

Key Takeaways from the Research Reports for each Work Group - **Providers**

Study C (Barriers to using Child Care Subsidy)

- Providers struggle financially; both in terms of generally keeping their businesses viable and as related to the subsidy program.
 - Research shows Oregon (and nationally) child care businesses operate on **razor thin margins**.
 - Providers spoke to how they set their **tuition rates based on what parents can afford**.
 - Nearly all said they would charge more if parents could afford it.
 - Providers with staff spoke to challenges in paying staff and wish they could pay them more.
- Providers attributed their financial challenges with subsidy to:
 - **Being paid after month-of-care-provided**
 - **Not always receiving the full state payment** expected because child had too many absent days, or child attended more hours than were approved by DHS.
 - DHS Reimbursement rates do not cover the **true cost of care**.
 - Home based providers, particularly registered family (small home) reported setting tuition rates at or below the current DHS rates.
 - Many discussed increasing rates due to COVID.
 - **Unpaid parent copays** are common and particularly harmful to the business, especially when copay is high.
- To deal with financial risk associated the ERDC program, **providers restrict how enrollment** of ERDC participating families.
 - Providers want to serve more children on subsidy, but feel limited by financial risks associated with parent out-of-pocket costs and delayed state payments.
- Complicated processes hinder participation – **administrative burden of subsidy** is a barrier to participating
 - Providers and parents spend a lot of time trying to figure out specifics of case
 - Application and approval processes at start is cumbersome, as is billing process for providers each month.

Study B (Supply and Demand Studies)

- Oregon has an inadequate child care supply; and that, at least partially, can be explained by the relatively **low ranking in public investment in child care** and early education programs.
- To target investments that improve access for all of Oregon's children, considerations at both levels is needed:
 - targeting child level barriers with **interventions for families** to facilitate access to existing care
 - **community interventions** to increase supply overall.
- Also need to understand how to better support informal adult providers, many of who are unpaid.
 - In light of the low levels of regulated supply across the state, it is reasonable to assume that **informal adults (family, friends, neighbors) are filling families'** child care needs. Asking parents (survey) is best way to identify informal providers.
 - Community institutions, like public libraries, are well situated to engage and support anyone caring for a school-age

Key Takeaways from the Research Reports for each Work Group – **Providers (cont.)**

Other Resources

[Structural Indicators of Quality](#) (one-pager with graphics)

At the facility level:

- 75% of center staff and 80% of large family staff remain at average facility for 1+ years [retention]
- Half of both centers and large homes have most staff achieving 18+ hours of training over their licensing period. In contrast, only 23% of small family have most staff completing 18+ hours.
- A larger proportion of centers have at least half of their staff with associates degree or higher (49%) compared to large family providers (34%) and small family providers (14%)
- Large family providers have larger % of staff at step 7 or higher (59%) than centers (44%) and small family providers (19%)
- 66% of certified centers offer medical benefits to staff (question not asked of home-based child care)

State of [Oregon Early Care & Education Profile](#) (8-pager, with graphics)

- See Page 5 - Affordability estimates (Price of toddler care in center vs. university tuition)
- See Page 7 – Comparison of child care expenditures funded by parents vs. government
- See Page 8 – State-level engagement in public programs (contracts & subsidy/ERDC)

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