

Accessing equity: Challenges middle-income families face finding high quality childcare

by

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Abstract

Childcare is a necessity for many parents today. Some parents utilize childcare for learning opportunities, others use it as a form of respite, but for the majority of families, childcare is essential to them earning a living. Whatever the reason, children should have access to the highest quality of care. The gap between the very poor and very wealthy is growing and the middle-class families and children are the most vulnerable for lost wages, financial uncertainty, and lower quality childcare. This report proposes a hypothetical parent-centered volunteer-driven program to help alleviate the confusion, frustration, and stress related to childcare access and affordability, but in no means serves as a sufficient solution to the problem families everywhere are facing. It also addresses social justice and equity issues surrounding this dilemma and offers suggestions to offset the negative outcomes of expensive, low-quality childcare on children and families.

Table of Contents

List of Figures	v
Acknowledgements	vi
Dedication	vii
Chapter 1 – Introduction and Context.....	1
Unequal Access to Childcare and the Middle Income Family	1
Child Care in the U.S.- Issues Impacting Access	3
Costs and Consequences	8
Employing the human bioecological perspective to the problem of access to childcare	9
Chapter 2 - Literature Review.....	13
The Patchwork of Childcare Quality	13
Types of Childcare	17
Informal childcare	17
Formal, center-based childcare	19
Kinship Care	20
Licensure of centers	21
Registered childcare	22
Quality Childcare and Outcomes	22
Access to Quality Childcare:An Issue of Equity	24
Chapter 3 - Application.....	28
Context.....	28
Program Logic Model	30
Program Structure	30
Program Implementation	34
Evaluation	35
Limitations	36
Recommendations and Conclusions	37
Reference List	40

List of Figures

Figure 1-1 Percentage of Millennials Income Spent on Center-Based Care.....	6
Figure 2-1 U.S. Committee on Civil Rights Memorandum:Civil Rights and Federal Low-Income Childcare Subsidy Distributions in Mississippi, 2016.....	26

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Dedication



I dedicate this to my daughters, Morgan and Addison who unknowingly pushed me to finish what I started. Everything is for you.

Chapter 1 - Introduction and Context

Unequal Access to Childcare and the Middle-Income Family

Middle-income families juggle their household budgets to accommodate economic, employment, and educational transitions as well as the effects on the well-being of their families. New clothes, family vacations, eating out, cable television...these are all extras that middle-class families do without to save money, but not childcare. Quality childcare is an essential cost when parents budget their money. Unfortunately, many parents who work every day and who are neither extremely poor or extremely rich are sacrificing the most in terms of quality, affordable and appropriate childcare. To add to the already stressful decisions surrounding paying for quality childcare, primary caregivers are faced with trying to navigate the patchwork of childcare settings, access and equity issues, payment systems, and maneuver around the pervasive global coronavirus pandemic. Since early 2020 when the pandemic hit the United States, childcare options have drastically changed in both availability and capacity (Malik, et. al., 2020). Across the nation, many childcare facilities closed and/or cut enrollment and hours of operations due to limited staff. This left many parents in dire straits and in the unthinkable position of having to choose between the safety and health of their children in childcare or staying employed in order to earn enough to pay bills inclusive of childcare (Malik, et. al., 2020).

No matter their income levels, parents of young child want quality childcare. For financially affluent, upper-income families, childcare may include the hiring of a nanny, working remotely around the busy schedules of active children, and enrolling children in early learning academies or centers. For lower-income families who financially fall within established poverty guidelines their childcare arrangements may be somewhat eased with income eligible programs

such as Early Head Start or with benefits such as the federal government's childcare credit (Child Care Aware of America, 2019; Haynie, 2019). It is the families who are considered to be middle-income (i.e., between two-thirds to double the national median income or, in some analyses, the median income in one's metropolitan area (Bennett, et. al., 2020) who often struggle the most. Parents unburdened with the everyday woes of making ends meet are those who can afford to pay for the highest quality of care for their child(ren).

County social workers are a unique part of the dilemma. As a North Carolina child welfare professional, one is charged with ensuring the best, sustainable care for children in foster care, but there is a constant struggle to secure the same type of care for one's own child(ren). The average salary for an Iredell County social worker is \$50,000/year. Cost of care spent for two children under the age of five in part-time care (25 hours/per week) costs \$12,000/year. That equates to 24% of the social worker's income, which is much larger than the 7% recommended by the federal government (Fraga, Dobbins, & McCready, 2015). Unfortunately, there are many parents/families in similar situations or worse. In many communities, especially rural communities, access to quality childcare is extremely limited for middle class families. The middle-income family often makes too much to qualify for governmental assistance but is financially strained to the point of eliminating any and all extras, including quality, center-based childcare. Does this sound familiar? Many parents are forced to choose between groceries and clothing or childcare (Greenberg, 2007).

Consequently, the purpose of this report is to explore the issues and challenges that middle-income families face to access quality and affordable childcare in their communities. Chapter two of the report discusses the complexities of identifying and accessing quality

childcare, and chapter three offers a hypothetical program as a potential solution to those complexities and barriers associated with obtaining childcare for middle-income families.

Childcare in the US - Issues Impacting Access

Soon after birth, it is typical for a child in the United States to go from birth parents, home-based and family care to formal, center-based, regulated care as they age (Fraga, Dobbins, & McCready, 2015; Marshall, 2004; Scott, London, & Hurst, 2005). As the child's needs change so does the need for a more structured learning environment, which is commonly found in center-based childcare (Fraga, Dobbins, & McCready, 2015; Marshall, 2004; Scott, London, & Hurst, 2005).

