

REPORT

The New Economy and Child Care: Nonstandard-Hour Work, Child Care, and Child Health and Well-Being

May 15, 2019

Angela Rachidi, Mathematica

Russell Sykes, American Public Human Services Association (APHSA)

Kerry Desjardins, APHSA

Julius Cesar Chaidez, APHSA

This page has been left blank for double-sided copying.

CONTENTS

| | |
|---|-----|
| EXECUTIVE SUMMARY | V |
| INTRODUCTION..... | 1 |
| SECTION 1. CHANGING WORK SCHEDULES, CHILD CARE STABILITY, AND CHILD OUTCOMES | 3 |
| Data and methods..... | 4 |
| Results | 5 |
| Discussion..... | 8 |
| Policy implications..... | 9 |
| SECTION 2. STATE PERSPECTIVES ON SERVING NONSTANDARD-HOUR WORKING PARENTS | 11 |
| Methodology..... | 11 |
| Findings..... | 12 |
| Strategies to improve child care access and quality | 15 |
| Policy ideas | 17 |
| Conclusion | 17 |
| SECTION 3. INSIGHTS FROM STATES ON PROVIDING CHILD CARE ASSISTANCE TO PARENTS WHO WORK NONSTANDARD HOURS | 19 |
| Methodology..... | 19 |
| Key findings..... | 19 |
| Challenges..... | 20 |
| Strategies to improve access for nonstandard-hour working parents | 22 |
| Strategies to improve the quality of child care for nonstandard-hour working parents | 24 |
| Data on parents who work nonstandard hours..... | 25 |
| Innovations and local efforts..... | 26 |
| CCDBG implementation and impacts..... | 26 |
| Conclusion | 27 |
| Policy and Practice Strategies to Explore | 30 |
| Areas for further investigation..... | 31 |
| REFERENCES..... | 33 |
| APPENDIX A: METHODOLOGY FOR SECTION 1 | A.1 |
| APPENDIX B: ADVISORY BOARD MEMBERS..... | B.1 |
| APPENDIX C: LIST OF STATE SURVEY RESPONDENTS..... | C.1 |
| APPENDIX D: LIST OF INTERVIEWED STATES..... | D.1 |
| APPENDIX E: SURVEY RESULTS | E.1 |

TABLES

| | | |
|------|---|-----|
| A.1. | Baseline descriptive statistics, by work schedule from birth to 3 | A.2 |
|------|---|-----|

FIGURES

| | | |
|------|--|-----|
| 1. | Hypothesized path diagram | 5 |
| 2. | Nonstandard-hour schedules among working mothers in first three years of focal child's life (n = 1,694) | 6 |
| 3. | Time spent working and number of jobs, by work schedule category | 6 |
| 4. | Child care and voucher stability, by work schedule | 7 |
| 5. | Direct and indirect effects (coefficients) of provider transitions and work schedule on child-related outcomes | 8 |
| 6. | State survey respondents | 11 |
| 7. | State perception of the impact of new CCDBG requirements on access to subsidized care for parents working nonstandard hours | 14 |
| 8. | State perception of the impact of new CCDBG requirements on quality of subsidized care for parents working nonstandard hours | 14 |
| 9. | State perception of ease in finding care for parents working nonstandard hours (n=34) | 15 |
| 10. | State perception of ease in meeting child care needs for parents working nonstandard hours (n=34) | 15 |
| 11. | State reported strategies to improve access to subsidized care for parents working nonstandard hours (n=34) | 16 |
| 12. | State reported strategies to improve quality of subsidized care for parents working nonstandard hours (n=34) | 17 |
| A.1. | Hypothesized path diagram | A.3 |

EXECUTIVE SUMMARY

Nearly 20 percent of workers in the United States work nonstandard hours and working parents of young children spend 16 percent of total work hours outside of the standard work schedule (McMenamin 2007; Office of Planning Research, and Evaluation [OPRE] 2017). Nonstandard-hour work is more prevalent among low-wage workers, with estimates suggesting that 28 and 50 percent of low-wage workers have nonstandard-hour schedules (Watson and Swanberg 2013). Research concludes that working nonstandard hours leads to worse physical and emotional well-being for workers, increasing the possibility of negative effects on their children, including behavior problems, obesity, delayed cognitive function, and lower rates of school readiness. The availability of center-based child care during nonstandard hours of work is minimal, with estimates that only 8 percent of center-based care providers offer nonstandard hours, meaning parents working these schedules often rely on family, friends, and neighbor care (National Survey of Early Care and Education 2015).

We combined two approaches to study the intersection of nonstandard-hour work schedules, child care, and child health and well-being:

1. Research on young children using data from the Fragile Families Child Well-Being Study (FFCWS)
2. A survey of all state child care and U.S. territory administrators as well as in-depth follow-up with select survey respondents

Our research using longitudinal data from the FFCWS showed that mothers with young children ages birth to 3 years who worked both standard- and nonstandard-hour work schedules at some point after the birth of their child experienced more child care instability than those who worked only one type of schedule during those early years. We found an association between this child care instability and externalizing behavioral problems for their children (such as more conflict with others or trouble with authority). Seeking remedies to mitigate the instability of changing schedules and the resulting child behavioral problems could be a way for public policy to improve the health and well-being of low-income children.

State child care subsidy programs should help low-income families, including parents who work nonstandard hours, afford child care and perhaps increase child care stability. But this is only true when the supply of subsidized child care is sufficient to meet the demand. New health and safety requirements in the federal child care subsidy program as of 2014 might have the unintended consequence of reducing supply, especially among subsidized informal providers who nonstandard-hour working parents often rely on (Henly and Adams 2018).

We surveyed state child care administrators in states and territories to understand how the child care subsidy system serves parents working nonstandard hours, including how they perceive the impact of the 2014 law. Thirty-four states responded and acknowledged that both access to and quality of subsidized nonstandard-hour child care was a challenge for working parents. Most states did not report that changes to the Child Care and Development Block Grant (CCDBG) in 2014 affected parents working nonstandard hours one way or the other, but among the small number that felt it had an effect it was mostly negative. We also learned that states vary

in the steps they have taken to address access and quality issues for parents who work nonstandard hours.

To learn more, we held in-depth follow-up interviews with 13 of the states that responded to the survey. Some states identified children of parents who work nonstandard hours as a priority population, describing efforts to address problems with access to and quality of subsidized child care for them. But other states did not perceive this as a priority populations, admittedly often because other issues were more pressing. Consistent across states that we interviewed, however, was the view that they know little about the actual demand for subsidized child care among parents who work nonstandard hours and how well state subsidy programs are serving them.

States suggested strategies to address the child care problems faced by parents working nonstandard hours and their limited child care options: increasing overall funding for child care in the CCDBG; providing incentives to center and family-based child care providers to offer nonstandard-hour care; increasing the value of parent vouchers for child care; providing more training for informal family, friends, and neighbor care providers; raising rates for all child care providers; and tracking or sharing best practices to address the growing need as the economy in many sectors (retail, wait staff, hospitality, cashiers, security workers, personal and home health aides, and so on) in which more shift work and unstable schedules can be the norm.

Although states expressed awareness of the importance of child care supply and quality during nonstandard hours, they are at different places in terms of addressing the issue, while simultaneously implementing many new federal and state requirements within the CCDBG.

Support for this report was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

INTRODUCTION

The round-the-clock nature of the new economy raises considerations for child care and child well-being. In the United States, about 20 percent of the workforce works at night or on the weekend and parents of young children spend 16 percent of their total work hours outside of the typical work day (McMenamin 2007; OPRE 2017). Among low-wage workers, the percentage working nonstandard hours is between 28 and 50 percent (Watson and Swanberg 2013). Parents who work nonstandard hours (outside of the typical 8:00–9:00 a.m. to 5:00–6:00 p.m. business day) presumably face more child care challenges than standard-hour workers because of difficulties finding a child care provider that offers care during off hours, which could translate into poorer child health and well-being. The availability of center-based child care during nonstandard hours is minimal, with estimates that only 8 percent of center-based child care providers offer nonstandard-hour care (National Survey of Early Care and Education 2015). With many parents working nonstandard hours, the need to expand options for quality and accessible child care during those hours is crucial for supporting the health and well-being of children.

Public child care assistance can reduce child care problems for nonstandard-hour workers by offering more resources to afford child care during work hours, but prior research suggests that nonstandard-hour working parents are less likely to receive child care assistance (Tekin 2007; Rachidi 2016). Public child care assistance programs offer a critical safety net for nonstandard-hour working parents that supports the health and development of their children, but little is known about how states administer their programs to meet the needs of these working parents and what, if any, obstacles states face. Reauthorization of the Child Care and Development Block Grant (CCDBG) in 2014, the major source of federal funding for child care assistance programs for low-income families, imposed new health and safety standards on child care providers, namely informal providers that parents working nonstandard hours often rely on. This may have the unintended consequence of reducing the supply of subsidized care for nonstandard-hour working parents even more, which could further affect the health and well-being of their children.

With this context in mind, this project explored the relationships among nonstandard-hour work, child care, and child health and well-being. We analyzed the Fragile Families and Child Wellbeing Study (FFCWS) data, which include longitudinal data on numerous factors for a cohort of primary low-income, urban parents and children, such as economic and employment status, program participation, children’s cognitive and emotional development, and children’s health. We analyzed FFCWS data to explore the relationships among maternal work schedules, types of child care providers used, availability of child care assistance, and child well-being.

We also explored the issue of child care access and quality, particularly for parents who work nonstandard hours, from the perspective of state child care administrators, and how this population is served by state child care assistance programs. We surveyed state child care administrators about their child care assistance programs, including the impact of the 2014 reauthorization of CCDBG on child care access and quality for nonstandard-hour workers and strategies to better serve them. The survey also asked state child care administrators how the state and/or federal government could make it easier for agencies to meet the child care needs of nonstandard hour workers. We followed the survey with in-depth interviews of a subset of states

to learn more about specific challenges and strategies used by states to serve nonstandard-hour workers and their children. In total, 34 states completed the survey, 13 of whom participated in follow-up interviews to discuss these issues.

SECTION 1. CHANGING WORK SCHEDULES, CHILD CARE STABILITY, AND CHILD OUTCOMES

Many American workers, including parents, work outside of regular business hours (McMenamin 2007; OPRE 2017). Research shows that working outside of regular hours leads to worse physical and emotional well-being for workers than those who work standard hours, increasing the possibility of negative effects on their children (Sun et al. 2018; Wang et al. 2014; Vyas 2012). Less parental time to spend with children, poorer health due to working odd hours, and worsened quality relationships due to increased stress are all potential explanations for why nonstandard work hours might have a negative impact on children (Li et al. 2014; Morrissey et al. 2011; Dunifon et al. 2013; Joshi and Bogen 2007).

Research concludes that the effects of nonstandard-hour work schedules on children are generally negative. Along with other factors, nonstandard-hour work schedules have been linked to behavioral problems, obesity, delayed cognitive functioning, and lower rates of school readiness among children (Joshi and Bogen 2007; Hsueh and Yoshikawa 2007; Daniel et al. 2009; Rosenbaum and Morett 2009). These negative child outcomes have been attributed to how the problems of the individual worker affects their children – that is, increased stress and depression among parents from working nonstandard-hour schedules negatively affect the health and well-being of their children (Pilarz and Hill 2014; Tran and Weinraub 2006; Claessens and Chen 2013).

If a direct link indeed exists between parents' work hours and children's outcomes, identifying the direct pathway is critically important for developing government or private sector policies to mitigate negative effects on children. On the other hand, if other factors or something else altogether and not nonstandard-hour work schedules actually explain these negative effects, misdirected policies or interventions might result.

One potential pathway not very well understood is the child care arrangements used when parents work nonstandard hours. Nonstandard-hour work schedules likely lead to different quality child care, which could affect children's outcomes, or they might be associated with more child care instability, either because nonstandard-hour work itself is unstable or because parents who work nonstandard hours are more prone to changing schedules by choice. Research supports the idea that child care instability contributes to behavioral problems for young children, as well as delayed cognitive development, mainly because caregiver transitions disrupt secure child and adult interactions (Kimmel and Powell 2013; Han 2008; Miller 2005; Henly and Lyons 2000; Wolf and Sonenstein 1991;). This makes studying the relationship between work schedule and child care stability crucial to understanding children's health and well-being.

Because data are limited, empirically linking work schedules, child care instability, and child health outcomes has proven difficult. What is known is that informal child care, such as family, friends, and neighbor care, is much more common among nonstandard-hour working parents than standard-hour workers (either by choice or necessity). But the research is less clear about whether informal care creates more instability and worse child outcomes than other types of care, assuming other types of care are even available (Wolf and Sonenstein 1991; Henly and Lyons 2000).

In some ways, informal child care might lead to more instability for children, with relatives and friends who provide informal care not considering it a profession or even a priority at times. On the other hand, informal care providers might be more committed to the child and the parents, making the arrangement more stable than formal child care (National Survey of Early Care and Education 2016). Research generally supports this ambiguity concluding that informal care is no more or less stable than other forms of child care (Dunifon et al. 2013), but it remains difficult to disentangle the effects of child care setting on stability from the broader question of employment stability.

If stability is the key issue, work hours might be less important in explaining children's health and well-being than the stability of the work schedule. Research shows that changing schedules over time is common when mothers work some nonstandard hours, suggesting a level of schedule instability for these workers and their children (OPRE 2017). Using time-diary data from the FFCWS, we explored the relationship between work schedule and child care instability, and how both ultimately affected children's outcomes.

Data and methods

The FFCWS is a longitudinal survey of parents who had a child from 1998 to 2000 in 20 large U.S. cities, as well as an in-home assessment in years 3 and 5 after the birth (Reichman et al. 2001). The core survey consisted of telephone interviews with both mothers and fathers at birth and again when children were 1, 3, 5, and 9 years old. The study oversampled unmarried mothers and income levels at baseline were low, with 73 percent of the total sample being unmarried mothers earning less than 200 percent of the federal poverty level.

