

Searching for “a Place that’s Accessible for All the People who Need It”:  
Child Care Access for Latino Immigrant Families in Nobles County

Master of Public Policy Capstone Report

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## **Abstract**

Limited access to child care in rural Minnesota is a well documented problem; however, immigrant communities face particular and compounded barriers to access. We explore the experiences of Latino immigrant families in the city of Worthington in Nobles County, a community rapidly diversifying in response to the needs of meatpacking employers. This report draws upon academic literature surveying child care deserts, immigrant access to child care, and the experiences of child care providers, in addition to original quantitative and qualitative research. GIS maps highlight the state of child care access in Nobles County in terms of geolocation, costs and capacity. Findings from 26 interviews with Latino immigrant families, child care providers, and local officials and administrators illustrate understandings of child care barriers, access and quality.

Analysis of US Census data shows that despite large parts of Nobles County having a provider nearby, capacity and cost often limit access. While Nobles County is a borderline child care desert, the city of Worthington is a child care desert. Further, child care costs exceed the affordability threshold of 7 percent of annual household income for the majority of the county. In Worthington, all census tracts with the highest price burden correspond to areas with significant Latino populations.

Interviews with families, providers and officials highlighted 14 barriers to child care access, 9 of which fell into the 8 barriers already established in the literature and 5 that were unique to this study. Of note, Latino immigrant families brought up barriers that other groups did not recognize, such as lack of access to information and the unknown safety of providers, suggesting different interpretations of barriers across the 3 groups interviewed. Interviews also revealed some of the ways that Latino immigrant families access care in light of these barriers and the ways they define quality care.

These findings can inform the work of Nobles County as they plan to expand child care capacity. Nobles County and Worthington can consider strategies that respond to Latino immigrant families' experiences by exploring ways to increase the number of licensed Spanish-speaking providers, support existing networks of informal Spanish-speaking providers, increase the flow of information to Latino immigrant families, support current providers in offering accessible care, and research ways to expand transportation services. Specifically, Worthington and Nobles County can:

- Consider options for increasing the number of licensed Spanish-speaking providers such as cohort model of child care licensure for a small group of Spanish-speaking Latino providers to start providing family care and training Spanish-speaking community members to work at child care centers
- Consider options for supporting the existing network of informal Spanish-speaking providers such as training opportunities for informal Spanish-speaking providers through the Latino Early Childcare Provider Network to increase care safety and quality

- Consider strategies for increasing information flows to immigrant Latino families such as creating a bilingual child care help center housed in the Worthington School District's Early Childhood Education program and expanding bilingual information about the eligibility for Child Care Assistance Program (CCAP)
- Consider alternatives to support current providers working to provide accessible care by facilitating their access to language learning programs, providing them with more information about CCAP along with bilingual pamphlets and applications to pass onto families, and exploring the expansion of center care hours
- Research alternatives for flexible transportation services

### **Partner Organizations**

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CRPD is a non-partisan non-profit organization dedicated to providing research on rural Minnesota to guide policymakers and raise awareness on issues from a rural perspective.

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## **Executive Summary**

The capacity of child care in rural Minnesota has been declining over the past 20 years to the point of crisis, and Nobles County is no exception (Werner 2021). The demographics of Nobles County, as a semi-rural part of Southwestern Minnesota with over 20 percent of its residents born in other countries and nearly 30 percent of Latino origin (ACS 2020), necessitate a response to this crisis that accounts for the needs of Latino immigrant families. To highlight said needs, our team of Humphrey School of Public Affairs Graduate School students in partnership with the Center for Rural Policy and Development set out to answer:

- 1) How do Latino immigrant families in Nobles County assess (a) access (b) barriers to access, and (c) quality of child care?
- 2) How does the assessment of these factors vary or overlap among the three subgroups assessed- Latino immigrant families, child care providers, and local officials and administrators?

To analyze these questions, we use a literature review, US Census data visualizations and interviews. First, we use US Census data to quantify the magnitude of the child care deficit in Nobles County, exploring ratios of children to child care slots, distance to providers, and the price burden of child care. Then, we conducted 26 interviews- 14 with Latino immigrant families, 8 with family child care providers, and 4 with local officials- a distribution that prioritizes hearing from Latino immigrant families themselves, a focus which other studies on child care in Nobles County have not included.

Analysis of US Census data shows a significant child care capacity deficit. We use the definition of child care desert that categorizes geographic areas with a ratio of children to licensed capacity of 3:1 or greater as a desert (Malik et al. 2018). As reflected in Figure 1, we find that Nobles County as a whole is a borderline child care desert (ratio of 2.8:1) and two tracts in the Worthington area are child care deserts, despite the high concentration of providers in the city. Further, with an estimated 1,870 children ages 0-5 and only approximately 680 child care slots in the county, there is a potential child care deficit of nearly 1200.

Figure 1. Child Care Desert Ratios

Census Tracts	Children 0-5	Child Care Slots	Children: Slots Ratio
<b>Nobles County</b>	<b>1869</b>	<b>678</b>	<b>2.8: 1</b>
Tract 1051	125	110	1.1:1
Tract 1052	190	74	2.6:1
Tract 1053	185	70	2.6:1
<b>Worthington*</b>	<b>1369</b>	<b>424</b>	<b>3.2:1</b>
Tract 1054 (W)**	524	173	3:1
Tract 1055 (W)	353	65	5.4:1
Tract 1056 (W)	492	186	2.6:1

\*Estimate for Worthington from the sum of Census tracts within the city, as tracts do not align exactly with city boundaries.

\*\* (W) indicates Census tract overlaps with Worthington area; however, tract boundaries do not align with city boundaries and part of the tract may lay outside of Worthington boundaries.

Our maps also show that although the majority of Worthington is within 1 mile of a provider and select areas of the city are within a quarter-mile of a provider, that does not mean these providers have the available capacity or other barriers are not also present. For instance, median annual household income data shows that majority of Nobles County has to pay more than 7 percent of their annual income for child care, exceeding the threshold of affordability, and all Census block groups within Worthington with medium to high concentrations of Latino populations are located in areas where the price burden for child care is between 8 and 25 percent of annual income.

Interviews explored understandings of barriers, access to care and care quality, with a focus on barriers, given this is a baseline study assessing challenges that Latino immigrant families face. Interviews revealed 14 barriers that limit access to care: capacity, transportation, language, schedules, immigration consequences, bureaucratic burdens, cultural preferences, cost, lack of information, unknown safety, the child care licensing process, COVID-19, location and limited outreach. Interviewee groups agreed on many barriers but each barrier was not mentioned by every group.

Latino immigrant families access care in light of these barriers, often having to accommodate the most pressing factors they experience, such as financial constraints and language barriers, in ways that may be different than native-born families. Families interviewed tended to access

care through the mother ending employment outside of the home to care for the children, the parents working opposite work shifts, family members providing care, or using care through informal unlicensed providers. It appears that Latino immigrant families define quality care more expansively than providers or local officials might, emphasizing safe care as defined by personal connections and recommendations in addition to licensure status. They also emphasized the educational and socialization opportunities that a care arrangement offers as a part of their assessment of quality.

As leaders in Nobles County make plans to expand child care, it will be important to consider Latino immigrant families' understanding of barriers, access and quality to increase accessibility. Nobles County and Worthington can consider strategies that respond to Latino immigrant families' experiences by exploring ways to increase the number of licensed Spanish-speaking providers, support existing networks of informal Spanish-speaking providers, increase the flow of information to Latino immigrant families, support current providers in offering accessible care, and research ways to expand transportation services. Specifically, Worthington and Nobles County can:

- Consider options for increasing the number of licensed Spanish-speaking providers such as cohort model of child care licensure for a small group of Spanish-speaking Latino providers to start providing family care and training Spanish-speaking community members to work at child care centers
- Consider options for supporting the existing network of informal Spanish-speaking providers such as training opportunities for informal Spanish-speaking providers through the Latino Early Childcare Provider Network to increase care safety and quality
- Consider strategies for increasing information flows to immigrant Latino families such as creating a bilingual child care help center housed in the Worthington School District's Early Childhood Education program and expanding bilingual information about the eligibility for Child Care Assistance Program (CCAP)
- Consider alternatives to support current providers working to provide accessible care by facilitating their access to language learning programs, providing them with more information about CCAP along with bilingual pamphlets and applications to pass onto families, and exploring the expansion of center care hours
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Finally, this study does have limitations. The measurement of child care deserts was not created for rural areas, meaning it may not be the appropriate scale for rural areas that have lower population density. Further, the populations interviewed are not necessarily representative, as we did not use a random sample. Our focus on Latino immigrant families meant we dedicated more interview questions to their understandings of access and quality and did not always ask analogous questions to providers and local officials, limiting our ability to make direct comparisons.



## **Introduction**

Nobles County is home to a significant manufacturing hub that attracts workers of many backgrounds (City of Worthington n.d.), making it a rapidly diversifying area of rural Minnesota with a proportion of foreign-born residents over twice that of Minnesota as a whole (Ansari 2021; MN DEED 2021). However, the diverse working parents in the county feel the impact of the lack of child care access every day. The child care capacity crisis has been developing throughout the last 15 to 20 years (Werner 2021). Pre-existing estimates showed that Nobles County faces a potential child care shortage of between 439 to 707 slots (First Children's Finance 2021). We calculate this deficit could be nearly 1,200 slots accounting for all children ages 0 to 5 and not only those with both parents working, given that some mothers stay home due to lack of child care and are currently looking for care arrangements to allow them to return to work (see Figure 12 pp. 31). Given this documented child care deficit, a nuanced understanding of child care access for community members in Nobles County is warranted given its unique demographics. Two-thirds of the Nobles County foreign-born population comes from Latin America, making Latino immigrants the largest foreign-born group (MN DEED 2021). Though they form a significant part of Nobles County's population and workforce, Latino immigrants may face heightened barriers to child care access. Therefore, this study sets out to look at how Latino immigrant families in Nobles County assess child care access, barriers to access, and quality of child care.

Immigrants face a wide variety of potential barriers to child care access, from challenges in parents' individual child care searches, exacerbated by low levels of formal education, limited English proficiency, and other factors (Hofstetter & McHugh 2021), to systemic barriers such as high child care prices and discrimination embedded in US institutions (Malik et al., 2018). Many of these challenges are likely to be prominent among immigrant communities in Nobles County, given community demographic characteristics such as high proportions of foreign-born people who are not naturalized citizens and who speak a language other than English at home (ACS 2019).

Our project in partnership with the Center for Rural Policy and Development (CRPD) investigates the experiences of Latino immigrant families navigating this deficit. We first quantify the magnitude of the child care deficit in Nobles County, exploring ratios of children to child care slots, distance to providers, and the price burden of child care. It also offers a perspective on child care access beyond the numbers and presents findings based on qualitative interviews with Latino immigrant families, child care providers, and Nobles County employees, as they try to navigate the complexities of equitable child care access. We focus on the particular experiences of Latino immigrant families in Nobles County to provide a focal point for the county's own child care investigation and efforts they will undertake as part of its recently awarded Minnesota Department of Employment and Economic Development (DEED) grant (Lucin 2022). Therefore, our project cannot offer generalizable data, but does provide replicable methods that can be used in future studies in other regions of rural Minnesota.

## **Design and Methodology**

We use three principal methods to investigate Latino immigrant families' child care experiences in Nobles County. We first review the existing body of literature on child care and immigrant families' access in the United States. We then analyze quantitative data about child care capacity, location, and price to investigate child care accessibility and present data visualizations using Geographic Information Systems (GIS) mapping. Finally, we interview immigrant families, child care providers and local officials to learn about their experiences and perspectives on child care. Taken together, these methods allow us to present the magnitude of the child care deficit in the county and explore the challenges and facilitators of child care access through people's lived experiences that extend beyond numerical data such as price and capacity.

### **a. Mapping Child Care Accessibility**

#### **Data and Design**

Using [U.S Census](#) data, addresses and capacity of child care providers in Nobles County obtained through the [Minnesota Department of Human Services licensing lookup](#), and data from the [Minnesota Geospatial Commons](#), we explore child care accessibility. We used U.S. Census data at the block group level for race/ethnicity and median income levels, and data at the Census tract group level to quantify the number of children ages 0-5. We used addresses and license capacity to show the location and capacity for children ages 0-5 of child care providers in Nobles County. Lastly, we downloaded streets from the Minnesota Geospatial commons to use in our proximity maps to better illustrate the location of providers within the county and city. Using GIS, we produced 8 maps analyzing the Census tracts 1051-1056 that make up Nobles County to visualize the current state of access to child care in the county.

First, we calculated ratios of children ages 0 to 5 to the number of licensed child care slots to determine what areas of the county are considered child care deserts. The child care desert measurement is a widely used definition that considers a Census tract to be a desert if the ratio of children ages 0-5 to licensed child care capacity is more than 3:1 (Malik et al. 2018). We then map which Census tracts are child care deserts to visualize the areas where there are capacity deficits.

Given this definition was not created in the context of child care access in rural areas, in which Census tracts could be much larger than in urban areas, we complement this definition with additional measures. We consider 3 measures of distance to child care providers that could constrain access to child care: not having access to care within a walkable distance of ¼ mile within the city of Worthington and not having access to care within 1 or 5 miles in the county as a whole.

We also calculated the price burden of child care services. We chose to use the US Department of Health and Human Services measurement that considers that having to pay more than 7

percent of annual household income for care makes a provider unaffordable (Malik 2019). This definition of affordability is also used in President Biden's "Build Back Better" bill (White House 2021). To calculate the price burden of child care cost, we estimated the average price of child care for one child, using average child care center prices and average family care prices for Nobles County from [Families First of Minnesota](#). Since average prices differ by children's age, we averaged the mean weekly child care center prices for infants, toddler and preschool children for an average of \$157 and averaged the mean weekly family child care prices for infants, toddler and preschool children for an average of \$116. The average of these 2 mean weekly prices over the course of one year equals \$7,098, an estimate that fits closely with an estimate from [Child Care Aware of America](#), showing an average annual price of \$7,080 for one child in care in Nobles County. Using this estimate, we calculated the price burden for 1 child and 2 children in care for each census block, based on the block's median household income.

The measurements we calculated and mapped are summarized below in Figure 2.

