

## How Contextual Constraints Affect Low-Income Working Parents' Child Care Choices

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Most working families with children in the United States face the constant challenge of arranging child care. An estimated 11.3 million children younger than 5 years old have working mothers, and more than 78 percent are placed in some type of regular, nonparental child care while their parents work (Laughlin 2010). While child care is a critical work support for parents, it is also a key context for young children's development.

The well-being of the child and the family as a whole depends on the stability and quality of child care. Disruptions in care can interfere with children's healthy development and parents' employment (Adams and Rohacek 2010; Helburn 1995; Loeb et al. 2003). Research highlights the relationships between children's experiences in nonparental care, their attachment to caregivers, and their developmental outcomes, with low-quality and unstable care arrangements connected to behavioral problems, poor social competence, and cognitive and language deficiencies (see Adams and Rohacek 2010 for a further discussion). Further, the stress incurred from lower quality arrangements that fail to meet parents' and children's needs may worsen parents' work performance and their relationships at home (Layzer and Goodson 2006). Because child care is so important, how parents identify and select care arrangements should be of great interest to researchers and policymakers.

Many factors influence parental decisions about child care. When weighing their options, most parents take into account the location, cost, quality, and availability or schedule of the provider, their own employment schedules, and the particular circumstances and needs of the family (e.g., home language, child's age, special needs). Parents may also prefer a particular care setting or a particular provider with whom they have a trusting

relationship. However, parents' decisions about care are ultimately tied to the options present and known to them. Their choices are made within the constraints of the early care and education context of their community, including the *available supply* of early care and education programs and providers, parental *awareness* of child care options, and the *accessibility* and *affordability* of such care. Contextual constraints or barriers can force parents into less-than-optimal arrangements.

This research brief (and the larger report on which it is based) is a product of a multiyear, qualitative Urban Institute study that examined how low-income families make choices when arranging care for their children, and how families' decisions are shaped or limited by key contextual factors. Child care decisionmaking is particularly challenging for low-income working families. These parents often experience fluctuating work schedules, nontraditional hours, and inflexible work policies that limit their child care options, since few providers are available during the hours when they need care (Henly and Lambert 2005). Low-income families have limited financial resources to purchase high-quality care;<sup>1</sup> in addition, the supply of quality care is generally more limited in low-income communities. Low-income families more frequently rely on public transportation, so travel beyond their community to seek additional child care opportunities is often unmanageable. Additionally, some low-income families may not have easy access to reliable sources of information about child care in their community. They often must arrange child care hastily to meet work requirements and rely on personal contacts and social networks to get information rather than more formal sources; this can limit their awareness of the various available opportunities.



In our study, we sought to examine the child care decisionmaking process to better understand these barriers and how low-income families negotiate this complex terrain. In this brief, we describe how the low-income working parents in our two study sites—Providence, Rhode Island, and Seattle-White Center, Washington—viewed the supply of child care options in their communities, how parents learned about their options, and the barriers to access that they faced. The findings may help policymakers develop more effective and targeted strategies to provide low-income working families in underserved communities with the high-quality early child care options they need.

## Research Methods

The study included two primary research components, a family study and a community study, with the greater emphasis of our research efforts on the former. The family study included two rounds of in-depth qualitative interviews with selected parents in the two study communities. As part of the community study, the research team interviewed stakeholders in early childhood care and education to explore the local contexts in which families lived and worked.

We selected sites with socioeconomic and demographic profiles that would allow us to examine the child care choices of low-income families and immigrants. When choosing our sites, we looked to the Annie E. Casey Foundation's Making Connections initiative, a community improvement program in 10 low-income urban communities across the United States. Among the 10 communities, those in Providence, Rhode Island, and Seattle-White Center, Washington, were best suited for our study as both sites had a high concentration of low-income households and immigrant populations.

We recruited participants in three ways. First, we looked at the pool of respondents from the Making Connections household survey and recruited 19 eligible families. We then reached out to community-based organizations in each site to help recruit eligible families. Lastly, we supplied local programs and participating families with recruitment fliers with a toll-free phone number that eligible families could contact if they were interested in participating in the study. The final sample included 86 families: 43 in Providence and 43 in Seattle.