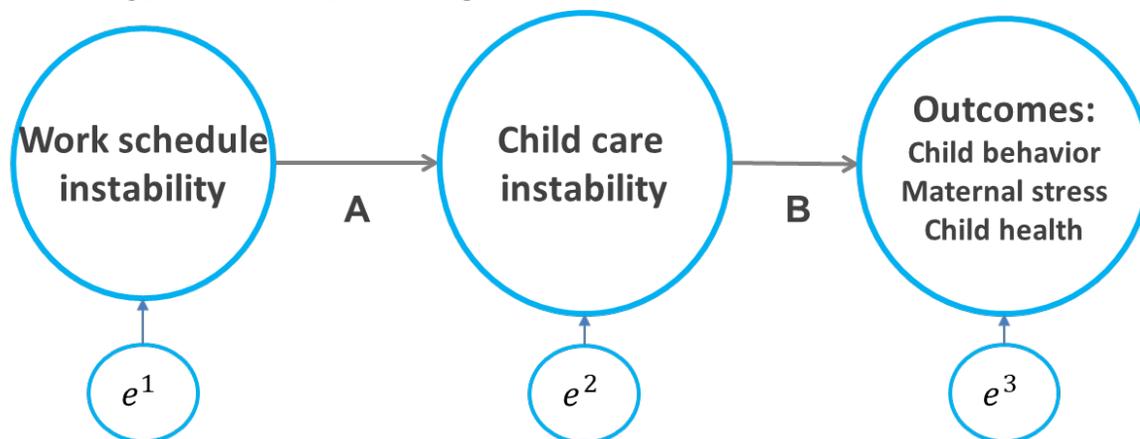
We used the in-home assessment conducted when children were 3 years old to explore the relationship among work schedule, child care arrangement, and children's outcomes. FFCWS is one of the few data sources that collects calendar data, with mothers asked about every job they had, the duration, work hours, and type of care their children were in during those work hours. We linked the calendar data to the FFCWS survey data, which provided a complete account of maternal employment (including the associated work schedule), child care arrangements, and the associated children's behavioral and health outcomes. The analysis explored five outcomes measured through the in-home assessments: child externalizing behavior, internalizing behavior, maternal stress, child emergency room visits, and child's general health as reported by the mother.

We used the calendar data to calculate the number of child care provider and job transitions, and to categorize each mother as having worked only standard-hour schedules, only nonstandard-hour schedules, or a combination of both during the first three years of the focal child's life. Those who had more than one child care provider or job at the same time were not considered a transition if the dates and duration were the same (meaning that they were concurrent); but if the duration was not the same we included it as a transition. Respondents answered questions about each job they had since the birth of the focal child and whether the job shift involved days (7:00 a.m. to 7:00 p.m.), evenings, nights, or swing shifts. We classified responses that indicated evenings, nights, or swing shifts as nonstandard-hour schedules.

We estimated a statistical model to test our hypothesis that changing work schedules is associated with child care instability (path A in Figure 1), which in turn negatively affects child

health outcomes (path B in Figure 1). In the model, we controlled for other family characteristics, such as income, age, marital status, education level, race and ethnicity, and household composition (see Appendix A for a list of the control variables).

Figure 1. Hypothesized path diagram



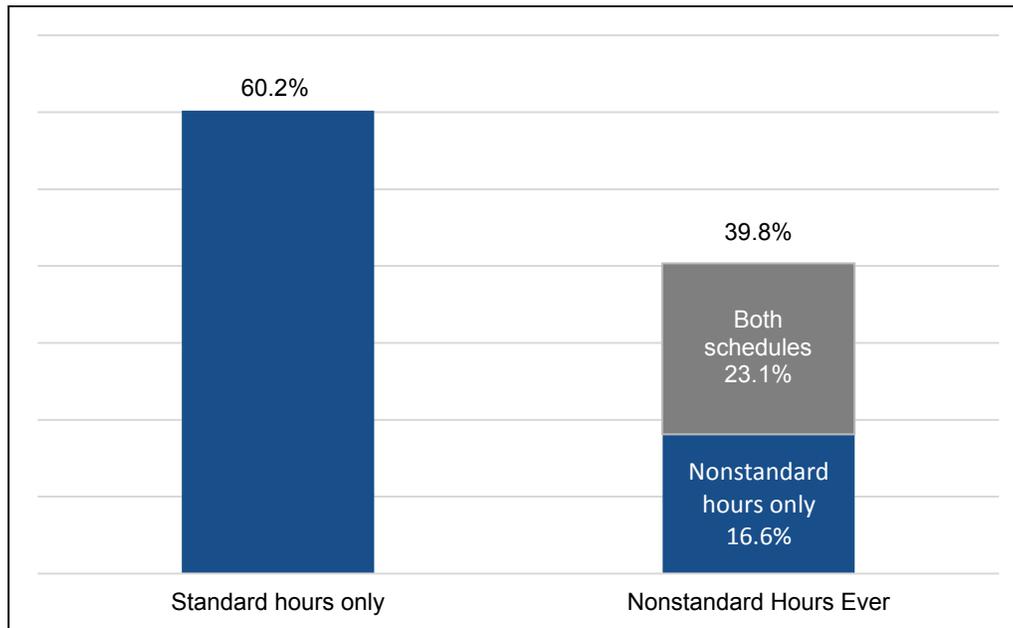
e = error.

The analysis focused on mothers of 3-year-old children because child development is particularly critical in the early years, and any negative effects of nonstandard-work hours or schedule transitions on children are likely to show up in early years (Harvard University Center on the Developing Child 2017). We also focused on young children because children typically spend the most time in child care before starting kindergarten. The sample included 1,694 mothers, mostly low-income women who had worked and used child care at some point since the birth of the focal child. This reflected a subset of the 2,055 mothers who completed the child care and employment calendar during the year 3 in-home assessments. We dropped respondents from the sample who were not employed at any time since the birth of the focal child (although they used child care). The data represent the years 2001 to 2003. Although the social context has changed since then, these data provide an important opportunity to explore work schedule and child care arrangements, as well as any potential effects on children's outcomes.

Results

Most mothers worked only standard schedules, but changing schedules over time was common. Of the working mothers in the sample, most worked standard-hour schedules only with nearly 40 percent working nonstandard-hour schedules at some time in the first three years of the focal child's life (Figure 2). Of those who ever worked a nonstandard-hour schedule, slightly more worked both types of schedules over time than only working a nonstandard-hour schedule, suggesting that changing schedules was relatively common among those who ever worked a nonstandard-hour schedule (Figure 2).

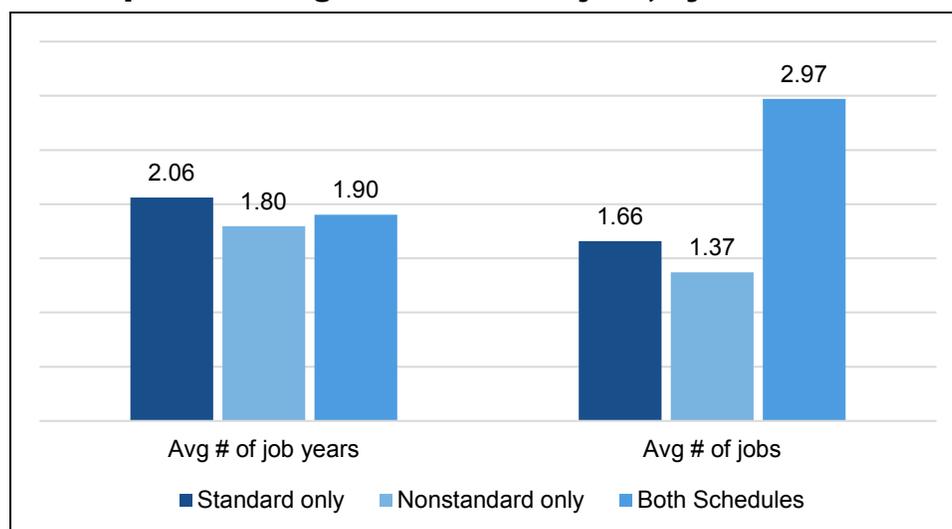
Figure 2. Nonstandard-hour schedules among working mothers in first three years of focal child's life (n = 1,694)



Source: Author's calculations using the Fragile Families core survey and in-home calendar data during the focal children's first three years of life.

Job changes often resulted in schedule changes. Mothers who worked both types of schedules had on average more jobs than mothers who worked only one type of schedule, but the overall hours worked was fairly similar across the different work schedule groups (Figure 3). This suggests that the job instability faced by some of these mothers was related to job schedule changes rather than changes to jobs with the same schedule.

Figure 3. Time spent working and number of jobs, by work schedule category

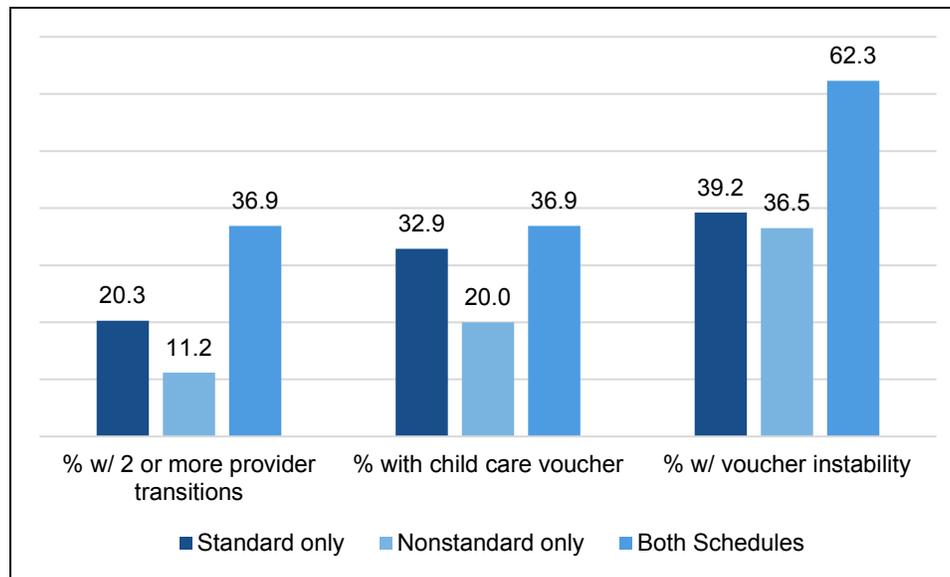


Source: Author's calculations using the Fragile Families core survey and 3-year in-home calendar data.

Changing work schedules related to more child care providers and instability in subsidies. Families also experienced instability in their child care arrangements and access to child care subsidies, with those working both types of schedules experiencing the most instability. More than one-third of mothers who changed work schedules experienced two or more transitions among child care providers. Those who worked standard schedules only and only nonstandard-hour schedules experienced more stability (Figure 4).

Only 20 percent of mothers who only worked nonstandard-hour schedules received a child care voucher, and one-third or more of mothers working standard-hour schedules only and both types of schedules received vouchers. Mothers who worked both types of schedules also experienced much more voucher instability (meaning at least one break in voucher receipt) (62.3 percent) than those working either schedule only (Figure 4).

Figure 4. Child care and voucher stability, by work schedule



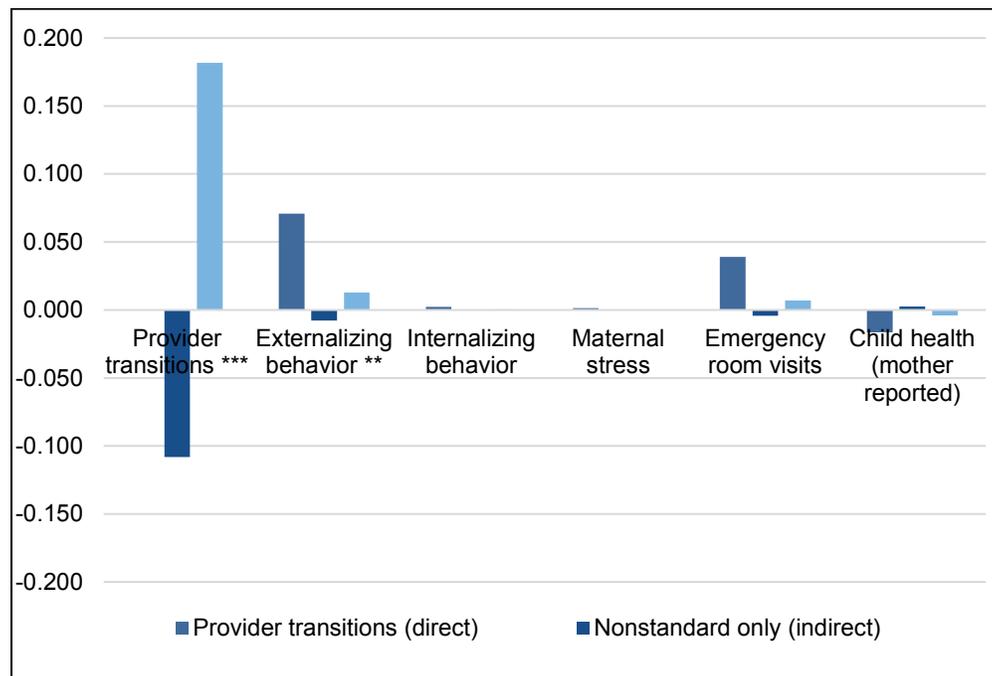
Source: Author's calculations using the Fragile Families core survey and 3-year in-home calendar data.

Changing work schedules over time related to child care instability and externalizing behaviors for children. Our analysis showed that working both types of schedules over time when the child was young was associated with more child care instability than working either type of schedule alone (Figure 5). The bars in Figure 5 represent the direct and indirect coefficients from the statistical model, reflecting the relationship between these factors when a variety of individual characteristics are controlled. It shows that mothers who worked nonstandard-hour schedules only had statistically *fewer* child care provider transitions on average than those who worked standard-hour schedules only, and that those who worked both types of schedules had statistically *more* child care provider transitions on average than those who worked standard-hour schedules only (the furthest left bars).

We further explored the relationship between work schedule and child care provider transitions to determine whether the child care instability that resulted affected child outcomes.