Figure 2. Descriptions of Maps Measuring Barriers to Child Care Use

	Data	Barrier Measurement
<b>Child care deserts in Nobles County</b>	Population of children ages 0-5 at Census tract level; child care provider capacity for children ages 0-5	<i>Capacity Ratio:</i> Child care desert*: considered a desert if ratio of children 0-5 to licensed child care capacity in census tract is more than 3:1
<b>Child care access by Latino population - 1 mile</b>	Location of child care providers, Latino population at block group level	<i>Distance Measure A:</i> Map a 1 mile radius around each provider in Nobles County
<b>Child care access by Latino population - 5 mile</b>	Location of child care providers, Latino population at block group level	<i>Distance Measure B:</i> Map a 5 mile radius around each provider in Nobles County
<b>Child care access by Latino population - ¼ mile</b>	Location of child care providers, Latino population at block group level	<i>Distance Measure C:</i> Map a 1/4 mile radius around each provider in city of Worthington
<b>Price burden for 1 child in Nobles County</b>	Household median income, average annual cost of child care in the area, location of providers; overlay Latino population	<i>Price burden for 1 child county level:</i> not accessible if annual price of child care price is more than 7% of annual median household income**
<b>Price burden for 1 child in Worthington</b>	Household median income, average annual cost of child care in the area, location of providers; overlay Latino population	<i>Price burden for 1 child city level</i>
<b>Price burden for 2 child in Nobles County</b>	Household median income, average annual cost of child care in the area, location of providers; overlay Latino population	<i>Price burden for 2 children county level</i>
<b>Price burden for 2 child in Worthington</b>	Household median income, average annual cost of child care in the area, location of providers; overlay Latino population	<i>Price burden for 2 children city level</i>

\*Definition by Malik et al. 2018

\*\*According to US Department of Health and Human Services measurement (Malik 2019)

## **Limitations**

The definition of child care desert (Malik et al. 2018) was not created for rural areas. Rural census tracts tend to be larger, meaning families may have to travel far distances to reach child care, even if slots are available within their tract. We have incorporated other measures of child care accessibility to compliment the limited meaning of child care desert in rural areas. An additional limitation is that no database exists that shows informal child care providers and therefore, the child care locations on the maps are incomplete due to this lack of data.

### **b. Interviews with Immigrant Families, Child Care Providers and Nobles County Officials**

## **Design**

Semi- structured interviews assessed the perceptions of child care access, barriers and quality among three groups- Latino immigrant families, child care providers, and local officials and administrators. We used interview guides that covered the themes of access, barriers, and quality by asking about personal experiences and perceptions of immigrant Latino families in their interactions with child care providers and Nobles County, of child care providers in their interactions with Latino immigrant families and Nobles County, and of Nobles County officials in their interactions with Latino immigrant families and child care providers.

## **Sampling**

We conducted 26 semi-structured interviews (see Figure 3) with 3 groups that have distinct perspectives and experiences engaging with and overcoming child care access barriers. Immigrant families provided important insights about personal experiences using child care or providing their own care. Child care providers shared varied experiences depending on the type of child care they offer, its level of formality, and their personal experiences interacting with children from different cultural backgrounds. Lastly, interviews with county officials at different service levels provided information about child care licensing processes, child care assistance, and policymaking.

In consultation with the Center for Rural Policy and Development, we decided to interview a higher number of Latino immigrant families than any other category of interviewees. We wanted to highlight the lived experiences of families, given the current lack of information regarding Latino immigrant families' child care experiences in Nobles County.

We set out to interview 10-15 Latino immigrant families who are 1st, 2nd, and 3rd generation, 10 child care providers equally split between family care and center care providers, and 5 local officials and administrators. However, the families interviewed were largely 1st generation Latino immigrant families and the providers interviewed were all family care providers. We found that our recruitment strategy using community liaisons largely reached 1st generation immigrant families and that recruiting family child care providers resulted in more interviews as they owned

their own business and could decide themselves whether they wanted to participate, rather than center care providers needing approvals from their supervisors.

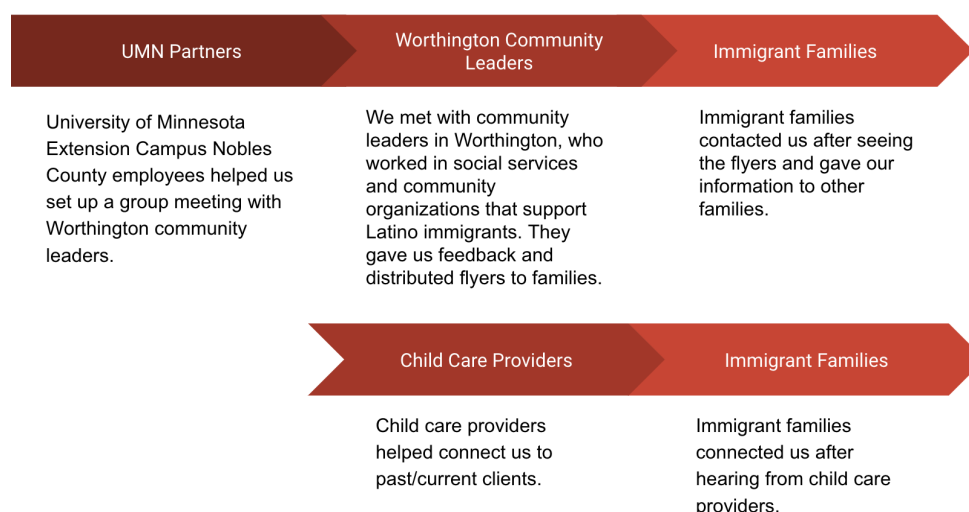
Figure 3. Interview Breakdown



## Recruitment

The recruitment process (Figure 4) emphasized collaborating with community leaders who work in social service organizations that liaise with Latino immigrant community members to help us establish trust and credibility with potential interviewees.

Figure 4. Recruitment Strategy



## Data Collection

We collected data over about two months, through virtual video or phone interviews of approximately one hour each. The interviews were in Spanish or English, depending on the interviewee's preference. The audio of the interviews was recorded with informed consent from the participant and the interviewer took notes. The notes were then summarized into contact notes used for coding. A summary of the characteristics of Latino immigrant families interviewed follows.

<b>Native language</b>				
English				
Spanish	13			
Mam	1			
<b>Generation in US</b>				
1st	13			
2nd	1			
3rd				
<b>Maternal years in US</b>				
0-2 years	4			
3-5 years	2			
6-9 years	1			
10-15 years	3			
16-20 years	3			
Born in US	1			
<b>Maternal years in Worthington</b>				
0-2 years	5			
3-5 years	1			
6-9 years	1			
10-15 years	5			
16-20 years	2			
		<b>Maternal employment/school enrollment</b>		
		Full time	7	
		Part time		
		Not employed	6	
		School	1	
		<b>Number of children</b>		
		1	5	
		2	3	
		3	3	
		4	3	
		<b>Main child care arrangement for children under 5</b>		
		Mom stays home	5	
		Parents work opposite schedules	2	
		Headstart	1*	
		Family member/friend	3	
		Informal/unlicensed provider	1	
		Licensed family care provider	1	
		Only has school age children	2	

## Data Analysis

## Ethical Considerations

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## **Limitations**

The sample is not necessarily representative or generalizable, due to the small sample size and purposeful sampling methods. The recruitment methods for Latino immigrant families, in particular, seemed to attract more families who cared for their own children, given that these arrangements meant one parent was not working and had the time to go to social service organizations, receive the information, and participate in the interview. Our sampling approach also focused on Latino immigrant families more so than on child care providers or local officials, resulting in less breadth and depth of information from the latter two groups.

We also faced particular challenges obtaining interviews with Nobles County employees and child care centers, contributing to limited information regarding these groups. For instance, no one at Nobles County who works in the Child Care Assistance Program was willing to participate in an interview, despite the program's important implications for child care access as a financial assistance program for low-income families. In addition to sampling and recruitment limitations, the virtual nature of interviews may also have contributed to difficulties building rapport and trust with interviewees.

One analytical limitation of the interviews is their focus on barriers faced by Latino immigrant families. While we asked similar questions to all 3 groups regarding barriers, the lack of comparable questions on access and quality for providers and local officials constrains our ability to make direct comparisons in these areas. Further, the team did not ask directly about the QRIS rating of child care providers in the interviews, and future research could benefit from asking questions regarding this rating method.



## **Literature Review**

### **Benefits of Child Care**

Millions of families in the United States use child care, which allows parents to work and aids in childrens' development and school readiness. Child care can be a formal arrangement through licensed center-based child care (CCC) or in-home family child care (FCC), or an informal arrangement, using family, friends, or neighbors (FNN) who are not licensed. Despite the common policy and academic focus on formal center-based child care, family child care and informal FNN care are more commonly used by families. Family child care is particularly prevalent in rural areas, given the low population that makes it difficult to maintain the sufficient base of clients needed to run a business (Werner 2021). Across all US geographies, unlicensed FNN care is the most commonly used type of care, and is especially prevalent among immigrant families and families with dual language learning children (Miller and Schuman 2021; Park and Peña 2021; Susman-Stillman & Banghart, 2022).

All types of child care have benefits, though researchers consider that formal child care in particular positively influences children and families. Formal care providers, such as child care centers and Head Start programs, are characterized by a focus on learning and development, the use of teachers and professional child care providers, and their similarities to school environments, all of which contribute to academic and socioemotional growth (Gottfried & Kim 2015; Vesley et al. 2021). Therefore, researchers find that formal care in particular is beneficial to school readiness and socioemotional development (Gottfried & Kim 2015; Mendez, Crosby & Siskind 2018).

Child care is beneficial to children from immigrant families in particular, who tend to face greater barriers to school readiness than nonimmigrant children (Karoly, Gonzalez, 2011). Researchers consider that children from Latino immigrant families have significant potential to benefit from child care, as they live in families with high rates of parental employment and experience poverty at a greater rate than any other racial or ethnic group (Mendez, Crosby and Siskind 2018). In addition, immigrant parents of Latino children tend to have lower levels of educational attainment and low English proficiency (LEP) (Hofstetter and McHugh 2021). These factors can place children at higher risk of starting school without the skills considered necessary for success, suggesting that the benefits of formal care may be more pronounced among groups facing structural disadvantages, such as low-income families Latino immigrant families (Gottfried & Kim 2015).

Child care can positively impact the life trajectories of children in immigrant families. Researchers have found evidence of school readiness gaps between children from immigrant and non-immigrant families closing when children from immigrant families attend child care (Gottfried and Kim 2015), as seen in measurements such as their accelerated growth in reading and math compared to children in native-born families (Karoly, Gonzalez, 2011). Children from immigrant families also benefit from socializing with diverse peers, adapting to sociocultural environments and situations that may differ from the ones at home, and improving

their English skills (Karoly, Gonzalez, 2011). Cross-cultural socialization is beneficial to all children involved, not solely children from immigrant families. Fostering cross-cultural relationships among children may be particularly important in small rural communities to promote broader social cohesion (Gehlen, Moore, Oachs and Redmer 2021).

Although the literature on the effects of child care on parents is limited, parents also benefit from child care and early childhood education (ECE) programs. Center-based child care and preschool programs are formal settings with their own set of rules and procedures, and these engagement opportunities can help parents to widen their circle of acquaintances and improve their social resources (Karoly, Gonzalez, 2011). Child care and ECE programs can therefore start to address the high levels of social segregation often found in rural meatpacking communities (Gehlen, Moore, Oachs and Redmer 2021). ECE programs may also directly benefit parents by connecting them to additional services, such as English language classes or resources in finding a job, which provide additional benefits such as eliminating integration barriers related to low English proficiency (Hofstetter & McHugh, 2021).

### **Immigrant Families Tend to Use Formal Child Care at Lower Rates**

Given the potential benefits of formal child care usage, especially for immigrant families, a debate exists considering whether immigrant families are less likely to use center-based care. Older literature focused on the “cultural impediments” that immigrant families faced when arranging child care and found that low-income immigrant families were less likely to use center-based care and more likely to provide parental care for their children than native-born parents (Brandon 2004). However, recent literature challenges the assumption that usage necessarily reflects a culturally-based preference (Karoly and Gonzalez 2011; Mendez, Crosby and Siskind 2018), and strives to take into account the potential structural reasons for families’ child care choices, such as affordability and geographic accessibility (Vesley 2013). For instance, Greenfader and Miller found that Spanish-speaking Dual Language Learners that were randomly assigned a spot in Head Start were more likely to attend than monolingual English speakers randomly assigned a spot, showing that structural barriers limiting Latino families’ access to child care spots could be primary reason these families use formal care at lower rates, challenging theories that Latino immigrants have a cultural preference for informal care (2014).

Other literature finds that previously discovered gaps in formal child care usage by nativity status may be more attributable to other factors such as immigration status and other structural barriers, and further, may be closing. Sandstrom and Gelatt challenge researchers’ typical focus solely on nativity status and explore the additional factors of limited English proficiency (LEP), recency of migration, and county of origin (2017). They find that children of foreign-born and native-born parents enroll in center-based care at about the same rates, though recent immigrants and Mexican-born immigrants have lower rates of center care use than other immigrant groups and that LEP parents are less likely than English proficient parents to use center care (2017). Further, Mendez, Crosby, and Siskind find that the gap in child care usage may be closing between low-income Latino families and their white peers, especially among

children of preschool age (2018). The debate about the prevalence of formal child care use among Latino immigrant families remains unresolved, but other literature suggests the importance of focusing on access and barriers to child care to contextualize this debate.

## Barriers to Child Care Access

Barriers to child care access impact Latino immigrant parents' ability to act on their preferences for the kinds of care that best suit their own needs and those of their children. As an illustration, Vesely's participatory research with Central American immigrant mothers found that although the participants tended to prefer formal center-based care, barriers including work schedules, affordability, and limited access to child care subsidies prevented many families from accessing that kind of care (Vesely et al. 2021).

Karoly and Gonzalez (2011) identified eight prominent barriers to using child care among immigrant families that overlap with those recognized by other scholars (see Figure 6).

