

Child Care Use, Needs, and Preferences of Diverse New Mexico Families in the Context of COVID-19

Results from a Survey of Families with Young Children

Introduction

For American families with young children, equitable access to early care and education is a vital support with multidimensional benefits. Children’s healthy development, families’ economic wellbeing and the career pathways of parents—especially mothers—benefit when early care and education is high quality and accessible. This already important policy area became especially salient in the context of the COVID-19 pandemic, when the loss of reliable child care and schooling created hardships for families across income and demographic groups. This prompted an influx to states of millions in federal dollars for the specific purpose of stabilizing and rebuilding the child care sector, creating opportunities for states to invest in new policies and sector supports. In New Mexico, where the governor prior to COVID-19 had articulated a goal of moving the state toward universal child care policy, federal stabilization dollars provided a boost of resources that have led to the nation’s most expansive family eligibility policy, a complete waiver of co-pays for all families, and an increase in the rates paid to providers based on a study of the cost of quality.

Yet, the supply of available care in New Mexico’s communities remains limited, and state officials have turned their policy attention to investing in and incentivizing the development of additional care slots throughout the state. To support this effort in New Mexico and elsewhere, it is essential that the supply of care be developed in response to the voices and needs of families, especially those who have historically had less access to early care and education. To that end, the research team at the University of New Mexico Cradle to Career Policy Institute, with funding from the Robert Wood Johnson Foundation, conducted a survey of New Mexico families about the child care they use (or don’t use, for families disconnected from the care system), the care they would prefer to use if they were not constrained by affordability or limited access, and to quantify the gaps between the access that diverse families say they have and what they actually need. As New Mexico and other states turn their policy focus and investments to early care and education access, the voices of diverse families should be an important guide as to the nature of those investments.

The Sample

Families were surveyed in the summer and fall of 2021. Participants were eligible if they were the parent or primary caregiver of a child aged 5 or under, and the survey focused on families’ experiences, preferences and arrangements regarding child care. Our sampling efforts focused on recruiting families from Spanish-speaking households, immigrant households, and Tribal households, as our research questions focused on the needs of populations that have been systemically disadvantaged. For comparison, about one third of our sample is composed of New Mexico families who do not belong to one of these categories, and are on average advantaged in terms of income and educational attainment (see Figures 1 and 2). Importantly, the sample intentionally oversampled Spanish-speaking, immigrant, and Tribal households and is not a representative sample of New Mexico families. All findings should be interpreted with this in mind. Our final sample consisted of 374 unique respondents. This sample was split nearly

evenly between those not using regular child care outside their home (n=191) and those using external care (n=183).

Figure 1. Income levels of respondent groups

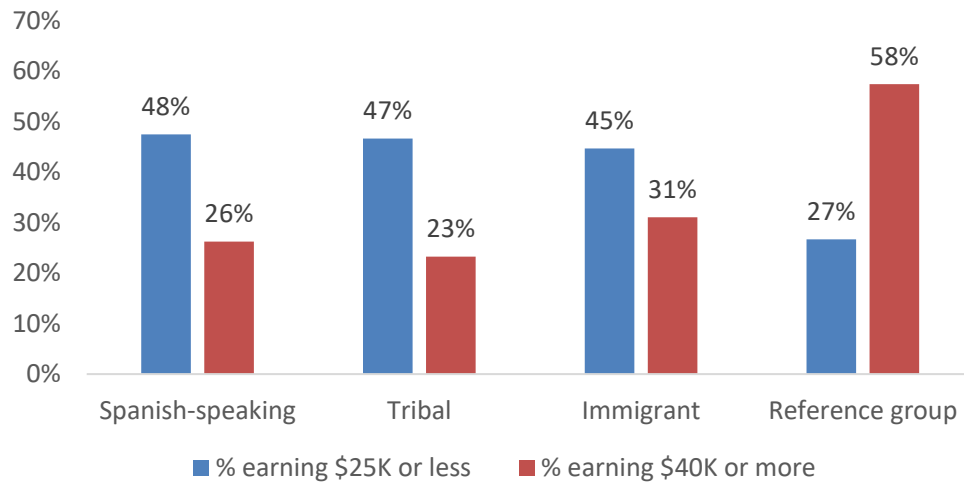
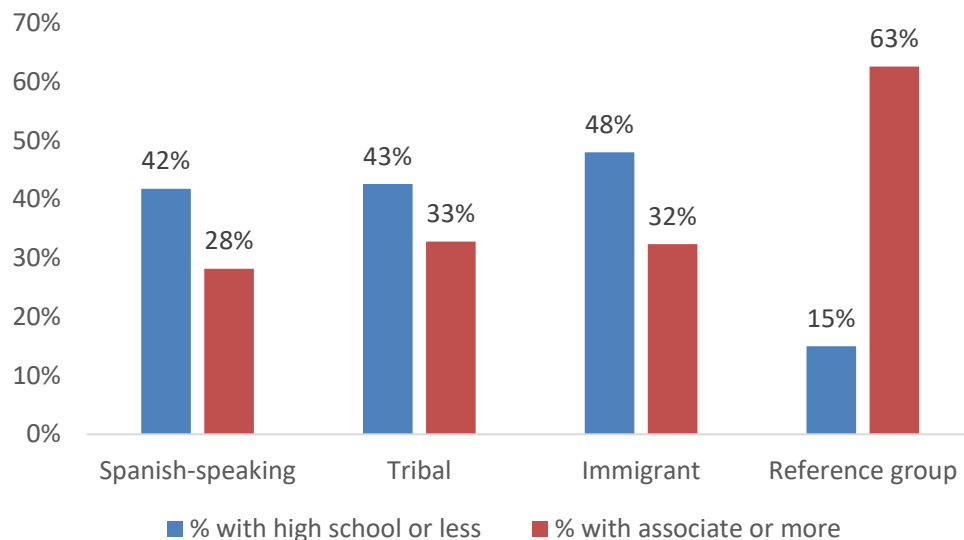


Figure 2. Educational attainment of respondent groups



Families Not Using Care Outside the Household

Findings from survey respondents who reported that they do not use child care were strongly and importantly contextualized by the COVID-19 pandemic. Surveys were conducted in summer and fall of 2021 when vaccines for adults were widely available, yet vaccines for young children were not yet developed and the child care sector remained precarious, with policies in place that required prolonged closures in response to COVID cases. Within that context, just over half

(51%) of the total survey sample reported that they do not use regular child care provided by someone who does not live with them. *Within that group*, 23% reported that they were keeping their children home temporarily due to the pandemic, leaving about three-quarters who did not use care either because of an affirmative choice or constraints to access unrelated to COVID. Parental care was the dominant care type within this group, though 28% of these respondents reported that a resident grandparent provided some regular care.

The survey does not definitively quantify what share of the families not using care were doing so as an affirmative choice, as a response to COVID, or as a result of constrained access to child care that would meet their needs. Participant responses throughout the survey paint a complex picture of child care preferences that are sensitive to question framing and reflect dynamic forces including respondents' perceptions of COVID risk, their future versus current needs, and their future employment and educational hopes. However, response patterns suggest that *among those not using care*, about one quarter were keeping children home temporarily during the pandemic and about 10% had no interest in using care outside their home, even if all constraints were lifted. The remaining approximately 65% had conditional desires around child care access that depended on child age and were premised on access to care that was affordable and of high quality.

Families chose multiple reasons for keeping their child care within the household. Just over three out of four of this group (76%) said they prefer to have children home with their immediate family as one of their reasons for not using external child care—a selection that likely captures COVID-specific preferences as well as more stable ones. Respondents were able to choose as many reasons as they wished, and 46% selected “I am uncomfortable leaving my children with people I don’t know.” More than one third of the sample (35%) reported that affordability impacted their choices, selecting, “Child care is so expensive that it doesn’t make financial sense for my family.” Family perceptions of available child care in their communities were marked by impressions that the care they might be interested in using is not affordable (39%), and has waiting lists (18%). However, many had not looked for care (39%) or didn’t need formal care at the time of the survey (29%).

