and sequence their care arrangements over time.

Trang lives in Massachusetts with her husband and two children, who were 7 and 9 at the time of our interview. When her children were young, she primarily provided parental care, except for a brief 6-month period when her oldest was 1 year old, and she worked in a nail salon and sent her daughter to a neighbor for care. Her daughter spent most of the time at her neighbor's house in front of the TV, so when her husband got a raise at work, Trang quit her job at the nail salon and returned to providing care full time for her children until they each started pre-K at the local public school at age 4.

Omar lives in Massachusetts with his twin daughters, who were 7 years old at the time of our interview. Omar cared for his daughters for long periods when they were young, as did their mother, both parents trading off care and work. A grandmother and a close family friend stepped in on evenings and weekends to care for the twins when Omar had classes or meetings. The twins started pre-K at a community-based program around age 4, but Omar pulled them out after 6 months around the time the COVID-19 pandemic began and the quality of the programming declined. The twins started kindergarten at the local public school the following year.

Katie lives in New Mexico with her two children, who are less than one year apart and were both 5 years old at the time of our interview. After her children were born Katie cared for them full time while also working as a caregiver for a private client and caring for both her aging parents. When her oldest turned 2, he started the home-based Head Start program, where a teacher would visit their home once a week and provide activity packets that Katie would guide him through over the following week. When Katie was working outside the home, family members would care for her children, but as she explained, "It just depended on the day. It would either be my mom, my sister, or their other grandma sometimes." When her oldest turned 3, both children started at the local center-based Head Start program, where they stayed until they moved to a local elementary school for kindergarten.

Beth lives in New Mexico with her son, who was five years old at the time of our interview, as well as her sister and her sister's two children. For her son's first year, Beth was home caring for him full-time while she managed his health needs, which were significant when he was younger. Beth re-started college when her son was one, and her son began attending the Head Start program on her college campus, which she loved. Approximately

six months into his time at the Head Start program, however, COVID hit, so he stayed home with Beth and her sister for several months. Shortly after that Beth began working full time, so Beth's sister took care of her son full-time while also supervising her own two children who were in online school. When the child care programs opened back up, Beth's son returned to the Head Start program and then moved to another center-based program that was closer to Beth's work. He moved to free pre-K at a community-based program at age four.

Brenda lives in North Carolina with her 4-year-old daughter and 21-year-old son. When her son was born, Brenda was young, and she took a month or two off school to care for him before her mother took over caring for him full time while she finished school. When her son was preschool-aged, he started Head Start. When her daughter was born a number of years later, Brenda took 6 weeks off from her work as an early educator. Then her mother once again stepped in to care for her daughter for a few months until a spot opened in the private child care program where Brenda worked. When her daughter was 2 years old, Brenda transitioned to teaching at a Head Start program and pulled her daughter back to half day at the private child care program because she could not afford the full day tuition without the teacher's discount she had previously been receiving. Brenda's parents then cared for her daughter in the afternoons. When her daughter turned 4 years old, she qualified for free pre-K through NC Pre-K, which the private community-based program she attended participated in, so she extended her hours once more.



Endnotes

¹On recent state progress on paid leave, see Shabo, Vicki. “Explainer: Paid Leave Benefits and Funding in the United States.” New America, May 19, 2026. Available at: <https://www.newamerica.org/insights/explainer-paid-leave-benefits-and-funding-in-the-united-states/>. On Pre-K see Friedman-Krauss, Allison H. et al. “The State of Preschool 2025: State Preschool Yearbook.” New Brunswick, NJ: National Institute for Early Education Research, 2026. Available at: <https://nieer.org/yearbook/2025>. On child care affordability see Woods, Lea and Julie Kashen. “States Leading on Child Care Affordability as Trump Administration Tries to Take Funds Away.” The Century Foundation, March 25, 2026. Available at: <https://tcf.org/content/report/states-leading-on-child-care-affordability-as-trump-administration-tries-to-take-funds-away/>.