Figure 6. Barriers to Child Care Access for Immigrant Families Based on Karoly & Gonzalez

	Barrier	Examples
1.	Demographic/ socioeconomic factors	<ul style="list-style-type: none"> <li>Immigrant parents from Latin America tend to have lower educational attainment, making child care systems harder to navigate. Families may have a non-working parent in the family who cares for the children (Karoly &amp; Gonzalez 2011).</li> </ul>
2.	Immigration status	<ul style="list-style-type: none"> <li>Latino immigrant parents struggle to find care that is both out of the home to foster their children's learning and development, as well as geographically close enough that they do not expose themselves to the threat of deportation (Vesely et al. 2021).</li> <li>Barriers posed by immigration status also relate to state and local child care assistance programs, which impact affordability.</li> <li>Although Latino families experience the highest rate of living in poverty, utilization of public benefits, including child care assistance, remains low, as many families avoid public benefits due to ineligibility or fear (Hill, Gennetian, and Mendez 2019; Karoly &amp; Gonzalez 2011).</li> </ul>
3.	Misperception	<ul style="list-style-type: none"> <li>Some families perceive, correctly or erroneously, that accepting public benefits, like child care assistance, will classify them as public charge, or a person who relies on government assistance, to their detriment in immigration procedures (Karoly &amp; Gonzalez 2011).</li> </ul>
4.	Bureaucratic barriers	<ul style="list-style-type: none"> <li>The complex structures of center-based child care markets and subsidies and the long wait times, narrow hours of operation at government offices, and long forms that constitute seeking child care assistance pose barriers to immigrants with limited English proficiency and less experience with US</li> </ul>

		<p>bureaucracies (Karoly &amp; Gonzalez 2011).</p> <ul style="list-style-type: none"> <li>• The administrative practices themselves in child care assistance programs, such as strict eligibility and documentation requirements to prove identity and work hours and lack of information in Spanish, often work to systematically exclude Latino immigrant families (Hill, Gennetian, and Mendez 2019).</li> </ul>
5.	Structural barriers- affordability and availability	<ul style="list-style-type: none"> <li>• The above factors pose obstacles for US-born children in immigrant families to receive child care assistance, and paying for care without public assistance can be near impossible, as in some instances, market-rate child care is equivalent to a single-mother's minimum weekly earnings (Karoly &amp; Gonzalez 2011).</li> <li>• Further, even if families can pay, many find long waiting lists at child care providers (Vesely 2013).</li> <li>• If families can get a spot, the hours of the provider may not align with their work hours. Non-standard work hours are prevalent in Latino families, as 2012 data shows over <math>\frac{3}{4}</math> of Latino children with employed parents have a parent that worked during non-standard times (Crosby and Mendez 2017).</li> </ul>
6.	Location	<ul style="list-style-type: none"> <li>• The concept of child care deserts (CDD) demonstrates the systemic child care shortages in certain geographic areas by considering the ratio of children under 5 years to child care capacity at licensed providers in a given census tract (Malik et al. 2018).</li> <li>• Over half of all Americans live in areas classified as CCDs, meaning the ratio of children to licensed capacity is more than 3:1 (Malik et al. 2018).</li> <li>• The distribution of child care deserts is not random, as nearly 60 percent of the Latino population lives in child care desert areas, and areas with the highest shares of foreign-born parents are 13 percent more likely to be child care deserts than areas with the lowest proportion of the foreign-born (Malik et al. 2018).</li> </ul>
7.	Transportation	<ul style="list-style-type: none"> <li>• Providers may not be within walking distance, or located along public transit routes. Strict immigration laws make it difficult for immigrant parents to obtain a driver's license, and cars are expensive to purchase and maintain. Various cultures do not teach women to drive in their home countries (Karoly &amp; Gonzalez 2011).</li> </ul>
8.	Cultural barriers	<ul style="list-style-type: none"> <li>• Cultures with strong familistic values may prefer their children to be cared for at home than by nonrelatives. Some cultures prefer that one parent stays home while the other works. Some parents may prefer their children to be cared for by those with a similar ethnic, cultural, or linguistic identity (Karoly &amp; Gonzales 2011).</li> <li>• However, some researchers also caution against relying too much on cultural explanations for low child care usage rates, given the significance of structural barriers (Mendez, Crosby and Siskind 2018; Vesley 2013).</li> </ul>

## **Access to Child Care**

Given these diverse barriers, it is important to critically consider access to child care for immigrant families. Recent child care access studies use the U.S. Office of Planning, Research and Evaluation (OPRE) definition of access that states: “Access to early care and education means that parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs” (Frieze, Lin, Forry & Tout 2017; Mendez, Crosby & Siskind 2018; Vesley et al. 2021). It is important to look at each part of this comprehensive definition of child care access to assess the experiences of immigrant families looking for care.

First, affordability of care is a commonly explored part of child care access and clearly connected to immigrant families’ higher rates of living in poverty (Sandstrom & Gelatt 2017; Mendez, Crosby & Siskind 2018). The US Department of Health and Human Services considers child care to be affordable if families spend 7 percent or less of their income on child care costs (Malik 2019). In addition to affordability, the effort necessary to find and use child care has the potential to constrain access. Reasonable effort is impacted by factors such as English language proficiency, access to information, geographic proximity to care, and the application burden and stigma associated with child care assistance (Frieze, Lin, Forry & Tout 2017; Hill, Gennetian & Mendez 2019; Mendez, Crosby & Siskind 2018).

Next, when considering whether care meets children’s and parents’ needs, a mix of cultural and structural factors come into play. Cultural and familial considerations include the linguistic and cultural responsiveness of care, its alignment with parental education beliefs, and a desire for care with a focus on learning and English acquisition (Vesley 2013; Vesley et al. 2021). Structural factors include the availability of child care and schedules that align with parental work hours (Vesley et al. 2021).

Given the numerous aspects of access, families have to prioritize certain factors over others when deciding on child care. Researchers locate decisions about child care within the accommodation model, meaning that families make choices that accommodate their life circumstances such as employment demands, cultural expectations, and the amount of financial and social resources available to them (Hill, Gennetian & Mendez 2019; Mendez, Crosby & Siskind 2018; Meyers & Jordan 2006). This often reproduces social inequalities, as families with constrained resources, such as low-income families, usually have to accommodate the constraints of financial resources and may choose affordability over their desired characteristics or quality of child care (Meyers & Jordan 2006; Vesley et al. 2021).

## **Quality**

To add nuance to the discussion of child care access and its barriers, it is important to consider the quality of care that is accessible to families, as well as the limitations of the definitions of quality themselves. Research shows that high-quality child care is more prevalent among advantaged neighborhoods (Shuey and Leventhal 2018). Immigrant families tend to live in poverty at higher rates, which can lead to a limited choice of quality child care providers who can meet the needs of these groups (Karoly and Gonzalez 2011).

Further, quality is often defined in a very limited way that does not account for culturally-specific understandings of quality. Quality tends to be defined by licensure and standardized rating systems like the Quality Rating and Improvement System (QRIS) (Child Care Aware 2020). However, Vesley's recent research with Central American immigrant mothers found that the participants relied on informal indicators of good care in addition to the importance of a license, such as observing children's behaviors and reactions after going to child care (Vesely 2021). Systems like QRIS use indicators developed by evaluators who are not the families using care themselves and therefore cannot integrate all the indicators of care quality that Latino immigrant families might consider or prioritize (Greenfader and Miller 2014). The OPRE definition of child care access also elaborates on quality with regards to "care that supports the child's development," suggesting quality indicators beyond licensure, such as supporting the stability of child care arrangements for children and collaborating with other services to connect children with early intervention services (Friese, Lin, Forry & Tout 2017).

## **Child Care Providers**

Given the barriers to accessing child care and potential gap in quality care for Latino immigrant families, many immigrants step in to provide informal care. Informal child care providers, also known as family, friends, and neighbor caregivers, are disproportionately immigrants, people with limited English proficiency, low income, and women of color (Park and Peña 2021). These caregivers also tend to be grandmothers, live in close proximity to the children they are taking care of, be of similar ethnic backgrounds, speak the same language, and occupy a similar income level as the families they provide care for (Susman-Stillman & Banghart 2022). Though FFN caregivers provide essential child care to populations like Latino immigrant families who often seek care that has flexible and non-standard hours and culturally and linguistically relevant services (Susman-Stillman & Banghart 2022), they often receive substandard wages (Park and Peña 2021). This is related to the association between low-income families and the use of FFN care, meaning that families pay the rates they are able and providers often do not earn enough cover their expenses (Miller & Schulman 2021; Park and Peña 2021; Susman-Stillman & Banghart 2022 ).

In particular, Spanish-speaking FFN providers surveyed in Arizona, Florida, Minnesota, New Jersey and New York in 2020 were only half as likely as other FFN providers to report receiving outside financial support in the form of child care subsidies, suggesting substandard earnings (Miller & Schulman 2021). Generally, licensure is required to receive child care subsidies, which

poses a barrier for many FFN providers and especially immigrant providers who may lack documentation status (Park and Peña 2021). Further, though most states allow FFN providers who come to a family's home to care for children from a single-family to receive subsidies, they still require criminal background checks and often FBI fingerprinting (Kane et al. 2021), which undocumented providers would likely prefer to avoid. However, subsidy receipt has clear benefits for providers, as it supports their income and tends to allow caregivers to provide care for longer durations (Susman-Stillman & Banghart 2022).

The challenges that child care providers face are not limited to financial ones, nor to the experiences of FFN providers. According to the results of an April 2020 survey to better understand the needs of families and child care providers, child care providers are working under substandard conditions that affect them in various ways (Fisher 2021). They reported food insecurity, economic hardship, and work schedule uncertainty, all of which negatively impacted their emotional well-being (Fisher 2021). Economic hardship was especially pronounced, as 25 percent of child care providers reported working another job due to low pay and more than 40 percent indicated that their child care provider role accounted for less than half of their income (Fisher 2021).

### **Child Care in Rural Minnesota**

The state of child care in rural Minnesota is illustrative of the challenges that both families and child care providers face. In the United States as a whole, nearly 60% of rural communities are considered child care deserts (Malik, et al., 2018). Looking at trends in rural Minnesota helps to make sense of this stark disparity. Over the last 20 years, the number of child care providers has been rapidly decreasing in Minnesota, with in-home family child care providers, in particular, leaving the profession, likely associated with the high operation costs and low earnings potential in the industry (Werner 2016). Though there was an increase in center-based care during the same time, this growth was concentrated in the Twin Cities, while Greater Minnesota, which tends to rely on in-home family providers, was left with a net loss of over 20,000 child care spaces (Werner 2016; CRPD 2017). Families in rural Minnesota feel the impact of this child care loss, with declines in care capacity of 25 percent or more over the past 20 years in Northeast, Northwest, and Southwest Minnesota, compared to the capacity decline of only 2 percent in the Twin Cities (Werner 2021).

Operating child care in rural areas of Greater Minnesota is a particular challenge, as lower incomes and population density results in lower earnings potential for providers who have already spent a lot in start-up costs and to maintain compliance with the myriad child care regulations (Werner 2016; Werner 2021). The pandemic has only exacerbated child care loss, with many families taking their children out of care for health or financial reasons, causing providers' earnings to take a hit (Werner 2021). The ongoing pandemic, the need to match unemployed workers with jobs, and the challenges presented by the scarcity of child care in rural Minnesota provide an opportunity to reconsider the significance of childcare for families and children (Werner 2021). It is essential to invest more significantly in expanding child care

access for all families, responding in particular to the systemic barriers confronted by Latino immigrant families.



## **Statutory Landscape of Child Care**

Providing and using licensed child care involves legal and bureaucratic processes that can pose barriers for potential providers and families seeking care.

### **Child Care Provider Licensure**

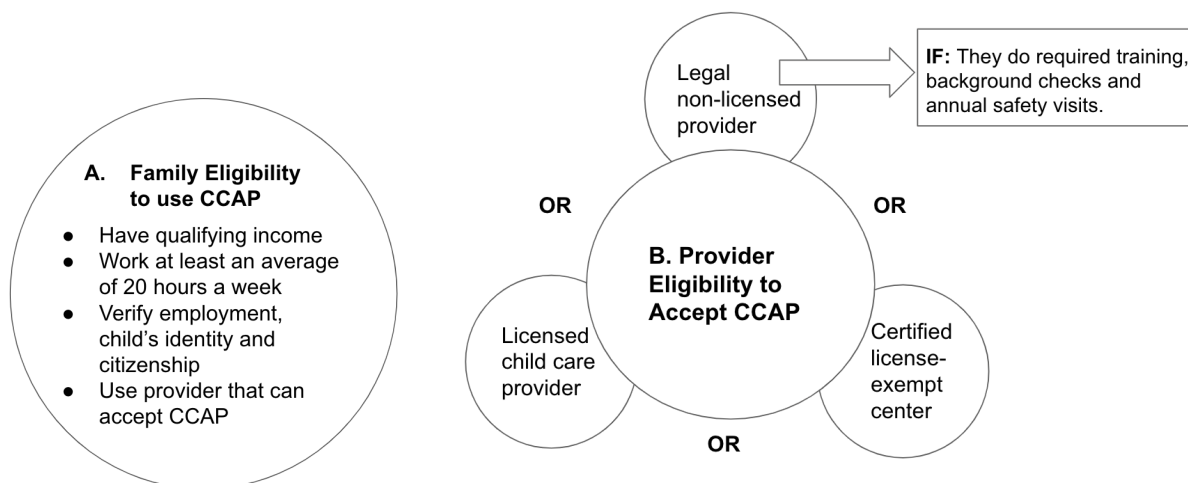
Licensure requirements can create barriers in allowing new providers to enter the market, keeping child care capacity low despite demand from families. Minnesota Statute 245A.03 establishes licensure requirements for child care providers in Minnesota. It is a misdemeanor to provide a care program without a license unless the provider is expressly excluded from the licensure requirement in MN Statute § 245A.03, Subdivision 2 names exemptions from the licensure requirements for situations such as recreation programs operated by a park and recreation board, religious instruction of school-age children, and programs operated by incorporated non-profits. It also expressly exempts care provided by an unrelated person to children from a single related family, also known as legal non-licensed care (MNDHS 2021). Therefore, anyone who wants to provide care in their home to children from more than one family must receive a license as a family child care provider.

### **Child Care Assistance Program**

The licensure status of the child care provider relates to whether families receiving their care are eligible to receive government assistance to pay for care through the Child Care Assistance Program (CCAP). CCAP is a federal-state program that is financed by federal, state and county dollars (Hill, Gennetian & Mendez 2019; MN House Research 2021). In addition to the federal Child Care and Development Fund, the Minnesota Legislature appropriates state funds and each county contributes to CCAP (MN House Research 2021) In Minnesota, CCAP funds fall into various programs administered by the counties, each with their own eligibility requirements, including the Minnesota Family Investment Program (MFIP), the Diversionary Work Program (DWP), and the Basic Sliding Fee Program (BSF) (Public Health Law Center).

There are requirements for providers to be eligible to receive CCAP payments (MNDHS 2021), as well as for families to be eligible to participate in the program (see Figure 7). The requirements, such as the additional conditions for legal non-licensed providers to be able to accept CCAP, may chill the participation of immigrant FFN providers if they are undocumented or otherwise have immigration concerns that would make a background check with potential fingerprinting feel unsafe. The CCAP application process for families, which requests proof of identity and work verification for adult household members may chill immigrant family participation, though Minnesota statute establishes that only the qualifying child's immigrations status affects CCAP eligibility (CCAP Policy Manual 2021).

Figure 7. CCAP Eligibility



These types of requirements can exclude immigrant families who may lack identity documents or work in informal sectors without official work verification, leading to low subsidy use among demographic groups such as Latino families (Hill, Gennetian & Mendez 2019). Data on 2020 CCAP utilization in Minnesota supports this assertion, finding that only 5 percent of children in CCAP were Latino, compared to 54 percent who were Black and 26 percent that were white (2020 Family Profile), even though 9 percent of families in poverty in Minnesota are Latino, 20 percent are Black and 58 percent are white.<sup>1</sup> These disparities suggest that Latino families in poverty underutilize CCAP, possibly due to documentation requirements.

