

Jumping Through Hoops and Set Up to Fail

Parents Speak Out About Child Care Assistance

By Judith Warner May 2016



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Introduction and summary

"In order to be a productive member of society, you have to get as much education as you can so you can provide for yourself and your family. To do that, I'm making the ultimate sacrifice, not being with my daughter and attending to her needs. All I ask is a little assistance with that."1

- Rochean Cofield, Des Moines, Iowa

Rochean Cofield, a 48-year-old working mother and graduate student, has tried to do everything right. She fled an abusive relationship in Philadelphia and made her way to Des Moines, Iowa, where she got a job, went to school, and raised four children, now ages 25, 23, 21, and 10. She worked full time while earning an associate degree and then a bachelor's degree. But the more she did—and the better she did—the harder it became to get the high-quality child care she needed for her youngest child, Deshaan, who is on the autism spectrum.

As a full-time college student and full-time, low-income working mother, Cofield doubly qualified for state child care subsidies. But as her pay rose from \$14 per hour to \$14.25, and then to \$14.50, her child care copays substantially increased. By her senior year in college, she was paying three-quarters of the price of fulltime care—almost one-third of her pretax income.

When she enrolled in a full-time master of social work program, eager to earn an advanced professional degree that would allow her to do high-level work supporting families like her own, she found that the academic demands were intense. To succeed in school, she asked to cut her work hours back to part time. Her employer agreed but imposed strict conditions: only 19 hours of work each week and no benefits. These were too few hours to allow Cofield to qualify for subsidized child care as a working parent.² And when she tried to requalify as a full-time student, she learned that the state does not provide child care benefits for parents studying at the graduate level.³

Cofield was stuck. She couldn't rely on relatives for assistance. Her mother had tried helping in the past, but she was now homeless, with serious mental illness. Priced out of the center where Deshaan received care in the before- and afterschool hours, she made a barter deal with a woman she knows who will care for Deshaan two days per week in exchange for \$40 and hair-braiding.

"I'm grateful that I met someone who's willing to work with me," Cofield says of the arrangement.

In recent years, amid growing public awareness of inequality in the United States,⁵ prominent members of the child development research community have been making the case that the roots of lifetime gaps in income, wealth, and opportunity begin in infancy.⁶ Policy discussions have turned to the potential of high-quality child care and early childhood education to narrow the achievement gap and give all children a better start in life. They also have increasingly focused on the quality of the child care available to low-income parents, who all too often—like Rochean Cofield—must rely upon casual arrangements with no quality controls, health and safety regulations, or opportunities for early learning.

Chronic underfunding of our child care assistance system lies at the root of this problem. Our nation's child care assistance programs for low-income working families—chiefly paid for by the federal Child Care and Development Block Grant, or CCDBG, program and administered by the states—have never been funded at levels sufficient to keep pace with the level of family need. Lacking funds, states must scramble to essentially ration their child care dollars. They do this, in large part, by imposing complex and burdensome rules and requirements that trip parents up and push children out of subsidized care.

As a result, only a fraction of the children who need child care assistance actually receive it. Those who do benefit from assistance suffer frequent interruptions in services due to bureaucratic snafus, missing paperwork, changes in parental work status or income, or simple human error. Low-income children, whose lives are already disproportionately marked by uncertainty and insecurity, all too often encounter that same sort of instability in their child care arrangements.8 And our child care assistance programs often fail in their dual purpose of setting up low-income children for a better start in life while helping parents become selfsupporting through work.9

The average annual cost of child care for an infant and a 4-yearold child in Iowa is \$17,701.4

A growing body of research now details the ways that these systemic problems compound the damaging instability so prevalent in the lives of low-income children.¹⁰ Largely missing from this literature, however, is a detailed discussion of the toxic effects of our overcomplicated, underfunded, and profoundly un-familyfriendly child care assistance system on parents.

The stories contained in this report—based on interviews with nearly three dozen low- and middle-income parents, providers, advocates, and policy experts—fill that void by illustrating the lived experiences of parents struggling with the U.S. child care system. The interviews show that policies that purport, in the abstract, to support economic self-sufficiency often concretely function in ways that make finding and keeping work almost impossible. They also prove how programs that support parents—not just in accessing good child care but also in navigating the child care assistance system—help reduce the toxic load of day-to-day stress that now weighs on working families, with benefits for adults and children alike.

The voices gathered here need to be heard right now. In late 2014, Congress reauthorized the CCDBG program for the first time in almost two decades.¹¹ The reauthorization law contained new health, safety, and quality control requirements for child care providers; included provisions for better and more accessible information on child care for parents; and directed states to increase the supply of good child care by bringing provider reimbursement policies in line with market practices.

