



Insights on Access to Quality Child Care for Families with Nontraditional Work Schedules

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This profile is one of four exploring the child care needs of families identified in the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) as deserving priority by states and territories: children who need care during nontraditional and variable hours, infants and toddlers, children in rural areas, and children with disabilities and special needs.¹ The information is selected from our report, *Increasing Access to Quality Child Care for Four Priority Populations* (Henly and Adams 2018). The report explores the implications of a national trend toward publicly subsidized center-based care in the context of the 2014 CCDBG reauthorization and suggests steps to improve access to high-quality subsidized care—across all settings—for these four populations.

Policymakers have increasingly focused on the importance of high-quality child care and early education services to support the developmental outcomes of low-income children. High-quality early care and education can exist in any setting, including child care centers, family child care programs, and other home-based care arrangements. However, the emphasis on public investments in quality has often translated into a singular focus on formal settings, especially center-based programs. Increasingly, states and territories have used CCDBG funds to subsidize child care centers while funding fewer home-based child care settings, such as licensed family child care and legally unregulated family, friend, and neighbor care.² The 2014 CCDBG reauthorization includes requirements and incentives for states and territories that could accentuate this trend.

Center care is a preferred child care arrangement for many families. However, there are supply constraints and barriers to access, especially for the four priority populations highlighted in this series.

Some families also prefer home-based alternatives for some of or all their child care needs. Thus, many families may be inadvertently disadvantaged by a subsidy system that focuses primarily on center-based care, and it may undercut the core CCDBG principle of parental choice.

This brief highlights some barriers that families working nontraditional schedules face in accessing centers and offers policy recommendations to improve their access to quality subsidized care across child care settings. The full report includes more details on this population and more in-depth policy recommendations.

Understanding the Child Care Needs of Families with Nontraditional Work Schedules

Parents working nontraditional schedules face unique child care challenges, as most formal child care programs are only open during standard daytime, weekday hours and provide limited programming for families with fluctuating care needs.

- **Working outside daytime hours is common in today's labor market, especially in low-wage jobs.** As shown in table 1, over half (58 percent or 2.76 million children) of the 4.77 million low-income children under age 6 with working parents are in households where all principal caretakers work at least some hours before 8:00 a.m. or after 6:00 p.m. For about a quarter of those children (715,900 children), the majority of their principal caretakers' work hours are during nonstandard work times.
 - » Working during nonstandard times is common in all states and the District of Columbia, but our estimates suggest that in 20 states, at least 60 percent of children have a parent who works at least some nonstandard times (table 1).
- **Variable and unpredictable work hours are also common in today's low-wage labor market.** National data indicate that 38 percent of early-career workers receive one week or less notice of their work schedule, and 74 percent report that the number of hours they work varies from week to week. The numbers are even higher for low-wage, part-time workers and in occupations such as food service, retail sales, and home health care (Lambert, Fugiel, and Henly 2014).
- **Parents with nontraditional work schedules disproportionately use home-based providers, especially family, friend, and neighbor caregivers, or rely on multiple arrangements to meet caregiving needs** (Laughlin 2013). Few child care centers are open outside regular business hours (Dobbins et al. 2016). Centers seldom offer flexible scheduling options that can accommodate unpredictable and variable schedules. And parents needing part-time care are sometimes required to pay for full-time attendance. Home-based settings are more likely than child care centers to offer nontraditional-hour options (NSECE Project Team 2015).

TABLE 1

Estimated Number and Share of Low-Income Children Younger than Age 6 with Working Parents, Whose Parent Work Nonstandard Hours