<sup>1</sup> Author calculations using 2019 Minnesota ACS sample of non-institutionalized families at or below 100% Federal Poverty Line statewide, with consultation with Angela R. Fertig, PhD, Humphrey School of Public Affairs

## **Nobles County Profile**

The demographics of Nobles County highlight some of the challenges that immigrant families may face in gaining access to child care. Nobles County is a Southwestern county in Minnesota, characterized by a mix of city and rural areas (Center for Rural Policy and Development Rural Atlas). Nobles County and its largest city, Worthington, have a high concentration of Latino residents, foreign-born residents, and residents that speak a language other than English as compared to the 3 counties bordering it in Southwest Minnesota and Minnesota as a whole, as seen in the figure below.

Figure 8. Nobles County Demographics

	Percent foreign-born	Percent Latino	Percent that speak a language other than English at home
Worthington	32	40	48
Nobles County	21	29	32
Rock County	3	4	3
Jackson County	4	4	5
Murray County	3	4	5
Minnesota	8	6	12

Data: 2020 American Community Survey

Since 2000, Nobles County's population has been rapidly diversifying and the White population has been in decline (Minnesota Employment and Economic Development 2021). Nobles County is home to large employers like JBS and Highland, as well as seasonal farmwork, which attract many immigrant workers.

Despite the presence of significant employers, Nobles County and the city of Worthington have lower socioeconomic status, as compared to its neighboring counties and Minnesota as a whole, as seen below.

Figure 9. Nobles County Socioeconomic Status

	Median household income	Percent of people in poverty
Worthington	\$49,550	15
Nobles County	\$56,000	9
Rock County	\$65,744	8
Jackson County	\$62, 479	8
Murray County	\$62, 839	8
Minnesota	\$73,382	8

Data: 2020 American Community Survey

## **Findings & Discussion**

Our analysis of US Census data focused on barriers to child care access, while our interviews focused on three themes about child care highlighted in the literature: barriers to access, access to care considering these barriers, and the quality of care. These three themes are interrelated, as barriers constrain access to care, meaning families have to accommodate various pressing factors in their search for care, such as financial affordability and language access. These barriers and the way that families navigate them in order to access care often mean that families do not have access to care that they consider high quality, as they may face trade-offs between life circumstances like socioeconomic status and language ability on the one hand and quality on the other. Latino immigrant families expressed some unique understandings of barriers, access and quality that providers and officials did not mention. Different interpretations of these themes have significant implications for the appropriate actions to address the child care crisis, and therefore, it is essential that Nobles County and Worthington respond to the lived experiences of Latino immigrant families to shape their response to the child care deficit.

Our findings largely focus on barriers to access, given this is a baseline study to start to understand the experiences of Latino immigrant families in Nobles County. While we also explore access to care and understanding of quality, limited time and resources mean that information on barriers has the greatest breadth and depth, and future research should continue to explore the elements of access and quality in immigrant families' experiences with child care.

Our interviews revealed 14 barriers, 5 of which were mentioned by all 3 groups, 2 of which were mentioned by 2 groups, and 7 that only 1 group mentioned, illustrated in the following figure (Figure 10). Of these 14 barriers, 9 of them fall into the 8 barrier categories for immigrant families established by Karoly and Gonzalez (2011) and others, showing that the established literature largely accounts for principal barriers to access (see Figure 6). Our findings also confirm the credibility of these established barriers, as our interviews revealed barriers that corresponded to each of the 8 barriers conceptualized by Karoly and Gonzalez (2011).

However, our interviews also revealed 5 additional barriers that were not addressed by existing literature: lack of information, unknown safety of providers, the licensing process, COVID-19, and limited outreach. Families emphasized lack of information as a barrier that perhaps emerges before some of those mentioned by Karoly and Gonzalez, such as misperception and bureaucratic barriers. They also mentioned the unknown safety of providers as a barrier, a challenge based in social isolation and the importance of personal connection that the literature did not address.

Child care providers introduced the logistical and financial challenges they faced during the licensing process, which could discourage potential providers and therefore, compound the capacity challenge families face. We also asked the providers directly about COVID-19 based on literature about providers' experiences during the pandemic (Fisher 2021; Miller & Schulman 2021), and they highlighted the financial and administrative struggles they went through during the initial lockdown periods. Their attempts to compensate for the financial damages they had

taken inadvertently exacerbated the cost related barriers families were already experiencing. Finally, local administrators and officials reflected on the difficulties they experienced in their outreach efforts.

## I. Barriers

Figure 10. Barriers to Child Care Access for Latino Immigrant Families in Nobles County

	Latino Immigrant Families	Child Care Providers	Local Officials/ Administrators
1. Capacity	X	X	X
2. Transportation	X	X	X
3. Language	X	X	X
4. Schedules	X	X	X
5. Immigration consequences	X	X	X
6. Bureaucratic burdens		X	X
7. Cultural preferences		X	X
8. Cost	X		
9. Lack of information	X		
10. Unknown safety	X		
11. Licensing process		X	
12. COVID-19*		X	
13. Location		X	
14. Limited Outreach			X

\*We asked providers directly about Covid-19 due to the challenges that the literature has established for providers during this time (Fisher 2021; Miller & Schulman 2021) and did not ask these same questions to families and officials, meaning we cannot facilitate a direct comparison regarding COVID as a barrier.

## 1. Capacity

Limited child care capacity is a prominent barrier that all 3 groups mentioned and quantitative data supports. Local officials and administrators are aware of the matter, as previous studies have focused on the capacity deficit (First Children's Finance 2021). One factor contributing to constrained capacity is that child care licenses restrict the number of children providers can care for within the age categories of infant, infant and toddler, and children under school age<sup>2</sup>. While finding open slots for infants might be extremely difficult as the number of infants that providers can care for at once is the most limited, providers may have multiple open slots for school-age children. For example, a family care provider who is licensed to care for up to 14 children at a time can have no more than 10 children under school age, and of these 10 children, no more than 4 can be infants and toddlers. Of those 4, no more than 3 can be infants.

Families echoed providers' experiences with age-restricted capacity limitations and said that finding care capacity for infants was challenging. They struggled to find providers who would take infants across all types of child care providers- child care centers, licensed family care providers, and informal providers. Families had particular capacity concerns with regard to informal care providers because, at one extreme, some informal providers cared for too many kids at once and at the other extreme, they could care for very few children due to constrained living conditions, such as living in small apartments or sharing homes with other families. One mother commented on her experience considering informal providers, explaining that while some care for too many kids, the fact that others have very few kids in their care can raise concerns about the quality of their care, suggesting they were not a provider preferred by other families: *"There are those that already have a lot of kids and can't take more and those that have only a few kids- do I use them, do I not, or do I stop working?"*

Analysis of capacity data affirms the experiences of providers, officials, and families. Figure 11 shows that while Nobles County is a borderline child care desert, Worthington is a child care desert. Breaking the county down into smaller spatial units shows that Census Tract 1055 within Worthington in particular has a very high ratio of children to slots, illustrating that capacity challenges are not equally distributed across the county nor city.

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<sup>2</sup> Infants in child care centers are considered to be between 6 weeks and 16 months; infants in family child care are considered to be between 6 weeks and 12 months (MN DHS 2016). Infants and toddlers in child care centers are considered to be between 6 weeks and 33 months; infants and toddlers in family child care are considered to be between 6 weeks and 24 months (MN DHS 2016).

Figure 11. Child Care Desert Ratios

Census Tracts	Children 0-5	Child Care Slots	Children: Slots Ratio
<b>Nobles County</b>	1869	678	2.8: 1
Tract 1051	125	110	1.1:1
Tract 1052	190	74	2.6:1
Tract 1053	185	70	2.6:1
<b>Worthington*</b>	1369	424	3.2:1
Tract 1054 (W)**	524	173	3:1
Tract 1055 (W)	353	65	5.4:1
Tract 1056 (W)	492	186	2.6:1

\*Estimate for Worthington from the sum of Census tracts within the city, as tracts do not align exactly with city boundaries.

\*\* (W) indicates Census tract overlaps with Worthington area; however, tract boundaries do not align with city boundaries and part of the tract may lay outside of Worthington boundaries.

Figure 12 uses these numbers to calculate a potential child care capacity deficit of nearly 1200 slots (see Appendix A for more information). In our estimate, we use Census Tract level data from Nobles County to estimate the number of all children ages 0-5, rather than children ages 0-5 with both parents working. In contrast, Child Care Aware compares capacity with estimates of children ages 0-6 with both parents working and First Children's Finance compares capacity to children under 6 with both parents working. Though the capacity deficit we calculate is likely an overestimate, it offers an important perspective, given that most families interviewed who had only 1 parent in the workforce had made that decision due to lack of child care access. Therefore, we cannot assume that only households with both parents in the workforce need child care.



Figure 12. Child Care Capacity Deficit

	Potential slots for children under 5	Estimated population of children under 5 in Nobles County	Ratio	Possible slot deficit
Our estimates	678	1,869	36 slots: 100 children	1,191
Child Care Aware	853	1,273	67:100	420
First Children's Finance	559*	1,000*	56:100	439-707**

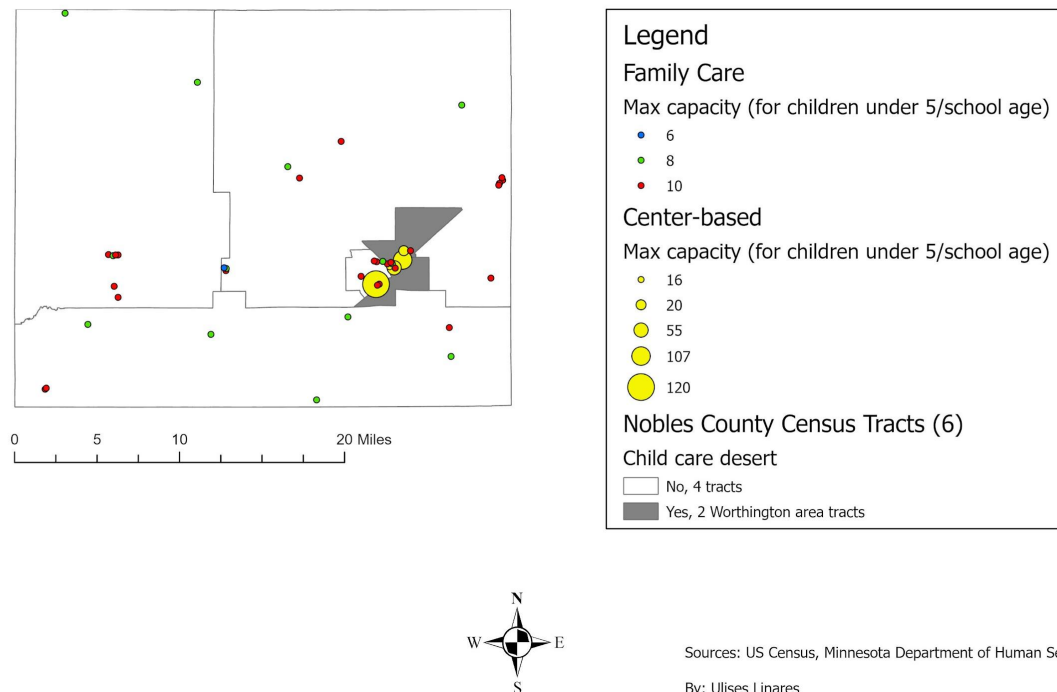
\*calculated at zip code level, including all zip codes in Nobles County

\*\*depending on geographic level of estimates

Map 1 shows the child care capacity at the county level. The map reveals that on a Census tract level, 2 Census tracts in the city of Worthington are child care deserts, despite the fact that providers tend to be concentrated in the city. In contrast, none of the Census tracts outside of the city are considered child care deserts due to the lower number of children 0-5 residing in those tracts.

Map 1.

### Child Care Deserts in Nobles County, definition of 3 kids:1 slot or higher



## 2. Transportation

Providers and local officials and administrators shared that given these capacity challenges, some families with multiple children have to distribute them amongst more than one provider. This brings with it further difficulties relating to transportation as the distance they are needing to travel in a single morning or evening is significantly increased. They have also highlighted the matter relating to the lack of transportation options families had and how it has made it additionally difficult for families to find ways of transporting their children within the city and county limits.

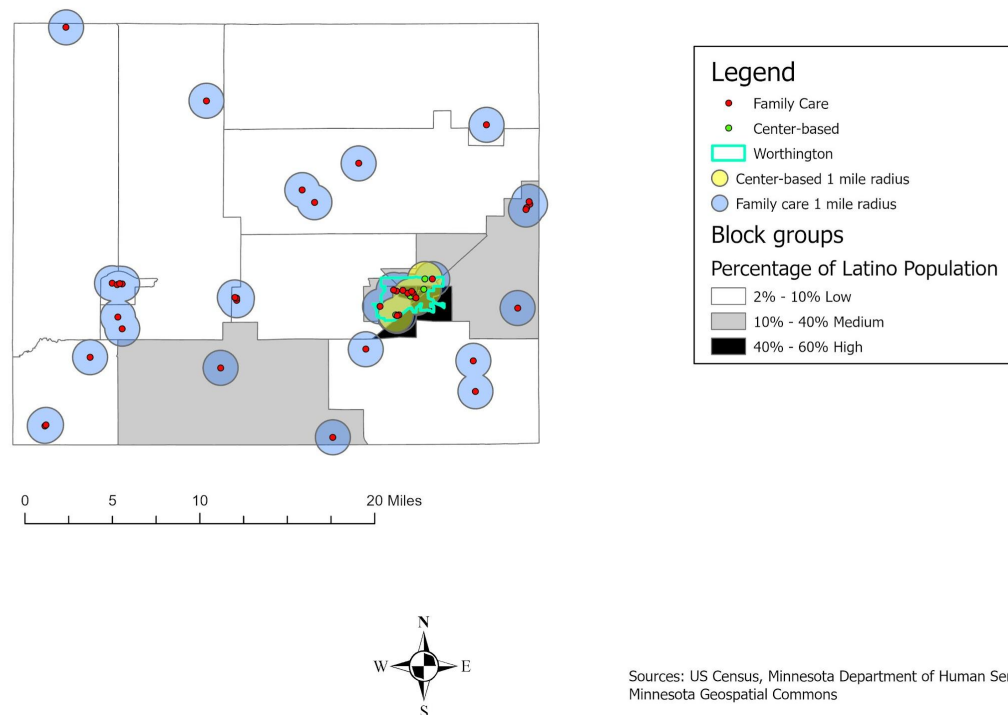
However, families talked about their experiences with transportation barriers, not in terms of driving children to multiple care locations, but rather according to the mode of transportation they tend to use, informal ride services. Most families interviewed did not have a car and/or lack the immigration status to obtain a driver's license and therefore, pay others with access to these resources to drive them. This means that transportation to and from care can be an additional expense in terms of daily ride costs, something that middle to high-income families do not experience. Transportation to and from care also could be constrained by the availability and schedules of ride providers, as families pay to get rides to get to work along with others going to

the same place, and detouring to drop kids off at daycare may not be feasible depending on other passengers' work schedules.