The law also contained a number of provisions that aimed to prevent the sorts of Catch-22-like scenarios that push low-income children out of subsidized care and into unregulated, sometimes even dangerous, situations. Notably, it mandated that states grant subsidies for a minimum 12-month period, required that subsidies phase out only gradually if a parent loses a job or experiences an increase in income, and called upon states to make their application and recertification processes more family friendly—all changes that could have the potential to make it much easier for families to get and keep good child care.

What the reauthorization law did not do, however, was include any new money. As state agencies struggle over the coming months to do more without additional funds, they will need to be mindful of the ways that the intricacies of

policy implementation can help—or inadvertently hurt—low-income families. Indeed, as states scramble now to deal with the law's additional quality requirements without greater funds, they actually may tighten eligibility rules to give fewer children access to care. ¹²

As policymakers move toward implementing the new CCDBG rules, the fates of vulnerable parents and children hang in the balance. This report aims to make sure that the realities faced by such families are not forgotten.

Struggling through a broken system

"I'd like to see someone who is in a position of power have an identity developed for them as a person in a position of need and see just how demeaning it is. They'd see from both sides. They'd see a real human face to the policies they make."13

- Princess Mack, Denver, Colorado

Princess Mack, a 46-year-old mother with four children—ages 28, 27, 8, and 7 knows all too well what it's like for parents to fight their way through a child care system that seems rigged to make them fail. She has experienced the frustrations of Colorado's child care subsidy program from multiple perspectives: as a lowincome mother seeking services for her family; as an employee of Denver Human Services helping families navigate the system; and as a member of the policy council at Clayton Early Learning, a high-quality early education program where she has been both a parent and a grandparent.

In 2005, Mack moved to Colorado from her native North Carolina, where she had a network of friends and family to help support her as she raised her two older children. In Colorado, she worked at an energy company while raising her two younger children. When the job ended suddenly, Mack, the daughter of a Marine first sergeant and a mother who worked multiple jobs on his military base, found herself having to turn to public assistance.

Finding herself in this situation—and, in particular, seeing her children's fate depend on the good will of state office workers who, more often than not, didn't seem to care—was appalling. "I was feeling very demeaned," she said, when reached by phone last December. "It so often felt like it was us against them."

One unpleasant encounter in particular at Denver Human Services stayed with her: Mack waited for a half-hour in the direct line of sight of an office worker whose help she needed in processing an application. The woman watched Mack wait and then put up a sign saying that she was going to lunch. When she returned, Mack told her, "'One day, I am going to be just where you are."

"And within one year, I was," she recalled.

Mack took a job in the front lobby of Denver Human Services, where she helped families navigate a variety of public programs, including the Colorado Child Care Assistance Program, or CCCAP. Some of the difficulties families had in applying for child care subsidies were specific to her state: Colorado administered federal Child Care and Development Block Grant funds through its 64 counties—all of which could interpret state rules a bit differently—making applying for child care subsidies nothing short of a nightmare. 14 County databases did not necessarily sync or communicate, particularly if a child was receiving services both through Head Start—the federal preschool program serving the most at-risk families—and CCCAP. 15 As a result, families risked losing their subsidies if they moved from one county to another, as many did in recent years when real estate prices in the Denver area skyrocketed, in part due to the legalization of marijuana. 16 "You'd enroll here in Denver, then apply in another county," Mack recalled, "and the whole time, your job would be in limbo because you wouldn't have anyone to watch your kids."

But many of the problems Mack witnessed are typical nationwide. Un-familyfriendly government office policies would require parents to submit paperwork in person during normal business hours. Parents would lose entire days of work as they waited to see a caseworker, only to be told after many hours in line that they had brought the wrong documentation. Or they might find that their caseworker was off for the day and that the person who was there to help them had an entirely different notion of what paperwork they needed and when. Even worse, a caseworker might lose their paperwork, starting the process all over again and creating what Mack called "a domino effect on someone's household."

Parents receiving multiple services faced an even more daunting administrative labyrinth, often providing all-but identical information over and over again. If a child qualified for more than one funding stream for child care—Head Start plus the CCDBG, for example—each funding stream would require its own application, certification, and recertification paperwork. A change in parents' working

The average annual cost of child care for an infant and a 4-yearold child in Colorado is \$23,036.17

hours or pay might affect their child's CCDBG status but not their Head Start status. This could mean that if a child was in a full-day slot in a center thanks to dual funding, he or she might have to move to a part-day slot in another classroom and get used to a whole new set of teachers—if such a slot was even available. 18

The intricacy and sheer volume of paperwork created enormous potential for human error. Sometimes, language issues got in the way, or a lack of education made written instructions incomprehensible. At Mack's office in Colorado, the dual effects of worker burnout from heavy caseloads and "compassion fatigue," as she put it, created huge turnover at the county agency, adding to the chaos. "Applications would not get processed, or errors would be made on our end, and families would get cut off," she remembered. The burden of proof lay with parents to show that they were working sufficient hours or spending enough time in school. But it wasn't always possible for parents to convey those true time commitments in paperwork, particularly if they had nontraditional or shifting schedules.