Once seen as destructive to the structure of families or for the indigent, center-based childcare has made a one-hundred-and-eighty-degree turn in the minds of Americans. Quality childcare is now revered as a crucial piece in a child's development, education, and future success (Child Trends, 2010; see also Love et al., 2003; Sandstrom & Chaudry, 2012). There is strong evidence that quality early childcare is the cornerstone for child development and later outcomes. Child care settings are usually the first place a child has exposure to adults other than their parents, learn how to interact with other children/ social skills, and receives critical life skills that will stay with him/her as s/he matures (Child Trends, 2010; Phillips & Adams, 2001). Diversity, opportunities for exposure and growth, and warm responsive caregivers are key ingredients to ensure children have good developmental outcomes (Fraga, Dobbins, & McCready; Kellogg 1999; Phillips & Adams, 2001). Also, childcare can be an important link to access other resources and people in the community (i.e. nutritionists, doctors, healthcare, parent education, and screenings for developmental delays (Fraga, Dobbins, & McCready, 2015;

Phillips & Adams, 2001; Small, 2006). These resources can help lead to identifying and treating issues in the early stages of life and to early interventions that aids in later academic success for the child (Pati, Hashim, Brown, Fiks, & Forrest, 2009).

Children's well-being, happiness, and overall health are at the forefront of a parent's every decision and when seeking childcare there is a need to find the best situation that fits the unique needs of their child and their family (Phillips & Adams, 2001). Therefore, childcare and choice of provider is a serious and sometimes long and tedious process. Both providers and parents should feel good about each other and have an open, communicative relationship about wants and expectations (Sandstrom & Chaudry, 2012) so that children can thrive while in childcare. Childcare should not be approached uniformly or "one-size-fits-all" since it affects every child and family differently (Phillips & Adams, 2001). Early childcare can either enrich the lives of children or put them at risk for later troubles depending on the childcare setting, provider/caregiver, and the child's needs (Rose & Elicker, 2008). Parents are encouraged to take time and get to know childcare providers, observe their interactions with children, and be mindful of the caregiver's approach to learning and social relationships to ascertain what is best for the child's individual needs (Fraga, Dobbins, & McCready, 2015; see also Phillips & Adams, 2001; Rose & Elicker, 2008; Sandstrom & Chaudry, 2012). Rose & Elicker (2008) found there are several factors that affect a parent's decision for childcare which are:

- cost and affordability
- location/ convenience
- hours of availability/flexibility
- reliability of services/providers

- quality of environment, educational materials and curriculum, staff credentials and education
- child: staff ratios
- classroom size
- demographics/diversity (p. 1162)

Family variables also influence the choice of childcare. Family variables are the parent's emotional and psychological well-being, socioeconomic status of the family, family structure, parenting skills, educational background, and parent's coping skills (Marshall, 2004; Rose & Elicker, 2008). Parents with high incomes place less importance on factors such as convenience and cost than families without financial security (Fraga, Dobbins, & McCready, 2015; Greenberg, 2007). Phillips and Adams (2001) agreed, that with the exception of those families with assured financial stability, cost is significant, and though many parents rank cost second to the quality of care for the child(ren), often times cost is the determining factor for families when choosing childcare.

Due to the number of women in the work force and the impacts of the 1996 Welfare to Work Act, childcare arrangements are not the sole responsibility of the parent(s), but are also influenced by government, community members, and businesses along with childcare providers (Haskins, 2009; Phillips & Adams, 2001). In 2019, eleven million children were in some type of childcare while their parent(s) worked (Child Care Aware of America, 2019).

Working parents depend on safe and reliable care for their children in order to establish and maintain their employment (Center for American Progress, 2019; Child Care Aware of America, 2019; NACCRRA, 2010). Though intellectual development and school readiness are

some of the factors that parents consider when choosing childcare, but the main concern for most parents is having a safe and reliable caregiver so they can go to work. More than 89% of parents see childcare as an economic necessity to work outside of the home (Schochet, 2019). A Child Care Aware of America (2015) report found that “sixty-five percent of parents work schedules are affected by childcare challenges” (p.17). There are increasing numbers of dual-earner and single-parent families that do not have the option of staying home to care for their own children (Center for American Progress, 2019). In many families, it is the working mother who is responsible for locating and arranging for the care of her children.

Child Care Aware of America (2019) determined that though women born between 1981-1996 have achieved more educational and professional advancement than have women of past generations, not much has changed in the continuous struggle to balance work and family life. The figure below from Child Care Aware of America’s 2019 report, *The US and the High Price of Child Care: An Examination of a Broken System* highlights the percentage of working parents spent on center-based care.