To deepen our understanding of potential transportation barriers, the following maps illustrate the geographic location of child care providers in Nobles County. Maps 2 and 3 show child care providers at the county level and the areas of the county within a 1 and 5-mile radius around their locations, respectively. While the majority of the county is within 5 miles of a provider, very select locations are within 1 mile, raising transportation issues. Further, even if a family is able to drive 5 miles to the nearest providers, this does not mean there is the capacity or that other barriers to care are not present.

Map 2.

### Child Care Providers by Latino Population within 1 mile in Nobles County

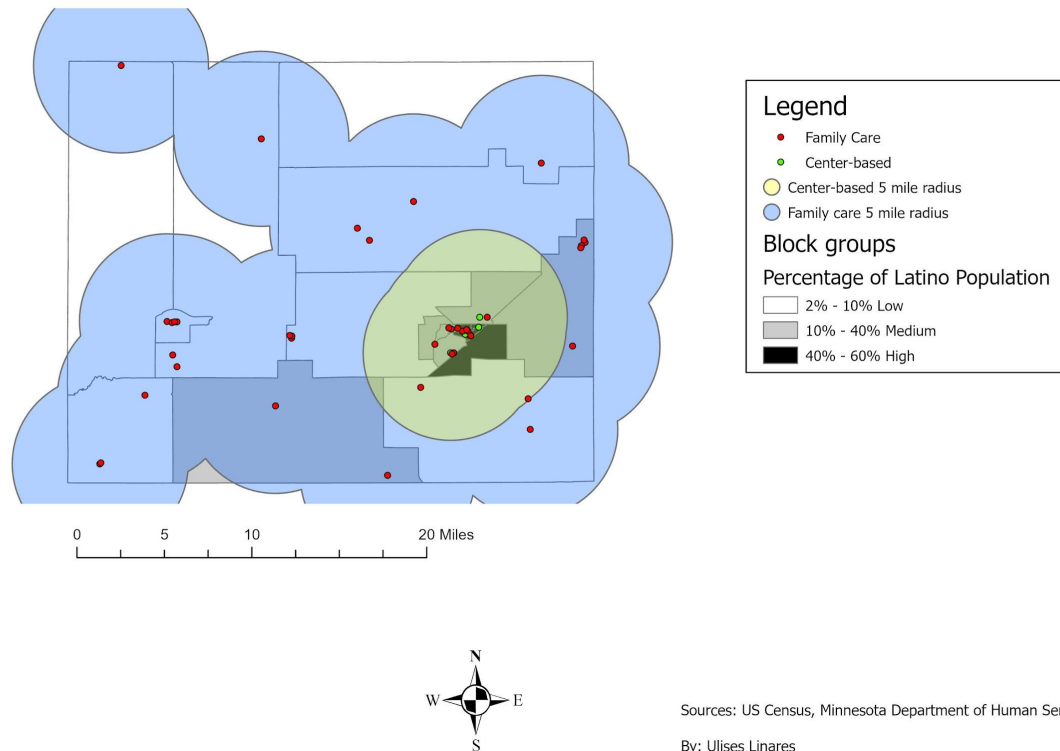


Sources: US Census, Minnesota Department of Human Services, Minnesota Geospatial Commons

By: Ulises Linares

Map 3.

### Child Care Providers by Latino Population within 5 miles in Nobles County



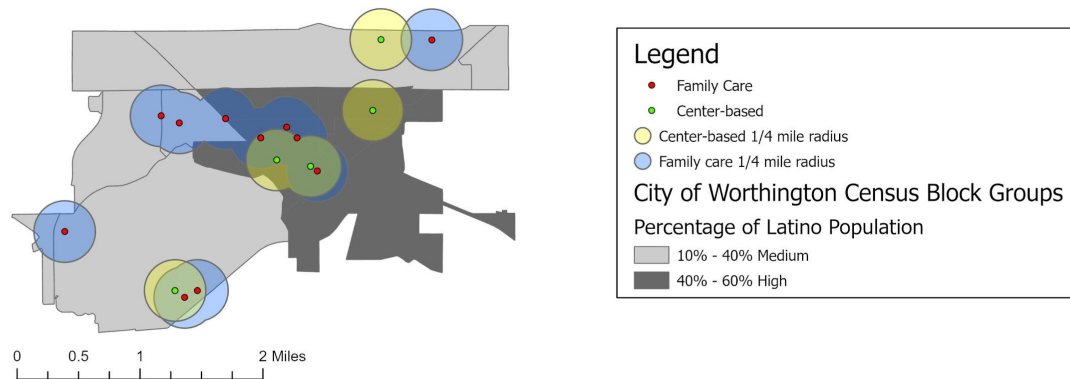
Sources: US Census, Minnesota Department of Human Services

By: Ulises Linares

Map 4 shows care providers within the city of Worthington and their surrounding one-quarter mile radius. This corresponds to a distance that families could potentially walk, given the reported transportation barriers related to immigration status. The map reflects that while some families living in the center of Worthington may be within one-quarter mile of a provider, this becomes less likely as one moves outward from the center of Worthington. We chose a one-quarter mile radius because this is generally accepted as an accessible walking distance, including for parents with small children (Wolch, Wilson and Fehrenback 2002).

Map 4.

### Worthington Child Care Providers by Latino Population within 1/4 mile



Sources: US Census, Minnesota Department of Human Service, Minnesota Geospatial Commons

By: Ulises Linares

### 3. Language

Language is another principal barrier to child care access that child care providers, local officials and administrators, and Latino immigrant families all mentioned. Considering nearly a quarter of the county's population speaks Spanish at home (ACS 2020), the lack of Spanish language abilities among providers poses a challenge to the families when trying to find providers in their vicinity.

Only one family care provider spoke Spanish in addition to English, which highlighted language as one of the most prominent barriers. Providers recognized that their lack of language skills made them less accessible to Spanish-speaking families. On the other hand, while most local officials and administrators themselves did not speak Spanish or other languages, they pointed out their ability to access interpreter services, as well as members of their staff who speak Spanish to act as interpreters if needed. They indicated that although these methods can be useful, they still need to rely on an additional individual to communicate with families.

Families shared their experiences navigating substantial language barriers. One mother explained that during her child care search, she prepared with her English teacher beforehand

to try to communicate with monolingual English speaking providers, but still felt the language was a major barrier to securing good care for her daughter:

*“She [the English teacher] wrote down the questions I wanted to ask, the possible responses and I was studying it for days before showing up. I was there, like maybe 20 percent clear, but I thought if they understood one word, that’s good. I always had a notebook with me where I wrote down words I heard to ask my teacher. It was very hard- I felt, I don’t know, sometimes I felt like I could cry in the line at work because I imagined my poor daughter there and I said, ay no.”*

Another mother talked about language barriers as an immigrant whose first language is Mam, an indigenous dialect. For her, even if providers and county programs had robust Spanish language access, she would still lack access in her native language. She explained feeling intimidated by going to child care providers, since she does not speak English, does not feel confident in Spanish, and does not read. She summed up her hesitation to use services even where there is Spanish access based on her experience with Spanish-speaking service providers: *“there are people who have patience and people who don’t.”*

#### 4. Schedules

Another major barrier posed is the discrepancy between the schedules of child care offered and families’ work schedules. Many families worked the first shift, which tends to start around 6 or 6:30 am. Some families worked first shifts in other communities, such as Windom, Minnesota or Lake Park, Iowa, which required up to an hour of commute time. One mother reflected on the relationship between being an immigrant and working shifts that make finding child care more challenging, stating: *“most American people have more accessible work schedules and it’s more feasible to find care.”*

Both providers and local officials and administrators were aware of the varying schedules families had due to their work hours. While providers indicated that they were willing to be flexible by 15 to 20 minutes with their drop-off and pick-up times, officials pointed out that adjusting drop-off and pick-up times by a few minutes is often not sufficient for work schedules and more drastic changes to the hours child care is provided would be necessary.

In contrast to English-speaking providers, the Spanish-speaking informal care provider interviewed and the one Spanish-speaking family care provider reported 10 to 12-hour days, in an effort to accommodate the work schedules of their clients. They both reported accepting children starting at 5 am, aligning with the start times that most Latino immigrant families stated. However, this was a strain on the providers, posing a potential barrier to the sustainability of their businesses.

## 5. Immigration Consequences

A further barrier highlighted mostly by families and local officials is the potential for adverse immigration consequences as a barrier for families using care and related assistance programs. One mother reflected on avoiding the county due to its association with potential immigration consequences, stating, *“when I looked for a babysitter for my daughter, no I never went to the county. Honestly, when Latinos hear ‘family services’, we enter in panic.”*

Another mother had used a short-lived child care program through the Tri-Valley Opportunity Council and had partnered with staff to address this very barrier by reaching out to other immigrant moms in the community. She explained this was important *“because you don’t hear about that [child care centers] a lot or it’s something new, so the moms were distrusting and they were like what? Is it true? And why?”* As part of this program, families had to present pay stubs and other documentation to establish their eligibility, as the care was free and funded through a government grant that Tri-Valley had received. She stated: *“people mistrusted that and asked why? Maybe they will get us in legal or immigration trouble and stuff like that.. it’s difficult- the fear invades us, that they will return us to our country.”*

Providers did not talk about this barrier, with the exception of the one Spanish-speaking family care provider. She shared her experience offering care to undocumented immigrant families, explaining that despite her services being accessible due to her native Spanish skills and early start time, *“when they realize they have to fill out an application with me, they don’t come back.”* She explained further:

*“I think the people without papers go with people without licenses- or with people who don’t ask for an application... I understand they are afraid and it’s easier for them to bring them to a person and it doesn’t matter if they have to pay a little more, they want to avoid filling out applications.”*

Officials and administrators were almost all aware of the fact that Latino families were at the risk of putting their immigration status in jeopardy in a myriad of ways, from driving without a driver’s license to working without a work permit. They also mentioned the potential distrust immigrant families may have towards local officials depending on their immigration status, making it more difficult with regard to engagement and outreach.

## 6. Bureaucratic Burdens

Providers and officials talked about the bureaucratic burdens of county processes and filling out paperwork. However, families did not talk about this barrier, likely given the *other* barriers that stand in the way of engaging in bureaucratic processes in the first place, namely language, lack of information, and fear of immigration consequences. While providers reflected on the confusing nature of finding and registering for child care and how it can be daunting for immigrant Spanish-speaking families, officials and administrators reflected on the ways in which they were intending to make the process more straightforward. Individuals we interviewed from

Head Start for example highlighted their family advocate programs that assist families with applications and registration documentation. Local city officials reported trying to mitigate bureaucratic burdens by hiring more bilingual staff and translating their documentation to other languages spoken in their jurisdiction.

## 7. Cultural Preferences

The other barrier emphasized by both providers and local officials was the potential cultural preferences of the Latino immigrant families. Providers reflected on this by suggesting how in addition to not being able to speak the same language, they felt uncertain about what families might prefer when it comes to the way their children are taken care of. One provider commented:

*“There was this one Hispanic family I was providing care for. Their baby-she was barely 1 at the time-had this bad skin condition, something like a rash. Even though I brought it up to her mother because it could potentially pose an issue for the other kids if it had been contagious, she insisted that her child was “fine”. It just wasn’t working. She would refuse to take her to the hospital too. Going to the doctors for creams and stuff was just not what she preferred. It wasn’t price or immigration status-related; it just was her preference.”*

Local officials and administrators felt disconnected from families’ preferences and desires driven by their cultural background, despite having the ability to connect with them in their own language through the assistance of interpreters. In addition, local officials and administrators did not feel informed enough about Latino immigrant communities’ cultural preferences, as seen in one officials’ comment:

*“It is also not really known or asked about what their opinion or cultural preferences are when it comes to child care.”*

However, families did not bring up the barrier of cultural preferences. They emphasized language access in using care providers, not that they necessarily preferred a provider who shared their same culture. This may suggest that what providers and officials interpret as cultural preferences actually represent structural barriers based on language access and immigration status.

## 8. Costs

Of the 3 groups interviewed, only families emphasized the prohibitive cost of child care. Families generally considered daycare centers the most expensive, as one mother interviewed considered these providers as “*private*,” meaning they had a higher price. They also reported that child care costs more for younger ages and becomes more of a burden when families have more than 1 kid. One mother commented:



*“But in a daycare, it’s much more expensive.... I haven’t gone there because they charge a lot, but a woman told me she brings her child there and they charge \$3 an hour, something like that- it’s a lot per week, only for 1 kid. And I have 4 no, I don’t know how much they’d charge!”*

Child care costs for families also often include the price of rides that parents pay for in order to get to and from the child care provider. This is an added cost associated with child care, as parents have to consider the price of rides not just to and from work, but also dropping off and picking up their children each day. Families view these costs within the context of their salaries and it can be challenging to pay for care when it means that you only earn half your paycheck *“because the other half goes to the babysitter.”*

Figure 13 illustrates the price burden for families paying for child care across Nobles County, which is consistently far above 7 percent of annual household income that the US Department of Health and Human Services would consider affordable.

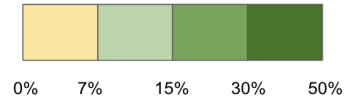


Figure 13. Cost Burden

Census Tracts	Median household income	Percent of income going to child care for 1 child**	Percent of income going to child care for 2 children***
<b>Nobles County</b>	<b>\$56,000</b>	<b>13%</b>	<b>25%</b>
• Tract 1051	\$65,351	11%	21%
• Tract 1052	\$56,157	13%	25%
• Tract 1053	\$64,722	11%	22%
<b>Worthington</b>	<b>\$49,590</b>	<b>14%</b>	<b>29%</b>
• Tract 1054 (W)*	\$54,861	13%	26%
• Tract 1055 (W)	\$48,105	15%	30%
• Tract 1056 (W)	\$54,831	13%	26%

\*(W) indicates Census block groups that overlap with the city of Worthington; however, block boundaries do not align with city boundaries and part of the block may lay outside of Worthington boundaries.