²Federal funding for particular programs has fluctuated, but total funding has remained consistent over the last couple of decades. According to the National Women’s Law Center, while funding through CCDBG has increased, funding through TANF has decreased, leading FY 2025 funding to remain at approximately the same level as FY 2001 funding in inflation adjusted dollars. TANF funding can either be transferred to CCDBG or spent directly by states on pre-K, Head Start, and/or child care. Head Start funding has been relatively stable going into the second Trump administration, but has been threatened in recent years. On Head Start, See Guernsey, Lisa. “A Closer Look at Obama’s FY11 Budget: Head Start.” New America, February 11, 2010. Available at: <https://www.newamerica.org/insights/a-closer-look-at-obamas-fy11-budget-head-start/>; Loewenberg, Aaron. “The Quiet Dismantling of Head Start: How the Trump Administration Is Using Regulation to Reshape a Program It Can’t Eliminate.” New America, July 20, 2026. Available at: <https://www.newamerica.org/insights/the-quiet-dismantling-of-head-start-how-the-trump-administration-is-using-regulation-to-reshape-a-program-it-cant-eliminate/>.

On CCDBG and TANF, see Shulman, Karen. “Warning Signs: State Child Care Assistance Policies 2025.” National Women’s Law Center, May 20, 2026. Available at: <https://nwlc.org/resource/warning-signs-state-child-care-assistance-policies-2025/>. Nationally, 11% of eligible children are served by Early Head Start, 27% of eligible children are served by Head Start, and 14% of eligible children are served through the Child Care and Development Block Grant. See First Five Years Fund. “2025 State Fact Sheet: Child Care & Early Learning in the United States.” September 2025. Available at: <https://www.ffyf.org/wp-content/uploads/2025/09/2025-National-Fact-Sheet.pdf>. There are also tax provisions that provide child care subsidies to wealthier families, including the child and dependent care tax credit that reimburses families for a portion of their child care costs and dependent care flexible savings accounts that allow some employees to set aside pre-tax income for care ex-

penses. But analysis shows few families with low incomes benefit from these tax subsidies. See Crandall-Hollick, Margot. “The 2025 Reconciliation Law Makes Some Modest Changes to Child Care Tax Benefits, Provides Little Help for Low-Income Families. Tax Policy Center, July 30, 2025. Available at: <https://taxpolicycenter.org/taxvox/2025-reconciliation-law-makes-some-modest-changes-child-care-tax-benefits-provides-little>. See also U.S. Department of Treasury, Office of Tax Analysis. “Estimated Benefit from the Child and Dependent Care Credit and Dependent Care Flexible Spending Accounts Taxable Year 2020.” January 14, 2020. Available at: <https://home.treasury.gov/system/files/131/Estimated-Benefit-fr-CDCTC-and-FSA-for-2020-01142020.pdf>.

³ Gibbs, Hailey and Casey Peek. “Trump’s Attack on Child Care Funding Undermines Early Educators, Short-changes Children, and Increases Costs for Families.” Center for American Progress, January 12, 2026. Available at: <https://www.americanprogress.org/article/trumps-attack-on-child-care-funding-undermines-early-educators-shortchanges-children-and-increases-costs-for-families/>.

⁴ See for example, McGuinness, Tara et al. “Child Care Choice Guarantee.” Project 2029, July 7, 2026. Available at: <https://www.project2029foramerica.org/post/child-care-choice-guarantee>; Folbre, Nancy. “The Care Package: Support for Family Care Provision in the United States.” University of Massachusetts Political Economy Research Institute, July 2026. Available at: <https://peri.umass.edu/publication/the-care-package-support-for-family-care-provision-in-the-u-s/>.

⁵ We interviewed 51 parents and primary caregivers and seven uncles, grandmothers, and neighbors who provide care informally to young children. We also interviewed directors or owners of 13 licensed home-based and center-based early care and education programs, conducting site visits and interviewing additional staff of three in Massachusetts, three in New Mexico, and one in North Carolina.