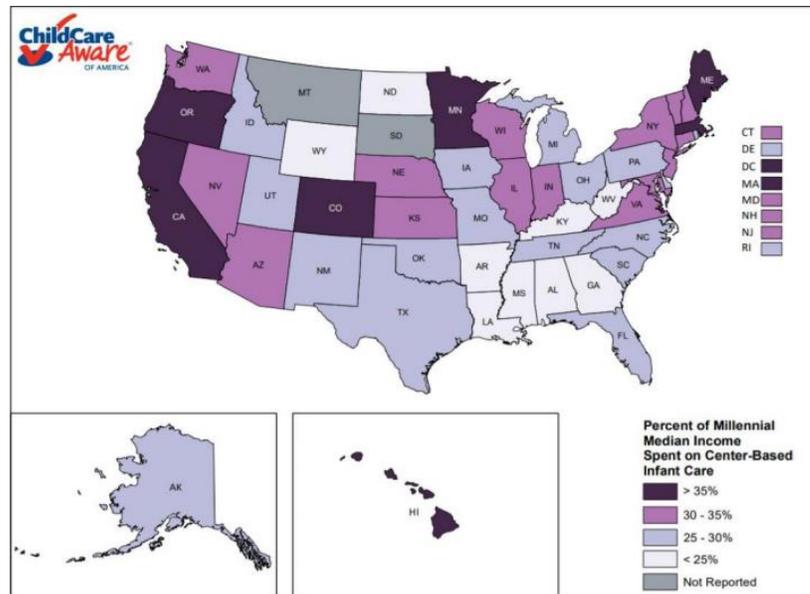


Figure 1-1 Percentage of Millennial Income Spent on Center-Based Infant Care, by *Child Care Aware of America, 2019* (childcareaware.org). In the public domain.

Single mothers make up 24% of households with children (Child Care Aware of America, 2019) and typically the decision-maker who must weigh the cost of childcare, access against her income. Single parents have a “double dilemma” because they are the sole providers for their child(ren) and it is imperative that single parents, who earn a living by working outside of the home, be able to utilize childcare that is of quality and compatible with their work schedules (Fraga, Dobbins, & McCready, 2015; NACCRRA, 2010). More times than not it is the mother who makes necessary job changes to accommodate childcare changes (Rose & Elicker, 2008). Single and low-income mothers must have childcare that is dependable (Malik, et. al., 2020). But there are barriers to accessing quality childcare across the nation. So many working parents choose care from friends, neighbors, or relatives at some point. Informal care is prevalent among working class families who are most apt to have difficulty accessing center-based, regulated care because of geographic location, lack of transportation, seemingly perpetual wait lists for child care vouchers or just lack of funds (Davis & Connelly, 2005; Fraga, Dobbins, & McCready, 2015; Marshall, 2004; Scott et al., 2005).

Geographic location is a complicating factor for parents living in rural areas who need access to quality childcare. The differences between availability of high-quality childcare in rural and metro settings has been identified as a problem for families as well as communities (Maher et al., 2008; Sosinsky, 2012). Specifically, while metro areas may not have an adequate number of quality childcare centers to serve increasing numbers of children in their communities while rural areas have even fewer if any centers and providers. Rural families have limited options when seeking center-based care where location of the childcare providers can play a much larger role in decision making than in metro areas (Maher et al., 2008).

Costs and Consequences

Though working parents may have choices as to where to send their children for care, the global pandemic resulting from the coronavirus has made it painfully clear that childcare is essential to millions of parents who seek to restructure and reorganize their lives. Working parents have had to accommodate layoffs, teleworking, virtual learning, and losses of income and loss of life resulting for COVID-19 (Malik, et. al., 2020; Nova, 2020). These challenges have made the decision to trust another person to take care of one's child a most difficult decision when there are fewer childcare options. Almost two-thirds of childcare providers reported not being able to survive longer than a month without income associated with the global pandemic of COVID-19 (Malik, et. al., 2020; National Association for the Education of Young Children, 2020). Though the pandemic has elevated awareness about the need for reliable, safe and quality childcare, parents must often find childcare based on affordability, convenience rather than quality (Davis & Connelly, 2005).

The majority of middle-income families, on the other hand, are paying a significant amount of their income to child care providers and services that might not meet regulated quality standards (Child Care Aware of America, 2019; Greenberg, 2007; Haynie, 2019; Phillips & Adams, 2001).

In 2019 Child Care Aware of America reported that in 2016 the Office of Child Care under the U.S. Department of Health and Human Services, Administration on Children and Families set a ceiling of 7% for childcare costs for household income. This benchmark is also used in the proposed Child Care for Working Families Act that same year. Married couples with an infant in a center-based childcare facility spend roughly 11% of their household income

annually for childcare. Single parents spend approximately 36% of household income on childcare; 24% are single mothers (Child Care Aware of America, 2019).

The cost of childcare is a real problem which impacts middle-income families across the country, and it is usually middle-income families that do not qualify for any assistance from state or federal governments (Greenberg, 2007). For middle-income families, the price of care may negate the benefit of working (Gennetian, et al., 2004; Greenberg, 2007; NACCRRA, 2010). These families, who are not able to receive income-based childcare assistance, are more apt to go into debt, start or return to welfare, lose money and hours at work, or make the decision to place their child in lower quality care (Greenberg, 2007; Vincent & Ball, 2001).

Middle-income families experience forced conflictual choices between safety or makeshift care, reliability or convenience, quality care or affordability (Fraga, Dobbins, & McCready, 2015; Maher et al., 2008; NACCRRA, 2010). These forced choices based on financial constraints lead to little access to high quality programs which can have lasting effects that are revealed once children are school age (Child Trends, 2010).

Employing the Human Bioecological Perspective to the Problem of Access to Childcare

Childcare arrangements vary by quality, types, ages served and the preparation and training of the provider. Parents' decisions of which childcare provider, setting, and developmental goals are best for their child(ren) are based on a number of factors such as personal beliefs/characteristics, values, one's own age, employment status, the child's age and developmental needs, ability to pay, and family dynamics (Marshall, 2004; Riley & Glass, 2002; Rose & Elicker, 2008). This constellation of influencing factors can be explored through the lens of the human bioecological framework. This framework assumes that individuals influence the

environments in which they live, and their environments also influence them (Bronfenbrenner & Morris, 2006).