About one third of respondents in this group said they might consider enrolling in care in the future if they got a new or different job (32%), while just over a quarter each (28%) said they would consider looking for care when COVID-19 is better controlled and when their child gets a bit older. About one third (34%) said they didn’t expect to need formal care in the future, given the constraints of the current care market. On a separate question, families were asked what changes to the care supply in their communities would cause them to consider enrolling in care. Families prioritized school readiness on this question, with 41% saying they would consider enrolling in care with educational activities to prepare children for school. This emphasis on school readiness was most pronounced among Tribal (53%) and Spanish-speaking (43%) families, and least pronounced among the relatively more advantaged reference group families (32%). Families could choose all relevant options, and said they would consider enrolling if they had access to an affordable program (37%), a program with a high quality rating from the state (34%), or came highly recommended by someone they trust (32%). In the context of COVID-19 risk, however, nearly half (45%) of families not using care said at the time of the survey that they would keep children home with immediate family regardless of changes in access and supply.

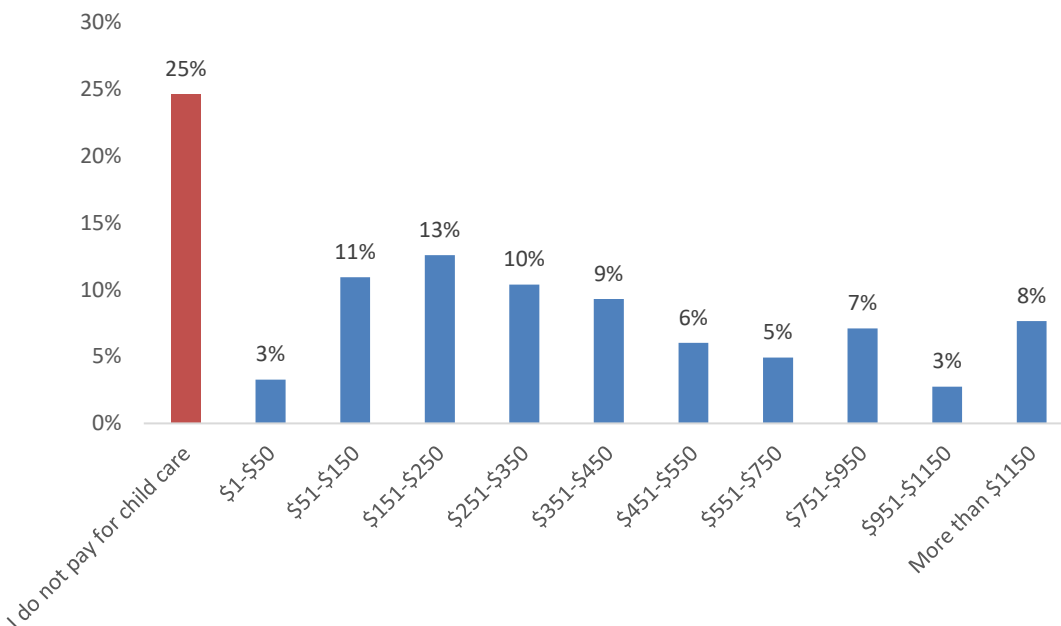
Care Arrangements

Care Used

Among the nearly half (49%) of the sample that did use regular care provided by someone outside their household, **families tended to use center- or school-based care, full-time Monday to Friday, with 30 minutes or less in transport time.** Half (50%) used center-based care including community-based PreK or Head Start and 20% used PreK in a public school. **However, home-based care provided by someone outside the household also played a substantial role in families' arrangements,** with 31% reporting they rely on care in someone else's home, and 21% reporting they use care that is provided in their own home by someone who does not live with them. Respondents were able to choose all care types they use.

Almost two-thirds of these families used full-time care Monday through Friday (64%), and just under a quarter said their care hours vary by week (23%). Only 4% each reported using nights, evenings or weekend care. Roughly half (49%) of these respondents reported using care for 31 or more hours a week, while a quarter of families used care for only up to 10 hours a week. Nearly 70% of families had a transport time to and from care of 30 minutes or less. **Among this half of families who used care outside their household, about a quarter reported not paying anything for it** (whether because it was provided by family or friends or because it was subsidized through other assistance benefits), while just over a third (34%) reported paying between \$50 and \$350 a month for care (see Figure 3). **Nearly one in five parents using external care (18%) reported monthly care costs of \$750 or more.** About one fifth (21%) of families in the sample who used external care reported that they received state or Tribal assistance paying for care. About one third of families in this pool (32%) did not know the quality rating of their current care arrangement, while just over a quarter (28%) said their care arrangement was informally provided by a friend or family member. Just under one in five reported using the highest quality 5-STAR licensed care (18%).

Figure 3. Amount paid monthly for care by families using a regular care arrangement



Care Preferences

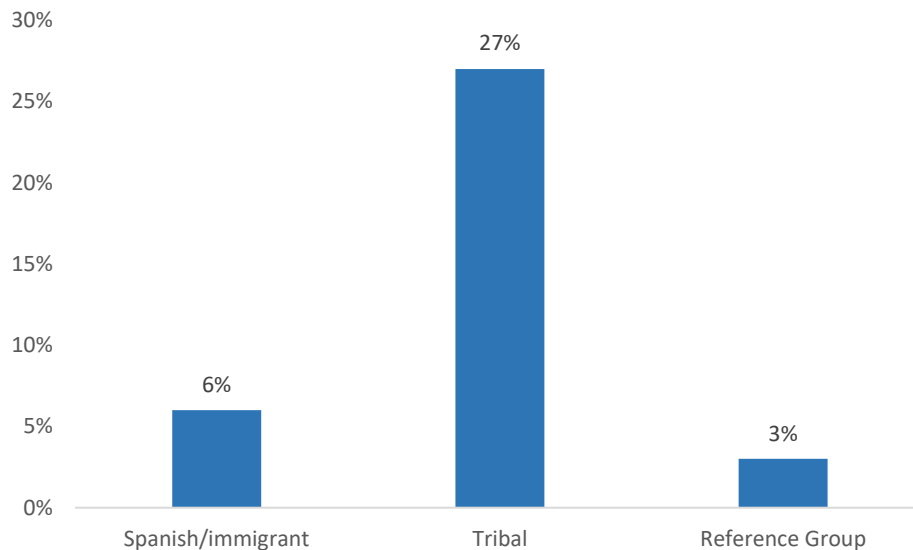
To better understand the care choices families would make if they were not constrained, the full sample of respondents were asked a series of questions about the care they would use if they could use any child care they wanted. **About one in ten respondents answered most of these questions by saying they would not use care outside their home, suggesting that our sample contains a stable 10% of families for whom care within the household is preferred regardless of child care availability, cost, and quality.** Families were permitted to choose all answers that applied to their family. More than half (53%) of respondents reported they would use center-based care including community-based PreK, while 43% would use PreK at a public school and 34% would use Head Start. **This suggests a strong demand for center-based, educational early care and education across populations. Demand for home-based care was lower but substantial, with a notable preference for home-based care by a family member (32%) rather than a nonrelative (11%).** In open-ended comments, parents also indicated their desire for a range of alternative and non-traditional early childhood education, including Montessori school, play-based education, and forest school.

Nearly 60% of respondents reported they would use standard Monday through Friday business hours if they could use any care they wanted, while nearly 30% each reported needing after-school hours and having variable hours that change depending on their work or school schedule. Ten percent or less each reported they needed nights and evenings or weekend hours. These preferences for hours were very stable across population groups, which suggests **the need for non-traditional hours such as nights/evenings and weekends is not clustered within any one group, but is needed by a minority of families across population groups.** About one third of families said they would use 31 or more hours a week if they could use any care they wanted, while just under 40% needed 20 hours or less of care a week. Nearly 80% of families said that if they could use any child care they wanted, they would have a transport time of 30 minutes or less.