State	All low-income children < 6 with working parents	Of this total, children whose parents work <i>some</i> nonstandard hours		Of this total, children whose parents work <i>majority</i> nonstandard hours	
	#	#	%	#	%
Alabama	80,800	54,400	67%	12,000	15%
Alaska	9,700	4,600	47%	1,400	14%
Arizona	109,200	69,800	64%	16,600	15%
Arkansas	58,200	38,100	66%	9,400	16%
California	517,000	278,600	54%	67,900	13%
Colorado	68,900	39,300	57%	10,300	15%
Connecticut	37,500	20,600	55%	5,300	14%
Delaware	13,600	7,600	56%	2,300	17%
District of Columbia	8,300	4,800	58%	1,700	20%
Florida	305,100	165,800	54%	40,900	13%
Georgia	183,600	112,200	61%	31,100	17%
Hawaii	13,300	8,300	62%	2,600	20%
Idaho	31,900	16,300	51%	3,900	12%
Illinois	178,900	108,600	61%	29,000	16%
Indiana	115,700	72,000	62%	20,100	17%
Iowa	52,400	32,800	63%	9,200	18%
Kansas	52,800	31,300	59%	9,000	17%
Kentucky	66,600	41,500	62%	10,500	16%
Louisiana	94,900	59,100	62%	14,500	15%
Maine	15,400	7,900	52%	1,400	9%
Maryland	69,100	40,000	58%	9,500	14%
Massachusetts	63,000	35,200	56%	10,300	16%
Michigan	145,000	84,600	58%	28,200	19%
Minnesota	76,500	46,600	61%	13,300	17%
Mississippi	65,800	46,600	71%	11,800	18%
Missouri	99,900	63,000	63%	13,700	14%
Montana	16,200	8,300	51%	1,800	11%
Nebraska	35,900	21,900	61%	4,900	14%
Nevada	47,500	28,600	60%	9,900	21%
New Hampshire	12,500	6,600	53%	1,900	15%
New Jersey	94,500	48,100	51%	12,800	14%
New Mexico	38,500	21,800	57%	5,500	14%
New York	248,400	111,300	45%	29,600	12%
North Carolina	165,200	100,800	61%	25,400	15%
North Dakota	11,200	5,900	52%	1,300	11%
Ohio	183,400	107,900	59%	35,200	19%
Oklahoma	73,200	44,400	61%	11,200	15%
Oregon	57,700	32,000	55%	8,200	14%
Pennsylvania	158,300	90,700	57%	27,100	17%
Rhode Island	12,300	7,000	57%	1,600	13%
South Carolina	84,100	51,100	61%	14,100	17%
South Dakota	17,200	9,300	54%	1,700	10%
Tennessee	111,500	72,200	65%	19,000	17%
Texas	497,100	296,200	60%	63,200	13%
Utah	49,900	24,400	49%	7,000	14%
Vermont	7,300	3,400	46%	900	12%
Virginia	102,600	60,600	59%	15,000	15%
Washington	91,900	49,700	54%	12,400	13%

State	All low-income children < 6 with working parents	Of this total, children whose parents work <i>some</i> nonstandard hours		Of this total, children whose parents work <i>majority</i> nonstandard hours	
	#	#	%	#	%
West Virginia	23,800	13,900	59%	3,800	16%
Wisconsin	89,600	55,000	61%	15,400	17%
Wyoming	8,600	4,500	53%	900	10%
50 state and DC total	4,771,600	2,765,300	58%	715,900	15%

Source: 2011–15 American Community Survey five-year estimates.

Notes: We present two distinct definitions of parents working nonstandard schedules: one indicating all principal caretakers work at least some nonstandard hours, and the other indicating that over half the total hours worked by all principal caretakers are nonstandard. See Henly and Adams (2018) for more information.

- **State child care subsidy programs have historically permitted families to use subsidized providers across a range of settings, in keeping with the CCDBG principle of parental choice.** As a result, low-income parents with nonstandard work schedules have could use subsidies to pay for licensed family child care homes and license-exempt providers in most states. A study of child care assistance recipients in Cook County, Illinois, for example, found that 64 percent of subsidized families working during nontraditional hours used license-exempt home-based providers, compared with only 22 percent of subsidized families with daytime work hours (Illinois Action for Children 2016). Yet, nationwide, the use of subsidies to support license-exempt and licensed family child care providers has fallen considerably in recent years (Mohan 2017).
- **Ensuring that subsidies are available to help children access high-quality care even during times when parents may not be at work or in school may improve the stability of children’s settings and may mitigate the negative effects of precarious work conditions on children’s development** (Sandstrom and Huerta 2013). The children of low-income parents working nontraditional schedules may particularly benefit from stable, quality child care because they experience related forms of instability that put them at developmental risk (Adams, Derrick-Mills, and Heller 2016; Adams and Rohacek 2010; Sandstrom and Huerta 2013).

Some Factors Shaping the Availability of Center-Based Care for Families with Nontraditional Work Schedules

There has been limited research on the factors that shape the supply of center-based care for families needing care during nontraditional hours, but concerns related to insufficient and unreliable demand, the cost of providing nonstandard hour care, and provider readiness may all play a role.

Insufficient and Unreliable Demand

- **Providers may choose not to extend hours beyond a regular daytime, weekday schedule because it is not clear that enough families working these hours want and can afford center-**

based care to justify the additional costs. Relatively little information is available about what kinds of care parents prefer for their children for these different times.

- **Providers may choose not to extend services to families needing care on an irregular schedule because uncertain demand may not justify the additional costs that come with staffing for variable hour care.** Providers may be unwilling to hold slots open for families with “just-in-time” work schedules recognizing those slots may go unfilled.

Cost of Providing Care

- **Child care for families with nontraditional and variable schedules may be more expensive to provide and to purchase** (Brodsky and Mills 2014). One study of nontraditional-hour care recommends a provider payment rate 130 percent greater than that of standard hour care (Kochanek 2003).
- **Extra costs for providers can involve additional staffing and facility requirements,** such as having a bed for each child, enhanced security systems, and additional staff training (Brodsky and Mills 2014). Parents can also face higher costs, as centers often require parents to pay for a full-time slot even if they can only use it irregularly or part time.