The human bioecological theoretical framework describes how contextual factors affect development of children and how that development impacts the contexts and structures surrounding the child. The framework can also be helpful in the identification of the sources of conflict and confusion that parents may experience when they attempt to access childcare but have limited resources and experience to do so successfully (White et al., 2018).

The framework is based on nested systems or contexts of direct and indirect environmental influences on an individual's development. Beginning with the microsystem and following with the mesosystem, exosystem, and macrosystem, the nested systems have a bi-directional relationship (i.e., impact and act on each other) and are influenced by the chronosystem which is the element of time (Bronfenbrenner & Morris, 2006). The microsystem contains the individual and the individual's family or persons with which they share a living space over time. The mesosystem is comprised of the relationships between settings that contain the individual and the bi-directional relationships between and among the settings such as childcare settings and the neighborhood in which the individual lives. Exosystems are settings that do not contain the individual, but indirectly affect his/ her lifestyle; the job or career of an individual's parent is considered an exosystem. The macrosystem are larger ideals/values that impact the individual; it links all systems together. Examples of macrosystems are cultural values, institutional beliefs, and/ or media's influence on lifestyle choices (White et al., 2018). The chronosystem consists of the element of time and its passing which comprise all of the experiences that a person has had during his or her lifetime, including environmental events, major life transitions, and historical events.

Use of the human bioecological system's perspective can help explain why emphasis is put on early childhood experiences. Elements such as access to and quality of neighborhood caregivers (mesosystem) along with the learning environments and experiences that are intended to prepare high quality providers (exosystem) can greatly influence the development of a child in the providers' care. The environments shape and mold the social, emotional, physical and intellectual development of children whether the environments are positive, and rich with developmentally appropriate experiences or are negative and lacking of resources (e.g. skilled and caring providers, inclusion and equity, healthy and safe facilities). Eventually, the developing child may confront barriers and limitations that stem from the lack of positive experiences and resources across the various systems (Bronfenbrenner & Morris, 2006).

The bioecological system framework explains why equal access to regulated, high-quality childcare is needed across every community to support and foster the healthy development of all children. Children of all backgrounds, socioeconomic statuses, races, ethnicities and communities need to have access to safe, high quality childcare environments staffed by well-prepared caregivers (NACCRRA, 2010). The consensus among Americans is that children are highly valued, yet the inconsistent and complex childcare policies and regulations can lead to questionable quality (Rigby, Ryan, & Brooks-Gunn, 2007). If the assurance of high-quality care is regulated in just a few states what happens to the children in other states that have few, no or ineffective regulations? Equity in childcare settings through better regulations and enforcement can close some of the access gap for middle-income families (Rigby, Ryan, & Brooks-Gunn, 2007).

Following is an examination of the impact that regulations and enforcement of various childcare settings have on child outcomes, and how middle-income parents navigate the complexities of accessing the best childcare situation possible for their child(ren).

Chapter 2 - Literature Review

The Patchwork of Childcare Quality

Defining childcare quality has never been easy, though there are measures in place to distinguish high quality care from low, it is still subjective based on familial needs. This chapter will explore the many tiers of childcare and the complexities of quality and equitable access to quality childcare has on children, parents and communities.

There are several definitions and measurements for high quality childcare, but a constant among the many definitions is that ***high quality childcare should promote cognitive and social development in children*** (NAEYC, 1998; Scott et al., 2005). High-quality childcare and early education, along with family economic stability, are crucial to children's positive developmental outcomes (Johnson-Staub, 2017; Sosinsky, 2012). The standards and measures used to determine quality in childcare centers, family childcare homes, after school programs along with kinship care include structural and process measures. Structural measures include child-to teacher ratio, group size, and teacher qualifications (Fuller et al., 2002; Fuller et al., 2004; Gordon & Chase-Lansdale, 2001; Greenburg, 2007; Marshall, 2004). National Institute of Child Health and Human Development (2005a) found that when measuring structural aspects of quality like group size and ratios, children in the middle class were exposed to the lowest quality of care; the children from the lowest and highest incomes had the better quality childcare (Herbst, 2018b; Johnson-Staub, 2017). Process is much harder to measure since it is based on the relationship the provider has with the child(ren) in their care, the interactions between the child and provider, the warmth, responsiveness, and attention the childcare provider gives to the child(ren) in their care (Forry, et al., 2013; Fuller et al., 2002; Gordon & Chase-Lansdale, 2001; Kreader et al., 2005;

Marshall, 2004; Unger, et al., 2004). Some research interest has shifted from an emphasis on structural measures to process measures when defining quality of childcare settings (Forry, et al., 2013; Herbst, 2018a). An example process measure of childcare quality is that of provider warmth and responsiveness to the unique needs of a child. To illustrate a process measure, a childcare provider from Ottawa, Kansas demonstrated her responsiveness, a process measure, asking parents specifics about the child's sleep, food, and burping preferences. The childcare provider said she wanted the center to be "a home away from home" (Patton, 2010, p.1).

Use of assessment tools for structural as well as process measures of childcare quality varies with facilities and have been found to be used at facilities that have the following attributes:

- Licensure
- Warm, responsive, attentive caregivers
- Lower staff: child ratios
- Small group sizes
- Staff with higher education and credentials
- Caregivers with specialized/continuous trainings
- Low staff turn-over rates
- Higher staff wages
- Current health and safety practices
- Full background checks (Greenberg, 2007; Kreader et al., 2005; Patton, 2010; Phillips & Adams, 2001).