The results suggest that provider transitions had a statistical relationship with child externalizing behavior only, and because working both types of schedules was related to more child care transitions, working both types of schedules was also related to higher child externalizing behavior (Figure 5). Child care provider transitions was not related to the other four child outcomes, nor was work schedule.

Figure 5. Direct and indirect effects (coefficients) of provider transitions and work schedule on child-related outcomes



Source: Author's calculations using the Fragile Families core survey and 3-year in-home calendar data.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Discussion

The analysis confirmed that child care instability was much more common among mothers who changed work schedules over time. Child care voucher instability was also higher among this group, suggesting a connection between provider instability and voucher instability. Young children of mothers who worked only nonstandard-hour schedules experienced the highest level of child care provider and voucher stability (although their mothers were much less likely overall to receive a child care voucher). This suggests that work schedule alone is perhaps less important than the stability or consistency of that schedule.

The instability associated with changing work schedules from standard to nonstandard hours or vice versa was related to children's externalizing behavior. No differences emerged for internalizing behavior, maternal stress, emergency room visits, or children's general health. Further research is needed to examine longer-term outcomes, such as cognitive measures or school readiness, and that research should include a more representative and current sample of working mothers with young children. Currently, the Fragile Families study is the only longitudinal data set (to our knowledge) that combines calendar data on work schedule and child

care with children's outcomes. Researchers could replicate this design with data collected from a new sample of families, coupled with qualitative analyses to explore the experiences of families raising young children and working nonstandard hours.

Policy implications

These findings suggest that instability associated with changing work schedules rather than working nonstandard-hour work schedules alone might harm children. This implies that policy interventions should focus on increasing stability, whether through supporting consistent work schedules or supporting consistent child care arrangements.

Although the instability we measured was not linked to all child outcomes, from a child development perspective minimizing instability has long been considered important (Center on the Developing Child at Harvard University 2017). To the extent that access to child care and child care assistance (and not vice versa) influence work schedules, child care assistance programs could do more to contribute to stability for working families. Better understanding what parents need in terms of child care, how they make decisions about work schedules, and what child care assistance programs can do to minimize disruption in both should be an important policy goal.

This page has been left blank for double-sided copying.

In this section, we refer to each survey respondent as either the *state* or *administrator*, even though the role of the respondent varied across states. Definitions of key terms follow.

Access means that parents, with reasonable effort and affordability, can enroll their children in a child care arrangement that meets the family's needs.

Center-based child care refers to child care provided in a center, including day care centers, schools, or churches.

Family child care refers to care provided in someone else's private home, typically with more than one child. It is also called group home child care.

In-home child care refers to care provided to a child in a child's home.

Informal child care—also called family, friends, and neighbor care—refers to license-exempt child care provided by nonparent family members, friends, or neighbors either in the child's home or in a private residence.

Subsidized child care refers to child care that is partially or fully funded by a state's CCDF program, or through other state or federal funding (for example, fully state funded or Temporary Assistance for Needy Families). Subsidized child care refers to child care assistance provided through a voucher or a contracted slot. Sometimes subsidies are also used to refer to vouchers.

Nonstandard work hours are work hours outside of the typical 8:00–9:00 a.m. to 5:00–6:00 p.m. weekday hours, and/or any weekend hours.

Quality refers to the degree to which children are in safe environments that support their healthy development.

Findings

Two-thirds of responding states reported that all eligible families who request assistance receive child care vouchers or contracted slots¹, meaning that the states have sufficient resources to serve all families that seek it and are eligible.² Most states who cannot serve all families (about 75 percent) maintain waiting lists. The few states that are unable to provide child care assistance to all eligible families collect data on those families, yet less than one-quarter collect data related to those families' work schedules.

The survey found that 94 percent of responding states offered vouchers for child care assistance, and 55 percent offered contracted slots. Of those states that provided vouchers, 73 percent allowed families to use them for informal child care. The federal government imposes certain health and safety and background check requirements on most subsidized providers, but states can add more regulations. States also set reimbursement rates. This state flexibility means

¹ Some states use contracts with child care providers, offering eligible children a “contracted slot” at a specific provider.

² Although the coverage rate of children eligible for CCDF under federal rules was 15 percent in fiscal year 2015 and 25 percent under state rules (Chien 2019), our finding that two-thirds of states could serve all families who requested assistance is consistent with estimates from the National Women's Law Center, which found that 32 of 52 states and territories do not maintain a waiting list or freeze enrollment due to lack of resources (Shulman and Blank 2017).

that even though they allow the use of vouchers for informal child care, the supply of available providers differs across states depending on state-specific requirements and rates. Nonstandard-hour working parents often view informal child care as a viable child care option because it offers increased flexibility and some families prefer it (Thomas et al. 2017). Of those states that provided contracted slots, only 29 percent offered them outside of normal business hours and another 12 percent were unsure whether they provided contracted slots during off-hours.

States are required to submit a plan to the federal Office of Child Care every three years³ to outline how they will run their programs, and slightly more than half (52 percent) of responding states indicated that their state plan did not specifically address how its program would accommodate parents' work schedules. More than three-quarters (78 percent) of states indicated that their state plan did not require that child care staff help families develop child care plans. And a majority (63 percent) did not track work schedule data, with most of those states not planning to do so within the next two years.

Implementing CCDBG

Respondents answered a series of questions about changes required in the 2014 reauthorization of the CCDBG, including questions about implementing 12-month eligibility periods, graduated phase-out of subsidies, annual monitoring visits, comprehensive background checks, minimum health and safety requirements, and information to parents about child care provider quality.

They were asked to share their experience to date in implementing the CCDBG 2014 changes, as well as their perceptions of the impact that these changes had on parents who work nonstandard hours. Two key findings emerged:

Most states have implemented the majority of new CCDBG requirements. Most of the responding states had implemented the majority of the six new access or quality requirements for CCDF-eligible child care providers and their staff. Although the new requirements were not targeted toward parents who worked nonstandard hours (the questions focused on all families no matter the parents' work schedule), we wanted to know how state administrators felt about these changes and the impact that they had on children of nonstandard-hour working parents. For this reason, the survey asked those who had implemented the requirements how strongly they agreed or disagreed with the statement "The implementation strategy increases access to (or quality of) subsidized child care for nonstandard-hour workers?"

Most administrators think CCDBG had no impacts on nonstandard-hour working parents. Most states neither agreed nor disagreed that the new CCDBG requirements increased access to subsidized child care for nonstandard-hour working parents (Figure 7). States felt similarly when it came to the quality of subsidized child care (Figure 8), suggesting that the

³ Before 2014, CCDF plans reflected a grantee's plans for a two-year period. When it was reauthorized in 2014, the CCDBG Act changed the plan cycle for the Child Care and Development Fund (CCDF) Program from a biennial to a triennial plan period; thus, the fiscal year 2016 to 2018 plan covers a three-year period, from June 1, 2016, through September 30, 2018, for states and territories. Please see <https://www.acf.hhs.gov/occ/plans>.

changes made through CCDBG in 2014 had little effect on nonstandard-hour working parents in the opinion of responding child care administrators. Focusing only on the small number of states that perceived the changes to affect nonstandard-hour working parents, most believed it had a negative effect on access, except for the requirement for an informational website (Figure 7). For the small number of states that felt it had an impact on the quality of subsidized child care, the results were mixed (Figure 7).

Figure 7. State perception of the impact of new CCDBG requirements on access to subsidized care for parents working nonstandard hours

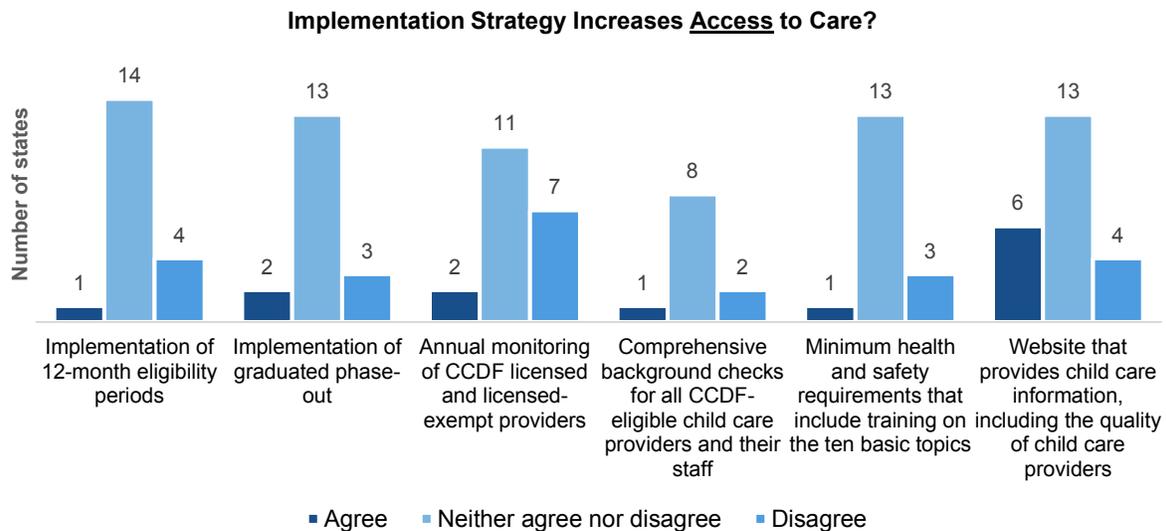
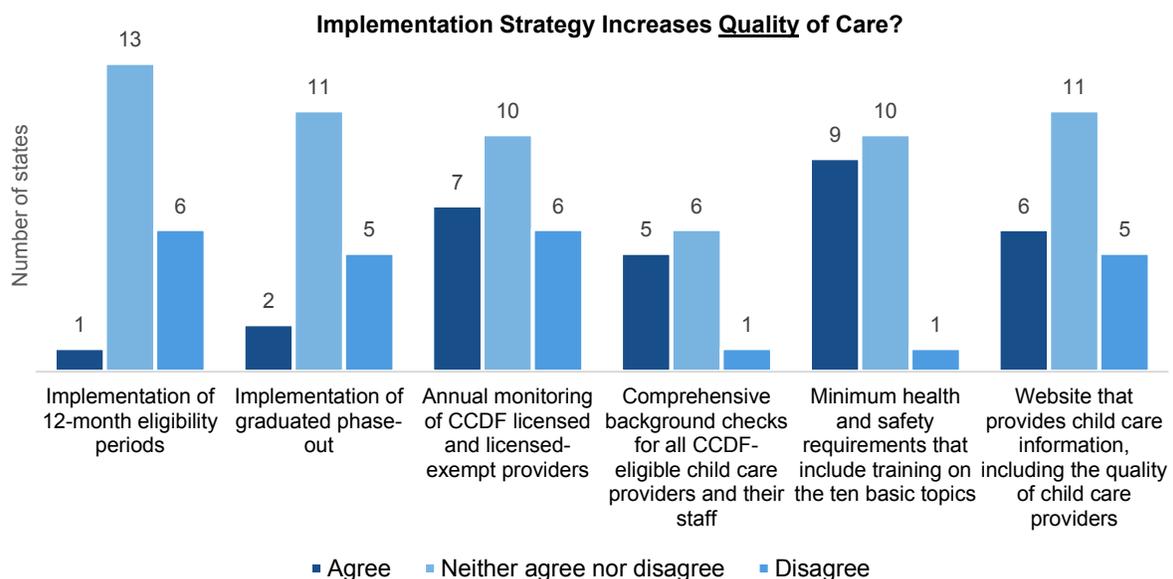


Figure 8. State perception of the impact of new CCDBG requirements on quality of subsidized care for parents working nonstandard hours



Strategies to improve child care access and quality

One primary purpose of the survey was to learn more about how state child care subsidy programs served the children of nonstandard-hour working parents. Most responding states (28 of 34) thought that finding subsidized child care for nonstandard-hour workers was somewhat or very difficult compared to parents who worked a standard-hour schedule (Figure 9). When asked how difficult it was for their program and staff to meet the needs for nonstandard-hour care, 23 of 34 responded somewhat or very difficult (Figure 10).