Underlying all these logistical problems—in Mack's Colorado office, as around the country—was a distrustful, almost punitive attitude toward low-income parents. "Too often, the mindset is: This is a welfare benefit—we need to make sure parents are using it correctly," said Eric Karolak, CEO of the nonprofit organization Action for Children in Columbus, Ohio. "Many of the requirements of the child care subsidy system are based on the least common denominator, the weakest link: the worst child care provider, the most morally compromised parent. It's built to prevent fraud rather than, like any other business, to make things as simple for the consumer as possible to access the best services available."19

Mack was well-acquainted with this mindset. For a time, her younger children were receiving child care subsidies while she worked at Denver Human Services, which meant that her own life was constantly being reviewed by her colleagues an experience she describes as a "humiliation."

She also knew firsthand the enormous benefits that quality child care can provide to both children and parents. At Clayton Early Learning, counselors had helped her deal with state paperwork, and both she and her children were able to receive

mental health services; the school even provided her with opportunities to speak out to lawmakers on policy. That's why it pained her to see parents pushed into dead-end situations because their chaotic work lives could not fit the terms laid out by the subsidy program.

"Sometimes, the barrier is so stressful, families decide it's not worth it," she said. "You see people giving up on life when there are situations where, with the stroke of the pen or a conversation, a little caring, things could have gone so differently."

Growing demand but chronic underfunding

In 2014, the state of Colorado passed sweeping child care subsidy reform legislation that aimed to remedy many of the problems that Mack witnessed during her time at Denver Human Services. The law included provisions that lightened and simplified the paperwork required to verify parents' income and employment, made it easier for parents to keep their child care subsidies while looking for a job, and aligned the length of subsidies with the Head Start program year. The legislation made all these changes statewide, doing away with county-to-county variability.²⁰

The majority of the issues faced by Colorado families, however, extend far beyond the state's borders. They come down to a fundamental and long-standing disconnect between the goals of our child care assistance system and the funding that sustains it.

The Child Care and Development Block Grant program—originally enacted under the Omnibus Budget Reconciliation Act of 1990²¹—was primarily conceived as a way to keep children safe so that parents could work. As awareness of the importance of high-quality early care and education has grown, however, the subsidy program increasingly has aimed to supply low-income children with the foundational skills and strengths they need to succeed in kindergarten and after.

These greater expectations, however, have not been matched by additional money. In fact, sufficient funding has long been the most essential need of the CCDBG program—and the most elusive.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996²²—widely known as welfare reform—did away with both the Aid to Families with Dependent Children program and all existing child care entitlement programs for low-income families.²³ By putting more low-income mothers to work, welfare reform significantly increased the demands upon the CCDBG program. It increased funding as well: In the fiscal year following the passage of the welfare reform law, federal funds for child care increased 27 percent.²⁴

Yet even with that boost in resources, the program's funding fell far short of lowincome working families' true level of need. In 1999, looking back at the period right after welfare reform, the Urban Institute estimated that, if states had drawn down all the federal dollars available to them under the CCDBG program, then "at a maximum" less than half of the low-income children in need of child care assistance in 1997 would have been served.²⁵

The need has only grown more dire in the years since. Although the number of children under age 13 living in families with annual incomes below 150 percent of the federal poverty line increased from 15.4 million in 1999 to 18.4 million in 2012, the number of low-income children receiving subsidies did not follow suit, increasing only from 2.1 million in 1999 to 2.2 million in 2012.²⁶ In fiscal year 2012, the most recent period for which national data are now available, only 15 percent of the 14.2 million children per month who met federal eligibility guidelines for CCDBG subsidies actually received subsidized care through the program.²⁷

Meanwhile, demand for affordable, quality child care continues to rise. Sixty-five percent of American children under age 6 now live in homes where all parents are in the workforce, ²⁸ and 63 percent of mothers are either breadwinners or cobreadwinners.²⁹ The cost for center-based care for two children exceeds annual median rent payments in every state in the United States, and the average annual cost of care for an infant in a center-based setting is greater than a year of tuition and fees at a four-year public college in 28 states and Washington, D.C.³⁰

With demand for child care growing, states are increasingly required to do more with less—which adds up to more families losing out.

Chronic underfunding lies at the root of long waiting lists for subsidies that exist in 21 states around the country.³² And it explains why families who do qualify for subsidies may struggle mightily to find good care. State payment rates are considerably lower than private payments for comparable services; states may reimburse providers only for the specific days or hours, while the provider requires payment for full-time attendance. As a result, some of the best child care providers simply refuse to serve children on subsidies.