Families across population groups also expressed a strong need or preference for help affording child care. Respondents were asked to select, from a list of possible supports or policies, which ones would be helpful to their families and 44% selected financial support to help them afford care. This was the most frequent choice, with nearly 40% choosing “more high-quality child care centers in my community,” and 26% indicating they would benefit from more or more flexible care hours. To better quantify affordability, families were asked to identify a monthly amount that their family could afford to pay for child care. **On average, families said they could afford to pay \$281 a month for care.**

Preferences related to care provider support for language and culture were conditioned strongly by the different populations reflected in the survey. Tribal respondents selected “a care provider who shares the same culture/background as me” as a support that would be helpful to their family at far higher rates than the other survey groups (see Figure 4). This, and results from other questions described in the next sections, **suggests a particularly high salience for cultural supports and congruence between families and providers among Tribal families, as well as an unmet need in this population for culturally supportive care.**

Figure 4. Percent of families who selected “a child care provider from the same culture/background as me” as a support that would be helpful to their families



Priorities When Choosing Care

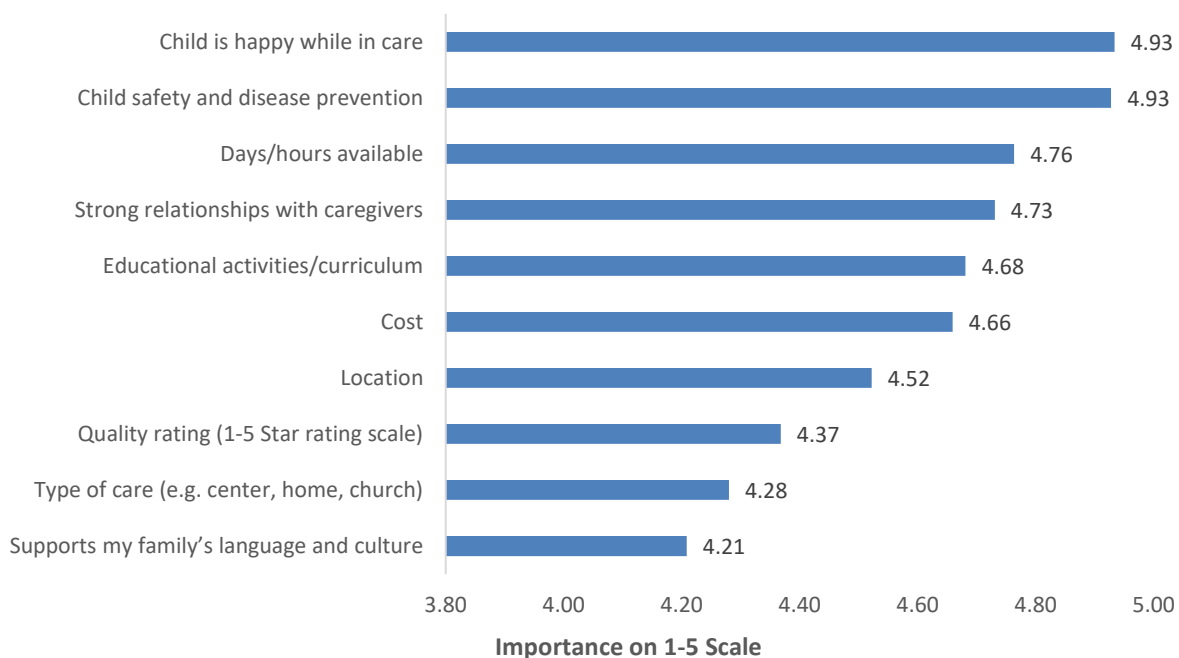
Families place a high value on many dimensions of quality and access. When asked the importance of various factors to consider when choosing care, all criteria were rated at least a four out of five on the importance scale (see Figure 5). The top criteria were the child’s happiness and safety, followed by the logistical factors of days and hours available, and then by the quality of relations with caregiving adults and the educational focus of the care. Cost was rated near the middle in importance, higher than the location of the provider, the care setting (e.g., church, school, home, center), the official state quality rating, or the provider’s support for family’s home language and culture. The ordering of these factors is stable across subgroups, with only very slight differences.

Satisfaction with Current Care

Families reported high levels of agreement that the care they currently use meets the top-rated criteria of child happiness and safety. They agreed at lower levels that their care is affordable and provides all the hours they need (see Figure 6). After rating the importance of different care dimensions, respondents were asked to rate their level of agreement with related statements about their care. Results suggest that families select care strongly on core dimensions of child safety and happiness, and may withdraw from a care setting or from the care sector altogether if they cannot find a match on these criteria. Related dimensions that were rated highly on both importance and actual agreement are relationships with providers and support for children’s learning and development. **Families expressed the lowest agreement that their care is affordable, provides the hours they need, or is conveniently located.** This suggests families may compromise on these logistical factors and strain their budgets if they are confident their child is safe, happy, and having their education and development supported by stable caregivers. The dimension of support for language and

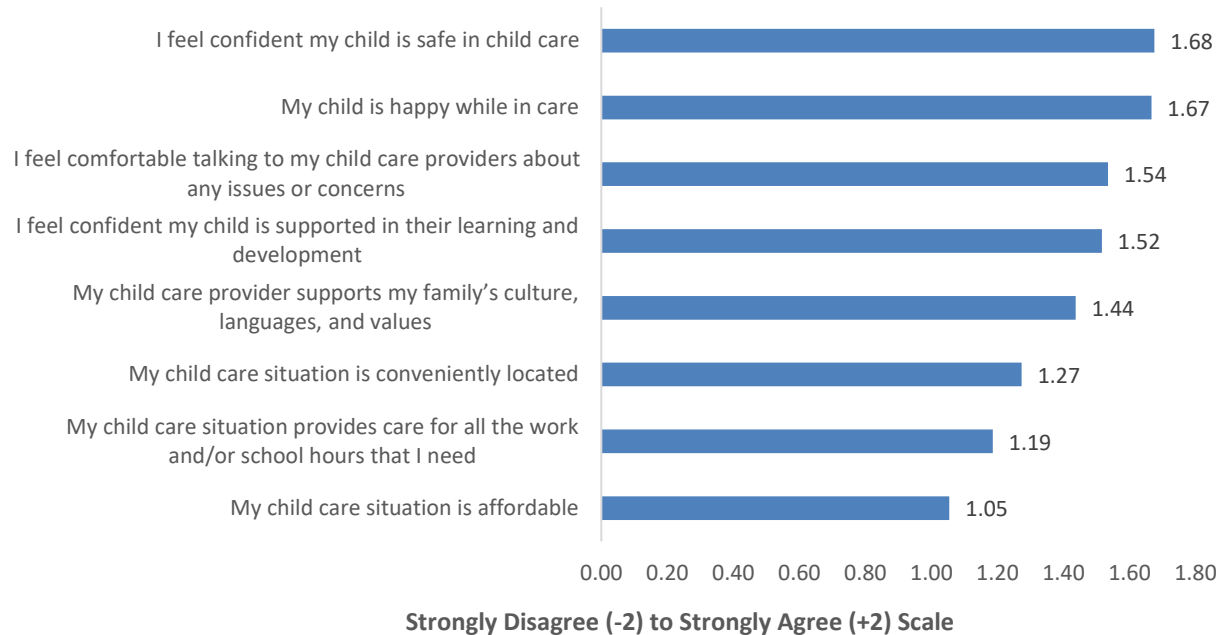
culture performed differently than the others, with the lowest overall rating for importance, but a relatively higher rating for agreement that family needs were being met. This finding is driven by differences within the sample. **Reference group respondents were significantly less likely to rate support for family language and culture as important, compared to those who identified as Tribal or immigrant/Spanish speaking.** It may be that reference group families report a lower value on this dimension because their language and culture are implicitly supported in many care settings, so culturally supportive care is not a salient unmet need for this population.

Figure 5. Relative importance of factors in choosing care, among those using a regular care arrangement



More than 90% of parents using external care reported that the current care they use was a good fit, when asked the question as a binary yes or no. This suggests that families are effective in sorting themselves into the best fit they can find in their communities. Additionally, almost two-thirds (62%) said they would remain with their current provider if they could use any child care they wanted. **Yet for the 38% (n=69) who said they would change care if they were not constrained, answers reveal a broad desire for more educational care that is conveniently located and offers hours that are better aligned to family needs.** Almost half said they would choose a more conveniently located provider if they could use any care they wanted. Just over 40% said they would choose a provider with more educational activities and curriculum, and 36% would choose a provider that offered more convenient hours.

Figure 6. Agreement with statements about current care, among those using a regular care arrangement



Alignment of Preferences and Arrangements

Using respondents' answers about characteristics of the care they currently use and what they would use if they could use any care they wanted, researchers analyzed alignment between families' ideal care arrangements and what they actually have. Among the 183 parents using care outside the household, 17 (9%) said they would not use care outside their home if they could use any care they wanted. This suggests that the sample includes some respondents who might choose not to work or to rely on the care sector if they were not constrained by the necessity of working. Conversely, **more than 90% (166 of 183) of those using care outside the household would still external care if they could use any care they wanted.**

Among the 191 respondents who do not use regular care outside the household, there is a much lower level of concordance between preferred and actual arrangements. Only 15 (8%) said they would not use care outside their homes if they could use any care they wanted. This means that 176 of 191, more than 90% of those not using regular care outside the household, would prefer to be using some type of external care. The status of the COVID-19 pandemic in 2021 is important context for this finding, as the sample included families who previously used external care but had stopped due to the pandemic and hoped to use care again when not constrained by the various impacts of COVID-19 on child safety and care supply. When looking at the full sample, about half (48%) of total respondents have a match between their preferred and actual use of care outside the household. Most of this mismatch is driven by the high number of those not using external care who reported that they would if they could.