Three well-known assessment tools used to assess the quality of childcare are the Infant Toddler Environment Rating Scale (ITERS) (Harms et. al., 2017), Early Childhood Environment Rating Scale (ECERS) (Harms, Clifford & Cryer, 2014), and the Quality Rating and Improvement System (QRIS) (Elicker & Ruprecht, 2019). ITERS is an evaluation tool used to measure learning activity areas for infants to two years old in childcare settings. Blocks, pretend play, cultural awareness, physical play, eye-to-hand coordination (i.e. jars and lids), music and movement, and sand/water play are all the learning areas ITERS evaluates (Harms et. al., 2017).

The Early Childhood Environment Rating Scale evaluates programs for 2 ½ to 5 years old in the learning areas of dramatic play, nature and science, math and numbers, tolerance, fine motor, art, music and movement, blocks, sand/water play, and the use of media. Classroom examples of high ECERS scores would be labels on shelves that promote self-help development and clay or play dough for art and creative play (Harms, Clifford & Cryer, 2014).

Quality Rating and Improvement Scale is a tool used to measure and aid in the promotion of quality in early care and education programs to improve children's developmental outcomes. Providers are assessed on child-teacher-ratios, staff educations/training, and quality of the classroom learning environment. Childcare providers who choose to participate in dissemination of their assessment score are given a star-rating, financial resources, and technical help to improve their program's quality. Provider ratings are made public for parents to help better inform them and help create competition in the childcare market (Elicker & Ruprecht, 2019; Herbst, 2018a).

Child development specialists, childcare providers, and caregivers play important roles in the social, emotional development of children in their care (Phillips & Adams, 2001). Early

experiences shape the child's brain and coping, which emphasizes the importance of choosing providers wisely. Advocates of early childcare value variety and diversity among the types of childcare because differences among childcare settings/providers accommodate the varying needs, learning styles, schedules, and personalities of children and families (Marshall, 2004). However, while a variety of settings can be beneficial to children, quality should be the common denominator among all care settings (Child Care Aware of America, 2019). It is critical that children of all racial, ethnic, and cultural backgrounds have equitable access to high quality childhood programs (Johnson-Staub, 2017) and one of the best determinants of good quality is the relationship (i.e., process measure) between the provider and the child (Fuller, et al., 2002). Goodness-of-fit and parent-provider communication produce good feelings for parents which supports the parents' stability in employment which results in stable family income (Sosinsky, 2012). Working families have limited financial resources, so parents seek childcare that is both of high quality and affordable. Parents can become confused and frustrated which leads to limiting their options when they hear the myth that formal childcare, which is often expensive, is of better quality than informal care. A "cookie cutter" approach to choosing childcare is not helpful to families with limited resources. Childcare quality varies across a spectrum and should be selected to meet a family's specific needs. As consumers, parents should be aware that both formal and informal childcare options come with risks and benefits (Fuller, et al., 2002) and they should be encouraged to explore the types of childcare to determine what suits their needs. The following is a discussion of the tiers of childcare.

Types of Childcare

Informal childcare

A family childcare home (FCH) is described as low pay or no pay type of informal care that takes place in a home setting by licensed workers in North Carolina. Family childcare homes may or may not be licensed by or registered with the state; several are neither and evade regulation (Forry, et al.,2013). Family childcare homes, which are usually independent providers, provide care for a small number of children often while caring for their own children (Forry, et al.,2013; Phillips & Adams, 2001). Family childcare home providers are generally less educated in early childhood development than are those who work in or manage center-based childcare facilities (Lanigan, 2011). Though some family childcare home providers may lack formal education in early childhood, they typically have several years of experience and warm regard (i.e., a process measure) for nurturing children (Forry, et al.,2013; Phillips & Adams, 2001). According to Forry, et al. (2013), parents access family childcare homes for many reasons and are often referred through word of mouth by people they trust. Here are a few reasons parents may choose family childcare homes over center-based care:

- Uniqueness of fit or “better” fit
- Flexibility in hours
- Limited number of children in the home
- Less risk of sickness and illness due to low numbers (Forry, et al.,2013; Riley & Glass, 2002).

Also, many family childcare homes are open during hours of operation outside of the traditional workday (Forry, et al.,2013; Riley & Glass, 2002). Parents who are essential workers

(e.g., social workers, police officers, EMT's) have fluid work schedules and often need care beyond a typical 8am-5pm workday. Low-income families are more likely to have rotating work schedules or "shift work" (Johnson-Staub, 2017). Both blue-and white-collar parents benefit from having flexible childcare providers with extended hours (Johnson-Staub, 2017; Riley & Glass, 2002; Vincent & Ball, 2001). Another advantage of informal childcare is the limited number of children in the setting. Family childcare homes have lower risk of children getting sick as compared to center-based childcare options (Augustine, Crosnoe & Gordon, 2013). The number of children in care directly correlates to the number of illnesses (Sandstrom & Chaudry, 2012). For this reason, parents with preschool-aged children and younger may choose family childcare homes over center-based care (Forry, et al.,2013).

Though there are some advantages to family childcare homes, there are also disadvantages. It was King and MacKinnon (1988) who first reported that children in family childcare homes (FCH) were less likely to engage with other children at the home because the opportunities for play and developmental social learning were limited by the adult-centered structure of the day than children enrolled in center-based care. Children in FCH's were more likely than their center-based counterparts to view television during the day, have more one-on-one contact with the provider, and fewer stimulating and planned activities (Burchinal, Howes & Kontos, 2002). Still, working moms with children under the age of two found informal childcare to be ideal, regardless of marital status (Forry, et al, 2013). FCHs allow for more one-on-one face time with the child, since there are smaller numbers of children in the home who require care and attention (Forry, et al.,2013). Though this type of childcare tends to have fewer children in a setting, which allows for a more relaxed and flexible environment, the care tends to be less reliable and stable than center-based childcare (Forry, et al.,2013).