In Colorado, for instance, less than one-third of licensed providers are willing to participate in the state's subsidy program due to low payment rates and the headaches of paperwork.³³ And in New Hampshire, licensed centers are closing for lack of children—a somewhat mysterious phenomenon that advocates believe stems from new pay practices designed to pass on to parents costs that the state did not cover.³⁴

In 2013, the average subsidy for centerbased child care was approximately \$4,900 per year—less than half of the average cost.31

At the center of these funding decisions are young children who often suffer interruptions in care. Indeed, in 2014, the average length of time that children receiving subsidies were covered by continuous child care services was just six to seven months.35

Charlotte Brantley, president and CEO of Clayton Early Learning and the former head of the Child Care Bureau of the U.S. Department of Health and Human Services, likened this pattern of short-term placements to a "churn" that serves everyone poorly. "Many more people are eligible than will ever have access," she said, adding:

So now we have this churn: Two or three kids occupy the same child care slot over a 12-month period. Some see this as a success because more children are served. But what if you had 10 kids who had ear infections and who needed a full course of antibiotics and you only had enough for five kids? So you gave all of them a half-course of antibiotics. How many would still have ear infections at the end?36

Indeed, in 2014, the average length of time that children receiving subsidies were covered by continuous child care services was just six to seven months.35

Some, but not enough

Marqunita Robinson is a 30-year-old single mother whose daily routine is built around the bus rides that take her to drop-off and pickup at her children's three schools. Her last stop in the morning brings her 3-year-old to Educare DC, an early learning center just east of the Anacostia River in one of Washington's most economically disadvantaged neighborhoods. Educare DC is part of a national network of high-quality early learning centers serving low-income children and offering a wide range of support services to their families. At Educare, Robinson's son receives dental and vision screenings. His classroom has three teachers including a head teacher with a bachelor's degree in education—and a door to an outside play area, with tricycles and climbing bars and the thick trees of National Park Service land in the distance.³⁷

The ability to access child care like this—via Head Start funding—is an incredible privilege in a city that has the most expensive child care in the nation,³⁸ largely due to the presence of a disproportionate number of high-income working mothers who can afford nanny care and who live in neighborhoods far away from Educare.³⁹ The problem is, Robinson's Head Start-funded hours are simply not enough to allow her the time she needs to get a good job and support her family.

A voucher for subsidized child care would allow Robinson to get her 12-year-old son on a waitlist for his school's fee-based after-school program. And it would permit her to drop off her 3-year-old at Educare as early as 7:00 a.m. and pick him up as late as 6:00 p.m. As it is, she's always dropping him off and picking him up late, and she's terrified that one day, the Educare staffers might get fed up and kick him out. "They give me chances and chances, but when are those chances going to be up?" she wondered aloud in a mid-December interview.⁴¹

The Educare staff tries to help. Tyra Cotton, one of the school's family engagement specialists, has created a pamphlet listing all the paperwork that families need in order to apply for vouchers. She has gotten to know some workers at the city's Department of Human Services and will call them to try to expedite the process

The average annual cost of child care for an infant and a 4-year-old child in Washington, D.C., is \$40,473.40

for parents. But when the parents go in to drop off their paperwork, there's no one available to answer their questions. "The lines are too long; they're there five to seven hours to be told to come back the next day. They get the runaround. You never have everything you need," said Dawn Smith, a master teacher at Educare DC. "They find a job, but they have to be there at 7:00. They say they can't get there until 9:30 because they don't have a voucher, and they lose the job."42

She has seen many parents simply give up trying. "The system sets them up for failure," she said.

Robinson said she has been trying to qualify for a child care voucher for years. But the District of Columbia's subsidy program requires 20 steady hours per week of daytime work, 43 and her only job is an on-call arrangement with a temp agency that contracts with hotels and sends workers when they need housekeeping or other help. The work is usually at night, and it's irregular. And even if she could somehow work the daytime hours she needs, Robinson said, she doubts she could get good documentation to prove it.

"I'd have to get a letter from my job," she says. "The lady at my job, she doesn't even answer the phone. She doesn't communicate with me right." In fact, she hasn't communicated with Robinson at all for six months.

Robinson is looking for a different job. She has a high school diploma and once managed her own clothing store. She'd like to get a business degree online; Educare is helping her figure out how. But between morning drop-off, afternoon pickup, and the long stretches of public transportation in between, there just aren't a whole lot of hours left in the day. "I've just been applying for every job I can," she said. "Uploading my resume. But then it's bus to bus to bus until it's time for me to pick them up."

Barriers to education

Educare DC's parents have lives of extreme difficulty: 73 percent of them have reported annual family income of \$9,000 or less per year. 44 There are many teen mothers, domestic violence survivors, and children who come from homes marked by substance abuse and multigenerational poverty. Despite these obstacles, over five hours of interviews, Educare DC mothers spoke about how badly they wanted to get an education—to finish high school or go to college—and to work and support themselves.