Figure 9. State perception of ease in finding care for parents working nonstandard hours (n=34)

For nonstandard hour workers in your state, how easy or difficult do you think it is for them to find subsidized child care compared to those who work a typical work schedule:

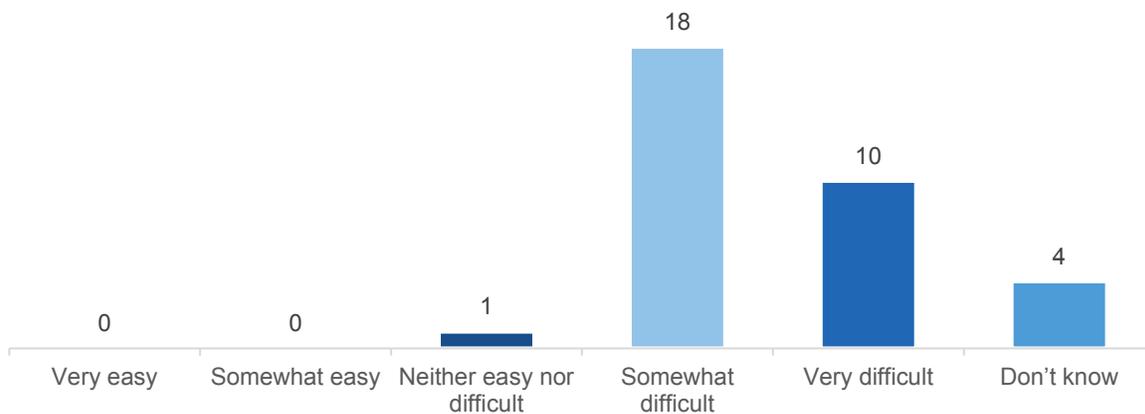
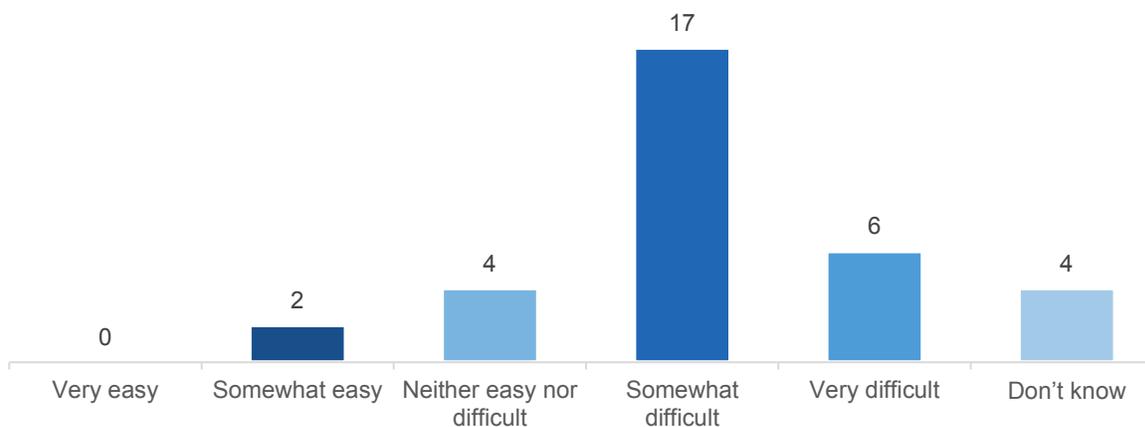


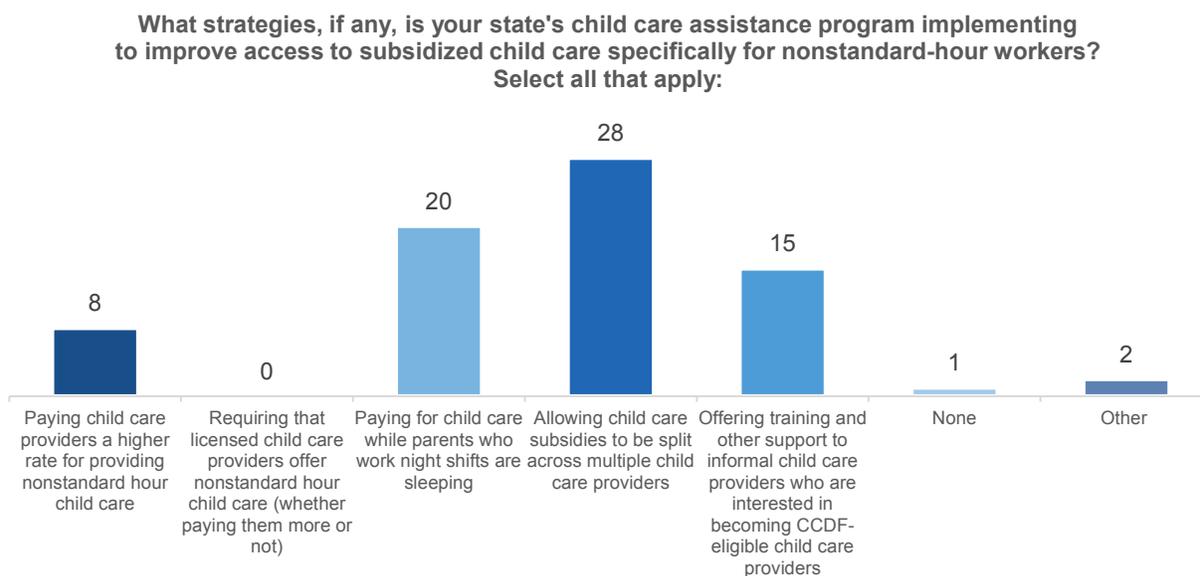
Figure 10. State perception of ease in meeting child care needs for parents working nonstandard hours (n=34)

Please rate how easy or difficult it is for your state's child care assistance program to meet the child care needs of nonstandard hour workers:



Given these perceived difficulties, better understanding the strategies that states use to increase access to and quality of care for nonstandard-hour working parents is important. Figure 11 shows that most states allowed the use of subsidies while the parent slept (20 of 34) and almost all allowed splitting subsidies across providers. Presumably, both strategies would increase access to subsidized child care for nonstandard-hour working parents, but they might also contribute to instability in child care for children. Few states used other strategies listed on the survey. Notably, only eight states offered an enhanced subsidy for providers that offered care outside of regular business hours.

Figure 11. State reported strategies to improve access to subsidized care for parents working nonstandard hours (n=34)



In terms of quality, states reported using different strategies, many of which were not specific to nonstandard-hour working parents but applied to all providers and indirectly affected nonstandard-hour workers. About 45 percent of responding states offered training and support to informal child care providers to become licensed (presumably increasing quality for those who took advantage of it). More than 90 percent of states also reported offering free or low-cost training to center-based child care providers and family child care providers, as well as providing information to families on the quality of different child care providers (Figure 12).

Figure 12. State reported strategies to improve quality of subsidized care for parents working nonstandard hours (n=34)



Policy ideas

The survey asked respondents how the state and/or federal government could make it easier for agencies to meet the child care needs of parents working nonstandard hours. Respondents offered the following ideas in an open-ended response:

- Increase overall program funding
- Offer provider incentives for offering nonstandard-hour child care
- Offer parents a refundable child care tax credit or deduction
- Raise the payment rates for all participating providers
- Track best practices for serving nonstandard-hour working parents

State-level administrators have little control over program funding, which is legislated at the federal or state level. For the most part, this means that state administrators likely try to address perceived challenges with existing resources and/or advocate for additional resources from funding bodies.

Conclusion

The reauthorization of CCDBG in 2014 offered an important opportunity to improve access to and the quality of subsidized child care for low-income families. While well-intentioned, the new health and safety requirements might make it more difficult or less worthwhile for some informal providers to remain in the subsidy system, which would reduce the supply of subsidized care for parents working nonstandard hours. States that responded to the survey largely perceived the CCDBG changes to have little impact on nonstandard-hour working parents, but those that felt it did have an impact, responded that it was mostly negative in terms of access and mixed in

terms of quality. This is consistent with the idea that the new law has made it difficult for informal providers to participate in the subsidy system, but perhaps does not fully endorse it.

CCDBG reauthorization was not intended to specifically address the needs of nonstandard-hour working parents. But this population has long been perceived as a vulnerable population, a view confirmed by the responding states, which overwhelmingly reported that nonstandard-hour working parents faced more challenges in accessing subsidized care than standard-hour workers and that programs and staff were not well equipped to serve them.

States reported using some strategies to increase access to and the quality of subsidized child care. But a better understanding is needed of their particular needs, how states can address them, and whether existing strategies work. The next section describes answers to some of these questions from in-depth interviews of 13 of the 34 states that responded to the survey.

SECTION 3. INSIGHTS FROM STATES ON PROVIDING CHILD CARE ASSISTANCE TO PARENTS WHO WORK NONSTANDARD HOURS

In this section, we summarize insights gained about parents who work nonstandard hours and their access to quality subsidized child care from in-depth interviews of 13 of the 34 states that responded to the survey. Each interview lasted about one hour and offered rich discussion about nonstandard-hour working parents and their child care, including (1) state priorities, (2) strategies to improve access, (3) strategies to improve quality, (4) data, (5) challenges, (6) innovations at the local level, and (7) CCDBG implementation and impacts.

Methodology

From among the 34 states and territories that completed the survey, we selected 13 for follow-up interviews. These states reflected diversity in terms of geography and population size. We also used the survey results to identify states that varied in the strategies used to address nonstandard-hour working parents. Using these criteria, we interviewed representatives of California, Georgia, Hawaii, Maryland, Michigan, Minnesota, Nevada, New York, Ohio, Oregon, Utah, Virginia, and Wisconsin. We conducted the interviews from November 2018 to January 2019.

Each interview included people working for the state who either directly operated or were knowledgeable about the child care subsidy program and how it serves parents who work nonstandard hours. We also included officials who could speak to priorities for the state and recommendations for changes. Some states administer the child care subsidy program out of more than one state agency. We included all relevant stakeholders in our discussions and left it up to the state to decide who could provide the most relevant insights.

We prepared draft summaries of each interview and shared the summaries with the interviewees. Based on their feedback, the project team revised and updated the summaries. We coded interview summaries to identify overarching themes and extracted key lessons learned.

In the following section, we refer to each set of respondents as a state. We define nonstandard-hour child care as care provided outside of 8:00 a.m. to 6:00 p.m. People who work outside of the regular 8:00 a.m. to 6:00 p.m. work schedule or who work different days or times depending on the week are referred to as nonstandard-hour working parents. We also define strategies as direct—meaning targeted specifically at nonstandard-hour working parents—and indirect—meaning affecting nonstandard-hour working parents but not specifically targeting them.

Key findings

Some, but not all states identified parents working nonstandard hours as a priority population. Most states said that they did not explicitly identify access to and the quality of child care for nonstandard-hour working parents as a priority issue for their child care subsidy programs. Part of this response was due to the fact that other issues, such as homeless populations or the need to implement CCDBG requirements, took priority. But a few states said that the challenges faced by nonstandard-hour working parents were not something that they heard much about and did not elevate to an agency priority.

Across most states interviewed, including those that identified this group as a priority population and those that did not, respondents acknowledged that they knew little about the demand for subsidized child care and prevalence of issues faced by nonstandard-hour working parents, in part due to a lack of data. They mostly relied on feedback from program staff in the counties that interact directly with families. Those few states that did identify child care for nonstandard-hour working parents as a priority issue attributed it to local labor market demands and/or large rural areas where the general supply of child care is low relative to the population of children.

States cited priority areas that indirectly relate to access to and quality of child care for nonstandard-hour workers. For example, several states mentioned creating a tiered reimbursement system based on quality and establishing a quality rating and improvement system (QRIS) as priority initiatives that indirectly affect child care quality for nonstandard-hour working parents if it leads to an increase in the overall quality of available care.⁴

Challenges

We asked states to describe the challenges, if any, faced by parents working nonstandard hours in accessing quality subsidized child care. Key themes included the following:

Shortage of child care providers available outside of traditional work hours. Most states emphasized that the majority of center- and family-based providers do not offer child care during nonstandard hours. Although some states noted that providers increasingly extend their hours to accommodate variable schedules, the demand still far exceeds the supply in their opinion. They shared that licensed center-based programs are typically classroom-based and not equipped for early morning, late night, or overnight care. And although family child care providers might be better positioned to offer child care during nonstandard hours, a few states mentioned that the providers seldom do so because they want time for their own families. This results in many nonstandard-hour working parents turning to licensed-exempt providers or informal child care (that is, family, friends, or neighbor child care).

Unstable schedules. States indicated that many nonstandard-hour working parents experienced fluctuations in the number of hours that they worked each week and the time of day and length of their daily shifts. These fluctuations can affect the scheduling of child care needs.

Child care deserts in rural communities. We heard from several states that scarcity of child care was a problem not only for parents working nonstandard hours, but also for families living in rural areas. Many working parents face challenges with child care regardless of where they live, and interviewees noted that families in rural areas often face additional challenges due to being geographically isolated and having limited licensed child care options. Notably, a number of states also mentioned the declining number of family child care providers and license-

⁴ A Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. QRIS award quality ratings to early and school-aged care and education programs that meet a set of defined program standards. States increasingly use Child Care and Development Fund (CCDF) funds to create QRIS or elements of QRIS.

exempt providers and how it disproportionately affected rural families and parents working nonstandard hours because those are the providers that offered the most flexibility.

Disincentives to operating center-based and family-based child care businesses during nonstandard hours. According to most states, most center-based and family-based child care providers might not offer care during nonstandard hours due to a lack of demand and cost-effectiveness. They mentioned the lack of economic viability for these types of providers if there was insufficient and unreliable demand for care during nonstandard hours to consistently fill enrollment needs.

State child care administrators also described some of the challenges their agencies face in helping parents working nonstandard hours access quality subsidized child care. Key themes included the following:

Burdensome administrative processes. Some states mentioned several challenges related to administrative processes or payment structures that they believed indirectly affected access to subsidized child care for nonstandard-hour workers:

- **Verification processes.** A few states cited administrative issues such as lengthy verification requirements and processes associated with informal child care that potentially limited access for nonstandard-hour working parents.
- **Payment schedules.** Some states reimburse child care providers after child care has already been provided, instead of prospectively compensating providers. States noted that retroactive payments might be challenging for providers that have less revenue or that serve a high proportion of parents receiving subsidies, because they might not be able to cover all the up-front costs associated with providing care. These are the same providers that might be more willing to provide care during nonstandard hours.

Insufficient data. Few states collected parent work schedule data, limiting their ability to measure the extent of the need for nonstandard hour child care options. Some state child care administrators felt that it was difficult to advocate for policy or program changes aimed at improving access to quality subsidized child care for nonstandard-hour workers without data that clearly demonstrates an unmet need. Some states also lacked data on the hours of operation of the subsidized child care providers in their states, making it difficult for them to know whether or not there is a shortage of nonstandard-hour child care options.

Training and resources for informal family, friends, and neighbor providers. Family, friends, and neighbor care was consistently identified as an important child care option for nonstandard-hour working parents. Research shows that informal providers can offer enriching experiences to children, although typically not in a center-based or group setting.⁵ Almost all states expressed interest in providing more training for informal providers (which would benefit nonstandard-hour working parents), but pointed out that adding training requirements to the

⁵ See a series of studies by Mathematica on informal child care for more information, <https://www.mathematica-mpr.com/relatedcontent?itemID=%7B2656D32A-959C-46D8-A8C6-2FA09B402E0E%7D&relatedcontent=Related%20Publications>.

provider enrollment process presented challenges. If potential providers had to train before enrollment, they would either have to cover their own training costs or the state could cover those costs. Providers might not be able to cover the up-front costs, limiting their ability to receive training. And if the state pays for training, it runs the risk of the provider dropping out or not enrolling at all, which results in unnecessary costs.

1099 tax status. As mentioned before, states viewed informal child care as a viable option for parents working nonstandard schedules. However, states raised concerns that some informal providers might drop out of the subsidy program or application process due to fears about filing 1099 forms. Interviewees pointed out that informal providers might be afraid of Internal Revenue Service audits, or fear other problems that might arise if they do not pay Social Security taxes. States also raised fears of immigration issues related to 1099 forms as a potential barrier to informal providers entering the subsidy system.