⁶ See Woods and Kashen. “States Leading on Child Care Affordability as Trump Administration Tries to Take Funds Away.”

⁷ U.S. Department of Education, National Center for Education Statistics. Table 1: Percentage of children from birth through age 5 and not yet in kindergarten participating in various weekly nonparental care arrangements, by child and family characteristics: 2019. (2021). Available at: <https://nces.ed.gov/fastfacts/display.asp?id=4>.

⁸ The two additional states will start paying out paid leave benefits in 2028. See Shabo, Vicki. “Explainer: Paid Leave Benefits and Funding in the United States.” New America, May 19, 2026. Available at: <https://www.newamerica.org/insights/explainer-paid-leave-benefits-and-funding-in-the-united-states/>.

⁹ National Survey of Early Care and Education. “Chartbook: Home-based Early Care and Education Providers in 2021 and 2019: Counts and Characteristics.” May 2021, available at: <https://acf.gov/sites/default/files/documents/opre/NSECE-chartbook-homebased-may-2021.pdf>. See also Home Grown. “Home-Based Child Care Fact Sheet.” Available at: <https://homegrownchildcare.org/wp-content/uploads/2023/05/Home-Grown-Child-Care-Fact-Sheet-final.pdf>.

¹⁰ For a helpful primer on CCDF, see Fortner, Alyssa and Shira Small. “Child Care Assistance: How Existing Federal Policy Helps Families Afford Child Care.” Center for Law and Social Policy, August 2026. Available at: <https://www.clasp.org/wp-content/uploads/2026/08/ccdf-history-101-update-august-2026.pdf>.

¹¹ This national comparison by the Urban Institute uses 2019 data because more recent data reflects the COVID-19 pandemic, which were unusual in child care as in other areas of American life. See Dwyer, Kelly and Gina Adams. “License-Exempt Home-Based Child Care Providers and the Child Care and Development Fund.” Urban Institute, July 22, 2024. Available at: <https://www.urban.org/research/publication/license-exempt-home-based-child-care-providers-and-child-care-and-development>.

¹²Ibid.

¹³ North Carolina data is from FY 2025. See Child Care Aware. “An Uneven Start 2026: Where Child Care Funding Falls Short—and Why it Matters.” March 2026. Available at: <https://info.childcareaware.org/an-uneven-start-2026>.

¹⁴ Child Care Aware of America. “Child Care in America: 2025 Price & Supply.” May 2026. Available at: <https://info.childcareaware.org/price-and-supply-2025>. This report does not include cost data for New Mexico.

¹⁵ Schulman, “Warning Signs.”

¹⁶ Ibid.

¹⁷ Friedman-Krauss, Allison H. et al. “The State of Preschool 2025.”

¹⁸ This is a ranking of the 50 states plus the District of Columbia. Ibid, p. 14.

¹⁹ Not all parents reported how long they had stayed home with their children, but of those that did all but one said that they would have ideally stay home the same length of time or longer than they did. The one that would have liked to go back to work earlier lived in a rural area where there was not available or affordable care.

²⁰ Spanish original: Tuve que buscar una persona particular que me cobrara más barato, pero obviamente tenía que sentir que mis hijos quedaban seguros, porque dejaba mis tres niños pequeños.

²¹ Ten described their financial assistance as vouchers/subsidies, two received payment through their local child welfare agency, and one received an Early Education and Care (EEC) contracted slot, which is available to families in MA who are over-income for subsidies but still struggle to cover the costs of care. The parent who received the EEC slot praised it for its ease of use: “What’s great is that the childcare provider can help access it for you. So once I access, the first time that I was signed up, any provider I went to, they’d say, “Do you have an EEC?” I think you get a number or something, or maybe they have your social security number. I said, “Yeah, I have a slot.” And then they could just call EEC, the Child Care Choices or wherever and then they’ll find my number and they’ll be like, “Oh yeah, she still has a slot.” And if it had not expired, I want to say, but let’s say I had to renew it, they would renew it for me. I would have to fill out the paperwork and send it in and they’d take care of it. I didn’t have to go down to anyone’s office per se, I just have to go to the childcare provider and give the information.”