Provider Readiness

- **Center directors may lack interest in extending hours and programming beyond traditional daytime weekday schedules to meet the needs of this population.** When asked about their willingness to provide nonstandard hour care, only a minority of center providers in one study reported a willingness to consider providing care during evenings, weekends, or overnights (Brodsky and Mills 2014). Program activities during these times focus less on early education and school readiness and more on activities related to meals, bedtime routines, and sleep. Center directors may not view their professional role as compatible with these activities.
- **Some providers may be deterred by real or perceived risks of accommodating these families,** such as the possibility that they experience greater employment instability and require fewer care hours or are less reliable with attendance and payment. Providers may also need to be familiar with different policies, regulations, and supports to meet legal requirements of nontraditional-hour care and to access resources that offset additional costs (Brodsky and Mills 2014).
- **It may be logistically challenging for providers to rethink their service delivery design to conform to the needs of nonstandard- and variable-hour workers and their children.** It may also be challenging for centers to recruit teachers who are interested and able to accept employment that requires nonstandard and variable work hours for the wages and benefits that centers can afford to pay.

Recommended Policies to Help Families with Nontraditional Work Schedules

Child care subsidy administrators face longstanding and considerable funding obstacles to adequately meet the child care and early education needs of low-income families. Even with the March 2018 CCDBG funding increase, states face trade-offs and competing priorities for these funds. Nevertheless, the infusion of additional funds offers states an opportunity to invest new resources toward fulfilling the promises of reauthorization for all families, with particular attention to these priority populations.

States can use at least four policy tools when designing subsidy policies to meet CCDBG goals around access and quality for priority populations, including families with nontraditional work schedules.³

- Establish financial incentives for providers across settings serving children outside standard daytime, weekday hours, including licensed family homes and license-exempt caregivers.
- Strategically use contracts and capacity grants, based on careful analysis of demand, to support targeted supply-building efforts in areas with sufficient, steady demand for nonstandard-hour care.
- Target training and technical assistance to help providers understand how to best meet the needs of these families
- Use consumer education strategies to increase information about the location of child care services that are offered outside traditional daytime, weekday hours and that allow for variable-hour care needs.

In addition to these tools, states can explore supporting access in two other ways:

- Implement practices that allow a more flexible link between parental work hours and authorized child care hours. For example, CCDBG allows states to permit a family to use a high-quality center although the child care hours do not align with all of a parent's work hours.
- Use expanded definitions of quality that include the characteristics and activities of greatest importance to children's well-being during evening, overnight, and weekend hours.

The complex combination of market and business realities, provider motivation, and parental preferences suggests that states wanting to meet the needs of parents with nontraditional work schedules should consider taking the following steps when employing these policy tools:

- **Retain or expand access to home-based settings and support access to center-based care:** Even as states develop strategies to expand the supply of center-based programs for families needing child care for nontraditional schedules, increased access to quality home-based settings will also be essential. These policy tools can address some barriers to center-based care identified above. But they do little to address insufficient or unreliable demand, which

challenges child care centers' ability to meet the needs of families with nontraditional care needs, and some parents will likely still prefer home-based settings even if centers were available. States will need to take intentional and focused action to support access to high-quality care *across all sectors*—including a strong focus on home-based settings—to achieve the access and quality goals of the CCDBG law for these families.

- **Use a multipronged policy approach:** No single policy approach will likely address the specific circumstances and needs of families needing care during nontraditional hours and of the providers who wish to serve them. None of the four policy tools mentioned above will increase quality or supply to this population in all contexts, and the tools are even less likely to work in isolation. To effectively expand access to care for families working nontraditional hours, states need to develop a multipronged approach, using a carefully targeted combination of different strategies.
- **Work to understand the unique forces shaping access:** States should choose a specific combination of strategies based on an understanding of the unique market forces, community characteristics, family circumstances and needs, and provider strengths and challenges in their communities. However, relatively little is known about these issues overall, or how they play out within particular states for this population. Thus, states should carefully assess the kinds of barriers faced by these families, including an examination of demand, preferences, and supply opportunities and constraints. To support the efficient use of scarce resources, researchers and states should work together to explore these questions, and to incorporate this understanding into the development of cross-sector strategies that leverage opportunities from employers, child care, Head Start, Early Head Start, and related programs to support access to high-quality child care for these families.

Notes

- ¹ Other groups identified in the CCDBG as deserving priority by states and territories include “children experiencing homelessness,” “families with very low incomes,” and “families in areas that have significant concentrations of poverty and unemployment and lack high-quality programs.”
- ² For simplicity’s sake, we use “states” instead of “states and territories” for the remainder of this brief.
- ³ See Henly and Adams (2018) for an in-depth discussion of the strengths and challenges of each policy tool and for specific policy recommendations to address the needs of these families.

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