Families were eligible if they had a household income of no more than 250 percent of the federal poverty level, worked at least 20 hours a week, and had a non-school-age child (under age 5) in nonparental child care at the time of

recruitment. We were particularly interested in targeting three specific subpopulations—immigrant parents, parents with limited English proficiency (LEP), and families with special-needs children—that often face additional barriers in arranging child care. Our final sample included a high percentage of immigrant and LEP families (table 1).

We analyzed the qualitative data from the parent interviews to identify key themes discussed by respondents across the two study sites. In this brief, we highlight the themes related to child care supply, parental awareness of child care programs and providers, and affordability and accessibility of care options.

## Findings

### *Supply of Child Care Options*

We considered the supply of child care as the programs and providers available to families within a given area—sometimes referred to as the local child care market. For our purposes, we focused on the supply of licensed child care providers in the community, such as center-based care and family child care programs, and not care from a relative, friend, or neighbor. We searched for all licensed providers in the two sites using the local child care resource and referral agencies' (CCR&Rs)<sup>2</sup> databases and then mapped the providers' locations onto a single map. During the parent interviews, we first asked participants to list the providers they knew of in their neighborhood and to point to their locations on an unmarked map. Then, we showed participants a copy of our provider map and asked them to identify any of the marked sites they recognized. This process allowed us to assess the supply of care according to both the local CCR&Rs as well as parents, and to document parental awareness of their care options. We subsequently questioned participants about their child care search and how they weighed their options.

**Few options meet families' particular child care needs in terms of child age and proximity.** In particular, center-based early care and education programs were limited in availability within the study communities, causing some parents to be waitlisted and forced to turn to alternative arrangements. Parents of preschoolers often expressed an interest in Head Start as well as prekindergarten and center-based care programs, but some had encountered limited enrollment slots and waiting lists. Yet, center-based care for infants and toddlers proved more challenging to find than care for preschoolers. Age restrictions became particularly

TABLE 1. Characteristics of the Family Study Sample at Initial Interview

Parent respondent or child characteristic	<i>n</i>	%
Focal child age (years)		
< 1	14	16
1	26	30
2	18	21
3	18	21
4	10	12
Respondent characteristics		
Foreign-born	52	60
Dominican Republic	17	20
Mexico	12	14
Asia (Cambodia, Vietnam, Philippines, Thailand)	8	9
Africa (Somalia)	7	8
Central America (Guatemala, El Salvador)	5	6
Peru	1	1
Haiti	1	1
Trinidad	1	1
Limited English proficient	40	47
Latino	49	57
Worked nonstandard hours <sup>a</sup>	52	60
Child care subsidy recipient	33	38
Had special-needs child	23	27
Household composition		
Single-parent household	41	48
Extended household <sup>b</sup>	23	27
Type of child care arrangement <sup>c</sup>		
Informal relative care	42	49
Informal nonrelative care	7	8
Family child care	30	35
Center-based care (including Head Start and pre-K)	27	31

a. Nonstandard hours are beyond Monday through Friday 8:00 a.m. to 6:00 p.m.

b. An extended household included a relative or nonrelative who was not part of the nuclear family unit, such as the respondents' own parents, siblings, and other relatives other than their children and spouse/partner.

c. The figures represent the number of families who used that particular type of child care arrangement for the focal child. Twenty-four families (28%) were using more than one child care arrangement, sometimes of the same type (e.g., two relatives who provided care on different days) and sometimes the combination of two types (e.g., Head Start plus family child care); therefore, the figures do not sum to the total sample size.

problematic for several families whose children were too young to enter the programs they liked. Families with multiple children also found it challenging to locate a provider that could care for all their children, including school-age children after school, because of both space limitations and age restrictions.

Parents were also limited to the care options most conveniently located near home or work, or on a bus route. Transportation to and from work and child care was a critical issue for families, many of whom lacked access to a personal vehicle and relied on public transportation. Some families lived in disconnected neighborhoods with no

nearby child care centers, Head Start programs, or prekindergarten programs, and parents had to travel out of their way to get to a child care provider—sometimes in the opposite direction from their workplace.