Waynisha Wilson, a 20-year-old single mother who had her first child at 14 and her second at 16, dreams of finishing high school, becoming a police officer, and serving as a role model for her two children. "I want them to be motivated. To think about the stuff that's relevant: school, thinking about your life," she said. But she worries about being able to afford the cost of public transportation to and from her own school.45

Another single mother, age 24, with four children ages 2 to 8, was expelled from a GED program when she missed a deadline for an essay on why getting a GED certificate is important. She has a learning disability and had asked if the program offered academic accommodations, but never received an answer.

She got in trouble at her GED program for attendance issues too. The school day started at 9:00 a.m.—the same time she had to drop off her children at Educare. "I'd call to say I was running late, and they'd not notice," she said. "If I missed one day to take my kids to the doctor, they'd be like, 'Where's your excuse?' They'd suspend me for a day because I wouldn't have a note. But I'd get a note from the doctor, I brought it here [to Educare, to explain why her child was late]. It didn't dawn on me to get a copy for the school. It was just too much."46

She is looking for a job now, while Educare staff members try to find her a better GED program, but without a high school degree, job experience, or a voucher to cover the cost of before- and after-school care for her kids, finding work is very hard. She lives with her mother, who has a job as a security guard in a downtown museum. But her mother can't help out much; she's waiting for a kidney transplant, and walking is difficult. Every morning at 4:00 a.m., a van picks her up and takes her for dialysis. And when she's not working, she tries to catch up on her sleep.

The stress of impossibility takes an enormous emotional toll on these mothers. After years out of school, Wilson lacks self-confidence. She worries that if she returns to school, the teachers will make fun of her behind her back for having been a teen mother and for finishing high school in her 20s. She's afraid her own kids will look down on her too: "You feel like you should be past it, and it's embarrassing to tell the kids you're going to school just like they are; you should be more advanced than that."

Vaney King, a single mother of two who lives in a domestic violence shelter and is currently working on completing a GED program, takes three buses in the morning to bring her kids to Educare and another three buses to get to her own school. She is saddled with thousands of dollars in debt from an unscrupulous for-profit program that promised her a master's degree before she had her high school diploma. She has signed up for home health aid courses in the spring at the University of the District of Columbia, but she's worried that her own health issues might get in her way.

She often feels as if she can't breathe—like she's breathing and breathing, but just not getting in enough air. Doctors have suggested that it's probably anxiety; she's anxious that it could be her heart.

"My life could be on hold for it," she said. 47

Warding off toxic stress

In recent years, the issue of toxic stress in childhood—stress that is excessive, prolonged, and unmediated by strong relationships with protecting adults—has emerged as a major concern in the child development research community.⁴⁸ Experts warn that this sort of stress, which is particularly prevalent among children growing up in poverty, can have lifelong impacts on learning, cognition, and self-regulation, as well as physical and mental health generally.⁴⁹

Child development experts now consider toxic stress in the early years to be one of the key vectors through which inequality becomes entrenched and is reproduced over multiple generations. "Toxic stress," according to Jack P. Shonkoff and Andrew S. Garner, both members of the American Academy of Pediatrics' Committee on Psychosocial Aspects of Child and Family Health, "plays an important causal role in the intergenerational transmission of disparities in educational achievement and health outcomes."50

Awareness of these dangers has fed the call for systemic reforms that can provide children with more reliable and stress-buffering care. 51 But what about the strains on parents who are forced to navigate a child care system that, instead of lightening their daily burden, adds to their anxiety and frustration, their sense of humiliation and failure?

Stress, like poverty itself, is a two-generation phenomenon. 52 When parents are badly stressed about their child care arrangements, they pass that stress on to their children.⁵³ Good child care can act as an important buffer against toxic stress not just for children but for their parents as well.⁵⁴ A 2012 study from the University of Quebec at Montreal has shown that low-quality child care is associated with higher levels of parenting-related stress for low-income mothers; the same research showed that mothers who felt that their child's child care teacher was skilled in meeting their child's needs reported less stress.⁵⁵ Research from Maureen Perry-Jenkins, a psychologist at the University of Massachusetts Amherst, has demonstrated that perceptions of greater child care support are linked to decreased depressive symptoms in fathers.⁵⁶

Sheila Arias, a 30-year-old single mother of two in Durham, North Carolina, knows firsthand the critical relief that quality child care can provide.

Arias' daughter, Jaslene, now 7, was born with microtia, a birth defect that affects her hearing, speech, balance, and capacity for sensory integration. Due to her disability, she immediately qualified for the Early Head Start and Head Start programs. As an Early Head Start sibling, Arias' 4-year-old son, Enoch, easily found a spot in the programs too. This meant that Arias didn't have to spend the two to three years on a waitlist for state-subsidized child care that other families around her typically face. The consistent, high-quality care has meant that Arias has been able to work while trusting that her children are being educated.