Strategies to improve access for nonstandard-hour working parents

The survey asked states about reported strategies to increase access to subsidized child care for nonstandard-hour working parents. Some strategies directly targeted parents working nonstandard hours, but others targeted all subsidy participants. States that identified nonstandard-hour working parents as a priority population and those that did not both used such strategies.

Subsidizing informal child care. All states permitted the use of subsidies for informal child care. States called this type of care different things, but it generally referred to child care providers that were not subject to state licensing requirements, including family, friends, and neighbor care.⁶ All states identified these provider types as an important option for nonstandard-hour working parents, largely because they can be more flexible to their needs. A few states mentioned how the business model for center-based care did not fit into nonstandard-hour work schedules (for example, the demand did not exist to keep a center open overnight) and family child care providers might have more flexibility, but they also want time to themselves or for their own family caregiving needs. One state with a large demand for nonstandard-hour care mentioned that some centers did offer nighttime care, but the state did not believe the practice was widespread.

Split subsidy. Eleven of 13 states allowed splitting child care subsidies across multiple child care providers. The split-subsidy model enables some families to solve the challenges of accessing child care during nonstandard work hours by alternating care between providers depending on their needs and the child care providers' availability. For example, a parent might use a day care center to cover some of her work shift, then use a family child care provider for evening hours.

Enhanced rates. Four of 13 states offered higher payment rates than their standard reimbursement rate for nonstandard-hour care. States have flexibility to set reimbursement rates,

⁶ It should be noted that one-quarter of states responding to the survey reported that they did not allow subsidies to be used with informal providers. Through our interviews, we learned that different state definitions of "informal" might have influenced those responses and that more states likely allow subsidies with these types of providers than the survey suggests.

which means that a lot of variance exists across states. When states said that they offer higher payment rates for nonstandard-hour care it simply means that the reimbursement rates are higher than their standard rate, not that they are higher than market rate. States pointed out that the enhanced payment rates encouraged providers to serve children for whom the supply of care was limited and to improve the quality of that care. When asked how effective this strategy had been, states acknowledged that they had not formally evaluated it but perceived it as effective. One state had not fully implemented the enhanced rates yet.

Tax credits. One State highlighted legislative efforts to provide tax credits for employers (especially those that required nonstandard-hour work schedules) that provided on-site child care. One interviewee noted that this type of approach “brings different supports to the child care arena that think outside the CCDBG box.”

Sleep-time care. State child care subsidy programs have flexibility to define allowable activities covered outside of work hours. As such, 7 of 13 states interviewed indicated that they reimbursed child care provided during sleep time for parents who worked overnight and must sleep during the day. Some states allowed broad flexibility in reimbursing for sleep time, whereas others set limits such as reimbursing for sleep time only if parents worked during certain hours.

Expanded income eligibility requirements. One state doubled its income eligibility requirements to allow more working families to participate in the subsidy program. The state thought that this would lead to more nonstandard-hour working parents becoming eligible for subsidies, perhaps increasing their access to subsidized care. This change affected all working families, not only those working nonstandard hours.

Special and targeted initiatives. A few states noted initiatives to address child care challenges for nonstandard-hour working parents specifically. One State mentioned a community engagement process to develop solutions to address child care shortages. For example, the State found that nonstandard-hour working parents were important to the local meat-packing industry so it worked with the industry to develop child care strategies and options for second-shift care.

Another state promoted its public and private partnership to ensure that refugee children had access to high quality child care while their parents assimilated to their new country and attained job skills during evening hours. The partnership offered complementary Early Head Start, Head Start, and child care programs to the children of refugees during the day, while also offering care during the evening so that the parent could attend training. The Head Start program used the facility during normal program hours and a private child care provider operated the program during nontraditional hours while classes were held at the training center. The State mentioned that a model like this could be useful for parents working nonstandard hours. The partnership has three goals:

1. To increase the quality of child care services to refugee children through age 12
2. To ensure that child care providers who are refugees receive professional development and hands-on training to understand the child care system

3. To train these providers, who are largely family, friends, and neighbors, to become licensed child care providers

States targeted nonstandard-hour working parents by offering free training and other supports to informal child care providers. For example, one State indicated that they contracted with providers to offer quality supports, resource trainings and materials, and technical assistance to child care providers statewide. When asked if workers used the trainings, the interviewee shared that the state provided about 1,000 trainings and, of those, 357 were for family, friends, and neighbor providers.

Strategies to improve the quality of child care for nonstandard-hour working parents

The survey asked each state to report its strategies to improve the quality of child care for nonstandard-hour working parents. We asked states to provide additional insights through the interviews about those strategies:

Training. Most states provided professional development opportunities or offered formal training programs geared toward licensure and professionalization. States generally offered these trainings at low or no cost and in a way that was easy to access (such as online). Not all offered training to informal providers, such as relatives, but some states did and many mentioned support to relatives and other informal providers to become licensed. Presumably, training and licensure would increase the quality of care from these provider types, which benefitted children of nonstandard-hour working parents. However, states also mentioned that use of available training among informal providers was low or unknown.

Preservice orientation and training requirements. Some states shared that their child care subsidy programs had mandatory preservice orientation and training requirements for licensed providers. Some states also require license-exempt providers to complete preservice orientation and training requirements before becoming subsidy-eligible, and ongoing health and safety training each calendar year thereafter. Although states did not direct these efforts at nonstandard-hour working parents, they would indirectly affect the quality of care for these families, but also potentially reduce supply if the requirements were too onerous.

Free or low-cost training. Most states offered free or low-cost training to both licensed and license-exempt child care providers, including some to family, friends, and neighbor care. States pointed out the trainings were designed to help child care providers meet or come closer to meeting the CCDBG training requirements. States did not mention how well informal providers could access training, or whether the training was tailored to them. States offered these trainings in various forms:

- **Grant funding.** Scholarship or grant funding for child care providers to attend third-party trainings to improve the quality of their child care services by increasing their knowledge and skills in early care and education
- **Educational materials and supplies.** Access to educational books, playpens (if necessary, to ensure safe sleeping environments for children), and other materials and supplies that helped child care providers offer a healthy and safe environment for children.

Information for parents on the quality of different child care providers. A new provision in the reauthorization of CCDBG required that states provide more information to parents about the quality of available child care. Even before reauthorization, several states provided information on available child care through web portals, social media, newsletters, or specialized staff within their resource and referral units. Reauthorization reinforced these efforts, which indirectly affected the quality of child care for nonstandard-hour working parents, although it does not address supply problems if they exist.

QRIS. Most states interviewed have or are currently building a QRIS to set and assess child care program quality standards. However, states differed in terms of including license-exempt and informal child care providers in the QRIS. For example, one state indicated that all providers must be rated in the QRIS system by 2020 in order to be subsidy-eligible, and other states do not include license-exempt providers in the QRIS or make it voluntary. A few states mentioned that their QRIS matches standards and program participation with technical assistance and coaching; professional development, training, and scholarships; and financial supports, such as bonuses and tiered reimbursement. States also acknowledged that theoretically these quality improvement strategies would improve quality of care for nonstandard-hour working parents, but that they also might reduce supply if the requirements became too onerous.

Incentivizing quality care. Most states offered a variety of incentives to subsidized providers that improved and maintained a higher level of quality, indirectly affecting the children of parents who work nonstandard hours. States noted that enhanced payment rates increased high quality care and helped to recognize and support those child care providers that met and exceeded quality standards. States that incentivized care mentioned doing it through their QRIS. In some states, higher ratings resulted in higher reimbursement rates.

Data on parents who work nonstandard hours

We asked states about the data that they maintain on work schedule for subsidy recipients. States shared their experiences tracking and analyzing the work schedules of child care subsidy families and how this information is useful for policy and program planning.

- **Few states collected work schedule data, limiting their analysis and program evaluation capabilities.** Only a few states were in the process of collecting and analyzing work schedule data or already did so. And the small number of states that had data on work schedules mentioned that they did not use it much for decision making.
- **Some states lack data on the hours of operation by providers.** States were more likely to have data on providers that offered child care during nonstandard hours than on children who received or needed care during these hours. Nonetheless, some states lacked data on the hours of operation of the subsidized child care providers in their states, too. This made it difficult for them to discuss the availability of nonstandard-hour child care in their communities and determine whether access was a problem or not.
- **Most states interviewed thought work schedule data would be useful.** Most states expressed a desire to collect better work schedule data, especially for determining the level of need for nonstandard-hour child care. Of those, a few states worried about the administrative burden that families and eligibility staff would encounter if work schedule

data were collected. Four of the states interviewed did not think that having work schedule data would be helpful to them in making policy or program decisions.

Innovations and local efforts

We asked states to highlight any local efforts and innovations that directly or indirectly improve access to and quality of care for nonstandard-hour working families.

Several states encouraged providers to participate in credentialed education via universities and community colleges. These partnerships enable child care providers to take online trainings and have their records automatically update in the licensing system. In one state, informal providers who take additional trainings are offered an enhanced rate as an incentive. Free training is offered when a provider is listed with the state. And staff specifically mentioned that when providers complete these additional trainings, informal providers are very close to meeting the licensing requirements, so they also offer help becoming a licensed provider. Other states offer scholarships for child development-related degrees that providers can use to improve the quality of child care by increasing their knowledge and skills in early care and education.

Interviewees also mentioned the following innovations:

- Creating a unique statewide child identifier to designate a single, unduplicated number that remains with a child throughout participation in subsidized child care, early intervention programs, early childhood special education, pre-k, and head start. This would contribute to research on the relationships among child care, work hours, and children's outcomes over time.
- Forming a Women in the Economy Commission to study issues such as child care availability, family planning services, and paid family and medical leave, including how to address child care during nonstandard work hours.
- Incorporating state child care subsidy applications into existing multiple benefit online application systems for public assistance, potentially making it easier for parents who work nonstandard hours to access child care.
- Establishing a child care stakeholder group to explore a network-based provider model. Provider networks take different forms depending on community need, but they all centralize operational functions and share services such as training and access to curricula. A network-based provider model could conceivably increase access to subsidized child care for nonstandard-hour working parents. Members of the provider network could coordinate schedules to increase access to child care during nonstandard hours.
- Sending out a child care best practices newsletter that offers specific practices and procedures that providers can implement in their child care environments. This presumably would increase the quality of subsidized care, including informal care often used by parents who work nonstandard hours.

CCDBG implementation and impacts

We asked states to reflect upon CCDBG reauthorization and how its implementation has affected parents who work nonstandard hours. Most indicated the reauthorization gave child care

subsidy agencies an opportunity to improve services for children and families, but the lack of new funding undercut the program's promise and created challenges for states to maintain service levels while trying to implement the new requirements. When asked, states mentioned that the new discretionary funding provided to the CCDBG in 2018 was helpful,⁷ but they still needed more resources.

States also noted that although provisions in the 2014 reauthorization bill are critical, it might be difficult for some child care providers to meet these standards, potentially resulting in fewer providers who are willing to accept subsidies. States mentioned this in the context of license-exempt and family, friends, and neighbor providers, who perhaps are less likely to find the new requirements valuable to the child care that they provide. A few states mentioned that they have already seen evidence of this, but could not attribute it directly to reauthorization.

Several states indicated that the cost of implementing new legislative provisions and administrative regulations such as the health and safety requirements and mandatory background checks has created challenges. They also pointed out that not only might some child care providers perceive these requirements as overly invasive, but still make it more expensive to operate a child care business.

As required by the CCDBG, many states created or had already created websites to house important child care-related topics or processes. Each state developed it differently and some incorporated additional features. For example, one state developed a single gateway online system that provides information on both child care resources to parents and licensing information to providers. The system also enables providers to upload information such as background check information. This system is available and providers can access it at any time.

Conclusion

Only a few states see the child care needs of nonstandard-hour workers as a high priority at this time. This response stemmed from other competing issues taking higher priority, rather than a belief that this population is well served. In fact, most states acknowledged challenges related to this population even if they did not identify it as a priority. They cited a lack of sufficient data as one of the challenges to determining the availability of and need for nonstandard-hour child care, as well as limited resources.

Most states described broad challenges in ensuring a proper supply of subsidized child care (or child care in general), which perhaps disproportionately affects nonstandard-hour working parents. Most states noted declines in subsidized license-exempt and family child care providers, and nonstandard-hour working parents often use this type of care.

The states reported using some strategies to increase access to and quality of child care for parents who work nonstandard hours, such as encouraging license-exempt and informal child care providers to enter the subsidy system, offering higher payment rates for nonstandard-hour

⁷ In 2018, Congress passed an omnibus bill that included an additional \$2.1 billion in CCDBG discretionary funds. It doubled the total amount of discretionary funds and increased total CCDF dollars going to the states by 40 to 50 percent.

care, or splitting subsidized care across providers. But many of the states that we interviewed seemed unsure of how to better serve the children of parents who work nonstandard hours. In fact, many were unsure how well they currently serve this population. This suggests that they know little about the type of child care that the children of nonstandard-hour working parents receive and how their parents afford it.

These findings highlight a gap in knowledge about how to effectively serve the children of nonstandard-hour workers through the child care subsidy program. The states that we interviewed all identified some concern about this population, but none had access to the data and resources they need to explore this issue in more depth. And none had evaluated their existing efforts to determine whether those efforts work. With competing priorities and few resources, states admittedly seemed unsure about how to better serve this population.

SECTION 4. CONCLUSION AND POLICY RECOMMENDATIONS

Due to the round-the-clock nature of the new economy, working evenings, overnights, or weekends is increasingly common for American workers, especially low-income workers. As outlined in this report, prior research shows that nonstandard-hour work schedules lead to worse physical and emotional well-being for workers, and that children whose parents work nonstandard hours tend to have worse physical and behavioral health than the children of parents who work standard hours. We explored the role that child care and child care assistance programs might play in explaining health and well-being for children of parents who work nonstandard hours.