**Early care and education programs often fail to meet parents' scheduling needs.** Parents in our study felt constrained by the limited hours that child care providers were available or open for business. About 60 percent of respondents worked nonstandard hours beyond a traditional Monday through Friday 8 a.m. to 6 p.m. schedule. Some parents worked nights, weekends, and even holidays, but most parents with nonstandard

### Iago and Inez's Story

Iago and Inez, recent immigrants from the Dominican Republic living in Providence, felt they did not have sufficient good options when they were looking for a child care program for their 3-year-old son, Ibrahim. They were very interested in the Head Start program, which they had learned about even before arriving in the United States from a family friend who was living in the States. At the time of their first interview, they had applied for Head Start for Ibrahim but were placed on a waiting list. They had previously tried to enroll their older daughter into the same Head Start program when she was 3, but there was never space for her to enroll. Their friend was able to get his child into Head Start because the child had a speech delay and was given priority for admission, but that was not the case for Ibrahim. After being placed once again on a waiting list, Iago and Inez opted for an unlicensed child care arrangement with a neighbor they had met through nearby friends.

Iago was not familiar with any other child care options. Additionally, the research team's scan of programs within his neighborhood produced few options. A free, pilot prekindergarten program, Ready to Learn Providence, had recently become available in his neighborhood, but Iago had not heard about it. The program did not have income restrictions, and enrollment was determined by a lottery system. By our second interview with the family, Iago and Inez had entered their son into the lottery and he was selected. They had always hoped Ibrahim would go to Head Start, but there were still no spaces available. Once this new opportunity arose the following school year, they took advantage of it.

hours worked just outside that time frame, with some reporting to work by 6 or 7 a.m. and others working until 7 or 8 p.m. Parents had to select their care to meet their work schedules, and those with nontraditional schedules found few options.

Center-based programs were only suitable for parents with standard 9-to-5 jobs or for those with second providers that could supply before or after care and help with transportation. Local Head Start centers offered only half-day sessions, three hours in either the morning or afternoon. This restricted schedule required full-time working parents to use a second arrangement before or after Head Start. Family child care providers often offered longer hours and were sometimes available on weekends and even overnight, but some of them required consistency in the days and hours parents needed care, which was challenging for parents with shifting schedules. Consequently, parents with nonstandard schedules often depended on relatives to care for their children—either entirely or in addition to other providers. In some cases, parents preferred relative care regardless of their schedules; other times, it was their only feasible option.

For example, Fern and her husband, a young white couple living near Seattle, wanted their 1-year-old daughter to attend a child care center; however, they had a difficult time locating a center close to their home that had availability and fit their work schedules. Head Start programs

and center-based care options were filled to capacity, and they could only find family child care providers with spaces available.

The waiting lists are just horrible around here. And another thing is that the good child care around here that I want to put her in, they start at 7 a.m. or 8 a.m. and I have to be at school at 7, so we don't have very many options.

**Families' language needs narrow their child care options.** Limited English proficient (LEP) parents often sought providers who spoke their native language and came from a similar cultural background; these criteria narrowed options to primarily relatives, friends, neighbors, and some family child care providers within their communities. Several LEP parents liked the fact that their local Head Start program employed bilingual staff so they could communicate with staff about their children. However, as previously mentioned, Head Start often had waiting lists. On the other hand, a few English-speaking parents commented that the family child care providers they found did not speak English well, which they did not like and found frustrating. This mismatch of parents' and providers' home language further constrained their choices.

**Finding a provider who will care for children with special needs is a challenge.** Children with disabilities or with special health or developmental needs may need a child care provider specially trained to handle those needs. About

one-quarter of children in our study had an identified special need, disability, or developmental delay that required particular attention from a provider, ranging from asthma, speech delays, and attention deficit and hyperactivity disorder to severe, chronic physical disabilities. Their parents found it challenging to find a child care program or provider that would accept the children or that was sufficiently skilled to care for them, particularly children with more severe physical needs. As a result, parents turned to Head Start or center-based programs that offered early intervention services; or, in more severe cases, they used relative care in the home where children's needs could be met.

### *Parental Awareness of Child Care Options*

A high supply of child care providers in an area does not guarantee that families will be aware of those providers or accept them as viable child care options. Parental awareness, which refers to how much parents know about the child care options available to them, largely depends on how well informed the parents' sources of information are.