The ability to rely on her children's well-trained teachers also has relieved a great deal of the stress Arias feels about having to be and do everything for her children all on her own. "As a parent," she said in early January, "when you're going through so many situations in life, reading to your child every day is really, really hard. Having to practice any academic skills is even harder. Having that support at school really mattered. They were always looking to be sure my kids were where they need to be."57

The contrast between her experience and that of others in her community is stark. Arias recently helped a friend fill out an application for subsidized child care for her 6-week-old baby; the mom was told her son probably wouldn't get a spot until he was 3. "Other people leave their kids with relatives, not even adults, or other people they know. It's even more expensive and they just watch TV all day," she says. "There's no education."

The Child Care Services Association in Chapel Hill, North Carolina, estimates that fewer than half of North Carolina children in child care arrangements find spots in regulated centers.⁵⁸ Anna Carter, president and CEO of the organization, said that the psychological effects of that system failure should not be minimized:

If you can't access subsidized care, then the kinds of arrangements you're having to look for are going to put stress on the family. You're having to take the child to an unregulated program or to this grandparent and that grandparent or other friends and family members. From a logistical perspective, it's a nightmare, but from a child development perspective, it means that the children are not getting what they need. When parents know that, the guilt is terrible.⁵⁹

The average annual cost of child care for an infant and a 4-year-old child in North Carolina is \$16,847.60

Hope in Pottstown

Outside of Head Start and Early Head Start programs, the psychological wellbeing of parents is rarely a focal point of early childhood policy. That is what makes the early childhood community in Pottstown, Pennsylvania, so unique.

Pottstown's historic red brick downtown recalls a time when companies such as Bethlehem Steel and Firestone brought affluence to local residents. When industry departed in the 1980s and 1990s, high unemployment, drugs, and crime took its place. By the 2013-14 school year, 67.5 percent of children in the Pottstown School District qualified for free or reduced-price lunch.⁶¹ The city's concentration of need poses enormous challenges for early educators—but also has provided an extremely fertile landscape for policy innovation.

In 2005, the Pottstown School District received a \$15,000 planning grant from the state of Pennsylvania to bring together public and private child care providers and community-based organizations and find a way to deliver services collaboratively. Programs that normally competed for children—Head Start, half-day locally funded pre-K, and private child care providers—came together with school district officials and organizations such as the Pottstown Family Center and the United Way of Greater Philadelphia and Southern New Jersey. The resulting collaboration in child care and family support service delivery was Pottstown Early Action for Kindergarten Readiness, or PEAK.⁶²

The PEAK program acts as a kind of clearinghouse for information and service referrals for families in the Pottstown area and as a source of support for child care providers and early childhood educators as well. The program brings fitness and nutrition programs to classrooms and employs a behavioral specialist to support teachers in educating the growing numbers of young children they see with emotional and behavioral issues.⁶³ It has drawn local parents together for public library events, charity toy drives, parenting lectures, and school volunteering projects. In short, amid the many challenges of life in a deeply impoverished city, it has given them access to a supportive, connected parenting community much like those that flourish in wealthier suburbs.

One early morning in mid-December, five Pottstown mothers gathered for a breakfast meeting at the Pottstown School District Administration Building.⁶⁴ The moms knew one another from PEAK family engagement activities, and their children were all enrolled in Pennsylvania's Pre-K Counts classrooms—full-day, state-funded preschool for children from families earning up to 300 percent of the federal poverty line, or about \$73,000 for a family of four. 65

These Pottstown parents face the same systemic barriers to affordable child care as parents across the United States. There is a waiting list for full-day pre-K and for child care subsidies funded by the Child Care and Development Block Grant. And the Catch-22 of subsidy qualification—parents can't get a subsidy without a job but don't have the time to get a job without a subsidy—is ever present.⁶⁶

The average annual cost of child care for an infant and a 4-year-old child in Pennsylvania is \$18,712.67

But they don't have to navigate that frustrating landscape of programs and services on their own. Bethany Egolf, a family engagement specialist in the Pottstown Family Center, makes sure that child care providers in the city are aware of programs that exist for infants, toddlers, and preschoolers so that they can help families with multiple young children find care more easily.⁶⁸

She facilitates contact between parents and teachers and encourages mothers and fathers to get involved in their children's classrooms. Her colleague, Ada Sykes, specializes in outreach to the Spanish-speaking community. Maricruz Clemens, a mother of two whose daughter received speech therapy while in the Pre-K Counts program, said that the presence of the bilingual family engagement specialist in the PEAK program has made a real impact on Spanish-speaking parents. "A lot of parents are afraid to come forward. Ada came on board, and now they don't feel afraid," Clemens recalled. "She's right there with the teachers and principals. When you have the connection with the families, they trust you. They're open more. They feel, 'They're not going to take advantage of me."69

Egolf has helped Alexis Didget, a mother of three, find needed resources when her husband's two jobs, her part-time job, and the family's checks from the Special Supplemental Nutrition Program for Women, Infants, and Children aren't enough to meet their basic needs. "If I'm in a tough spot and don't know how we're going to get through the week, I can call Bethany," Didget said. "I get support."