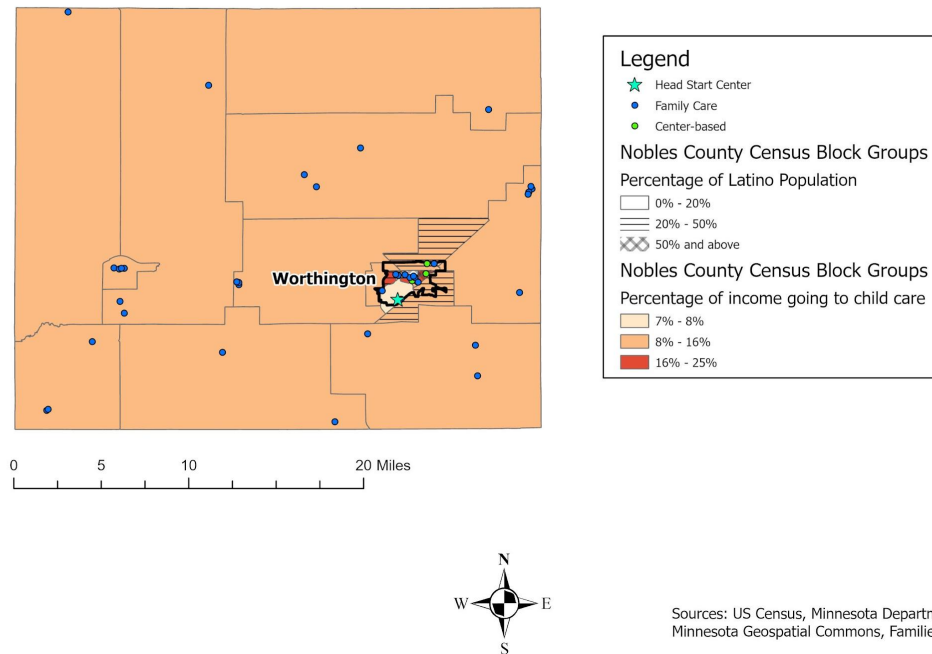
\*\*Average annual price for 1 child in care is \$7,098.

\*\*\*Average annual price for 2 children in care is \$14,196.

Map 5 shows the cost burden for having 1 child in care across the county at smaller spatial units, Census block groups. With this level of detail, we see that the price burden is highest in Worthington, with the exception of one block group where the price burden is around 7 percent. Taking the county as a whole, the vast majority would be paying far more than 7 percent of their median annual household income.

Map 5.

## Percentage of Median Household Income Going to Child Care in Nobles County for 1 Child (average cost \$7,098 per year)



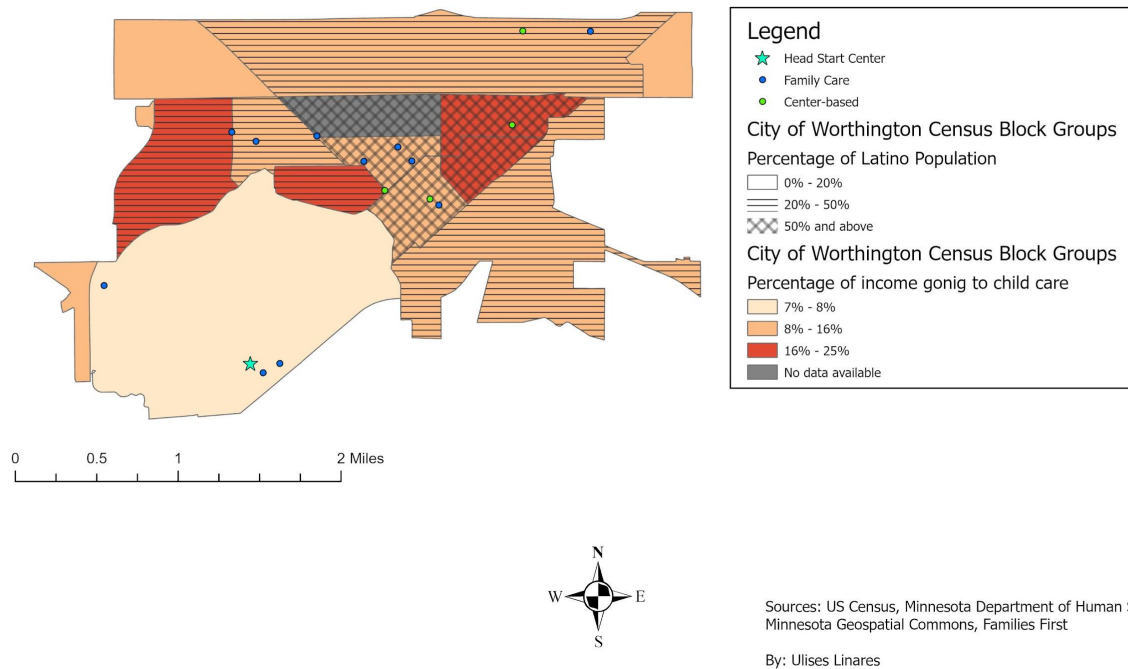
Sources: US Census, Minnesota Department of Human Services, Minnesota Geospatial Commons, Families First

By: Ulises Linares

Map 6 shows the price burden within Worthington, highlighting the relationship between price burden and the concentration of Latino residents. The three Census block groups with the highest cost burden are also those that have a medium or high concentration of Latino residents. Of note, the Worthington Head Start, the one provider that is free based on low income, is actually located in the Census block group with the highest median household income and therefore, lowest cost burden.

Map 6.

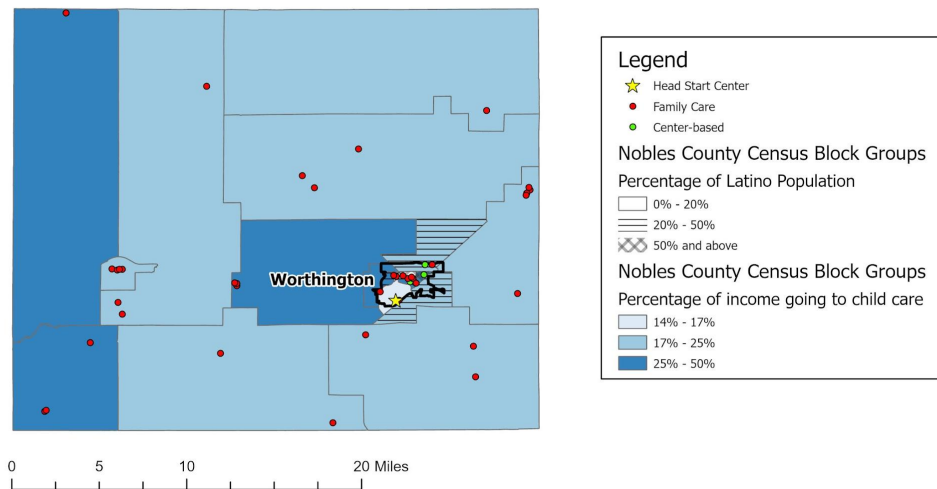
### Percentage of Median Household Income Going to Child Care in Worthington for 1 Child (average cost \$7,098 per year)



Maps 7 and 8 show the cost burden for having 2 children in care in Nobles County and Worthington, respectively. The child care cost burden disproportionately affects areas with a medium to high Latino population, but is also a problem for non-Latino populations as seen in the rural areas, especially in the western part of Nobles County. The majority of the county would experience a cost burden of 17 to 25 percent, and a large portion also would experience a cost burden of 25 to 50 percent.

Map 7.

## Percentage of Median Household Income Going to Child Care in Nobles County for 2 Children (average cost \$14,196 per year)

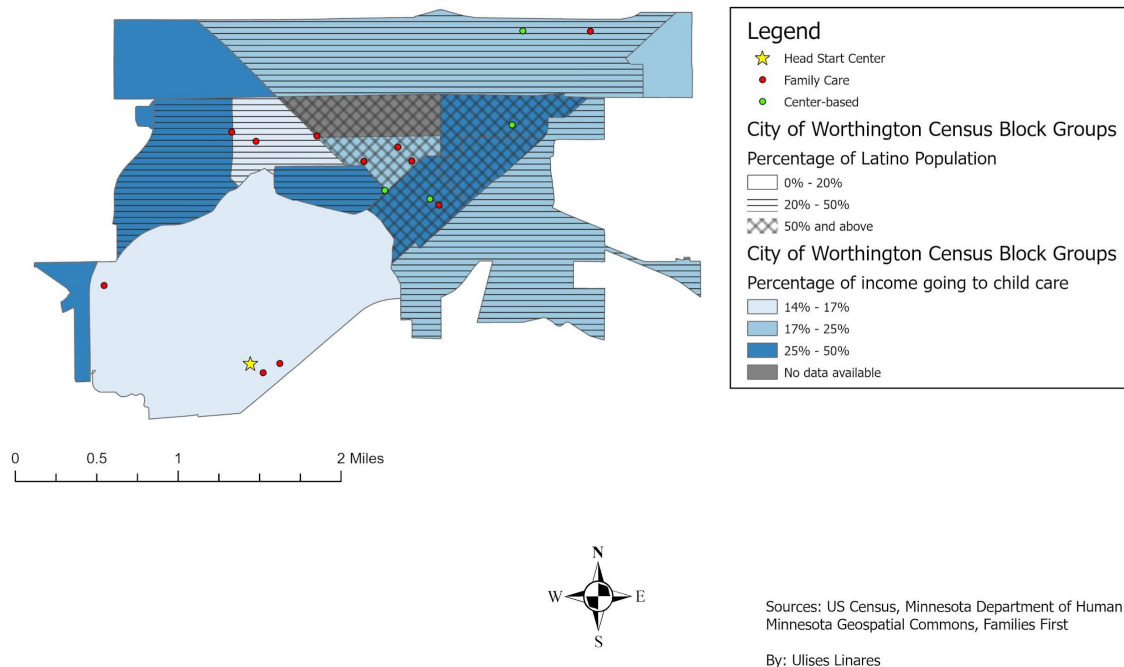


Sources: US Census, Minnesota Department of Human Services, Minnesota Geospatial Commons, Families First

By: Ulises Linares

Map 8.

## Percentage of Median Household Income Going to Child Care in Worthington for 2 Children (average cost \$14,196 per year)



### 9. Lack of Information

Another prominent barrier named by families is lack of information. Many families had only general ideas that there were likely care providers and day care centers in the area, but were uncertain of their exact location or how the pricing worked. Lack of information was also often related to social isolation, as many mothers reported mostly staying at home, not knowing a lot of people and lacking information about the child care infrastructure in the US. One mother commented:

*Sometimes you don't really get out much and you don't know a lot about day cares. ...I never knew about a day care until after, when my son was born and I started going to the [early childhood education] school and there I learned more about day cares. Sometimes you don't inform yourself.*

One area in particular where many families lacked information was the Child Care Assistance Program (CCAP), which has the potential to make child care more financially accessible. For nearly every mother interviewed, the interview itself was the first time they had heard of the program. This was especially striking because nearly every mother interviewed had received Women, Infants and Children (WIC) assistance through Nobles County, suggesting that they

had children were born in the US and were income eligible for assistance programs, yet the vast majority did not know that CCAP was a resource available for their children.

#### 10. Unknown Safety

Related to the lack of information and social isolation that many families experienced, families also reported the unknown safety of providers as a barrier. Many families worried about using care providers that they did not personally know or had not been personally recommended, posing an obstacle for families with minimal social connections. One mother commented:

*They have told me: 'yeah, I know places where you can leave your baby,' but my question is- what is the person like? I don't know them. Who else lives there?*

#### 11. Location

Family care providers added to the barriers discussed the difficulty of operating in rural areas. Some expressed the challenges of being located in areas so remote that there aren't many opportunities for them to tap into with the children they are looking after. One provider commented:

*There are things I can do to obtain an additional license that would allow me to drive the kids to close by parks or pools etc, but the licensing process for all of that is way too convoluted and expensive. Besides, I don't want to take on the responsibility of hauling other people's children around.*

#### 12. Licensing Process

Providers also highlighted difficulties experienced during the licensing process. Common complaints revolved around licensing classes that had inaccessible schedules and the convoluted nature of the process which includes multiple form submissions and house inspections. One provider shared that though she recently renovated her kitchen, she thought it still might not meet inspection standards, commenting:

*I live in rural Minnesota, in a farm house and while I was worried that the city was going to decide my house was trash, I had also very recently had my kitchen renovated. I was afraid that the fire marshals were not going to approve my house unless I had re-renovated the kitchen. I don't know how much that would have cost me.*

#### 13. COVID-19

Another barrier the providers experienced was the impact of COVID-19 on their business. Many providers had started their care business prior to the initial implementation of lockdown

measures, so the sudden reduction in their clientele due to these measures impacted their income negatively. For providers who started their business during the COVID-19 pandemic period or towards the end of the strict lockdown measures, things were a lot more adaptable.

They received additional training on hygiene and other health related matters. Additionally, both providers who started their business prior or during the COVID-19 period reflected on the difficulties stemming from a potential positive COVID-19 test result within their business. As one provider stated: *“If you have a positive case in your house, you are shit out of luck. You’ll have to figure out what to do for those two weeks you won’t be getting paid.”* This rendered them out of service for two weeks, with negative consequences for themselves as providers, as well as families.

#### 14. Limited Outreach

Lastly, local officials and administrators reflected on the difficulties they were having when trying to communicate with Latino immigrant families, especially with respect to the events they were organizing with the intention of bolstering the societal connection and comradery. One interviewee highlighted that this may have been due to the backgrounds from which some families come from, where local officials and administrators are either not trusted or not reached out to regarding their children or their ability accessing child care. Although these barriers were not experienced to the same extent, our interviewees from Head Start acknowledged the challenges that local officials and administrators face.

## II. Access

*“In reality, we only found this person- it wasn’t choosing. It was the only option or you have to stop working and then there’s not enough money.”*- mother on her experience accessing care

*“I currently charge \$135 per week per child. It used to be \$125 a month ago but had to up the fee a little bit. I also don’t charge for the days I am closed, or the days the kid does not show up. I also do drop ins for \$30.”*- provider on how she tries improve access for families, while balancing the financial sustainability of her business

Despite the barriers that families face searching for and using child care, they still find ways to access care for their children. Families talked about 4 main ways they access care: the mom leaving the workforce to care for the kids, parents working opposite schedules, having family members watch the kids or using informal unlicensed care. Families, providers and officials also shared factors that facilitate access to care: family assistance programs, peer relationships, price accommodations, and community engagement events.

However, the access to care that many families experience does not meet the OPRE definition of child care access. The families interviewed often felt they had to choose between reasonable



effort and affordability on the one hand, and care that meets their needs and those of their children, on the other. Families expressed a tension between the lower cost of family care providers, including informal providers, and the greater perceived safety and trustworthiness of center care providers and licensed providers in general. This puts families in a difficult situation, weighing various factors in their child care search and often having to respond to the most pressing factor, financial affordability.

This finding aligns with research on the child care accommodation model which shows that low-income families and families facing other structural inequalities, usually have to accommodate the constraints of financial resources and may choose affordability over their desired characteristics or quality of child care (Meyers & Jordan 2006; Vesley et al. 2021). Some families felt the child care arrangement they did have access did not involve much choice. For the families interviewed, addressing this tradeoff usually resulted in using one of four different child care situations that responded to financial constraints.