²² Several parents noted that they had “FMLA” at some point either following the birth of a child or later on as they cared for a child with a serious health condition. The Family and Medical Leave Act (FMLA) guarantees up to 12 weeks of leave for eligible workers following the birth of a child or to care for themselves or a loved one with a serious health condition, but that leave is unpaid unless a worker is also able combine it with paid time off through their employer such as sick leave. On the FMLA, see U.S. Department of Labor, Wage and Hour Division. “Family and Medical Leave Act.” Updated January 26, 2026. Available at: <https://www.dol.gov/agencies/whd/fmla>.

²³ Only one parent we interviewed in Massachusetts received paid leave through the state themselves, and three more had spouses who received paid leave which was likely at least partially through the state program. This relatively low rate of receipt (1 out of the 19 parents and primary caregivers we interviewed in Massachusetts, and 3 of approximately 13 reported spouses or partners) was likely the result of a combination of factors, including the work history required to receive the benefit, and its relatively recent implementation, as we interviewed families just 3 years after the benefit became available, so families whose children were born before the implementation date would not have been able to receive it.

²⁴ Parents who received short term disability also may have used paid sick days to supplement their leave, but they are only counted in the short term disability category as that was the primary source of payment for their leave.

²⁵ Spanish original: Es una institución más grande, más abierta, con más personas, más profesores, supervisores, que un daycare privado, que uno no sabe si la persona deja el niño durmiendo con el biberón en la boca y se va por ahí a hablar por teléfono, el niño se atraganta y se ahoga. Es un poco más difícil la confianza, qué estarán haciendo ahí en esa casa pequeña. En el centro hay más ojos.

²⁶ Spanish original: Algo que también queríamos nosotros mucho, es que mi hija no perdiera el español porque habíamos oído que la gente, cuando empieza a estudiar aquí y todo, en la escuela le hablan en inglés y luego ya no quieren usar el idioma paterno o materno. En el caso de ella también habla español, entonces a ella le hablaban en español todo el tiempo y para nosotros estaba también bien.

²⁷ There were a few notable exceptions of parents who chose care arrangements a considerable distance from their homes because they believed they were best for their children. For example Valerie, mother of six in Massachusetts, observed that location “was a factor, but it wasn’t my number one factor of where I was going to place my children, especially if the quality of care is good... With the home daycare I started with, she was a great distance away from me. ... And like I said, I didn’t mind doing that because I know the quality of care was going to be great. And the same thing with... my last employer, it was good. My job was 40 minutes from the childcare provider, but again, it was good care. I didn’t mind.” Tina, the mother in New Mexico who sent her son to a culturally-rooted program in her Pueblo, commuted an hour and a half each way so he could attend the program and she could work nearby.

²⁸ Spanish original: Por eso es que yo no podía irme a trabajar al mismo horario como lo hice con la mediana, porque era imposible. Ella se podía estar muriendo de hambre, pero no le aceptaba nada a nadie, incluso al papá.... desde que nació era así, era un apego a mí que hasta la fecha yo no sé cómo explicarlo.

²⁹ National surveys that collect point-in-time data on families’ child care arrangements consistently show that approximately half of children 0-5 are cared for exclusively by their parents, while the other half are cared for by a range of other caregivers in different settings in a typical week. The National Center for Education Statistics fields regular surveys of families’ child care arrangements of children 0-5 who are not yet in kindergarten. The latest survey, conducted in 2023, found that 45% of young children were cared for exclusively by their parents, and 55% had some consistent form of non-parental care one day or more per week. Recent analysis of Survey of Income and Program Participation (SIPP) data finds that multiple care arrangements are increasingly common for young children with parents who are working or in school. According to 2023 SIPP data, 44% of children under the age of 5 were in multiple non-parental care arrangements. See Glynn, Sarah Jane. “Who’s Minding the Kids These Days? An Analysis of Children’s Care Arrangements.” The Roosevelt Institute, May 2026. Available at: <https://rooseveltinstitute.org/publications/whos-minding-the-kids-these-days/>.