Parents turn most frequently to their social networks for information. Informal sources of information, which include friends, family, neighbors and coworkers, were parents' most trusted and most used sources of advice and knowledge on available child care options compared with more formal sources (i.e., human services agencies, CCR&Rs, advertisements, and child care providers who may be aware of other options). Understandably, parents value personal referrals, and most families in our study (72 percent) sought input from family and friends in their child care search. However, heavy reliance on social networks for information may indicate a lack of awareness of where to find more formal information sources, a lack of trust in CCR&Rs or human services agencies (particularly for immigrant families), and/or an unwillingness to search beyond the family's own community. If true, that leaves a parent with only informal sources of information, and if those social networks are not aware of the full array of available child care options, then the family may remain uninformed of its options and the programs for which it may be eligible.

**CCR&Rs can be difficult to use and access.** CCR&Rs are potential resources for families who know where and how to access them. There was a CCR&R available to families in both our study sites, and nearly a fifth of parents

in our study used one in their child care search. However, many mentioned feeling dissatisfied with the services and search tools available. The factors that parents said dissuaded them from using CCR&Rs included fees charged for services, time-consuming and esoteric search processes (especially for the computer illiterate), databases that cannot accommodate a refined search and only produce lengthy lists of providers that may not be suited to a family's needs, and offices that are not open beyond standard working hours—a time when parents may wish to visit the office in person and talk with someone to receive assistance finding a provider.

**Information on providers can be outdated and unreliable.** CCR&Rs and sometimes even local human services agencies can offer information to families on different types of child care, and referral specialists at these locations can help families find appropriate local child care providers based on their needs and preferences. The hitch is that families are often left with long lists of providers, rather than linked directly with an available provider who accepts them. Moreover, the accuracy of those lists cannot always be guaranteed as they are not updated frequently enough to reflect changes in the providers' availability. Ola, a mother of a 2-year-old who worked nonstandard hours as a home nursing aide, commented:

They have a really good resource for finding child care. It's just finding good child care that's hard. . . . I just did my homework, so out of the 15 people they gave me, 4 of them were not day cares any more, some of them would only take up to 2 years old, and a couple of them would only take 5 and older, and I have kids of all ages, and I don't want to be running around.

Updating the databases of child care providers might be an easily attainable goal for a number of local agencies to ensure that they are providing families with useful information.

**Large knowledge gaps exist among immigrants and LEP parents.** It is difficult for any recent immigrant or LEP individual to know where to acquire the information needed to build a life, and that includes information on child care. Organizations seeking to help immigrants find work and acclimate to a new culture often lack reliable information on child care and early education services (i.e., licensed child care, child care subsidies, public prekindergarten and Head Start). Fortunately, immigrant communities tend to produce strong and supportive social networks, and the parents we interviewed in immigrant

communities were more knowledgeable of family child care providers within that social network. However, parents' choices are limited when they don't know all their options—particularly those that could better meet their children's and their own needs.

The LEP parents we interviewed also possessed greater knowledge of family child care and Head Start options than our non-LEP respondents. What differentiated the LEP population from immigrants in general (which included English-proficient immigrants) is that the Head Start program stood out to many LEPs as a place where their children could learn to socialize, communicate, and develop in a supportive environment. Many Head Start centers retain bilingual and culturally sensitive staff, which may also positively influence parents' perceptions of Head Start, because they can expect to be able to communicate with the care providers. Regrettably, LEPs knew little about other center-based care programs.

### *Affordability and Accessibility of Child Care*

Even when the supply of child care in a given community is fairly adequate and families are aware of their options from reliable sources, low-income working families may face obstacles in accessing the child care arrangements they want and need.

**High child care costs limit low-income working parents' care options.** Parents in our study who wanted to enroll their children in formal child care settings such as center-based care and family child care often could not do

so because of the expense. All households had incomes less than 250 percent of the federal poverty level (FPL), with most families living in or near poverty. At the time of data collection, parents were eligible for the state child care subsidy program—funded through the Child Care and Development Fund (CCDF)—if their household income was less than 180 percent of FPL in Rhode Island or 200 percent of FPL in Washington State, and if they were employed or enrolled in an approved education or training program. Consequently, many families in our sample qualified for child care assistance, but availability of funding was limited due to the cap on CCDF program spending and budget cuts during the Great Recession.<sup>3</sup> More families in Washington than in Rhode Island were receiving subsidies (44 percent versus 33 percent), likely due to the difference in income limits.