Informal family childcare home arrangements can be utilized as little or as much as needed, depending on the provider's schedule. Parents may also use informal childcare as a substitute for after-school care once the child is school age (Forry, et al., 2013). As the child reaches school age the setting of care changes because the needs for the child shifts from being mostly physical in infancy to intellectual as he/she matures (Leibowitz, et al., 1992). In infancy secure attachment, bonding, and responsive caregivers are particularly important and play key roles in all aspects of the child's development (Forry, et al., 2013; Leibowitz, et al., 1992). During the preschool year's children are far more independent and need to be challenged cognitively. During early childhood, the emphasis shifts to the caregiver being engaged and providing activities and opportunities that stimulate the toddler's mind (NICHD, 2005a; Rimm-Kaufman & Pianta, 2000). Once the child reaches preschool age many parents make the transition to more formal childcare (i.e. Head Start, Early Head Start, State funded Pre-K programs, center-based childcare) to better equip the child for kindergarten (Sosinsky, et. al., 2016).

Formal, Center-based childcare

Center-based childcare, otherwise referred to as formal childcare, includes nurseries, preschools, and centers that are child-focused and usually licensed or regulated by the state. This type of care usually serves a greater number of children, is curriculum based, and more structured than informal childcare (Johnson-Staub, 2017). Center-based childcare is structured for working families who work a traditional "9 to 5" workday. Most are open between ten and twelve hours a day (6 a.m. -6 p.m.). There are increasing numbers of centers that are expanding outside of the normal workday hours to provide first, second, and third shift care to accommodate parents who need more flexibility (Johnson-Staub, 2017).

Most center-based childcare facilities serve children six weeks to twelve years of age. For the most part, childcare centers operate five days out of the week and offer half-day, full-time, part-time care (Haynie, 2019; Riley & Glass, 2002).

Childcare centers generally focus on nurturing the advancement of the child's language, developmental, emotional, cognitive, and social skills so that he/she progresses at or above his/her age group (Sosinsky, et. al., 2016). Formal childcare is typically curriculum-based and centered around the child's developmental needs and milestones. Formal childcare is more likely than informal care settings to have age appropriate books, toys, and learning areas that reinforce these developmental domains. Childcare providers in centers are more likely to have specialized education (i.e. ongoing trainings, degrees, and certifications) in the field of early childhood education or a related field. Center-based childcare exposes the child to more complex group and peer play than in an informal childcare setting (Scott et al., 2005). For the most part, children in center-based childcare are exposed to more than one adult during the day, and are less likely to receive one-on-one time with an adult because of the increased number of children. Typically, there are two or three teachers in the classroom depending on the size and age group (Fuller, 2004).

Kinship Care

Where center-based, formal or registered childcare are scarce and hard to access families often use relative/informal care often called kinship care. This could be due to attitudes of parents who accept their limited choices and "make due" or who believe that the differences between formal and informal care are not as important as just having a place for children to be so parents can work (Gordon & Chase-Lansdale, 2001).

Kinship care is utilized more often, than not by middle-income families to maintain job stability. Middle class families sometimes must rely on family due to lack of formal childcare options or to save money. If families cannot afford to pay family members parents may barter services or groceries in exchange for childcare (Katras, et al., 2004; Powell, 2002; Scott, et al., 2005). Family members who were known and trustworthy were seen as sources of support for parents (Katras, et al., 2004; Maher, et al., 2008).

Parents may be more comfortable leaving their children with relatives over strangers, which can provide peace of mind. However, some parents who do not have alternative care options are left more stressed, because their kinship care arrangement is unreliable and can change at any moment.

Licensure of Centers

Centers that meet the minimum state requirements for standards are licensed. Health, safety, and approved curricula are usually included in the scope of standard requirements for licensure, although every state has different standards and rules for childcare settings (United States Government Accountability Office, 2004). Licensure requires that the facilities meet the state requirements and regulations recommended by a variety of professional organizations (i.e. environmental health codes and zoning) before providing services to any child (Herbst, 2018a). Licensed facilities are held to a higher standard by the state than unlicensed facilities, which means the inspections are more frequent throughout the year and significantly more stringent for licensed childcare providers than unlicensed facilities (Childcare.gov, 2020 & US GAO, 2004). Licensing has been viewed as a process by which providers, state agencies, and government provide basic protections for children receiving care outside of their homes (Herbst, 2018a).

Although licensing is mandatory in many states, not all state legislatures have implemented minimal requirements. In the 1960's the responsibility of licensing was usually carried out by a state's department of child welfare and sometimes health departments. Many health departments still issue licenses for providers but states also have special licensing boards (Herbst, 2018a). Those exempt from licensing include but are not limited to church-sanctioned facilities, pre-kindergarten programs, and part-day preschool programs (US GAO, 2004).

Registered childcare

Registered childcare facilities are typically family childcare homes which are not often subject to state requirements and inspections. When state-level registration of family childcare home began providers voluntarily registered with state officials so that verification of state standards could be documented (Hofferth, 1996). Initially, states did not require inspection for registration facilities before they began providing services to children (US GAO, 2004).