³⁰ Note, some parents reported caring for their children full time while simultaneously working full or part time.

³¹ For the purposes of categorizing the care arrangements of the families we interviewed, we exclude programs from this category that were started by parents or relatives simply because they wanted to care for a child themselves—as they more appropriately fit into the other care arrangements in this framework. The two circumstances where a parent or grandparent became a licensed or registered child care provider so that they could care for their child or grandchild full time while also earning an income are not included in this category. Jessica’s mother became licensed in NM so she could care for Jessica’s son, and Stephanie became licensed in NC so she could care for her own daughter and other children out of her own home for a couple of years while her daughter was a toddler. The five instances where a parent taught or worked at the same child care program

their child attended are included in this category, as they were typically not their child's primary teacher or caregiver in those programs. The parents who worked at the same program that their at least one of their children attended are Mia, Lisa, Jade, Brenda, and Gina.

³² 33 of the 51 parents and primary caregivers we interviewed had more than one child.

³³ This is the break down if we organize the data by the least amount of time that they stayed home for any of their children. A number of parents did not report an exact length of time they stayed home, and many primary caregivers were not caring for their children at the time of their birth, so this data represents approximately 35 of the 51 parents and primary caregivers interviewed.

³⁴ Note our interviews took place when children were at varying ages and stages of development.

³⁵ Spanish original: Obviamente tiene ventajas y desventajas. Ventajas porque podía yo sentir la seguridad que mis hijos estaban en buenas manos, con su propia madre, brindándoles la educación, los principios, la rutina diaria a ellos para que pudieran crecer en un ambiente saludable, pero desventajas porque no me permitían poder brindar un aporte a mi hogar, a mi familia, para la subsistencia.

³⁶ Spanish original: para mí fue volver a los tiempos de mi infancia, los cuales no fueron tan agradables pero de una manera u otra me llevaron al pasado para poder sanar el presente... y a veces esas experiencias como que inconscientemente se la transmitimos a los niños... Siempre que hablo de eso como que se me hace un nudo en la garganta porque fueron tan bonitas esas sesiones, como que enterrar el pasado, pero a la misma vez honrarlo, porque si no hubiese pasado por todas las experiencias que pasé no fuera la mujer que soy ahora.

³⁷ Note, the relatively high incidence of formal early care and education among the parents and primary caregivers we interviewed is likely influenced by our research design, including both our decision to do conduct this research in states where free public pre-K is available to many children—in Massachusetts and New Mexico it is available in some communities starting at age 3—and our outreach methodology, as we connected to parents through state and local partners, including child care and other early childhood programs. On the experiences of families using Head Start, See Minoff, Elisa. “So Much More than ABC’s: Families’ Experiences with Head Start.” Center for the Study of Social Policy, July 2025. Available at: <https://cssp.org/resource/families-experiences-with-head-start/>.

³⁸ Gina reported the ratio being 1:6 for infants, but state regulations are currently 1:5 for 0-12 months and 1:6 for 12-24 months.

³⁹ Spanish original: La trataba como si fuera su nieta, como si fuera incluso su hija... No nada más ella, también su esposo y también sus hijos la trataban a mi hija como si fuera su hermana. No sé si fue el destino o no sé, pero la verdad es que estuvo muy bien cuidada mi hija en ese sentido.... Te digo, nosotros tuvimos mucha suerte porque toda la familia ahí le entró al cuidado de mi hija. Le han dado mucho cariño ahí, la verdad.