Among those using a regular care arrangement outside their household, respondents reported the strongest alignment between their preferred and actual care setting (e.g. center based, home based), at 80%. We find that 77% have at least one match between their preferred days and hours and their actual days and hours of care, and 65% have a match

between desired and used hours of care per week (see Figure 7). We found lower levels of alignment when looking at transportation time and care cost, with a little over half (**53%**) of respondents having a match between their preferred transport time and how long it actually took to get kids to and from care. **Finally, only 28% of respondents had a match between the amount they said their family could afford to pay for care and their actual cost of care.** This match is nuanced and not entirely in the direction of families paying more for care than they report that they can afford. While this is true for 42% of the sample of families who use external care, 30% of them actually reported that they pay less than what their family could afford to pay for care (See Figure 8). This finding is driven by the substantial number of respondents who report that they pay nothing for care—even among those who report using a regular care arrangement outside their home. This likely reflects the use of routine, unpaid care by relatives outside the household and of free early care and education programs such as Head Start, PreK and child care assistance.

Figure 7. Among families using a regular care arrangement, proportion of match between their actual and preferred arrangements

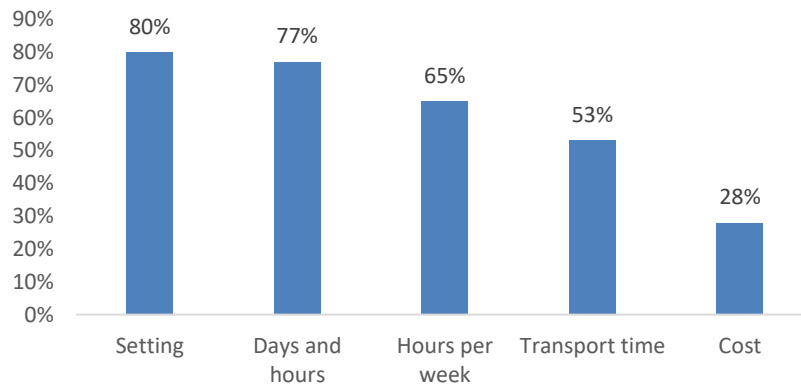
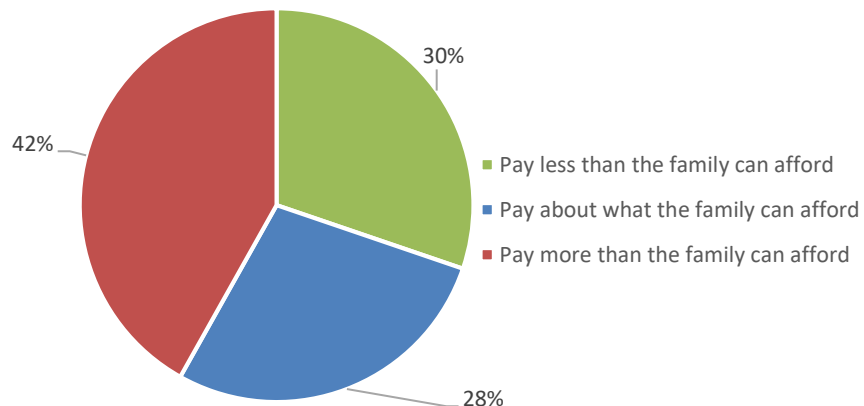


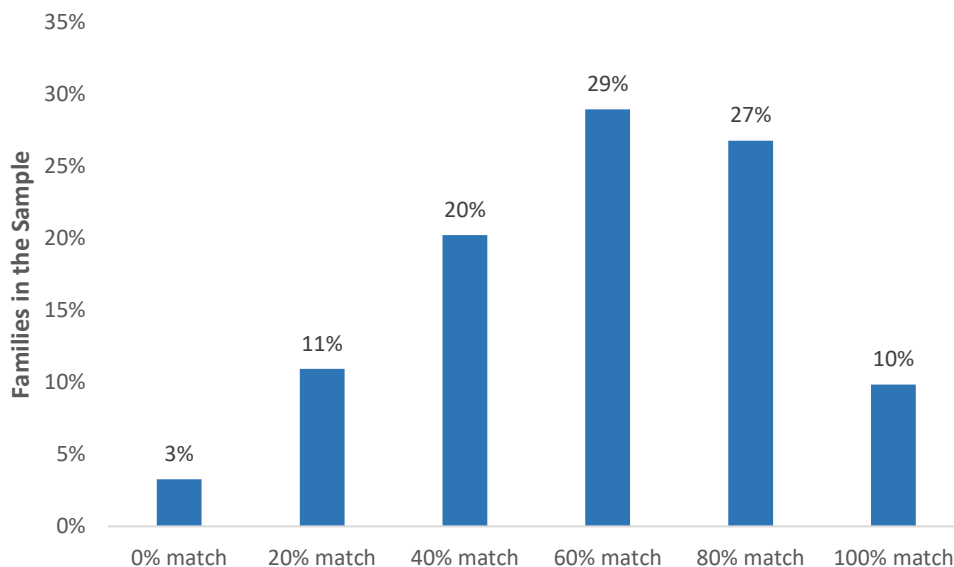
Figure 8. Among families using a regular care arrangement, relationship between what they pay for care and what they say they can afford to pay



About 10% of families using external care had a match between preferred and actual arrangements on all five dimensions, while over a quarter (27%) matched on 80% of the dimensions (see Figure 9). Almost 30% had a match on three out of five aspects of care.

Overall then, about two-thirds of families matched on three or more dimensions. About 20% matched on only two dimensions of care, while 11% had preferred and actual care arrangements that aligned on just one dimension. A small number (3%) of those using external care had no matches between their desired and actual care. On average, respondents matched on **2.95** dimensions, meaning a 60% match was both the mean and modal proportion match. This mean had minimal variation across population groups (2.9 to 3.0), which suggests that **families in all groups show a similar distribution of compromise between their preferences and the actual arrangements they use.**

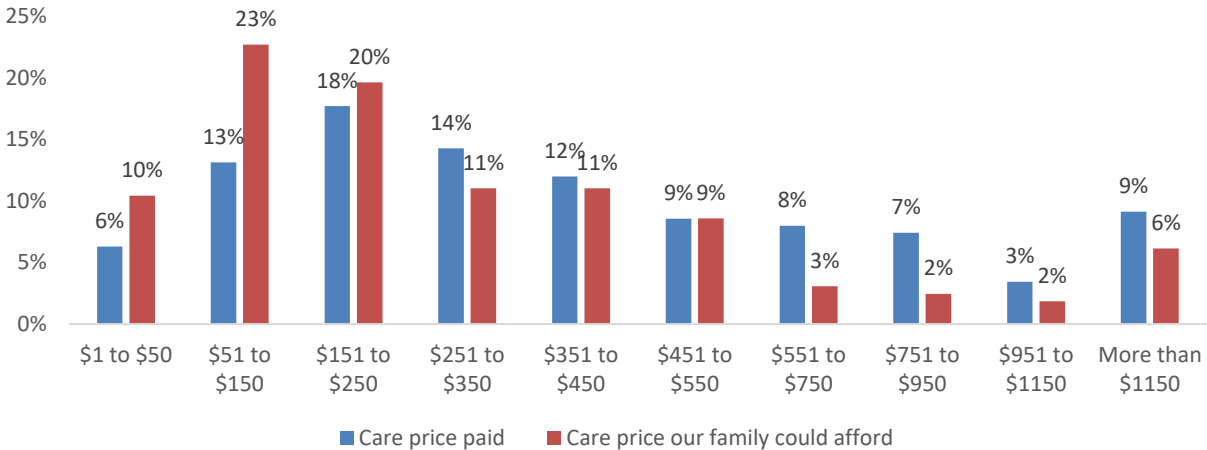
Figure 9. Overall proportion match between preferred and actual care arrangements, for families using a regular care arrangement



Within each dimension of care, however, overall levels of match mask differences among respondents with different care needs. For example, the high overall match of 77% between preferred and actual care hours is driven by families who need Monday through Friday care during business hours, of whom more than 80% actually use such care. **Among those who said they would use night/evening or weekend care if they could, only 29% and 11%, respectively, were actually using such care.** Similarly, the low alignment on cost (28%) masks important variation. Among those who said they could not afford to pay anything for child care, close to 90% were in fact not paying for it. On the other end of the spectrum, there was high alignment (89%) among families who said they could pay more than \$1150 per month for care (perhaps entering the amount they actually pay and therefore perceive that they can afford). Figure 10 shows that for amounts up to \$250 per month, more families report that they could afford to pay this amount than actually pay it. Above \$250 per month, a greater share of participants report they pay these amounts than report that they could afford them. This

suggests \$250 per month total for all children may be an affordability tipping point, at least for some of the families in the sample.