Registration was common among family childcare homes because of the small number of children being served, but sometimes the numbers were so small that the providers were exempt from all requirements (US GAO, 2004). Typically, the larger the enrollment of children the more likely the provider would be registered or licensed because the number of children at the daycare facility directly affects the precautionary measures that states enforce (US GAO, 2004; Herbst, 2018a; Johnson-Staub, 2017). Now, in most states if a family childcare home provider has more than five children in his/her care they must register with the state (Childcare.gov, 2020).

Quality Childcare and Outcomes

The type of care provided is important since type is usually associated with the quality of care that has long-term implications on a child's life, behavior, and academic and social

outcomes (Forry, et al.,2013; Hill et al., 2002; NICHD, 2005b; Pati, Hashim, Brown, Fiks, & Forrest, 2009; Scott, et al., 2005).

While all children from various backgrounds benefit from high quality care in early childhood the implications for children from low-income and at-risk families are overwhelmingly positive (Herbst, 2018b). Children from low-income families exposed to high quality care were less likely to engage in criminal activity and more likely to finish school than children exposed to lower-quality childcare (Fraga, Dobbins, & McCready, 2015; Fight Crime, 2013; Sosinsky, 2012). High quality care is good for all children no matter the income of their family. The quality of emotionally warm and responsive caregivers of infants and toddlers has been linked to positive connections between neurons and synapses in the brain that aid in the formation of the brain itself (Forry, et al.,2013). The effects of an attentive caregiver can be seen in all domains of development since they are interconnected, and the effects can be both short and long-term for the child (Burchinal, Howes & Kontos, 2002; Sosinsky, et. al., 2016).

Care giver quality is associated with the provider's education and credentials. Children who had well trained caregivers have shown better task orientation, greater school readiness, more sensitivity to others around them and great cooperation with adults and other children (Scott et al., 2005). Caregivers, who tend to work in childcare facilities known for quality and who have more specialized training, are more focused on the cognitive skills and growth of children in their care (Burchinal, et al., 2000; Fraga, Dobbins, & McCready, 2015). Childcare facilities that pay providers well have greater staff retention, and providers have more positive job satisfaction and overall attitude (Phillips & Adams, 2001). Teachers who were satisfied at their jobs and felt appreciated are likely to have more positive and frequent exchanges with the children in their care. Having a reliable caregiver decreases stress and anxiety for parents who

work because they are free to focus on job tasks without worrying about the well-being of their child(ren), and promotes peer play and bonding in young children (Forry, et al.2013).

The list of positive outcomes for children placed in quality childcare is quite lengthy. Children enrolled in high quality childcare have better communication skills and the ability to self-regulate their emotions more easily (Burchinal, et al., 2000; NICHD, 2005b; Scott, London, & Hurst, 2005). Children in center-based, quality childcare better than their counterparts in memory, language, and cognitive abilities (Zaslow, 2008). Quality of childcare also matters to parents who often think that high quality childcare facilities implement strong cognitive and social learning curricula that increase creativity, attention spans, physical and imaginative play with peers, and good test scores in children (Fraga, Dobbins, & McCready, 2015).

Diversity and inclusion are also associated with high quality care (Haynie, 2019; Johnson-Staub, 2017). Children who grow up appreciating the richness of other cultures, ethnicities, and religions excel far beyond children who are not exposed to different ways of life. Diverse environments and experiences help children develop tolerance and expand their world views; diversity teaches children to embrace and respect differences in others, not feel threatened or fearful (Haynie, 2019; Johnson-Staub, 2017).

Access to Quality Childcare: An Issue of Equity

The federal government has been reluctant to mandate that all states meet certain childcare quality guidelines. Instead, the federal government expects states to regulate childcare practices to ensure quality (US GAO, 2004). However, supporters of national childcare regulations are interested in access to quality childcare for all children (Sosinsky, 2012). By mandating uniform regulation across different types of childcare environments, all parents could

access various care settings for their children and know that they are safe and are being cared for by staff who promote healthy development no matter the type of facility (Press et al., 2006; Sosinsky, 2012).

Not only do states have regulatory authority of childcare they also determine eligibility for childcare assistance for families based on eligibility criteria that lack uniformity and equity. Minority families are at an inherent disadvantage due to deeply rooted racial bias and prejudices ingrained in our laws and practices (Johnson-Staub, 2017). The application and enrollment procedures can be difficult to navigate especially for families with language barriers (Johnson-Staub, 2017). For example, in 2016 the US Commission on Civil Rights found that the state of Mississippi restricted low-income Blacks from accessing, affordable childcare.

Child Care as a Civil Rights Issue⁴⁷

In 2015 the Mississippi Advisory Committee to the U.S. Commission on Civil Rights found that the state's administration of CCDBG restricted low-income Blacks from accessing quality, affordable child care.

The U.S. Commission on Civil Rights is an independent, bipartisan agency charged with studying and advising the president and Congress on civil rights matters and issuing a federal civil rights enforcement report.

The Mississippi Advisory Committee investigated allegations of racial discrimination against both the families who sought help paying for child care and the child care providers who care for them. Among its findings, the report identified Mississippi policy decisions that restricted parents of color from accessing services; diverted and constrained available funding that could have otherwise provided additional services for low-income Black children; and excluded child care centers in low-income African-American communities from CCDBG-funded initiatives to improve quality.

Figure 2-1 *U.S. Commission on Civil Rights Memorandum: Civil Rights and Federal Low-Income Childcare Subsidy Distributions in Mississippi, 2016*

Parents of color are disproportionately unemployed, underemployed, and part of the low-wage labor force. Consequently, Black and Hispanic/Latino parents are those most negatively impacted by barriers to childcare subsidies and access to quality childcare (Johnson-Staub, 2017).