The analysis of data from the FFCWS found that about 40 percent of mothers worked a nonstandard-hour schedule when their children were young (birth to age 3), and half of these mothers worked a combination of standard- and nonstandard-hour schedules during this time. Child care instability was most common among the group that worked both types of schedules, and this instability was associated with higher externalizing behaviors for children (but not associated with other outcomes). Notably, mothers who worked only nonstandard hours did not experience the same child care instability, suggesting that changing work schedules was perhaps more important than the schedule itself for children's outcomes.

When it came to receipt of child care assistance, it was low among mothers who worked only nonstandard-hour schedules, and relatively high but unstable among those who worked a combination of schedules. Further research is needed to determine whether the child care assistance program itself contributes to child care instability (and the negative child outcomes associated), or if it is a byproduct of changing work schedules. These findings suggest that to avoid negative effects for children, policy should focus greater efforts on increasing *stability*—of job schedules, child care providers, and subsidies.

Through our survey of state child care administrators and the follow-up interviews, we learned that state child care assistance programs are not well equipped to meet these identified needs for nonstandard-hour working parents and their children. Although reauthorization of CCDBG in 2014 offered an opportunity to improve access to and the quality of subsidized child care broadly for low-income families, the changes had little perceived impact on nonstandard-hour working parents in the views of state officials. Survey respondents overwhelmingly reported that nonstandard-hour working parents face more challenges in accessing care than standard-hour workers and that programs and staff are not well equipped to serve them. Most interviewees noted and raised as a concern declines in subsidized license-exempt and family, friends, and neighbor child care providers—the type of care that nonstandard-hour workers often use.

States reported using some strategies to increase access to and the quality of subsidized child care for parents who work nonstandard hours, but for the most part, competing issues, such as homeless populations or legislative requirements to implement a QRIS, have taken higher priority over addressing the needs of this population. Many interviewed states were unsure of how well they currently serve nonstandard-hour working parents. The states identified the lack of sufficient data about parents' work schedules and the number of child care providers that offer nonstandard-hour care, as well as a lack of resources, as major challenges to determining the

availability of and need for nonstandard-hour child care. These findings highlight a gap in knowledge about how to effectively serve the children of parents working nonstandard hours through the child care subsidy program.

Policy and Practice Strategies to Explore

Based on these findings, we have identified a number of policy and practice strategies to increase child care stability for children and to improve access to and quality of child care for the children of nonstandard-hour working parents:

- Dedicate funding to build state data infrastructures that better identify the need for and use of nonstandard-hour child care for children, including from the perspective of parents, both within and outside the subsidy system. This can include data systems that track the availability of care during nonstandard hours, household surveys of parents that identify the need and preference for care during nonstandard hours, and market surveys of providers to identify issues and challenges associated with participating in the subsidy system and offering nonstandard hour child care.
- If the data confirm an unmet need for nonstandard-hour care, the federal government should increase overall funding in the CCDBG to be used by states to increase the supply of subsidized child care providers for nonstandard-hour working parents. There are several possible ways new funding could be used:
 - Increasing rates to child care providers, particularly center-based and family child care providers, to incentivize them to offer nonstandard-hour child care
 - Increasing the level of training on health, safety, and quality of child care for all providers, including informal and family, friends, and neighbor child care
 - Encouraging and funding parent child care cooperatives during nonstandard hours in which parents are paid to provide care to increase the number of informal and family, friends, and neighbor providers
- Investigate the declines in subsidized license-exempt and informal child care providers across states to identify the extent to which new regulations and requirements have reduced the supply. Depending on the findings, revisit regulations and requirements with the supply of subsidized child care to nonstandard-hour working parents in mind.
- Explore using refundable income tax credits (such as the child and dependent care tax credit) to increase stability and flexibility in child care assistance to parents working nonstandard hours that might come outside of the subsidy system.
- Establish an information clearinghouse of best practices and replicable models for improving quality of and access to nonstandard-hour child care for state child care subsidy programs.
- Pilot and evaluate innovative nonstandard-hour child care arrangements. Explore connecting to the business community to assess the community's needs and ways to partner (see Siddiqui et al. 2017 for one example from Detroit, Michigan).
- Offer employer tax credits to encourage more employers to offer nonstandard-hour child care on site.

Areas for further investigation

One main takeaway from this project is that the full extent of the need for nonstandard-hour child care, including subsidized care, is unknown in many states. The *perceived* need is well documented (Henly and Adams 2018), but states that we talked to had little idea how many nonstandard-hour working parents exist in their state, the type of child care that they use, or how they pay for it. What seems to be clear, however, from the perspective of states' child care administrators, is that the existing child care assistance program does not serve this population well and child health and wellbeing may suffer.

The low participation of nonstandard-hour working parents in the subsidy system as a whole might be perceived as a lack of demand, when in fact it represents substantial barriers to the system for these families. The FFCWS analysis showed that many families who work nonstandard hours face instability because they change work schedules and their children are more susceptible to problem behaviors because of it. One area for further investigation is how the child care subsidy system can better support these families and reduce the instability associated with changing work schedules.

This page has been left blank for double-sided copying.

REFERENCES

- Achenbach, T.M., and T.M. Ruffle. "The Child Behavior Checklist and Related Forms for Assessing Behavioral/Emotional Problems and Competencies." *Pediatrics in Review*, vol. 21, no. 8, 2000, pp. 265–271.
- Chien, N. "Estimates of Child Care Eligibility and Receipt for Fiscal Year 2015." Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 2019.
- Claessens, Amy, and Jen-Hao Chen. "Multiple Child Care Arrangements and Child Well Being: Early Care Experiences in Australia." *Early Childhood Research Quarterly*, vol. 28, no. 1, 2013, pp. 49–61.
- Daniel, Stephanie S., Joseph G. Grzywacz, Esther Leerkes, Jenna Tucker, and Wen-Jui Han. "Nonstandard Maternal Work Schedules During Infancy: Implications for Children's Early Behavior Problems." *Infant Behavior and Development*, vol. 32, no. 2, 2009, pp. 195–207.
- Dunifon, Rachel, Ariel Kalil, Danielle A. Crosby, and Jessica Houston Su. "Mothers' Night Work and Children's Behavior Problems." *Developmental Psychology*, vol. 49, no. 10, 2013, p. 1874.
- Harvard University, Center on the Developing Child. "A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children." Cambridge, MA: Center on the Developing Child, Harvard University, 2007.
- Han, Wen-Jui. "Shift Work and Child Behavioral Outcomes." *Work, Employment and Society*, vol. 22, no. 1, 2008, pp. 67–87.
- Henly, Julia R., and Sandra Lyons. "The Negotiation of Child Care and Employment Demands Among Low-Income Parents." *Journal of Social Issues*, vol. 56, no. 4, 2000, pp. 683–706.
- Herbst, C.M. "Who Are the Eligible Non-Recipients of Child Care Subsidies?" *Children and Youth Services Review*, vol. 30, no. 9, 2008, pp. 1037–1054.
- Hox, J.J., and T.M. Bechger. "An Introduction to Structural Equation Modeling." *Family Science Review*, vol. 11, 1998, pp. 354–373.
- Hsueh, JoAnn, and Hirokazu Yoshikawa. "Working Nonstandard Schedules and Variable Shifts in Low-Income Families: Associations with Parental Psychological Well-Being, Family Functioning, and Child Well-Being." *Developmental Psychology*, vol. 43, no. 3, 2007, p. 620.
- Joshi, Pamela, and Karen Bogen. "Nonstandard Schedules and Young Children's Behavioral Outcomes Among Working Low-In come Families." *Journal of Marriage and Family*, vol. 69, no. 1, 2007, pp. 139–156.

- Kimmel, J., and L.M. Powell. "Nonstandard Work and Child-Care Choices: Implications for Welfare Reform." In *From Welfare to Childcare*, edited by Cabrera, N., Hutchens, R., and Peters, H.E. (pp. 151–170). London, Psychology Press, 2013.
- Li, Jianghong, Sarah E. Johnson, Wen-Jui Han, Sonia Andrews, Garth Kendall, Lyndall Strazdins, and Alfred Dockery. "Parents' Nonstandard Work Schedules and Child Well-Being: A Critical Review of the Literature." *The Journal of Primary Prevention*, vol. 35, no. 1, 2014, pp. 53–73.
- McMenamin, Terence M. "A Time to Work: Recent Trends in Shift Work and Flexible Schedules." *Monthly Labor Review*, vol.130, no. 3 2007.
- Miller, Cynthia. "Stability and Change in Child Care and Employment: Evidence from Three States. The Next Generation Working Paper Series, No. 20." New York: MDRC, 2005.
- Morrissey, Taryn W., Rachel E. Dunifon, and Ariel Kalil. "Maternal Employment, Work Schedules, and Children's Body Mass Index." *Child Development*, vol. 82, no. 1, 2011, pp. 66–81.
- National Survey of Early Care and Education Fact Sheet. Department of Health and Human Services, Administration for Children and Families. "Provision of Early Care and Education during Non-Standard Hours." Washington, D.C., April 2015.
- National Survey of Early Care and Education Project Team. "Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education." OPRE Report #2016-13. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2016.
- Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. "Parent Work Schedules in Households with Young Children." National Survey of Early Care and Education Snapshot. Washington, DC: OPRE, ACF, U.S. Department of Health and Human Services, August 2017.
- Pilarz, Alejandra Ros, and Heather D. Hill. "Unstable and Multiple Child Care Arrangements and Young Children's Behavior." *Early Childhood Research Quarterly*, vol. 29, no. 4, 2014, pp. 471–483.
- Rachidi, Angela. "Child Care Assistance and Nonstandard Work Schedules." *Children and Youth Services Review*, vol. 65, 2016, pp. 104–111.
- Reichman, Nancy E., Julien O. Teitler, Irwin Garfinkel, and Sara S. McLanahan. "Fragile Families: Sample and Design." *Children and Youth Services Review*, vol. 23, nos. 4–5, 2001, pp. 303–326.

- Rosenbaum, Emily, and Christopher R. Morett. "The Effect of Parents' Joint Work Schedules on Infants' Behavior over the First Two Years of Life: Evidence from the ECLSB." *Maternal and Child Health Journal*, vol. 13, no. 6, 2009, p. 732.
- Ryan, R.M., A. Johnson, E. Rigby, and J. Brooks-Gunn. "The Impact of Child Care Subsidy Use on Child Care Quality." *Early Childhood Research Quarterly*, vol. 26, no. 3, 2011, pp. 320–331.
- Siddiqui, N., C.J. Johnson, P. Balke, J. Thomas, M. Hossain, and A. Osuoha. "Characteristics of Informal Child Care Arrangements and Social Support in Detroit." Issue brief. Princeton, NJ: Mathematica Policy Research, 2017.
- Schulman, K., and H. Blank. "Persistent Gaps: State Child Care Assistance Policies 2017." Washington, DC: National Women's Law Center, 2017.
- Sun, M., W. Feng, F. Wang, P. Li, Z. Li, M. Li, G. Tse, J. Vlaanderen, R. Vermeulen, and L.A. Tse. "Meta-Analysis on Shift Work and Risks of Specific Obesity Types." *Obesity Reviews*, vol. 19, no. 1, 2018, pp. 28–40.
- Tekin, Erdal. "Single Mothers Working at Night: Standard Work and Child Care Subsidies." *Economic Inquiry*, vol. 45, no. 2, 2007, pp. 233–250.
- Thomas, J., M. Hossain, C.J. Johnson, N. Siddiqui, A. Osuoha, and P. Balke. "Informal Child Care in Detroit." Issue brief. Princeton, NJ: Mathematica Policy Research, 2017.
- Tran, Henry, and Marsha Weinraub. "Child Care Effects in Context: Quality, Stability, and Multiplicity in Nonmaternal Child Care Arrangements During the First 15 Months of Life." *Developmental Psychology*, vol. 42, no. 3, 2006, p. 566.
- Vyas, M.V., A.X. Garg, A.V. Iansavichus, J. Costella, A. Donner, L.E. Laugsand, I. Janszky, M. Mrkobra, G. Parraga, and D.G. Hackam. "Shift Work and Vascular Events: Systematic Review and Meta-Analysis." *British Medical Journal*, vol. 345, 2012, p. e4800.
- Wang, F., L. Zhang, Y. Zhang, B. Zhang, Y. He, S. Xie, M. Li, X. Miao, E.Y. Chan, J.L. Tang, M.C. Wong, Z. Li, I.T. Yu, and L.A. Tse. "Meta-Analysis on Night Shift Work and Risk of Metabolic Syndrome." *Obesity Reviews*, vol. 15, no. 9, 2014, pp. 709–720.
- Watson, Liz, and Jennifer E. Swanberg. "Flexible Workplace Solutions for Low-Wage Hourly Workers: A Framework for a National Conversation." *American University Labor and Employment Law Forum*, vol. 3.
- Wolf, Douglas A., and Freya L. Sonenstein. "Child-Care Use Among Welfare Mothers: A Dynamic Analysis." *Journal of Family Issues*, vol. 12, no. 4, 1991, pp. 519–536.

This page has been left blank for double-sided copying.

APPENDIX A: METHODOLOGY FOR SECTION 1

The study used data from the Fragile Families and Child Wellbeing Study (FFCWS) to explore the relationships between transitions among work schedule, child care arrangements, and child behavioral outcomes. The FFCWS involved a longitudinal core survey of births between 1998 and 2000 in 20 large US cities, as well as an in-home assessment in year when children were 3 and 5 years old (Reichman et al. 2001). The core survey consists of telephone interviews with both mothers and fathers at birth and again when children were ages 1, 3, 5, and 9. The study oversampled unmarried mothers and income levels at baseline were low, with 73 percent of the total sample being unmarried mothers earning less than 200 percent of the federal poverty level (Reichman et al. 2001). The original baseline sample included 4,868 mothers, of whom 3,682 were unmarried.

The in-home assessment conducted at age 3 included a child care and maternal employment history calendar, as well as reports of child behavior including the Child Behavior Checklist (CBCL) (Achenbach and Ruffle 2000). The time-diary data tracked all child care arrangements and duration since the focal child's birth, including those that occurred at the same time. The assessment captured maternal employment data in the same manner.