Figure 10. Difference between actual cost paid for care and the amount participants say they can afford, for families using a regular care arrangement

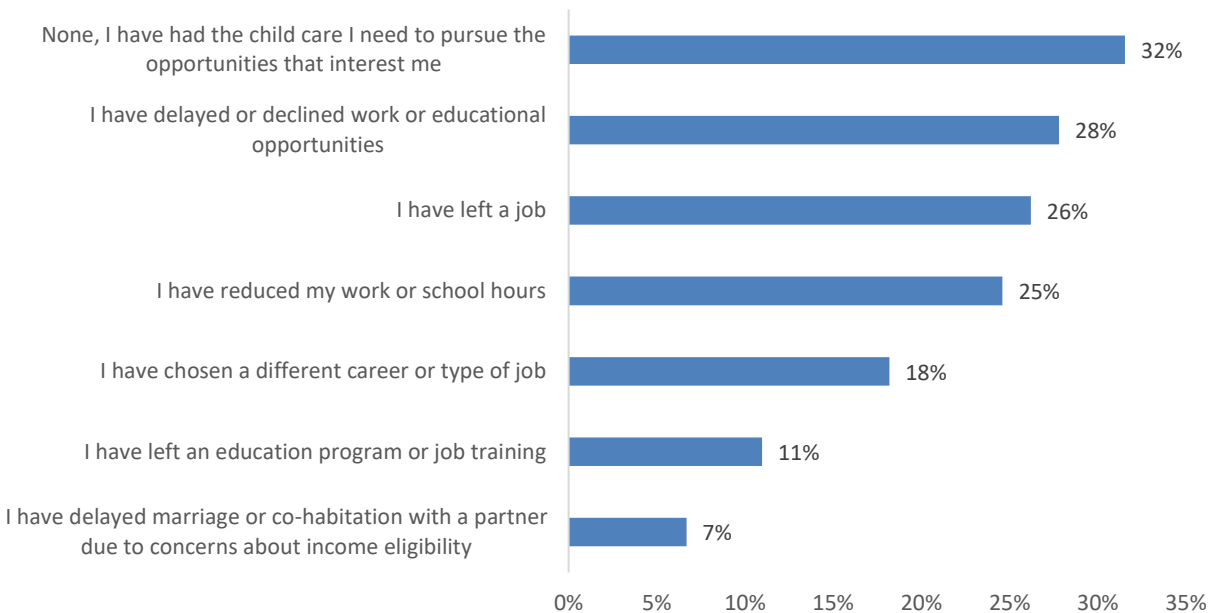


Impacts of Limited Access

About two-thirds of all respondents reported experiencing impacts on their life, including their job, education or family, due to limitations in their access to child care (see Figure 11). Roughly one quarter of respondents reported that they had made major sacrifices in school or work, saying they had either left a job (26%), reduced school or work hours (25%), or delayed/declined work or education opportunities (28%). About one in five (18%) said they had chosen a different career or type of job due to not having care, while 11% said they had left an education or job training program. Seven percent of respondents said they had delayed marriage or cohabitation with a partner due to concerns about losing their eligibility for child care assistance benefits. The frequency of these life impacts was similar across groups, though Spanish speaking and immigrant respondents reported some effects at markedly higher rates. Spanish speakers reported the highest proportion who had left a job due to lack of care (31%), while Tribal families reported this the least (18%), a difference that was statistically significant ($F = 2.62, p < .10$). Spanish speakers and immigrant households also reported about 9% who had delayed marriage or cohabitation, while this figure was less than half as high for Tribal and reference group parents (3% and 4% respectively).

Respondents were also asked a separate question about the specific impacts of the cost of care, separate from other access issues. **Just over 30% reported that the cost of care has not impacted their families, perhaps reflecting the fact that half of the sample does not use care outside their household, and about one quarter of those using external care report that they don't pay for it.** About one quarter of families each reported that due to the cost of care, they either had chosen not to use child care at all (25%), or are less able to save for emergencies or family goals (26%). About 16% said child care was one of the three biggest bills their household pays each month. Slightly lower proportions of families reported that they had had to choose between paying the child care bill and other bills (12%), and that they had chosen care that wasn't their first choice precisely due to cost (11%).

Figure 11. Life changes due to lack of child care access (check all that apply), all respondents



Participants were asked to briefly explain how child care access challenges had impacted their family's wellbeing, if at all. Their comments clustered around themes of work and career, financial strain, and stress or mental health. Comments that related to **work and career** described difficulties returning to the paid workforce after a break in employment for caregiving, taking different jobs (and even career paths) based on work hours and how they align with care hours, cutting back hours to provide care for children but suffering from the lower subsequent pay, and deciding to leave a full-time job or career because of the inability to find care they can both trust and afford. Respondents reported feeling their career trajectory was altered or slowed and one said they weren't using their advanced degree because the cost of summer care for three children undermined what they would earn. Respondents described spouses having to leave numerous jobs due to conflicts between work hours and care hours, and some reported they dropped out of school when their children were born and never returned. A few respondents referred to child care assistance in their answers, saying variously that they have kept their earnings low to avoid losing benefits, that they have lost their benefits after an income increase and now can't afford care, or that they lost benefits after getting married.

The second theme of **financial strain** is related to work and employment. These comments largely emphasized how either cutting back work hours, choosing lower-paying work that is more flexible, or having one parent leave the workforce entirely, had strained family finances and led to tight budgeting. Parents described cutting back on costs wherever they could, including on food, restaurants and vehicles. This also meant less money for other needs, such as health-related issues or children's interests. Other parents expressed regret that their family wasn't able to save money and worried about their children's future being limited because of it. Some respondents also described financial strain from the cost of paid child care that made it harder to save money, though most framed the financial impacts in terms of lost income.

The final theme of **self and family issues** centers on the stress of creating and maintaining care arrangements for parents and families. Several respondents described stress, depression, isolation and general mental health strain related to being unable to access affordable, high-quality care. These comments were also contextualized by the additional strains of COVID-19; one respondent described feeling “in limbo” as they struggled to make decisions that would benefit their family. Another parent said they had to quit a job, and that they don’t have time to go to the gym, the therapist or the physical therapist. The family issues related to care access spanned both the household and the extended family. Multiple respondents described strain on their marriages related to finances, the stress of having young children around all the time, and lack of time together because they worked opposite schedules to provide round-the-clock parental care. Parents also were thankful for family members such as grandparents and siblings who provided care, but this had its own stressors associated with it. Parents felt guilty when family members took significant time and effort to care for children while parents worked a shift, such as driving in from an hour away. Additionally, some respondents described grandparents as older and struggling to keep up with young children or provide enriching activities for them. Respondents also described the strain of having to arrange family care every week based on the shifting schedules of extended family.

Impacts of COVID-19

Just under half (47%, n=175) of respondents said their child care usage had changed due to the pandemic. Among that group, the dominant change (72%) was keeping children home for an extended time due to concerns about the virus. This group of respondents who said COVID changed their care usage was separately asked about the impact of this child care change on their families, with nearly half (47%) reporting that working from home is more difficult with children at home. A similar proportion (42%) said they have less time for self-care and household tasks than they used to. High proportions of respondents also said they or another adult in the house had to reduce work hours or leave a job (37%), or that they found it harder to find enriching activities when so many places were closed (38%).