### 1. Approach 1: Mom Stays Home to Care for Kids

Among the families interviewed, the most common way to access child care was the mother in the family leaving work to stay at home, the care arrangement that 5 of the 14 families interviewed used. Families often made this decision because they could not find other child care options, due to barriers like lack of child care capacity or lack of information about child care options. Though it helped some families access a care arrangement, it certainly did not always meet parents' needs, as it put families in the situation of having only a single income. Families talked about challenges in paying for not only the needs of their immediate family, but also having enough to send money back home to family members and to pay off debts they had accumulated in the migration journey. One mother reflected on her experience staying home to care for her child and her partner being the sole income earner, commenting:

*"Sometimes I don't want to leave my baby but we have needs, like I have family in Guatemala to support and to support my partner- he gets tired and needs help."*

### 2. Approach 2: Parents Work Opposite Shifts

Another way that families access care is the parents working opposite shifts. When one parent works the first shift and the other works the second or overnight shift, the family is still able to have two income streams and saves money by providing their own care. However, families commented on the tradeoffs of this situation, namely that the family rarely gets to spend time all together. One mother commented on her and her partner's considerations, thinking about working opposite shifts: *"We won't share any time together. You come home, I leave...we won't eat together or anything."*

### 3. Approach 3: Family Members Watch Kids

Some parents had family members who were able to watch their children. This care was usually

more affordable since family members took into account their familial relationship when setting a price, but families recognized that this was not always the care environment that best met their children's needs. For instance, one mother commented on the help her mother-in-law provided with mixed feelings: *"It was a blessing for her to be here, but we know our child probably missed some of those skills she could have been taught earlier, learning skills."* Further, family members providing care was often an unstable situation, in which family members sometimes had to stop providing care due to health issues or to return to work to earn more than they were earning watching their children. One mother commented on this situation, illustrating the precarious nature of family member provided care within the context of families with great financial need:

*She's said that she needs to work though because we can barely maintain ourselves and we can't support her too. She needs to work but she's told me in June or July, so I don't know yet what I'm going to do with my baby.*

#### 4. Approach 4: Informal Unlicensed Providers

Families also use informal unlicensed providers, who tend to have more accessible prices and schedules. Granted, some families did not want to use informal providers at all, due to safety and quality concerns. But others did use informal providers once they had met them personally or received a personal recommendation from another family who had used their services. Some families recognized that informal care is a service that unauthorized immigrants often perform and the very reason they can not get a license is their lack of status. Some families reported positive experiences with informal care providers, such as one mother who commented that her provider was likely unlicensed, *"but she takes care of the kids really well and I liked how she received my kids, the way the kids got used to her. So I had some assurance."*

#### 5. Facilitator 1: Family Assistance Programs

Families' access to care arrangements was also facilitated by family assistance programs, such as early childhood education classes and Head Start, which help to address some barriers to care access such as lack of information. One mother reflected on her experience with Head Start family advocates who had visited her home to help her apply to the program, illustrating the significance of family assistance programs that bring information to families: *"if they hadn't come and told me, I wouldn't have known and wouldn't have sent my kid to the school or if no one tells us, we won't know."* Head Start administrators themselves highlighted their family assistance programs by which they would have their staff members engage with the families and assist them on a range of subjects from filling forms for various applications to accommodating their new environment.

## 6. Facilitator 2: Peer Relationships

Families also credited their peer relationships and personal social networks as a resource that facilitated their access to care through increased information and knowledge about the safety of providers. One mother commented: *“You go asking, ‘Do you know who takes care of kids?’ or people who have already had kids and others ask them if they know. There are people who know more things.”*

Similar to the support families get from peer networks, child care providers also benefit from interaction with other providers in their vicinity. They reflected on how helpful it was to be able to communicate with other providers who go through similar problems as them through social media channels, online or in person meetings conducted either bi-weekly or monthly. However, providers also have mentioned the strain COVID-19 pandemic put on these in-person meetings, even though they still continue to be conducted online.

## 7. Facilitator 3: Price Accomodations

Providers tried to facilitate access to child care for families, responding to the barriers they have observed or have been made aware of. One of the ways providers were able to address the barriers families were facing was making changes to their pricing for the care they provided. Although the price range amongst the providers interviewed did not fluctuate drastically, and none of them brought their price lower, they were able to provide families with flexible options. One of these flexible options was offering “drop-ins” slots, which they kept open at all times for certain age groups. This allowed for families to have an option of choosing between a few different providers in the case they needed to reassess their situation with the providers they were already working with.

Another price related accommodation that alleviated some barriers families were facing was not making the family pay for the days their child was not able to show up, although the family may have been registered for a weekly payment plan. Lastly, providers have indicated in our interviews that they were willing to be flexible when it comes to the hours operated in, if the family needed to drop their child off slightly earlier or pick them up slightly later.

## 8. Facilitator 4: Community Engagement

Local officials and administrators held community engagement conversations both on an individual basis and in larger community engagement events held by the local governments or organizations. These bi-weekly or monthly community engagement events were held with the intention of bolstering the engagement that happens between the local officials and administrators as well as the members of the Latino immigrant community, in addition to members of other minority groups. The City Administration of Worthington for example has implemented what they called “Cross-Cultural Advisory Committee”, a branch of the Worthington City Council, where community leaders would highlight the needs of their respective communities to the city administrators, fortifying trust.

### III. Quality

*“There has to be a connection with the person, that I know them- not just any one.”- mother reflecting on child care providers that she would consider quality*

*“Almost all of the ones we engage are licensed providers, otherwise we would have to report them to law enforcement. So considering they are all licensed, [you] could say they are high quality providers.”- local official sharing what she considers quality child care*

Latino immigrant families on the one hand and providers and officials on the other defined quality child care in slightly different ways. Families emphasized safety as their top marker of quality child care, defined in a more expansive way than just provider licensure, and additionally considered opportunities for education and socialization as important parts of quality care. Providers and officials largely understood quality care as licensed care, though our interviews had only a limited focus on quality from their perspectives.

#### 1. Safety

Families emphasized safety as their top marker of quality child care. They defined safe child care more expansively than child care providers or local officials, who tended to understand quality care as care that was licensed. For families, licensed care providers often fell within the category of safe care, but licensure status was not always the sole or principal factor in determining if care was safe and therefore of high quality. Families did talk about licensed care providers, emphasizing their training, knowledge and experience. For instance, one mother commented:

*For the children’s wellbeing, it’s better they have a license because they get the training and have to go to classes where they learn how to deal with difficult situations and first aid, what to do if a child chokes.*

However, families also defined safe care beyond just licensure. They emphasized personal connection with providers, people that families either knew personally or had been recommended through others based on their personal experiences. For some families, language is also related to safety, as they wanted to make sure that providers could understand their children’s needs and desires and could communicate any issues or emergencies with parents. One mother stated:

*Maybe I can find a person who can help me [to interpret] but they won’t always be available when they call me or try to tell me something is happening or my baby is sick or has something wrong, I won’t understand.*

#### 2. Opportunities for Education and Socialization

In addition to safe care, families named the opportunities for education and socialization in care as an important indicator of quality child care. Families talked about structured educational opportunities they recognized as more prevalent in child care centers, such as opportunities to draw, write and learn color and letter recognition. They also valued opportunities for their

children to participate in a variety of activities and environments, in contrast to being inside, which families often associated with informal or in-home care providers. One mother commented:

*Like in the day cares I've seen on days with good weather they take them out to play in the parks, they take the time to take them out so they have fun- that's what I want for my son... Only inside he's going to get bored.*

Families associated opportunities for education and socialization with other kids in care with preparation for school. Parents recognized that their jobs in meat processing and packing often meant long hours and less time at home with their kids working on development and learning opportunities. So families placed value on more structured care environments where their children could experience learning and socialization opportunities and believed this prepared them better for kindergarten and schooling. One mother whose friend currently cares for her baby reflected on the benefits of child care centers for school preparation:

*I know a girl who is in a day care and she's really smart in school- she has the best grades because at the daycare, they helped her develop really well.*

### 3. Perspectives of Providers and Officials

Child care providers and local officials and administrators largely defined quality care as licensed care. As our project focused on the perspectives of Latino immigrant families, quality discussions with providers and local officials were more limited and related to licensing processes. Both child care providers and local officials and administrators commented that the fact that a provider had a license was enough to designate the care as “quality,” given the fact that the provider has successfully completed the process necessary to acquire a license.

## IV. Relationship between Barriers, Access and Quality

The barriers to child care revealed in our investigation pose obstacles to access to child care for Latino immigrant families. Families have to accommodate various factors in their child care search and often have to respond to the most pressing factors, such as financial affordability and language access. This means that families cannot always access care that they would consider high quality. For example, families found that more affordable care was more likely to be unlicensed and in-home care, meaning they were constrained to choosing that type of arrangement over center care though they often considered center care to have higher quality education and socialization opportunities.

Though families, providers, and local officials had many similar perspectives on barriers, they also diverged on understandings of some barriers, with important implications for conceptions of access and quality. For instance, providers and local officials both brought up the barriers of bureaucratic burdens and cultural preferences, obstacles that families did not name. This points to different understandings of the barriers families experience, perhaps highlighting the limited engagement they have with families. On the other hand, families brought up the additional barriers of cost, lack of information and unknown safety of providers, highlighting some of the top obstacles that constrain their access to care: finances and social isolation that limits their personal connections and knowledge of safe and quality programs. However, providers viewed

cost differently, highlighting the difficulties of running a business, particularly during the period in which they were suffering from financial difficulties due to the pandemic, and their intentions to increase how much they charge given these difficulties.

The concept of quality varied between what families considered to be quality care, and how providers and local officials and administrators viewed it. For the latter two groups, quality care was indicated by the license status of the provider, as the process by which they had acquired a license reflected their status as a quality care provider. This attitude of the local officials and administrators did not require them to know the provider on a personal or professional basis however, since whether the provider was licensed or not was considered sufficient.

The implications of this focus on licensure as the marker of quality could serve to limit the definition of quality care, which immigrant Latino families defined more expansively. Though Latino immigrant families do value licensed care, they also tend to place value on personal connections and recommendations in connecting with providers, which could be best facilitated by addressing the social isolation that many families experience. In this way, each groups' understanding of barriers, access and quality have implications for the next steps that providers and local officials and administrators can take to expand child care in the county.

## **Future Considerations**

As local leaders in Worthington and Nobles County explore new ideas to expand child care, our findings can inform the design and implementation of new programs that they propose. With the recognition of the experiences of Latino immigrant communities, child care programs can become increasingly accessible, helping prepare children from immigrant Latino families for school in Nobles County and benefiting families and communities more broadly with more stable access to care. Though some barriers that present challenges are beyond the reach of local solutions, such as lacking immigration status, there are other barriers that Latino immigrant families face that local leaders can address directly. In particular, families, providers and local officials emphasized the need for more Spanish-speaking providers, training opportunities for these providers, and increased information for Latino immigrant families to learn about child care options available to them. The following considerations present issues to take into account as Worthington and Nobles County continue to address needs expressed by county residents and to expand child care for the community.

### **1. Consider Options for Increasing the Number of Licensed Spanish-Speaking Providers**

Families reflected on the serious lack of licensed Spanish-speaking providers, as currently there is only one such provider. Many Latino immigrant parents work in incredibly physically taxing jobs with long hours and may be interested in shifting careers and becoming involved in child care. However, most immigrant Latino families currently do not know about the process of getting a child care license, even if they have the work authorization to participate in the process. Interviews with providers who do not speak Spanish further solidified the difficulties Latino families were having searching for licensed Spanish-speaking providers.

There is likely a pool of unemployed and underemployed Latina immigrant mothers who currently stay home in order to care for their children, and these mothers may be interested in gaining the skills and training needed to become family care providers in the community. Therefore, Worthington and Nobles County could consider a cohort model of child care licensure for a small group of Spanish-speaking Latino community members who want to start providing family care. A necessary consideration would be finding a Spanish-speaking liaison from the county to talk with potential providers about the licensure process and its requirements, as well as providing Spanish language licensing classes for the cohort. The classes could be offered on weekends so employed participants could continue working while they get licensed. It would also be beneficial if the cost of the license application fee could be fully funded or subsidized to lessen the financial burden and improve access for interested Latino immigrant community members. This approach could increase accessible care for Latino immigrant families overall and incrementally address the lack of infant child care slots in particular, as licenses usually allow each family provider to care for 1 to 3 infants.

In addition to increasing family care providers, increasing center care capacity would also be beneficial. In thinking about expanding center care, our findings show that having

Spanish-speaking providers in child care centers and increasing infant capacity would support Latino immigrant families. While family care providers care for children alone and therefore their licenses have age-based restrictions, child care centers can hire more employees to focus on increasing capacity for infants. One example of this effort was the Tri-Valley Opportunity Council's child care project that sought to enroll immigrant families in a child care center. This experience highlights the importance of hiring Spanish-speaking team members in dedicated outreach positions that work with potential Latino immigrant families to share information about the new center and its application process. Unfortunately, once they had hired a Spanish-speaking team member, Tri Valley only spent about a month attempting to recruit families, using a single employee whose position was not dedicated to outreach, but rather to the entire start up and operation of the center. Given the known challenge of finding staff, the underutilized resource of Latina mothers who currently stay home to care for their children could also be explored. If Worthington or Nobles County could provide employment training to interested Latina mothers, they could form part of the staff at new child care centers and address the linguistic and cultural needs of Latino immigrant families.

These projects would require financial input. Nobles County administrator, Bruce Heitkamp, could apply to the [First Children's Finance's Rural Child Care Innovation Program](#) to develop a community-led child care task force, as well as funding strategies. For example, private-public partnerships could be beneficial as JBS and other major employers in Worthington could support start-up costs for new family and center child care providers. This partnership would ultimately support the sustainability of the workforce for JBS and other companies. Additionally, both the Worthington City Administrator, Steve Robinson, and Nobles County administrator could explore applying for additional grant money from state agencies such as the Department of Employment and Economic Development. Grant funds could be used to fund a cohort of Spanish speaking family care providers to get licensed and to train interested Latina mothers to work in child care centers.

## **2. Consider Options for Supporting the Existing Network of Informal Spanish-Speaking Providers**

Many Latino immigrant families use informal unlicensed care, such as friends, family, and neighbors. This care network responds to a critical gap in access, providing families with care that is linguistically accessible and has more flexible schedules and pricing. Families also use informal providers to help cover care for long work days, such as dropping their kids off at the neighbor's house in the early morning who is then responsible for getting the kids to school or another care arrangement. Therefore, in tandem with expanding licensed Spanish-speaking provider options, Worthington and Nobles County can explore ways to support this care network to increase the quality of care that families receive.

One existing resource is La Red Latina de Educación Temprana (The Latino Early Childcare Provider Network) that has been supporting friends, family and neighbor care providers in Richfield, MN for nearly the past decade. There is currently an existing partnership between the Southwest Initiative Foundation (SWIF) and La Red as part of a local child care working group.



With the support of SWIF, the city and county could draw upon La Red for Spanish language child care training that could both count toward licensure and be available to friends, family, and neighbor care providers who are not pursuing licensure.

A partnership with La Red would benefit Latino immigrant families in Nobles County. La Red offers Spanish-language child care training on topics such as CPR and First Aid, Sudden Infant Death and Shaken Baby Syndrome, and healthy childhood development. If these trainings were offered to all interested Spanish-speaking providers in Nobles County, providers would have increased access to training and families could better gauge the safety and quality of care based on the training courses providers had completed with La Red.