Because the hypothesized path linking nonstandard-hour work schedules to child outcomes involved child care instability, we used the calendar data to calculate the number of child care provider transitions—that is, moving from one provider to another whether there was a break in coverage or not. We coded a transition when the provider dates and duration were not the same; but instances of concurrent providers were not considered a transition. We used the employment history data to calculate the number of job transitions since the birth of the focal child in the same way, and used it to categorize each mother as having worked only standard-hour schedules, only nonstandard-hour schedules, or a combination of both. The survey asked respondents about each job they had since the birth of the focal child and whether the job shift involved days (7:00 a.m. to 7:00 p.m.), evenings, nights, or swing shifts. We classified responses that indicated evenings, nights, or swing shifts as nonstandard-hour schedules. Some mothers worked two jobs at the same time. Similar to the approach taken with child care arrangements, we counted transitions if jobs were not at the same time and not for the same duration (meaning not completely concurrent).

The analysis focused on mothers of 3-year-old children because child development is particularly critical in the early years, and any negative effects of nonstandard-work hours or schedule transitions on children are likely to show up in early years (Harvard University Center on the Developing Child 2017). We also excluded school-age children from the sample because children typically spend the most time in child care before starting kindergarten.

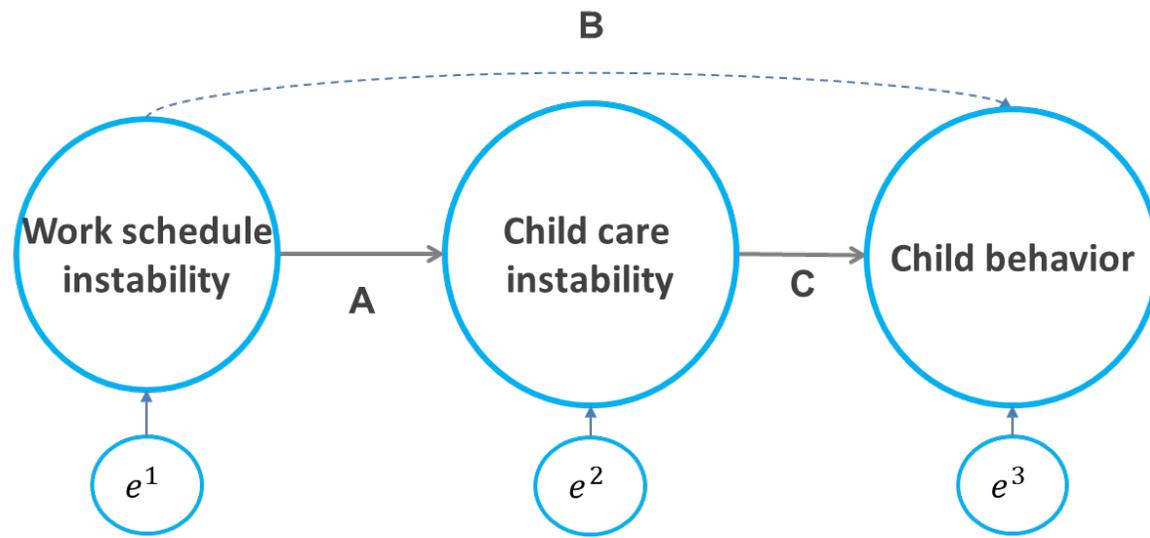
The sample started with 2,055 mothers who completed the child care and employment calendar during the in-home assessments conducted at age 3. This sample was a subset of the total number of mothers who completed the in-home assessments and were either employed or used child care since the birth of the focal child. We dropped an additional 361 families from the sample because they were not employed at any time since the birth of the focal child (although they used child care). The resulting 1,694 respondents comprised the final sample. Table A.1 provides baseline descriptive statistics for the final sample.

Table A.1. Baseline descriptive statistics, by work schedule from birth to 3

| | Standard only (n = 1,023) | Nonstandard only (n = 289) | Both schedules (n = 382) |
|---|------------------------------|-------------------------------|--------------------------------|
| Total | 60.4 | 17.1 | 22.6 |
| Percentage female focal child | 49.5 | 50.8 | 45.8 |
| Mother age (mean: SD) | 25.16 (5.76) | 25.08 (5.90) | 22.47 (4.76) |
| Race or ethnicity | | | |
| Black | 56.8 | 52.4 | 62.0 |
| Hispanic | 20.3 | 24.0 | 18.1 |
| Other | 3.1 | 3.1 | 2.4 |
| White | 19.8 | 20.5 | 17.5 |
| Highest education level | | | |
| Less than high school | 26.9 | 34.6 | 40.1 |
| High school or equivalent | 32.6 | 33.9 | 33.3 |
| Some college/technical school | 27.9 | 26.3 | 24.4 |
| Bachelor's or higher | 12.6 | 4.8 | 2.4 |
| Relationship status with father | | | |
| Married | 29.84 | 25.95 | 12.86 |
| Cohabiting | 19.37 | 21.11 | 20.21 |
| Nonresident | 50.78 | 52.94 | 66.93 |
| Number of adults in household (mean: SD) | 1.94 (0.99) | 2.01 (1.04) | 1.94 (1.10) |
| Number of children in household (mean: SD) | 2.25 (1.33) | 2.51 (1.56) | 2.34 (1.48) |
| Percentage with family circumstance change (baseline to year 3) | 25.0 | 24.6 | 27.8 |
| Percentage in poverty | 31.2 | 43.3 | 41.1 |

Source: Author's analysis of Fragile Families and Child Wellbeing Study, Three-Year In-home Assessment data. SD = standard deviation.

We aimed to test the hypothesis that maternal work schedule instability (transitioning from nonstandard to standard hours or vice versa) during the first three years of the focal child's life would have an indirect and negative relationship on child outcomes through an association with child care instability. To test this hypothesis, we used structural equation modeling. Structural equation modeling is useful when attempting to estimate the direct and indirect effects in a single model (Hox and Bechger 1998). Figure A.1 offers the hypothesized pathway for work schedule instability to affect child behavior.

Figure A.1. Hypothesized path diagram

We used measures of internalizing and externalizing behaviors as our outcomes of interest, reflected as the mean CBCL score reported by the mother at the 3-year in-home assessment. We used child care provider transitions and work schedule as the main predictor variables. We calculated the number of child care provider transitions using the child care calendar data. We categorized each mother as having worked a nonstandard-hour schedule only, a standard-hour schedule only, or working both types of schedules during the first three years after the birth of the focal child. We hypothesized that child care arrangements would be less stable for mothers who worked a nonstandard-hour schedule, as well as those who worked both schedules, compared to standard-hour schedule workers, and that this child care instability would contribute to worse child behavioral outcomes.

Consistent with the literature, we included a number of control variables to reflect individual and family characteristics, income, and past benefit receipt associated with the mother respondent (Herbst 2008; Ryan et al. 2011; Pilarz and Hill 2014). Initially, these included age, education level (less than high school, high school alone, some college, and college or more) and race and ethnicity, as well as U.S. citizenship, marital or cohabitating status, number of adults and children in the household at Wave 3, a measure of whether the family or living situation changed in the first three years, and income-to-poverty ratio at baseline. Following Pilarz and Hill (2014), a measure of low birth weight and whether the child was in nonparental care at age 1 were included at first. We estimated two models using each of the child outcomes of interest. Model 1 included all covariates. Model 2 eliminated covariates that were correlated to develop a parsimonious model that resulted in a better fit. Eliminated covariates included maternal age, low birth weight, nonparental care at age 1, and maternal stress. Sensitivity tests were performed to assess whether eliminating these covariates changed any of the model coefficients.

This page has been left blank for double-sided copying.

APPENDIX B: ADVISORY BOARD MEMBERS

| Name | Affiliation | Title |
|----------------------|---|--|
| Rus Sykes | APHSA | Director, CEEWB |
| Angela Rachidi | AEI | Senior Research Fellow |
| Ann Flagg | APHSA | Director, CCFWB |
| Kerry Desjardins | APHSA | Policy Associate |
| Romuald Tassigne | APHSA | Research Associate |
| Janice Molnar | New York State Office of Children and Family Services | Deputy Commissioner, Division of Child Care Services |
| Mary Anne Snyder | Colorado DHS | Director, Office of Early Childhood |
| Gerry Cobb | BUILD Initiative | State Services Director |
| Lynette Fraga | Child Care Aware | Executive Director |
| Tony Ong | PCG | Manager of Business Development |
| Cindi Yang | Minnesota DHS | Director, Child Care Services Division |
| Terry Shaner-Wade | Pennsylvania DHS, Office of Child Development and Early Learning | Child Care Administrator |
| Harriet Feldlaufer | Connecticut Office of Early Childhood, Division of Early Care and Education | Director of Division of Early Care and Education |
| Kathy Link | Utah Department of Workforce Services | Assistant Director, Office of Child Care |
| Jason Collins | One Human Service Network | Chief Strategy Officer |
| Kathryn O'Hagan-Todd | One Human Services Network | Vice President, Client Services |
| Belit Burke | Oregon Department of Human Services, Self-Sufficiency Programs | SSP Program Design Administrator |

This page has been left blank for double-sided copying.

APPENDIX C: LIST OF STATE SURVEY RESPONDENTS

- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Maryland
- Michigan
- Minnesota
- Montana
- Nebraska
- Nevada
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- South Dakota
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin

This page has been left blank for double-sided copying.

APPENDIX D: LIST OF INTERVIEWED STATES

| | |
|------------|--|
| California | Becky Halligan, Guadalupe Romo-Zendejas |
| Georgia | Elisabetta Kasfir |
| Hawaii | Loreen Okamura, Barry Kwock, Alethia Johnson, Dana Balansag |
| Maryland | John Lamb |
| Michigan | Lisa Brewer-Walraven |
| Minnesota | Cindi Yang, Deb Swenson-Klatt, Laurie Possin |
| Nevada | Cristel Askew, Marty Elquist, Mary Regan |
| New York | Merideth Bastiani, Robert Korycinski |
| Ohio | Tracey Chestnut, Kara Wente |
| Oregon | William Baney, Jennifer Irving |
| Utah | Tracy Gruber |
| Virginia | Barbara Newlin, Mary Ward |
| Wisconsin | Amanda Reeve, Jill Chase, Kathy McGurk, Mary Drumm, Rose Prochazka |

This page has been left blank for double-sided copying.

APPENDIX E: SURVEY RESULTS

Q2 Is your state currently implementing 12-month eligibility periods for child care assistance?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 78.79% | 25 |
| Not yet | 21.21% | 7 |
| TOTAL | | 32 |

Q3 Overall, how would you rate the implementation of 12-month eligibility periods in your state:

Answered: 24 Skipped: 10

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 12.50% | 41.67% | 25.00% | 16.67% | 4.17% | 0.00% | 24 | 2.58 |
| | 3 | 10 | 6 | 4 | 1 | 0 | | |

Q4 Below are a number of statements regarding the implementation of 12-month eligibility periods. Please read each one and indicate to what extent you agree or disagree with each statement.

Answered: 25 Skipped: 9

| | STRONGLY AGREE | AGREE | NEITHER AGREE NOR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|-------|----------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 0.00% | 4.00% | 56.00% | 16.00% | 0.00% | 24.00% | 25 | 3.84 |
| | 0 | 1 | 14 | 4 | 0 | 6 | | |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 0.00% | 4.17% | 54.17% | 25.00% | 0.00% | 16.67% | 24 | 3.71 |
| | 0 | 1 | 13 | 6 | 0 | 4 | | |

Q5 Does your state provide "graduated phase-out" of childcare assistance?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 71.88% | 23 |
| Not yet | 28.13% | 9 |
| TOTAL | | 32 |

Q6 Overall, how would you rate the implementation of graduated phase-out:

Answered: 23 Skipped: 11

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 21.74% | 21.74% | 26.09% | 30.43% | 0.00% | 0.00% | 23 | 2.65 |
| | 5 | 5 | 6 | 7 | 0 | 0 | | |

APPENDIX E: SURVEY RESULTS

Q7 Below are a number of statements regarding the implementation of graduated phase-out. Please read each one and indicate to what extent you agree or disagree with each statement.

Answered: 23 Skipped: 11

| | STRONGLY AGREE | AGREE | NEITHER AGREE NOR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|-------|----------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 0.00% | 8.70% | 56.52% | 13.04% | 0.00% | 21.74% | | |
| | 0 | 2 | 13 | 3 | 0 | 5 | 23 | 3.70 |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 0.00% | 9.09% | 50.00% | 18.18% | 4.55% | 18.18% | | |
| | 0 | 2 | 11 | 4 | 1 | 4 | 22 | 3.73 |

Q8 Does your state conduct annual monitoring for Child Care Development Fund (CCDF) licensed and license-exempt childcare providers?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-----------|
| Yes, for licensed child care providers only | 24.24% | 8 |
| Yes, for license-exempt child care providers only | 0.00% | 0 |
| Yes, for both licensed and license-exempt child care providers | 63.64% | 21 |
| Not yet, for licensed and license-exempt child care providers | 12.12% | 4 |
| TOTAL | | 33 |

Q9 Overall, how would you rate the implementation of annual monitoring of CCDF licensed and/or license-exempt providers:

Answered: 28 Skipped: 6

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 25.00% | 28.57% | 28.57% | 17.86% | 0.00% | 0.00% | | |
| | 7 | 8 | 8 | 5 | 0 | 0 | 28 | 2.39 |

Q10 Below are a number of statements regarding annual monitoring of CCDF licensed and license-exempt providers. Please read each one and indicate to what extent you agree or disagree with each statement:

Answered: 28 Skipped: 6

| | STRONGLY AGREE | AGREE | NEITHER AGREE NOR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|--------|----------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 0.00% | 7.14% | 39.29% | 21.43% | 3.57% | 28.57% | | |
| | 0 | 2 | 11 | 6 | 1 | 8 | 28 | 4.07 |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 7.14% | 17.86% | 35.71% | 21.43% | 0.00% | 17.86% | | |
| | 2 | 5 | 10 | 6 | 0 | 5 | 28 | 3.43 |

Q11 Does your state conduct comprehensive background checks for all CCDF-eligible child care providers and their staff?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 51.52% | 17 |
| Not yet | 48.48% | 16 |
| TOTAL | | 33 |

APPENDIX E: SURVEY RESULTS

Q12 Overall, how would you rate the implementation of comprehensive background checks for all CCDF-eligible child care providers and their staff:

Answered: 17 Skipped: 17

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 5.88% | 11.76% | 23.53% | 17.65% | 41.18% | 0.00% | | |
| | 1 | 2 | 4 | 3 | 7 | 0 | 17 | 3.76 |

Q13 Below are a number of statements regarding the implementation of comprehensive background checks for all CCDF-eligible childcare providers and their staff. Please read each one and indicate to what extent you agree or disagree with each statement.