Yet for a number of families (predominantly married, dual-income households), their earnings exceeded income guidelines. A few higher earning families knew they would not qualify and thus did not apply for assistance, while others repeatedly applied for child care assistance and were rejected. Rosaline, a married Haitian mother with two sons in center-based care, described how she was ineligible for a subsidy.

I don't get any help. My husband and I have to pay from our pockets for both of them, which is not great. When you ask for help they say we make too much money. When a person asks for help they ought to get help because whatever we are making doesn't apply for what we want. So we have to pay from our pockets every Friday. . . . My main

### **Edith's Story**

Edith, a 36-year-old single white mother, had lived in Providence her whole life. She worked full time in a factory as a mechanical assembler with a set weekday schedule of 7 a.m. to 3:30 p.m. and earned about \$13 an hour. Edith had a 1-year-old son named Elijah who she was raising on her own. She described how she had been looking for a child care center for Elijah since he was born and how it was a "constant search." Initially, she tried to enroll him in a private center in her neighborhood, but the center calculated that her income was about \$1,000 too high to qualify for child care assistance and she could not afford the high tuition costs on her own. Center-based care would cost at least half her weekly take-home pay, not leaving enough for other necessary expenses. She sought assistance from a child care resource and referral agency to locate a family child care program, which would be more affordable than center-based care. The family child care providers on the list she was given were either at full capacity, had long waiting lists, or did not serve infants. She expressed frustration with the situation: "It gets to the point where you feel you're hitting your head up against the wall, you know what I mean, and nobody's up there to help you." As a result, she turned to a friend and her relatives for child care.

thing, I wish they could bring the bracket for a family of four or five higher to help us. That's my main thing. . . . Like I said, if you have money why would you go and ask help for your children? It's because the money you're making is not enough so you go to apply for what you don't have.

Families found themselves in difficult situations when their incomes were just high enough to disqualify them for subsidies but not high enough for them to be able to afford the care arrangement they wanted on their own. Some parents found the system unfair and believed they equally needed and deserved to receive assistance. Since subsidy eligibility depended on household income, some parents felt that if they worked fewer hours and earned less, they would have qualified for assistance. Similarly, several families wanted to enroll in Head Start but did not meet the even lower income limit for the program.

**Navigating the child care subsidy system poses challenges.** Subsidy participants can be deterred by the extensive and sometimes burden-

some processes involved in applying to the program and recertifying to continue receiving assistance (Adams, Snyder, and Sandfort 2002). A few parents in our study encountered complications when filling out paperwork, a long wait process before receiving notification, or challenges locating an available provider. Additionally, a couple of participants experienced instability in their child care when they left the subsidy program. Changes in income or employment status made them ineligible for a subsidy, but because they could no longer afford the child care arrangement on their own, they had to find different providers.

Almost half the families used informal care by a relative, but only 10 percent of those families received subsidies to pay their providers (table 2). None of the seven families using informal non-relative care received subsidies, but in most cases their providers would not have qualified for subsidies since they were not legally exempt from licensing.<sup>4</sup> Some families selected informal care because they were not income-eligible to receive a subsidy but could not afford any other type of care without assistance. Other families selected

TABLE 2. *Subsidy Users at First Interview by Age of Focal Child, Respondent Characteristics, and Type of Care*

	Number of subsidy users	Total number of participants <sup>a</sup>	% of subsidy users relative to full sample
Subsidy users	33	86	37
Focal child age (years)			
< 1	1	14	7
1	11	26	42
2	8	18	44
3	9	18	50
4	4	10	40
Respondent characteristics			
Had special-needs child	7	23	30
Had non-special-needs child	26	63	41
Foreign-born	16	52	31
U.S.-born	17	34	50
LEP	15	40	38
Non-LEP	18	46	39
Nonstandard work hours	20	52	38
Standard work hours	13	34	38
Type of child care arrangement			
Informal relative care	4	42	10
Family child care	18	30	60
Center-based care	11	15	73

a. The total number of participants for type of care reflects the total number of families using that type of arrangement. Center-based care includes child care centers only and not Head Start or public prekindergarten, which are subsidized through a different funding source. Since some families used more than one type of care, and those using only Head Start or prekindergarten are not included, the figures do not add up to the total sample size.

informal care because of their relationships with the providers and were not aware they could receive a subsidy.