Key Differences by Population

The following items showed remarkable stability across groups, meaning that these preferences, needs and perceptions may be fairly similar across the population of caregivers with young children in New Mexico:

- Families in all population groups not using care report in large numbers that they a) have not looked for care in their area and b) perceive that the care options they might be interested in are not affordable for them.
- Days and hours of care that are used, as well as preferred, are similar across groups. Most prefer and use care during traditional hours Monday to Friday, with the second largest group needing care that changes depending on work/school schedules.
- Most families report that 30 minutes or less is a reasonable amount of time to spend each day transporting children to care.
- The relative ordering of the importance of different factors when choosing care is consistent across populations, with child safety and a child’s happiness while in care topping the list across groups.

- Families report high levels of agreement that their current care arrangement fulfills their most important criteria, with high levels of agreement across groups that children are safe and happy while in care.
- Families across groups report a high incidence of life changes due to child care access challenges, with more than 60% of respondents in all groups reporting at least one impact on life, school or work.
- Families across groups named similar supports and policies needed, with all populations identifying financial assistance to help afford child care, more high-quality centers in their communities, and more and more flexible hours as supports that would be helpful to their families.

Spanish-speaking and immigrant families

Spanish-speaking and immigrant families' responses differed significantly from other groups in a few key ways. These differences were characterized by: fewer changes to care arrangements due to COVID-19, more concern about cost and affordability, lower estimates of what they could afford to pay for care, higher use of home-based care outside the household, and larger impacts to their lives due to cost of care and care access challenges.

- ***Fewer care changes due to COVID***

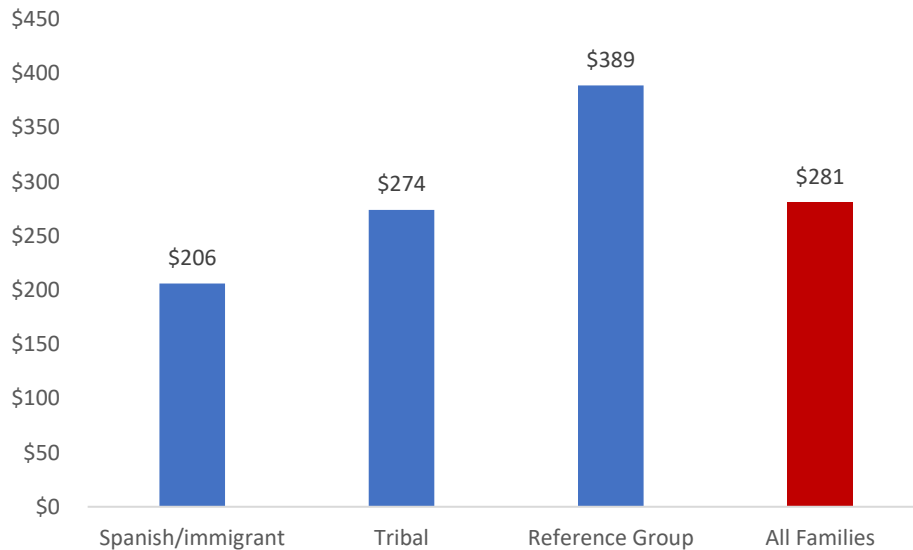
- Significantly fewer Spanish-speaking and immigrant households reported that their child care usage changed due to COVID, at 40% compared to 49% for Tribal families and 56% for reference group families ($F = 3.99, p < .05$). This likely reflects these families' greater use of home-based care outside the household, which may have been less affected by COVID. It may also reflect a higher prevalence of parents classified as essential workers who continued in-person work throughout the pandemic, although we do not have data on participants' professions.
- Similarly, Spanish speakers and immigrant households had significantly lower rates of keeping children temporarily out of care due to COVID (13% compared to 30% for reference group families and 45% for Tribal families; $F = 8.21, p < .001$), and reported less frequently that control of the pandemic would impact their decisions about enrolling in care in the future.

- ***More concerned about cost/affordability, highest use of assistance***

- Looking at households containing at least one immigrant, nearly half (46%) of those who don't use care outside the home said the high cost of child care is one of the reasons for that choice.
- Immigrant households said they could afford a monthly child care bill of \$230 on average, and Spanish-speaking families said they could afford \$187 per month. The combined average for these overlapping populations is \$206 per month. The affordable amount for Spanish speakers (\$187) is almost \$100 lower than the average affordable amount for all families of \$281, and is significantly lower (see Figure 12) than the average responses of by Tribal and reference group families ($F = 7.75, p < .001$).
- Respondents from immigrant households more often selected affordability as a concern they have about re-enrolling in care after COVID (35% vs. 23% for Tribal families).
- Parents in immigrant households most frequently (44%) selected access to affordable care as a change that might cause them to consider enrolling in care.

- Spanish-speaking and immigrant households used child care assistance at the highest rates in the sample (31% and 25% respectively). This may reflect systemic economic disadvantages that make these families more likely to be eligible, but also suggests that New Mexico's child care assistance system can be navigated effectively by Spanish speakers.

Figure 12. Respondent estimates of how much their family could afford to pay per month for child care



- Highest use of home care, lower use of center care, greater attunement to quality ratings**
 - Spanish-speaking respondents who used a regular child care arrangement reported the highest use of home-based care (41%) compared to other respondent groups (mean 26%), as well as the lowest use of center care (43% compared to other groups' mean 53%).
 - Spanish-speaking and immigrant households were significantly more likely to say they would use Head Start if they could (40%) compared to other groups (31% for Tribal families and 26% for reference group families; $F = 3.39, p < .05$).
 - Spanish speakers reported the greatest use of the state's highest rated 5-STAR care (20%), while other groups averaged about 16%. Immigrant and Spanish-speaking households reported the highest overall use of licensed care with any quality rating (2-STAR to 5-STAR), at 50% and 46% respectively. Reference group and Tribal parents reported lower usage of licensed care with any quality rating (34% and 26% respectively) and higher rates of unawareness of their provider's quality rating.
- Larger impacts due to lack of care**
 - Spanish speakers reported the highest proportion who had left a job due to lack of care access (31%), while Tribal families reported this the least (18%). Spanish speakers and immigrant households reported about 9% who had delayed marriage or cohabitation due to concerns about losing subsidy benefits, while this figure was

about half that or less for Tribal and reference group parents (3% and 4% respectively).

- Spanish speakers and immigrant households reported at a higher rate that they lost a job due to COVID and struggled to look for a new one without access to care (mean 12% compared to 7% for Tribal families and 4% for reference group parents).

Tribal families

Tribal families' responses differed significantly from other groups in a few key ways. These differences were characterized by: Markedly greater preferences for care that supports their language and culture, greater concerns about COVID-19, greater use of grandparent care and lower cost care, perceptions that the care available in their community does not meet their needs.

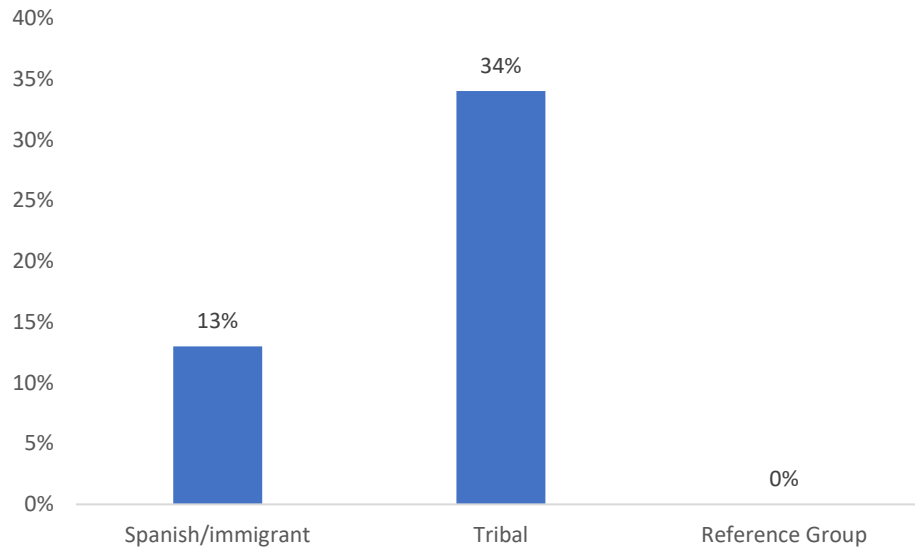
- ***Use of family care***

- Tribal families reported the highest use of resident grandparents for in-home care (44% compared to mean 24% for other groups), significantly higher than other families ($F = 3.06$, $p < .05$).
- Compared to other groups, a higher proportion of Tribal families said if they could use any care they wanted they would use home-based care provided by a family member (39%). However, Tribal families also had the highest percentage of any group saying they would use center-based care if they could (64%) on this "check all that apply" question. This suggests multifaceted care setting preferences that value both family care and center-based care as part of a family's overall arrangement.