Answered: 16 Skipped: 18

| | STRONGLY AGREE | AGREE | NEITHER AGREE OR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|--------|---------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 0.00% | 6.25% | 50.00% | 0.00% | 12.50% | 31.25% | | |
| | 0 | 1 | 8 | 0 | 2 | 5 | 16 | 4.13 |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 6.25% | 25.00% | 37.50% | 0.00% | 6.25% | 25.00% | | |
| | 1 | 4 | 6 | 0 | 1 | 4 | 16 | 3.50 |

Q14 Does your state have minimum health and safety requirements that include training on the ten basic topics outlined in the Child Care and Development Block Grant Act of 2014?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|----|
| Yes | 81.25% | 26 |
| Not yet | 18.75% | 6 |
| TOTAL | | 32 |

Q15 Overall, how would you rate the implementation of minimum health and safety requirements that include training on the ten basic topics:

Answered: 25 Skipped: 9

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 12.00% | 24.00% | 36.00% | 20.00% | 4.00% | 4.00% | | |
| | 3 | 6 | 9 | 5 | 1 | 1 | 25 | 2.79 |

Q16 Below are a number of statements regarding the implementation of minimum health and safety requirements that include training on the ten basic topics. Please read each one and indicate to what extent you agree or disagree with each statement.

Answered: 25 Skipped: 9

| | STRONGLY AGREE | AGREE | NEITHER AGREE OR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|--------|---------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 0.00% | 4.00% | 52.00% | 8.00% | 4.00% | 32.00% | | |
| | 0 | 1 | 13 | 2 | 1 | 8 | 25 | 4.08 |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 8.00% | 28.00% | 40.00% | 4.00% | 0.00% | 20.00% | | |
| | 2 | 7 | 10 | 1 | 0 | 5 | 25 | 3.20 |

APPENDIX E: SURVEY RESULTS

Q17 Does your state have a website that provides child care information to parents, including the quality of child care providers?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 93.75% | 30 |
| Not yet | 6.25% | 2 |
| TOTAL | | 32 |

Q18 Overall, how would you rate the implementation of a website that provides child care information to parents, including the quality of child care providers:

Answered: 27 Skipped: 7

| | VERY EASY | SOMEWHAT EASY | BOTH EASY AND DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|-----------|---------------|-------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 7.41% | 37.04% | 37.04% | 14.81% | 3.70% | 0.00% | | |
| | 2 | 10 | 10 | 4 | 1 | 0 | 27 | 2.70 |

Q19 Below are a number of statements regarding the implementation of a website that provides child care information, including the quality of child care providers. Please read each one and indicate to what extent you agree or disagree with each statement.

Answered: 30 Skipped: 4

| | STRONGLY AGREE | AGREE | NEITHER AGREE OR DISAGREE | DISAGREE | STRONGLY DISAGREE | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|---|----------------|--------|---------------------------|----------|-------------------|------------|-------|------------------|
| It has increased access to subsidized child care for nonstandard hour workers. | 3.33% | 16.67% | 43.33% | 10.00% | 3.33% | 23.33% | | |
| | 1 | 5 | 13 | 3 | 1 | 7 | 30 | 3.63 |
| It has increased the quality of subsidized child care for nonstandard hour workers. | 0.00% | 20.69% | 37.93% | 10.34% | 6.90% | 24.14% | | |
| | 0 | 6 | 11 | 3 | 2 | 7 | 29 | 3.76 |

Q20 Does your state provide child care assistance (either subsidized or contracted slots) to all families who request assistance and are determined eligible by child care program staff?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 66.67% | 22 |
| No | 33.33% | 11 |
| TOTAL | | 33 |

Q21 Does your state track any data on families who request childcare assistance but to whom you are unable to provide assistance because of a lack of child care funding (state or federal)?

Answered: 10 Skipped: 24

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 80.00% | 8 |
| No | 20.00% | 2 |
| TOTAL | | 10 |

Q22 For those who request child care assistance, but you are unable to serve, do you track the type of schedule they work or the hours during which they work?

Answered: 9 Skipped: 25

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|----------|
| Yes | 22.22% | 2 |
| No | 77.78% | 7 |
| TOTAL | | 9 |

APPENDIX E: SURVEY RESULTS

Q23 Is there a wait-list for families seeking child care assistance in any part of your state?

Answered: 9 Skipped: 25

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 88.89% 8 |
| No | 11.11% 1 |
| I don't know | 0.00% 0 |
| TOTAL | 9 |

Q24 Approximately how many families in total are on a wait-list at any point in time across your state?

Answered: 8 Skipped: 26

| ANSWER CHOICES | RESPONSES |
|-----------------------|-----------|
| Less than 100 | 0.00% 0 |
| Between 100 and 1000 | 12.50% 1 |
| Between 1000 and 5000 | 50.00% 4 |
| More than 5000 | 37.50% 3 |
| TOTAL | 8 |

Q25 Federal CCDF policy requires states to prioritize families with very low income, children with disabilities, and children in families that are homeless. What additional groups, if any, does your state prioritize for child care assistance? Select all that apply.

Answered: 10 Skipped: 24

| ANSWER CHOICES | RESPONSES |
|--|-----------|
| Parents who are attending high school | 30.00% 3 |
| Families transitioning off Temporary Assistance for Needy Families | 80.00% 8 |
| Single parents | 0.00% 0 |
| Families involved in the child welfare system | 50.00% 5 |
| Full-time workers | 0.00% 0 |
| Nonstandard hour workers | 0.00% 0 |
| No statewide policies; priorities vary by locality | 0.00% 0 |
| Other (please specify) | 70.00% 7 |
| Total Respondents | 10 |

Q26 Does your state require that child care staff help families develop a child care plan?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES |
|--------------------|-----------|
| Yes | 21.88% 7 |
| No | 78.13% 25 |
| Varies by locality | 0.00% 0 |
| TOTAL | 32 |

APPENDIX E: SURVEY RESULTS

Q27 Does your child care assistance state plan specifically address how your state program accommodates parents' work schedules?

Answered: 31 Skipped: 3

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 48.39% | 15 |
| No | 51.61% | 16 |
| TOTAL | | 31 |

Q28 Does any part of your state offer contracted slots for childcare?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 54.55% | 18 |
| No | 45.45% | 15 |
| TOTAL | | 33 |

Q29 Does any part of your state offer contracted or state-operated slots for child care outside of normal business hours (that is, outside of 8 AM to 6 PM on weekdays)?

Answered: 17 Skipped: 17

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 29.41% | 5 |
| No | 58.82% | 10 |
| I don't know | 11.76% | 2 |
| TOTAL | | 17 |

Q30 Does any part of your state offer subsidies/vouchers for childcare assistance?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 93.75% | 30 |
| No | 6.25% | 2 |
| TOTAL | | 32 |

Q31 Does your state offer subsidies/vouchers for informal childcare?

Answered: 30 Skipped: 4

| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----------|
| Yes | 73.33% | 22 |
| No | 26.67% | 8 |
| TOTAL | | 30 |

Q32 Does your state's child care assistance program track data on the work schedules of participating parents (for example, whether they work a regular or nonstandard schedule, or the specific days and hours of the day the parent works)?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-----------|
| Yes | 33.33% | 11 |
| No, but we plan to begin so within the next two years | 9.09% | 3 |
| No; and we do not plan to begin doing so within the next two years | 54.55% | 18 |
| Varies by locality | 3.03% | 1 |
| TOTAL | | 33 |

APPENDIX E: SURVEY RESULTS

Q33 What percentage of child care assistance recipients in your state are nonstandard hour workers?

Answered: 12 Skipped: 22

| ANSWER CHOICES | RESPONSES |
|----------------------|-----------|
| 0 to 25 percent | 41.67% 5 |
| 26 to 50 percent | 0.00% 0 |
| 51 to 75 percent | 0.00% 0 |
| More than 75 percent | 0.00% 0 |
| Don't know | 58.33% 7 |
| TOTAL | 12 |

Q34 For nonstandard hour workers in your state, how easy or difficult do you think it is for them to find subsidized child care compared to those who work a typical work schedule:

Answered: 33 Skipped: 1

| | VERY EASY | SOMEWHAT EASY | NEITHER EASY NOR DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|------------|---------------|----------------------------|--------------------|----------------|-------------|-------|------------------|
| (no label) | 0.00% 0 | 0.00% 0 | 3.03% 1 | 54.55% 18 | 30.30% 10 | 12.12% 4 | 33 | 4.52 |

Q35 Please rate how easy or difficult it is for your state's child care assistance program to meet the child care needs of nonstandard hour workers:

Answered: 33 Skipped: 1

| | VERY EASY | SOMEWHAT EASY | NEITHER EASY NOR DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|------------|---------------|----------------------------|--------------------|----------------|-------------|-------|------------------|
| (no label) | 0.00% 0 | 6.06% 2 | 12.12% 4 | 51.52% 17 | 18.18% 6 | 12.12% 4 | 33 | 4.18 |

Q36 Please rate how easy or difficult it is for your state's child care assistance program staff to help nonstandard hour workers find childcare options compared to those who work a typical work schedule:

Answered: 33 Skipped: 1

| | VERY EASY | SOMEWHAT EASY | NEITHER EASY NOR DIFFICULT | SOMEWHAT DIFFICULT | VERY DIFFICULT | DON'T KNOW | TOTAL | WEIGHTED AVERAGE |
|------------|------------|---------------|----------------------------|--------------------|----------------|------------|-------|------------------|
| (no label) | 0.00% 0 | 6.06% 2 | 12.12% 4 | 45.45% 15 | 27.27% 9 | 9.09% 3 | 33 | 4.21 |

Q37 Does your state's child care assistance program allow assistance (subsidies or contracted slots) for child care so that parents who work night shifts can sleep during the day?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 84.85% 28 |
| No | 15.15% 5 |
| TOTAL | 33 |

Q38 Does your state child care assistance program allow child care subsidies to be split across multiple child care providers simultaneously?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 96.97% 32 |
| Not yet | 3.03% 1 |
| TOTAL | 33 |

APPENDIX E: SURVEY RESULTS

Q39 If a parent who receives child care assistance changes their child care provider, do they need to visit a child care assistance office to process the change?

Answered: 33 Skipped: 1

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----------|
| Yes, in all parts of the state | 9.09% | 3 |
| Yes, in some parts of the state | 3.03% | 1 |
| No, in all parts of the state (please specify the process for them to change providers with the child care agency.) | 87.88% | 29 |
| TOTAL | | 33 |

Q40 If a parent who receives child care assistance experiences a change in their number of work hours, do they need to visit a child care assistance office to process the change?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|---|-----------|-----------|
| Yes, in all parts of the state | 3.13% | 1 |
| Yes, in some parts of the state | 0.00% | 0 |
| No, in all parts of the state (please specify the process for them to change providers with the child care agency.) | 96.88% | 31 |
| TOTAL | | 32 |

Q41 What strategies, if any, is your state's child care assistance program implementing to improve access to subsidized child care specifically for nonstandard hour workers? Select all that apply:

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|--|-----------|----|
| Paying child care providers a higher rate for providing nonstandard hour child care | 25.00% | 8 |
| Requiring that licensed child care providers offer nonstandard hour child care (whether paying them more or not) | 0.00% | 0 |
| Paying for child care while parents who work night shifts are sleeping | 62.50% | 20 |
| Allowing child care subsidies to be split across multiple child care providers | 87.50% | 28 |
| Offering training and other support to informal child care providers who are interested in becoming CCDF-eligible child care providers | 46.88% | 15 |
| None | 3.13% | 1 |
| Other (please specify) | 6.25% | 2 |
| Total Respondents: 32 | | |

Q42 What strategies, if any, is your state's child care assistance program currently implementing to improve the quality of subsidized child care for both standard hour workers and nonstandard hour workers? Select all that apply:

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|--|-----------|----|
| Offering free or low-cost training to informal child care providers | 75.00% | 24 |
| Offering free or low-cost training to center-based child care providers | 93.75% | 30 |
| Offering free or low-cost training to family child care providers | 96.88% | 31 |
| Offering information to parents on the quality of different child care providers | 93.75% | 30 |
| Linking training completion to payment rate | 25.00% | 8 |
| None | 0.00% | 0 |
| Other (please specify) | 21.88% | 7 |
| Total Respondents: 32 | | |

Q43 Is your state currently making any additional efforts not already identified above to improve access to and/or quality of subsidized child care for nonstandard hour workers?

Answered: 32 Skipped: 2

| ANSWER CHOICES | RESPONSES | |
|----------------------|-----------|-----------|
| Yes | 0.00% | 0 |
| No | 78.13% | 25 |
| Yes (please specify) | 21.88% | 7 |
| TOTAL | | 32 |

Q44 Are you aware of any locally-led efforts being made in yourstate, which are not already identified above, to improve access toand/or quality of subsidized child care for nonstandard hour workers?

Answered: 7 Skipped: 27

| ANSWER CHOICES | RESPONSES | |
|-----------------------|------------------|----------|
| No | 71.43% | 5 |
| Yes (please specify) | 28.57% | 2 |
| TOTAL | | 7 |

Mathematica

Princeton, NJ • Ann Arbor, MI • Cambridge, MA
Chicago, IL • Oakland, CA • Seattle, WA
Tucson, AZ • Woodlawn, MD • Washington, DC

EDI Global, a Mathematica Company

Bukoba, Tanzania • High Wycombe, United Kingdom



mathematica-mpr.com