### **3. Consider Strategies for Increasing Information Flows to Immigrant Latino Families**

Families emphasized the lack of information as a major barrier to finding and using child care and suggested the creation of a bilingual help center dedicated to sharing child care information. One idea to explore would be creating a bilingual help center within the Early Childhood Education Program at School District 518, as this was a trusted program that families credited with helping them learn about new resources. Families commented that bilingual information on child care options and programs could be shared in places where people tend to congregate, such as schools and churches that Latino immigrant families attend.

The flow of bilingual information also could be improved with regard to the Child Care Assistance Program. Nearly every mother interviewed had received WIC from the county, illustrating that many families want to use county programs they are eligible for and which benefit their children. Yet, very few families interviewed had ever heard of CCAP. The county might benefit from exploring more ways to get families that receive WIC bilingual information about their potential eligibility for CCAP. Further, families that have already proved their income eligibility for WIC might be able to use WIC eligibility as proof of income qualification for CCAP if they receive both programs simultaneously.

### **4. Consider Alternatives to Support Current Providers Working to Provide Accessible Care**

In addition to bringing on new providers with more language capabilities, it is also important to support existing care providers who are trying to make their care more accessible. One way to support existing English speaking providers could be to facilitate access to classes to learn Spanish and potentially other languages down the line. With the abundance of various applications and online courses, these providers could be signed up for memberships that provide online classes, and the membership costs could be covered by the local administration. Additionally, the city or county could support providers to take Spanish classes at local schools such as Minnesota West Community and Technical College at subsidized rates. It would also be beneficial if some classes could be offered asynchronously to adapt to the schedules of the providers.

It could also be supportive to inform current family and center care providers about the Child Care Assistance Program and provide them with bilingual pamphlets and CCAP applications to pass on to families. Since providers have direct access to the families they serve, they are well positioned to inform families of their potential eligibility and support them in the application process. However, this kind of outreach is necessarily limited in its potential impact on Latino immigrant families, as most licensed family care providers interviewed did not serve any Latino immigrant families.

Finally, existing and future child care centers could explore increasing staff capacity to offer additional hours of care. For instance, centers could hire part-time workers who could work early morning or evening shifts to respond to the schedules that Latino immigrant families often need. It is also important to recognize that even if centers can extend their hours of operation, there will likely still be a need to create a bilingual outreach strategy to Latino immigrant families to increase the information flow and build trust.

## **5. Research Alternatives for Flexible Transportation Services**

Despite all the ideas to explore above, if families do not have an accessible mode of transportation, they will continue to struggle in accessing child care. Though presenting detailed transportation considerations is beyond the scope of this project, Nobles County and Prarieland Transit could investigate expanding public transportation options as a next step. For instance, Nobles County could look to other rural areas that have implemented creative transportation options, such as Arrowhead Transit services in Northern Minnesota that offer Dial-a-ride door to door services. In some counties, Arrowhead Transit users can purchase a 10 ride pass or an unlimited monthly pass to save money on rides. This could alleviate the financial burden for Latino immigrant families in particular, many of whom pay informal ride providers for each trip they take.

## **Conclusion**

As our study demonstrates, the child care capacity deficit in Nobles County, in tandem with many other barriers to child care access, creates unique challenges for Latino immigrant families that can often be overlooked. Our maps show that capacity is a significant barrier to access, and our interviews echo this finding, as both child care providers and families expressed limited capacity and licensing quotas as major barriers. This issue is further exacerbated by the high cost of child care, as the majority of Nobles County has to pay significantly more than 7 percent of their annual income for child care, rendering it unaffordable. Therefore, while a large percentage of Latino immigrant families live in the center of Worthington where providers are concentrated, access is still out of reach for many.

Our interviews show that families, providers, and local officials all agree on some barriers, namely lack of capacity, care schedules that do not align with family work schedules, language barriers, transportation challenges, and the potential adverse immigration consequences of using formal care arrangements. There were, however, also signs of disconnect in the understanding of barriers between families and local officials, as providers and local officials pointed out bureaucratic burdens and perceived cultural preferences, and families made mention of other barriers such the lack of access to information and fears regarding safety in leaving their child under the care of a stranger.

Latino immigrant families continue to access care despite these barriers, often having to accommodate the most pressing factors they experience, such as financial constraints and language barriers. As a result, many Latino families primarily access child care services by having the mother stay home, having family members provide care, or using informal unlicensed providers. Latino immigrant families also define quality care more expansively than providers or local officials might, emphasizing safe care as defined by personal connections and recommendations, in addition to licensure status. They also emphasized the educational and socialization opportunities that a care arrangement offers as a part of their assessment of quality.

Local leaders in the City of Worthington and Nobles County already are working hard to expand affordable child care and to develop new programs to make care accessible to all who need and desire it. The findings in this study identify specific barriers and needs to be considered and addressed as new programs are developed. Though capacity deficit is by now a well-known issue that Nobles County faces, it is important that the response to this problem addresses the additional challenges that Latino immigrant families face and accounts for the way these families currently access care and define quality care.

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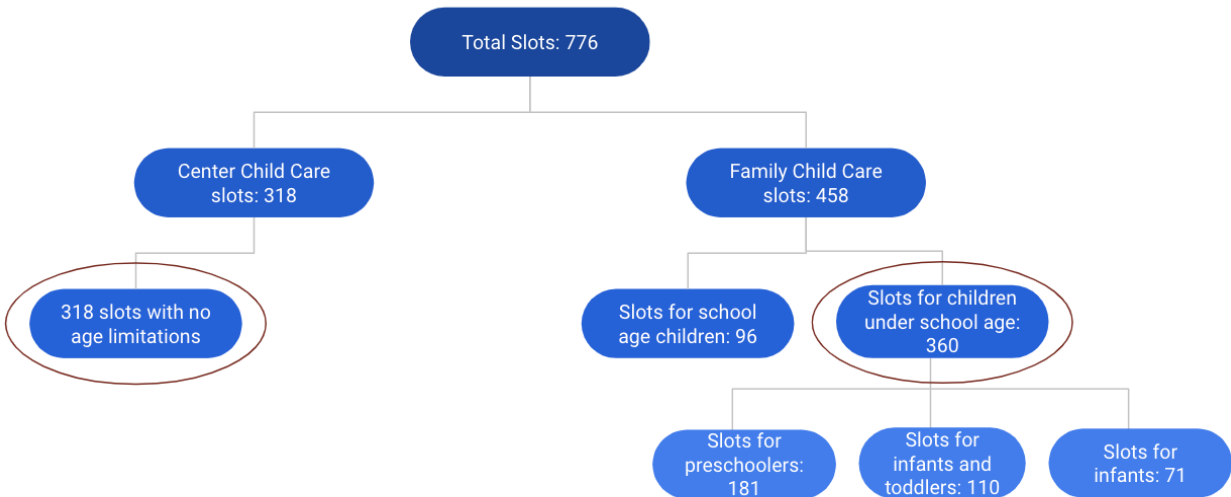
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## Appendix A.

The following figure shows the number of child care slots potentially available to children ages 0-5.





## Appendix B.

### Interview Guide (English): Latino Immigrant Families

#### Introduction

- 1) How long have you lived in Worthington/Nobles County and what is something you like about living there?
- 2) Why did you decide to move there?
- 3) Are you the 1st, 2nd or 3rd generation of your family in the US?
  - a) *First*: How long have you been in the US?

#### Work/Income

- 1) Do you work/where do you work?
  - a) *Yes*: How did you find this job? Do you know other people who work there? Do they live close by?
  - b) How many days a week and what hours?
  - c) Is your schedule consistent or does it change? How far in advance do you know your schedule?
  - d) What is your commute like? (ie length and method)
  - e) *No*: Would you like to work? What are the barriers you face in finding work/being able to work?
- 2) Does anyone else in your house work and help pay for the household's needs?
  - a) If so, who? (*Ask questions 1)a,b,c,d*)
- 3) Does the household income meet the needs of the household?
  - a) Does your household ever struggle to pay for: rent, utilities, food, transportation, or other needs?

#### Family/Kids/Social Networks

- 1) How many kids do you have?
  - a) How old are they? Do they go to school? Do any of them have special needs?
- 2) (*if not already answered above*): Do you have a partner? Do they work?
  - a) What is their schedule- how many days a week and what hours?
  - b) Is their schedule consistent or does it change? How far in advance do they know their schedule?
- 3) Do you have a family network in Worthington/Nobles County, or in larger MN?
  - a) Do you have other family members who live nearby- Worthington/Nobles County/MN? How many? Who? How often do you see them?
- 4) Do you know your neighbors? Do you have friends nearby?

#### Child Care

##### Access

- 1) What kind of child care do you use for your children?
  - a) A child care center, an in-home family provider, a friend/family member or neighbor?

- b) Do your children all go to the same child care provider?
  - c) How many days a week/hours do your children receive child care?
  - d) How do you get to child care (mode of transportation/commute time/cost)? Can you walk there?
  - e) Are there any child care providers in your neighborhood within walking distance? What is the closest child care provider to you?
  - f) *Doesn't have child care*: What impact does it have on you/your family not having a child care arrangement?
- 2) How difficult or easy was it to find this child care arrangement? What was the process of searching like? How did you find this child care arrangement?
    - a) Did anyone help you? (ie a county worker, a friend, or family member told you, etc)
    - b) How long did it take to find an arrangement?
    - c) *Doesn't have care*: Have you searched for care- what was that process like?
  - 3) Looking back on the process, what would have been helpful while searching for child care? (ie online information, having more connection with people in the neighborhood, etc.)
  - 4) In general, do you know of any informal child care providers in the area?

#### *Barriers*

- 5) What are some barriers that make it difficult to find/use child care?
- 6) Does your family receive child care assistance from the county?
  - a) What are the barriers to receiving this assistance?

#### *Considerations/Quality*

- 7) What are important factors when choosing a child care provider?
  - a) How do you know the quality of a child care provider?
  - b) What do you want your child to get out of child care? ie certain things they should learn or develop?
- 8) What would your ideal child care provider be like?

#### *Input*

- 9) Do people in the community ever seek out your needs or input around child care, like officials from the city or county, employers, or community groups?
- 10) Is there anything in particular you would tell city and county officials/policymakers as to what they should consider in child care access and how they could improve access?

## Interview Guide: Child Care Providers

### Introduction

- 1) How long have you worked in child care/had this business and what's something you enjoy about doing this work?
- 2) Where is your child care business located?

### Demographics/Basic Information

- 1) What are your days/hours of operation?
- 2) Do they tend to align with what families need? Is there any mismatch between the care hours and family's working schedules?
  - a) Have any families requested additional hours to match their work schedules?
- 3) What demographics do you serve? (race, ethnicity, nativity, socioeconomic status, language etc)
  - a) How do you try to provide services that meet the needs of these various demographic groups?
  - b) Where do your clients tend to live- what part of Worthington/Nobles County?
- 4) What are the demographics of your staff/coworkers?
  - a) Do they speak languages other than English?
  - b) Is there a demand for staff who speak another language? If so, are there any difficulties in hiring new staff with these skill sets?
- 5) Do you accept families who are receiving CCAP from Nobles County?
  - a) If so, what percentage of families receive CCAP at your business?
- 6) What is the average price per child to attend your child care?
- 7) Do you have available spots open now/do you tend to have available spots open?

### Immigrant Families

- 1) What percentage of your clientele is formed out of immigrant families?
  - a) About what proportion is 1st gen, 2nd gen, and 3rd gen?
  - b) From what countries/regions? Language? Religion?
  - c) Do you have any special initiatives or specific cultural competency policies that directly address immigrant access to their services?
- 2) What experiences have you had providing services to 1st, 2nd, and 3rd generation Latino immigrants?
  - a) What have been the barriers that you see Latino immigrant families experiencing to accessing care?
- 3) Do Latino immigrant families have unmet needs you see and is your business able to help connect/refer them to other resources?

### Provider Needs/Barriers

- 1) From your perspective, what are the challenges to serving Latino immigrant families?
  - a) What successes have you had serving Latino immigrant families/are there ways you have successfully been able to connect with/serve Latino immigrant families?

- 2) *(For owners/operators:)* How did you start your business? What was the process like of getting licensed (if applicable)/finding clients/etc?
  - a) What challenges did you face in starting your business?
  - b) In your opinion, is the process difficult and expensive enough to deter new child care centers from entering the market to meet the demand?
    - i) What are some changes you'd like to see from the government to facilitate the process, and what support could be provided?
- 3) What are the challenges of operating/working in child care in rural Minnesota specifically?
- 4) What challenges has the business had with staffing- ie high turnover, lack of qualified workers, etc?
  - a) Scheduling- do employees have consistent or changing schedules/how far in advance do they know their schedules?
- 5) What has been the impact of COVID on your work?
- 6) Are there resources you are lacking for your business- ie financial, increased training/knowledge, PPE, etc.?
- 7) What are your opinions on the most recent grant (from DEED) to study and expand child care in Nobles County?
  - a) Were you made aware of this grant/study, or is this the first time you hear of it?
- 8) Do you utilize some sort of a support network in conjunction with other child care providers in your area?
  - a) Do these support networks involve informal/unlicensed providers?

## Interview Guide: Local Officials and Administrators

### Introduction

1. What is your role and how long have you been in that role?
  - a. Could you give us a brief description of your day-to-day work?

### Demographics/Basic Information

2. What are the demographics of the unit or the office you work in?
  - a. What languages do people speak?
3. Where is your office located? What are your working hours?
4. What are some ways community members can communicate with you, how often can they do that? Are there specific outreach methods?

### Perspectives on Child Care

1. In your position, what do you hear about child care access? (from community members, coworkers, etc.)
2. How many child care providers do you know of in Nobles County/the area?
  - a. How many are high quality/what is the quality distribution?
  - b. Do any have open spaces?
3. What are the challenges that child care providers face that you hear about most frequently?
  - a. Any attempts in trying to improve the quality of child care centers across providers and facilitate the process to open a new one?
  - b. How much do you know about the experiences of informal providers? How are they able to access resources/support?
4. What are the barriers to access that families experience that you hear about most frequently?
5. What are the barriers to access that Latino immigrant families in particular experience that you hear about most frequently?
  - a. What barriers exist for Latino immigrant families trying to get child care assistance through CCAP?
    - i. Is there currently a waitlist/how long is it?
6. What are the barriers you face in engaging with the issues you just mentioned? What are some constraints you face in your position in engaging with child care access engaging with/reaching out to families?

### MN Deed Grant

7. Tell us about the MN DEED Grant from your perspective. What do you think the goals are?
  - a. How will it expand access to child care?
  - b. How will it improve child care quality?
  - c. How will it contribute to equity in child care access for Latino immigrant populations?
  - d. What challenges will the County face in meeting these goals?