- ***Preferences for full-time, high quality, culturally congruent care from trusted people, tolerance for longer transport times***

- Tribal respondents not using external care had significantly higher proportions who said they would consider enrolling in care if they had access to a program that matched home language and culture (34% compared to 13% for Spanish/immigrant families and 0% for reference group families; $F = 11.66$, $p < .001$) (see Figure 13). Tribal parents also rated support for home language and culture as significantly more important than other groups when choosing care ($F = 4.88$, $p < .01$).
- The importance of culturally congruent care was affirmed across the full sample, with Tribal families significantly more likely than other groups to say it would be helpful to their family if their community had more providers who share their cultural background and language. They were also significantly more likely to say their family would be helped by more home-based care in their communities.
- Tribal parents interested in changing their formal care arrangement were significantly more likely to say they would switch to care with a higher quality rating (63% compared to 30% for Spanish/immigrant families and 11% for reference group families; $F = 5.1$, $p < .01$) and would switch to care with more educational activities or curriculum (75% compared to 33% for Spanish/immigrant families and 39% for reference group families; $F = 2.39$, $p < .10$).

Figure 13. Of families not using external care, proportion who said “access to a program that matches my home language and culture” would cause them to consider enrolling in care

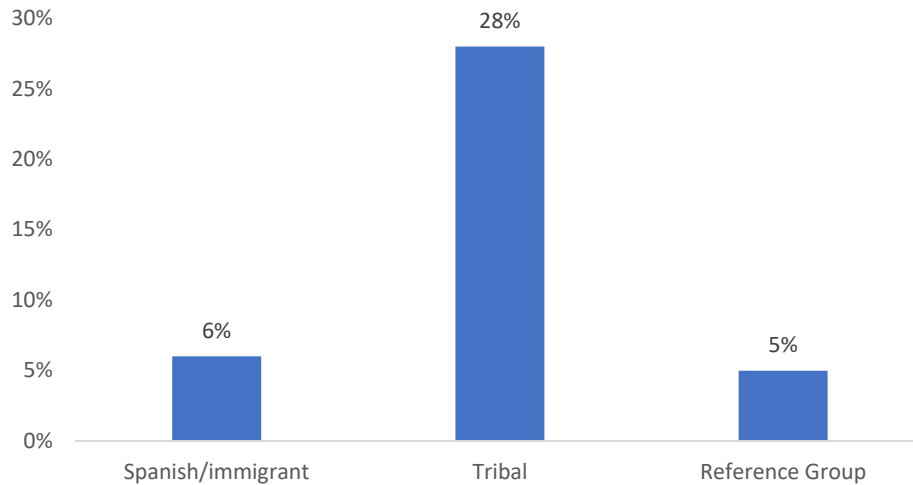


- Nearly half of Tribal respondents using care outside the household used 31 to 40 hours per week (48%), while this figure was much lower for immigrant households (27%). In addition, there was a marked preference for more full-time care by Tribal respondents, of whom 31% said they would use full-time care if they could use any child care they wanted, compared to 24% for the overall survey sample.
- Tribal families expressed a tolerance for more time spent transporting children to and from care, with 13% saying 31-45 minutes would be reasonable, compared to other groups' mean of 6%. Especially for families living on Tribal lands, this may be contextualized by the broader context of living in a rural area and driving long distances to reach services.
- ***For those using care, current arrangements may be more affordable and work particularly well***
 - Tribal respondents reported the relative highest agreement that their providers' location was convenient (mean 1.44) and their price was affordable (mean 1.3), compared to reference group families who expressed the least agreement with these statements (mean .86 for both statements).
 - Nearly 43% of Tribal families said the cost of child care hadn't impacted their family at all, which was significantly higher than other groups ($F = 3.93, p < .05$). There was significantly less agreement that child care is one of the biggest monthly bills (6% compared to 15% for Spanish-speaking/immigrant households and 21% for reference group families; $F = 3.4, p < .05$). Tribal families also had the lowest proportion reporting that they use care that isn't their first choice due to cost (7%). On the other hand, Tribal families also reported most often that they had gone into debt to pay for child care (15% compared to other groups' mean of 8%).
 - Tribal families had the largest proportion reporting that they hadn't had any problems arise due to lack of care (38%), while this figure was lowest for Spanish speakers (27%). They were also significantly less likely to say they had left a job due to lack of

care (15% compared to 25% for reference group families and 30% for Spanish-speaking/immigrant households; $F = 2.62$, $p < .10$).

- Tribal parents had the highest proportion saying they would remain with their current provider even if they could use any care they wanted (70%).
- When asked about what supports and policies would help them, Tribal families had the highest proportion saying none were needed and that the system was working well for them (15% compared to 8% for reference group and Spanish-speaking/immigrant households).
- **More concerned about COVID**
 - Among Tribal respondents not using external care, a higher proportion said they were keeping children home temporarily due to COVID-19, especially compared to Spanish-speaking respondents (41% vs. 13%).
 - Tribal respondents reported somewhat different perceptions of how their need for care might change in the future, compared to other groups. For Tribal respondents, the least common answer was that they would likely look for care if they got a new or different job. Instead, they said they would probably look for care as children got older (41% compared to 20% for immigrant households) and as COVID became better controlled (38% compared to 17% for immigrant households and 25% for Spanish speakers).
 - Tribal families also reported that COVID safety was a concern for them when considering enrolling in care as lockdowns eased (53%) compared to Spanish speaking (38%) and immigrant households (35%).
- **Concerned about availability and cultural suitability of care**
 - Among Tribal families who did not use regular care outside the household, there was a stronger sentiment that available care doesn't meet the needs of their family (12% vs. 4% for Spanish speakers). Tribal families were also significantly less likely to say they were caring for children at home because they felt they could provide better learning there. This was significantly lower compared to other subgroups (3% compared to 15% for Spanish speakers and 27% for reference group; $F = 4.4$, $p < .05$).
 - Additionally, Tribal respondents not using external care more frequently reported that the care options they might be interested in are not conveniently located (8.8%). Significantly higher proportions of Tribal respondents said available options near them are not open when they need them (see Figure 14, 28% compared to other groups' mean 5.5%; $F = 7.5$, $p < .001$), and don't support their language and culture (15% compared to other groups' mean 3%; $F = 5.89$, $p < .01$).
 - Tribal parents reported the lowest use of PreK in public schools (7% compared to other groups' mean 23%).
- **Lower impact on working from home**
 - Tribal families reported somewhat lower perceptions that working from home was more difficult without child care (33%) compared to Spanish-speakers (45%) and immigrant and reference group families (roughly 53%).

Figure 14. Percentage of families not using a regular care arrangement who selected “there are no child care options in my area that are open when I need them” as a reason



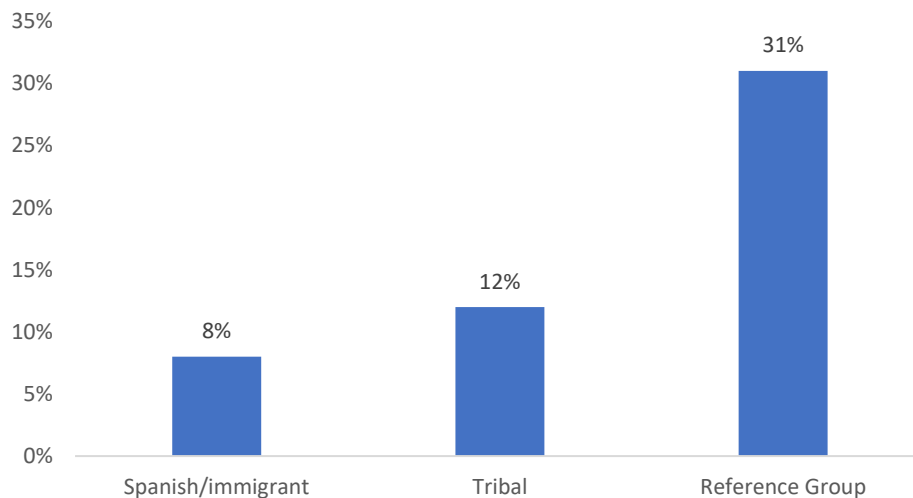
Reference group families

Reference group families were characterized by: greater perceived impacts of COVID on self and family, less awareness of and importance placed on formal quality ratings, use of least convenient and most expensive care, lowered satisfaction with care (especially its location and cost), more anxiety about losing their spot in care, more likely to not use care or use fewer hours because of costs.