Phoebe Kancianic, a mother of three whose 8- and 3-year-old sons are both on the autism spectrum, told the breakfast group that Egolf's help has been a godsend on bad days, of which there have been many. There was the day, for example, when the Head Start preschool that provided services to her 3-yearold moved without notice, or the day when her 6-year-old son's state medical assistance ended, also without notice.

Kancianic is currently enrolled in an associate degree program at Montgomery County Community College. She's eager to finish, to transfer to a four-year program, and to earn a bachelor of arts in human services. Her career goal is clear: "I want to not do to others what was done to me."71

Not just a low-income issue

The Pottstown Early Action for Kindergarten Readiness program's combination of information, education, and connection for parents is precisely the sort of support that might allow a parent such as Vaney King in Washington, D.C., to breathe more easily. Or it might alleviate the grinding worry that weighs upon Sarah Lynn Sadowski, a mother of four in Concord, New Hampshire.

The average annual cost of child care for an infant and a 4-year-old child in New Hampshire is \$21,267.⁷²

Sadowski has a master's degree in international development. Her husband Jon, a public school special education teacher, also has a master's degree and is studying to become a school administrator. If they both worked full time, they could make well over six figures, save for college and retirement, and enjoy a comfortable life. But they can't, because the solidly middle-class Sadowskis have never quite been able to make their child care arrangements work out.

New Hampshire has one of the highest costs of living⁷³ in the country: Center-based care for an infant costs almost \$12,000 per year, on average; the average cost of care for a 4-year-old, at \$9,500, is only slightly less.⁷⁴ During the 2014-15 school year, only about half of the state's school districts offered full-time kindergarten programs, 75 and there is no state-funded pre-K. 76 Because she never had paid maternity leave, Sarah needed child care fast after each of her pregnancies. Finding licensed care for infants, however, was close to impossible. She put her children on waitlists and ended up taking three of her four children to work with her when they were infants. New Hampshire is one of only five states that does not provide state-funded pre-K. The others are Idaho, Montana, South Dakota, and Wyoming.⁷⁷

The Sadowskis' eldest child has cerebral palsy and epilepsy resulting from a birth injury. With her, the Sadowskis have learned the hard way that whatever child care difficulties parents normally encounter increase exponentially when you factor in a child with special needs. The usual work-family policy gaps become even wider too. Their daughter had, for example, to grow used to a constantly shifting crew of home health care aids: Their low pay, lack of paid sick days, 78 and lack of access to good child care of their own creates enormous turnover among the people who work most closely with her.

New Hampshire is one of only five states that does not provide statefunded pre-K. The others are Idaho, Montana, South Dakota, and Wyoming.77

Because their daughter has a depressed immune system, the Sadowskis have to keep their other children home from day care when other parents, lacking paid time off, send their children in sick. Last winter, a younger daughter stayed home at least one day per week for just this reason; the Sadowskis were required to pay for her time in care nonetheless.

The frustration was such that, for three years, they tried opting out of child care entirely. Jon became a stay-at-home dad, and Sarah took a policy job working 60 hours per week. But she found the long hours were "not tenable" given the demands of four kids and a child's special needs. Sarah has left that job and now works part time, while Jon works two jobs to make ends meet.

Child care still eats up fully one-third of their monthly income. Another half goes to car payments and student loans. The crunch is so bad that the couple is thinking of picking up and moving across the state line to Massachusetts, where they believe wages are higher and family support policies will be stronger.

"I'm 37. Jon is 38," Sarah reflected in late December. "Both of us are at the peak of our earning potential, and here I am working 15 hours a week, not saving for retirement." She alternates between feeling angry about the policy gaps that make life so hard for even middle-class families such as her own and simply blaming herself. "I struggle with this sense of personal responsibility," she said.

Sadowski's sense of shame at being a highly educated person who can barely make ends meet is deeply painful, yet she knows she's not alone in feeling the squeeze. According to the Center for American Progress, the median married couple with two children saw no income growth between 2000 and 2012. In that same period, child care costs grew 37 percent, and the aggregate cost of staples of middle-class security—such as child care, housing, health care, and putting aside savings for retirement and college—increased \$10,600.80

"This needs to be talked about," she said.

Policy recommendations

If child care policies meant to enhance children's long-term prospects are instead adding to parental stress and undermining the positive potential effects of good care, policymakers should make reforming them a top priority.

The Child Care and Development Block Grant Act of 2014 is a good place to start. The new legislation makes clear that families should be granted a solid 12 months of child care subsidies before having to undergo eligibility recertification. This would remain the case even if parents' work hours, educational activities, or incomes temporarily change and as long as parents' earnings do not rise above the federally mandated cap of 85 percent of state median income.⁸¹ It also requires that if a parent loses a job and is at risk of losing child care benefits, subsidies will continue for at least three months, giving the parent time to look for new employment. It stipulates that, at the end of the one-year subsidy period, the process of recertification for child care assistance should not require parents to "unduly disrupt their employment."82 And it provides that if after a year's time, parents' income has risen above their state's income eligibility threshold, their assistance levels will phase out only gradually for at least one year or until a family's income exceeds 85 percent of their state's median income. 83 All this will reduce the paperwork and recertification procedures required of low-income parents, giving them a much greater ability to work steadily to support their families.