Language, literacy, and cultural barriers present challenges to LEP and immigrant families seeking child care assistance. Navigating the child care system can be complex for families unfamiliar with the subsidy program and other public assistance programs, but particularly so for recent immigrants and LEP parents, who are unable to clearly understand the information provided and to communicate with staff. A few parents in our study discussed getting a coworker or friend to help them complete their application because of their lack of English reading skills. An equal percentage of LEP and non-LEP parents were receiving subsidies at the time of their first interview.

Conversely, U.S.-born respondents were about 20 percent more likely than foreign-born respondents to have received subsidies.<sup>5</sup> Some immigrant parents were unaware of the subsidy program (but most were interested when they learned of it), some had heard of it but did not think they would be eligible because of their immigration status, and others feared requesting government assistance.

Sonja and her husband, parents of two young children, came to the United States from Peru eight years ago. She was very interested in the subsidy program when we asked her about it, but she was worried that she did not qualify and that applying for child care assistance might affect her immigration status. “I would like [a subsidy], but my situation disqualifies me, or maybe not. I think in the Department of Human Services they help with this, but I think they told me that I didn’t qualify for not being legal.” She knew a lot of other immigrants who did not want to apply for public programs because they were fearful of the government. She felt this way, too, until she started meeting people who had enrolled their children in Head Start and told her that it was safe. So, Sonja enrolled her older child in the same program.

## Conclusions and Recommendations

Parents’ child care choices are heavily determined by external contextual factors related to the early care and education market. The available supply of different child care options, such as center-based care, family child care programs, and early education programs, vary tremendously by geographic area, so families in some neighborhoods have very limited options. Logistical concerns

such as the location of the provider and transportation, the provider’s schedule or hours of availability, and the cost of care can further narrow families’ options and influence the child care they use.

Low-income working families in particular face a range of contextual constraints that limit their access to quality child care that meets both parents’ and children’s needs. The research summarized here provides insights into these barriers and highlights key issues regarding the early care and education context that deserve greater attention. Although our sample size is relatively small, the findings have implications for broader policies. We describe several policy recommendations based on these findings.

- **Increase the supply of formal child care options in low-income neighborhoods, particularly subsidized early care and education programs and center-based programs for infants and toddlers.** When low-income families, who are eligible for publicly subsidized early care and education programs such as Head Start or state prekindergarten, are being waitlisted (and often never receiving these types of care), it indicates a shortage of public investment in these critical programs. Given the importance of the first few years of development and the challenges new mothers face when transitioning to work, expanding the supply of high-quality infant and toddler care is of upmost importance to support children’s and family’s stability and well-being. Strategies to build this supply and to better encourage providers to provide infant and toddler care should be examined.
- **Give greater attention to the work-care fit of low-income families with nonstandard hours.** Many formal care options do not meet the scheduling needs of low-income families with nonstandard hours. Most of our study respondents with nonstandard hours worked shifts that began or ended just outside the time frame when most licensed providers were open for business. We need to consider strategies to encourage providers to extend their hours to accommodate more families. Integrating early childhood resources from Head Start, state prekindergarten, and the child care subsidy program to provide a seamless and flexible, full-day program is one step toward lessening the burden on families using those programs.
- **Improve outreach to low-income populations to increase awareness of the availability of child care options.** One approach is the

strategic placement of information on early care and education programs in low-income areas through community-based organizations, medical centers, WIC centers, religious institutions, and other local agencies that support vulnerable families. Given the high value parents place on information from friends, family, coworkers, and neighbors, any strategy to improve outreach should contain a plan to better inform and tap into those social networks as well. Many low-income families communicate regularly with local human services agencies to discuss eligibility for work support programs such as Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program (formerly the food stamps program), and Medicaid. Providing important child care information through these local agencies, and discussing eligibility for child care subsidies when families visit or call to inquire about other services, could also build awareness and increase the number of eligible families receiving child care subsidies.