- **Also more concerned about COVID**
 - Tribal (41%) and reference group parents (30%) who were not using regular care outside the household were more likely to say they were keeping children home temporarily due to COVID, compared to Spanish-speaking and immigrant (9%) parents.
 - Reference group parents who were not using an external care arrangement also reported that better control of COVID was a factor that might cause them to consider enrolling in care in the future (30%).
- **Bigger perceived impacts on self and family due to COVID changes in care**
 - More than half (56%) of reference group families reported that COVID had caused some change in their child care usage, which was the highest proportion of any group.
 - Reference group parents were also more likely than other groups to report that it was hard to find enriching activities for children with so many things closed (46%), and that they had less time for self-care and household tasks than they used to (54% compared to other groups' mean 32%; $F = 3.74$, $p < .05$).
- **Less aware of QRIS levels and less importance of QRIS levels in deciding on care**
 - Compared to other groups, the highest proportion of reference group parents did not know the quality rating of their care provider (42% compared to 24% for Spanish/immigrant parents and 35% for Tribal parents; $F = 2.72$, $p < .10$).
 - Reference group parents rated QRIS levels as a significantly less important factor in choosing a provider, compared to other groups (mean 4.08 compared to 4.46 for Tribal parents and 4.54 for Spanish-speaking/immigrant parents; $F = 5.49$, $p < .01$).

- **More confident in ability to provide better education/learning at home**
 - Reference group families were significantly more likely than Spanish-speaking/immigrant households or Tribal families to say that one reason they keep their children home is because they can provide better learning opportunities themselves ($F = 4.4$, $p < .05$).
- **Longest transport time on average, willing to drive further to access care**
 - Reference group parents had the longest travel time to care on average, with 38% having a daily transport time of 31 minutes or longer (see Figure 15). Nearly one third of reference group families (31%) had travel times of 31 to 45 minutes, significantly more than other groups ($F = 8.16$, $p < .001$).
 - These parents also rated location of a potential provider as significantly less important than other groups in choosing a provider (mean 4.28 compared to 4.46 for Tribal parents and 4.7 for Spanish-speaking/immigrant households; $F = 5.38$, $p < .01$).

Figure 15. Percentage of families with a 31-45 minute daily transport time to care



- **Less satisfied with convenience/location of current care and affordability**
 - Reference group families who did not use care outside their households were more likely to perceive that the child care options they might be interested in are not conveniently located (14% and the highest of any group).
 - Reference group families reported the least agreement with the statements that their care was affordable and conveniently located (mean .86 for both statements).
 - Reference group respondents had the lowest proportion match on transportation time, meaning they were least likely to have alignment between their actual transport time to care and a transport time they identified as reasonable.
 - Nearly half of reference group families (49%) said if they could use any child care they wanted they would limit transportation time to 0-15 minutes, which was significantly higher than other groups (38% for Tribal families and 28% for Spanish-speaking and immigrant households; $F = 7.49$, $p < .001$).
- **Less satisfied with care overall**
 - Reference group parents had the highest proportion saying they would use a different child care than they currently use if they could use any care they wanted (43%).

- ***More likely to not use care because of perceived high costs***
 - Only 23% of reference group families said that the cost of child care hadn't impacted their family, which was the lowest among groups. Further, the most frequently identified impact of cost was choosing not to use child care at all due to cost (34%). This was significantly higher than other groups' mean of 20% ($F = 4.2$, $p < .05$), and the only group for which this was the most common impact. Families in the reference group, who have higher incomes on average, may be more likely to reside in dual-income families, enabling them to choose parental care when faced with the high cost of care.
- ***Lowest receipt of assistance***
 - Reference group families using external care received assistance at roughly half the rate of Tribal families (7% compared to 13% for Tribal families and 17% for Spanish/immigrant families; $F = 2.81$, $p < .10$). Because of their higher average income, fewer of these families may qualify for assistance, although New Mexico's expansive eligibility criteria means many dual income families were eligible during the study period.
- ***Able to pay highest costs on average for care, compared to other groups***
 - Reference group parents on average reported they could afford a monthly care price of \$389, which is fully \$100 more than the overall mean for the sample. This was significantly higher than the affordable rate cited by Spanish/immigrant families (\$206/mo.) and Tribal families (\$274/mo.) ($F = 7.75$, $p < .001$).
- ***Most concerned about losing their spot in care***
 - A significantly higher proportion of reference group respondents reported they were worried about losing their child's spot in care as a result of COVID-19 disruptions (24% compared to mean 6% for Spanish/immigrant families and 10% for Tribal families; $F = 3.85$, $p < .05$).
- ***Highest preference for PreK, least for Head Start***
 - The highest proportion of reference group respondents said they would use PreK in a public school if they could use any care they wanted (48%), while this percentage was lowest among Tribal parents (33%). Reference group parents also reported the least preference for Head Start (26% compared to other groups' mean 35%), which was significantly lower than other groups ($F = 3.39$, $p < .05$) and likely reflects the fact that fewer of these higher income respondents would qualify for Head Start.
- ***Care offering support for home language and culture not relevant***
 - Across multiple questions, no reference group respondents engaged with answer options signifying interest in child care that supports their home language and culture. This dimension of care access does not appear to be relevant or a concern for a considerable proportion of New Mexico parents. While it is unsurprising for non-Hispanic White families not to engage with questions of culture and identity, it is notable in this sample that about half of the reference group consists of respondents who identify as Hispanic, but who do not live with an immigrant or speak Spanish. This speaks to differences within New Mexico's diverse and longstanding plurality of Hispanic residents, who appear not to perceive themselves as in need of linguistic or cultural supports in the child care sector.

- **Higher cost of care means families are less able to use care for desired number of hours**
 - Reference group families were significantly more likely to say that due to the cost of care, they use fewer care hours than they would prefer (13% compared to 7% for Spanish-speaking/immigrant households and 4% for Tribal families; $F = 2.99$, $p < .10$).

Implications

- **Across groups, respondents said their families would benefit from more high-quality early care and education centers in their communities**, and that they would use center-based, educational care options if they could use any care they wanted. This suggests a need for policies that incentivize and subsidize creation of new centers in communities that have a strong focus on education and development.
- **Although families expressed a greater preference for centers, a substantial number of families also described a desire for home-based care by family members.** This suggests that support for systems that help grandparents and other relatives become registered homes and connect with state supports may be helpful in serving these populations.
- **Efforts to establish new care sites in or near Tribal lands must be especially attentive to the cultural and linguistic needs of communities.** Tribal respondents consistently selected care that actively affirms their language and culture as important factors in choosing a care provider or in choosing whether to enroll in any care at all.
- **Families across population groups expressed a strong need for help affording child care and high levels of concern about care affordability.** Toward the beginning of survey deployment, New Mexico expanded child care assistance eligibility to 350% of the federal poverty level (FPL) with a graduated phase-out to 400%, meaning many previously ineligible families became eligible. At the time of the survey, this policy change may not have been widely understood by families and had not yet changed families' perceptions about care affordability in their community.
- **Families rate safety and their child's happiness while in care as the most important things they look for in choosing care.** Families appear to pull children out of care settings, and sometimes the care sector altogether, when these criteria are not met. State officials and providers can support families by communicating explicitly about the policies and practices in place to keep children safe in care, as this is a point of persistent concern for families.
- **Most families in the sample used care Monday through Friday during the traditional workday and could find care that accommodated those hours. However, the minority of respondents who needed evening or weekend hours were unlikely to find care that met their needs.** This population is small within our sample but is particularly ill served by the current child care sector.
- **During the 2021 data collection period for this survey, the COVID-19 pandemic strongly contextualized families' decisions about child care usage and their access to reliable care in their communities.** These effects were especially pronounced for Tribal respondents. It will be important to conduct additional studies across time that examine the long-term impacts of COVID-19 on child care access, especially in Tribal communities.