But the legislation still leaves states some wiggle room. There is no definition, for example, of what sorts of paperwork requirements are "unduly" disruptive; with states able to make that judgment call, there is no guarantee that their current practices will change. Language instructing states to "demonstrate" how their determination and redetermination of eligibility processes "take into account" irregular fluctuations in earnings requires thought but not action.⁸⁴ And even though the new law requires states to grant families 12 months of care, states could still require families to participate in extensive and complicated interim reporting—and could require families to pay new or additional copays if their incomes increase.85

Most crucially, the new legislation lacks new funding. It leaves states with the discretion to set their own income eligibility rules. Experts warn this may mean that as states scramble to do more without more money, the added funding crunch may lead them to make it harder for families to become eligible for subsidies, ultimately pushing out more children.86

As the new CCDBG rules are put into effect over the coming 20 months, state agencies must take the initiative to devise rules that improve child care service delivery. To this end, CAP has previously recommended measures such as creating a single entry point for early childhood programs serving infants and toddlers and has detailed how a number of states around the country have constructed programs to streamline services for parents and children.⁸⁷

We also must look beyond the CCDBG program to seek additional child care funding for low- and middle-income working families. Last fall, CAP proposed a bold new way to find such funds: the High-Quality Child Care Tax Credit. The tax credit—worth up to \$14,000 per child, according to family income would be advanced to families throughout the year on a monthly basis and paid directly to a child care provider chosen by the parent. It would be targeted to high-quality providers, driving up quality in the child care market and creating good choices for parents. CAP estimates that the proposal would serve more than 6 million children under age 5, a more than fivefold increase over the current number of families that the CCDBG serves. 88 Combined with earlier CAP proposals for voluntary, universal preschool for all 3- and 4-year-olds, this measure would provide greatly increased access to high-quality care for all children from birth to kindergarten.

Conclusion

The voices collected here tell a clear story about what does and does not work in our current child care assistance system. What works: high-quality programs that take a two-generational approach to encouraging both healthy child development and family economic security. A key component of what doesn't: holding children's care and education hostage to parents' compliance with unrealistic employment and educational requirements that do not acknowledge the realities of the low-wage labor market.

Parents need simpler and more rational application and recertification processes for child care subsidies, better aligned systems of service delivery, 89 and better guarantees that their children's child care arrangements can survive the ups and downs of the low-wage labor market. They also need more family resource centers and family engagement specialists to assist with paperwork; more and better referrals to social service agencies, child development specialists, and adult education programs; and culturally sensitive outreach to immigrant and other underserved communities.

For all that, we need more money for child care. We also need a change in mentality.

Over the past two decades, a major focus of our public assistance policies has been changing the so-called culture of poverty. But as far as child care is concerned, perhaps it's time for a change in the culture of policy: a move away from punitive attitudes toward low-income parents and their ostensible life choices, and a move toward a genuinely family-friendly embrace of the needs of vulnerable adults and children.

About the author

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- 88 Katie Hamm and Carmel Martin, "A New Vision for Child Care in the United States: A Proposed New Tax Credit to Expand High-Quality Child Care" (Washington: Center for American Progress, 2015), available at https:// www.americanprogress.org/issues/early-childhood/ report/2015/09/02/119944/a-new-vision-for-child-carein-the-united-states-3/.
- 89 For detailed descriptions of better system alignment, see Adamu and others, "Aligning and Investing in Infant and Toddler Programs"; Herzfeldt-Kamprath and Hamm, "Emerging State and Community Strategies to Improve Infant and Toddler Services"; Adams and Mat-thews, "Confronting the Child Care Eligibility Maze."

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The Center for American Progress is an independent, nonpartisan policy institute that is dedicated to improving the lives of all Americans, through bold, progressive ideas, as well as strong leadership and concerted action. Our aim is not just to change the conversation, but to change the country.

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As progressives, we believe America should be a land of boundless opportunity, where people can climb the ladder of economic mobility. We believe we owe it to future generations to protect the planet and promote peace and shared global prosperity.

And we believe an effective government can earn the trust of the American people, champion the common good over narrow self-interest, and harness the strength of our diversity.

Our Approach

We develop new policy ideas, challenge the media to cover the issues that truly matter, and shape the national debate. With policy teams in major issue areas, American Progress can think creatively at the cross-section of traditional boundaries to develop ideas for policymakers that lead to real change. By employing an extensive communications and outreach effort that we adapt to a rapidly changing media landscape, we move our ideas aggressively in the national policy debate.

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