⁴⁰ The findings of New America's 2026 National Parent Survey are in line with the findings from this research. That survey found that overall parents want more time with their children, most parents want to be able to stay home and care for their newborns longer than they were able to in practice, many want to combine work and caregiving but want part-time or flexible work, and families would ideally use a range of settings. See Silkowski, Alyson et al. “What Parents of Young Kids Want: Insights from the 2026 National Parent Survey.” New America, May 27, 2026. Available at: <https://www.newamerica.org/insights/2026-national-parent-survey/>.

⁴¹ If parents noted a length of time that was not in these 6-month increments, we rounded up to the nearest 6-month increment. One parent said 4 months, and we put her in the 6 months category, while another men-

tioned 9 months, and we put her in 12. For those who offered a broader range of time, for example “1-2 years” we placed them at the mid-point of the range they gave (so 1.5 years in this case). Most of the parents who are in the 5 years+ category wanted to stay home until their children started kindergarten, but a few said they would like to stay home for longer and home-school their children into kindergarten and beyond.

⁴²In the field of early care and education there are ongoing and often contentious debates about how to define and measure quality. Definitions of quality can influence how states regulate and allocate resources for early childhood programs, and translating definitions of quality into policy and practice has not always worked well—imposing excessive burdens on child care providers and programs without improving children’s outcomes or experiences in care. See for example Mississippi Low-Income Childcare Initiative. “Mississippi Low-Income Child Care Initiative (MLICCI) Child Care Provider Survey: Assessing Pre- and PostCOVID-19 Pandemic Trends and Perspectives on Child Care Quality Improvement.” June 2021. Available at: <https://www.mschildcare.org/reports>.

⁴³Spanish original: Para mí lo más importante es la comunicación entre ambos, entre la cuidadora y los padres.

⁴⁴Spanish original: Tienes que mantener una comunicación saludable con los padres y animarlos, porque no es fácil, porque el trabajo, sus cosas, sus hijos, sus casas, yo qué sé. Tienes que motivarlos y ayudarlos, “Oye, mira, tu hijo ya pudo hacer esto. ¿Qué te parece si tú me ayudas en la casa con esto y nosotros lo seguimos implementando aquí en la guardería?”, ya sea ir al baño, ya sea contar, ya sea cantando una canción de los números que se los vaya memorizando.... Sí, la comunicación con los padres es muy importante.

⁴⁵Spanish original: Siempre con el amor ante todo.

⁴⁶Vietnamese original: Nếu mà mình tập nó vào khuôn, như là có cái kỷ luật trước á thì sau này nó đi ra xã hội mà có lòng lẻo hơn á thì nó sẽ cảm thấy không khó.

⁴⁷Vietnamese original: nó chơi ở ngoài với mấy đứa trẻ mà nó có cái sáng tạo của nó. Tay chân nó đụng đất, đụng chạm đất [unintelligible] cái này kia nọ.

⁴⁸For an example of a program providing a particularly comprehensive package of supports to postpartum mothers and families, see Embrace in San Francisco, available at: <https://embraceblackcare.org/>. For home visiting see Healthy Baby Healthy Child in Boston, available at: <https://www.boston.gov/government/cabinets/boston-public-health-commission/childrens-and-newborn-health/healthy-baby-healthy-child#services>.

⁴⁹Vietnamese original: giống như trước 3 tuổi á chị, em muốn, giống như là ...cái thứ nhất như cái group bây giờ vậy á, có thể là, có thể tối rồi cha mẹ cùng chơi với con và tổ chức mấy cái group yêu thích, cái event, hay là story time(?) ... như hiện tại bây giờ.

⁵⁰Spanish original: Eso se nos ha olvidado mucho también que venimos de la tierra, ¿me entiende? Esa conexión del ser humano con la naturaleza es tan necesaria, y a veces lo damos por sentado, como que no le damos la suficiente importancia que realmente tiene, y ahí es donde yo siento que fallamos. Por eso es que a veces nos sentimos tan decaídos o cosas así.