- **Translate important informational materials for immigrant and LEP families.** The large gap in the knowledge base around child care options between immigrant and LEP populations and their native-born and non-LEP peers suggests that information around child care options and subsidies fails to reach many immigrant and LEP populations. In our conversations with LEP parents, we heard requests for translated informational materials and resources that were clear and easy to understand. In challenging economic times, it may not be financially possible to translate whole databases of information into different languages or offer multilingual case workers. However, a more economical option for local agencies might be to translate simple advertisements and program fliers to communicate basic information and help parents understand where to go for assistance.
- **Update agency databases of child care providers and improve access to CCR&Rs and local human services agencies.** Agencies could better serve parents by updating child care databases monthly or quarterly to ensure that the list of providers contains the most current information. Fields should include at a minimum type of care, hours of business, the age groups accepted, whether the provider accepts children with special needs and subsidy recipients, and what languages the provider speaks. Additionally, building a more refined

search tool into the databases so parents can search for care to fit their needs, as opposed to giving them a general list of providers in an area, could vastly improve parents' searches for care. Finally, extending the hours of operation of CCR&Rs one or two days each week would enable parents to speak with specialists, have their questions answered, and receive individual referrals as needed.

- **Increase CCDF funding to guarantee child care assistance to those who are eligible and to expand eligibility to families with moderately low incomes.** The cost of high-quality child care options is often beyond the financial means of low-income working families, and there are many more families in need of child care assistance than there is available funding. Over a third of families in our study received a child care subsidy at some point during the study and emphasized how critical the subsidy had been to their family's stability. For those who never received a subsidy—or eventually became income ineligible—cost of care was a major factor in their decision; they often selected care they could afford over the care they preferred.
- **Streamline and simplify access to child care subsidies to make it easier for families to apply for and retain the benefits for which they are eligible.** State child care agencies should examine their business processes to identify inefficient or repetitive steps that may lead to families not applying for the program or failing to recertify on time. Reducing the burden of unnecessary paperwork, integrating child care assistance applications with applications for other work support programs like SNAP and Medicaid, and lengthening recertification periods are strategies that may help more families get and keep the child care assistance they need.

It is important to examine how low-income working families make child care choices within the early childhood care and education contexts that exist in their communities. The supply of child care, available information, and public resources to support their choices all shape the care that families ultimately use and children experience. By looking closely at how parents navigate within these restraints, we were able to gain some insights into how families' child care choices might be better facilitated by more effectively addressing these constraints. These strategies could better support low-income working families in accessing the higher quality and more stable care their children need.

For more information, see the full research report, “Child Care Choices of Low-Income Working Families,” at <http://www.urban.org/url.cfm?ID=412343>.

## Notes

1. High-quality care is characterized by various elements, including warm and caring providers who are educated and well-trained in early care and education, a safe and well-equipped care environment, engagement in developmentally appropriate learning activities, and positive relationships between providers and the families and children they serve.
2. A child care resource and referral agency is a local organization that connects parents with child care providers in their area, often provides training opportunities for child care providers, and analyzes the supply and demand of child care services within a community.
3. CCDF is a capped benefit program, not an entitlement program, which means that states are not federally mandated to provide assistance to all eligible applicants and set their own income limits. In most states, the demand for subsidies is greater than the availability of funding, which has resulted in applicants being placed on waiting lists.
4. At the time of this study, unlicensed providers who were relatives of the child providing care in their own home or the child's home, or nonrelatives providing care in the child's home, were legally exempt from licensing in both Washington and Rhode Island. In neither state were unlicensed, nonrelative caregivers who provided care in their own homes, such as friends or neighbors without registered family child care programs, eligible to receive subsidies.
5. According to federal policy, since the child is the beneficiary of the subsidy, states may consider only the child's immigration and citizenship status—not his or her parents'—when verifying eligibility for subsidies (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, “Clarification of Interpretation of ‘Federal Public Benefit’ Regarding CCDF Services,” ACYF-PI-CC-98-08, November 25, 1998).

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This brief is part of the Urban Institute's Low-Income Working Families project, a multiyear effort that focuses on the private- and public-sector contexts for families' success or failure. Both contexts offer opportunities for better helping families meet their needs.

The Low-Income Working Families project is currently supported by The Annie E. Casey Foundation.

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