⁵¹Massachusetts also requires employers to provide sick leave. See National Conference of State Legislatures. “Paid Leave: State Family and Medical Leave Laws.” Updated November 7, 2025. Available at: <https://www.ncsl.org/labor-and-employment/state-family-and-medical-leave-laws>.

⁵²See Massachusetts Department of Early Education and Care. June EEC Board Meeting, June 10, 2026. Available at: <https://www.mass.gov/doc/june-eeec-board-meeting-slide-deck-1/download>.

⁵³See Governor Maura Healey and Lt. Governor Kim Driscoll. “Governor Healey Signs Budget That Lowers Costs

with No New Taxes or Fees.” Press Release, July 9, 2026. Available at: <https://www.mass.gov/news/governor-healey-signs-budget-that-lowers-costs-with-no-new-taxes-or-fees>. See also Massachusetts Department of Early Education and Care. “Commonwealth Cares for Children (C3) Data Brief.” August 2026. Available at: <https://www.mass.gov/doc/commonwealth-cares-for-children-c3-august-2026-data-brief/download>.

⁵⁴ Massachusetts Department of Early Education and Care. “March EEC Board Meeting.” March 11, 2026. Available at: <https://www.mass.gov/doc/march-eec-board-meeting-slide-deck-updated-for-website/download>. Commonwealth Beacon. “How ‘universal’ is universal pre-K?” March 2, 2026. Available at: <https://commonwealthbeacon.org/the-codcast/how-universal-is-universal-pre-k/>.

⁵⁵ Friedman-Krauss, Allison H. et al., “The State of Preschool 2025” p. 89-90.

⁵⁶ North Carolina does not have paid family leave for workers statewide, but it does offer paid parental leave to state employees in certain cabinet agencies. See North Carolina Office of State Human Resources. “Paid Parental Leave.” Available at: <https://oshr.nc.gov/state-employee-resources/benefits/work-life-balance/paid-parental-leave>.

⁵⁷ See Duke Center for Child & Family Policy. “Innovative Solutions to Increase Child Care Access and Affordability for Those Most in Need.” May 2026. Available at: https://childandfamilypolicy.duke.edu/wp-content/uploads/2026/07/2FFN_Subsidy-Child-Care-Brief-4.pdf. Duke Center for Child & Family Policy. “Child Care Deserts in North Carolina.” April 2026. Available at: https://childandfamilypolicy.duke.edu/wp-content/uploads/2026/05/1FFN_Subsidy-Child-Care-Brief_Final-1.pdf.

⁵⁸ See Child Care Aware. “An Uneven Start 2026.” Bell, Liz. “New NC budget includes \$97 million for child care subsidy program, establishes floor rate.” EdNC, July 2, 2026. Available at: <https://www.ednc.org/7-2-2026-new-nc-budget-includes-97-million-for-child-care-subsidy-program-establishes-floor-rate/>.

⁵⁹ Smart Start. “NC Tri-Share Child Care Program.” Available at: <https://www.smartstart.org/featured-initiatives/nc-tri-share/>.

⁶⁰ Friedman-Krauss, Allison H. et al., “The State of Preschool 2025” p. 121-122.

⁶¹ New Mexico does offer 12 weeks of paid parental leave for state employees. The state also requires employers to offer sick leave. See NCSL, “Paid Leave.”

⁶² Dwyer and Adams, “License-Exempt Home-Based Child Care Providers and the Child Care and Development Fund.”

⁶³ New Mexico Early Childhood Education & Care Department. “Universal Child Care Brief.” Updated April 15, 2026. Available at: https://www.nmececd.org/wp-content/uploads/2026/04/Universal-Child-Care-Brief_41526.pdf.

⁶⁴ Perry, Andrew. “How New Mexico Will Pay for Universal Childcare.” Fiscal Policy Institute, October 29, 2025. Available at: <https://fiscalspolicy.org/how-new-mexico-will-pay-for-universal-childcare>.

⁶⁵ Friedman-Krauss, Allison H. et al., “The State of Preschool 2025” p. 117-118.



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