Combine issues of inequity, limited availability to quality care, the complexities of childcare options (if there are any) is not surprising that middle-income parents are often lost, confused and frustrated by attempting to access the childcare that their children need and deserve. There is no question that parents are more productive at their jobs when they know their children are safe and well cared for. Not having confidence or reassurance in one's childcare provider leads to anxiousness and inefficient job performance in parents (Katras, Zuiker, & Bauer, 2004). While relatives and friends are good sources of care in a pinch, they tend to be less reliable and lack the resources that quality centers and facilities have. It is with this situation in mind that a hypothetical *Parent Alliance* program is proposed as a realistic and effective solution.

Chapter 3 - Application

The implications for high quality childcare are evident and it is well-documented through research, practice and policy. There is consensus among early childhood educators and other professionals that early experiences and quality caregivers greatly impact the development, health and success of a child (Haynie, 2019; Child Care Aware of America, 2019; Johnson-Staub, 2017; Marshall, 2004; Sosinsky, 2012). While research makes a clear that quality childcare and early education establishes a solid foundation for children, it does not answer how to make sure every child has access to quality care or how to help working parents pay for it without jeopardizing their livelihoods. Designed with the necessary elements of family life education programs in-mind (Hughes, 1994), a proposed solution to the problem is a parent-education program that focuses on the most forgotten, the working-class, middle-income parent. In this chapter the *Parent Alliance* program, which is designed to help working class, middle-income parents learn about, advocate for and access high quality childcare for their children. In order to describe the hypothetical program, features and implementation, I will use the context of Iredell County, North Carolina which is representative of the families that can most benefit from the program.

Context

Iredell County is made up of approximately 180,000 residents in the Piedmont of central North Carolina. The county is home to the crossroads where two major interstates I-77 and I-40 intersect. One-third of the county is considered rural with no large townships. In 2000, the census reported 47, 360 households in the county; 33.5% had children under the age of eighteen in the home, 57.8% were married couples living together, and 11.3% were female-headed households

with no husband or father present. Almost 80% of the population is White, 12% Black, 0.5% Native American, 2.2% Asian, 0.1% Pacific Islander, and 7% Hispanic or Latino. The median income of residents in 2013 was \$50,058; men had a median income of \$34, 590 verses \$24, 031 for women. Thirteen and a half percent of the population fell below the poverty line in 2013. The major employers for the county are Piedmont Healthcare, Lowe’s Corporate, Mitchell Community College, government and education, and factory work in ceramics and glass (www.co.iredell.nc.us, 2020).

There are approximately twenty childcare centers and five family childcare homes in the county, many of which have a cap on the number of children they accept with childcare vouchers. Of the twenty-five childcare options, most infant and toddler spots are full, and parents are put on a two- year waiting list if using childcare vouchers. Social services exhaust available childcare options for children in foster care and protective services. Parents are faced with childcare costs ranging from \$600-\$1500 month for part time care of children six weeks to 4 years of age. Parents can expect a “stepping stone” increase in cost at least once a year of about \$20+ weekly, yet service and quality of care does stays the same. Six of the twenty centers are considered high quality among parents, the rest are just “good enough.” Due to the limited childcare options and even fewer high-quality options, middle-class families, many government employees are forced to spend income they cannot afford to spare or rely on kinship care/patchwork options.

Program Logic Model

The following logic model (illustrative of a two-year program) for the *Parent Alliance* lists features of the program from the perspective of parents who are the beneficiaries.

Inputs	Outputs	Short-Term Outcomes (Knowledge, Awareness, Skills)	Mid-Term Outcomes (Behaviors tried and maintained)	Long-Term Outcomes (Measurable Improvements in conditions leading to childcare access)
Volunteers (Vets) Trainers of parents Adapted Nurturing Parent curriculum	Anticipated number of parents served Number of training hours provided to parents Extent of curriculum used Number of children placed in childcare	Improving awareness of the childcare has on development Knowledge of childcare resources, tiers and access issues Skills learned in order to access affordable childcare; including self-advocacy skills	Behavior of parents/accessing childcare Parents who self-advocacy Parent knowledge of how the system can work for them and their sharing of that knowledge with other parents	Children in high quality childcare settings

Below are the elements of the *Parent Alliance* program discussed in more depth.

Program Structure

The *Parent Alliance* is based on the successful Holly Flanders, Choice Parenting model, which is a nanny and childcare coaching service based out of New Jersey. Choice Parenting offers childcare coaching, nanny placement, a la carte nanny services, and business benefit programs within a 45-mile radius of the New Jersey base. Choice Parenting fees cater to a more

affluent audience with services ranging from \$150-\$3,000+ depending on the services rendered. Choice Parenting does consultations to discuss pricing, venue, and services upon request (Choice Parenting, 2020).

Bioecological systems framework (Bronfenbrenner & Morris, 2006) posits that a child's development is influenced by several ecologies (i.e. family, peers, communities, etc.). The *Parent Alliance* program applies the old adage "it takes a village" to help create village-like supports for parents across ecologies and contexts by providing education, support, and temporary childcare from trusted community members until parents secure long-term childcare for their child. The program volunteers benefit the children and influence parents, families and their community.

The proposed *Parent Alliance* is a county-based program intended to help middle-income, working parents through a network of community-based, natural helpers who serve as trusted liaisons who assist, teach, advocate, and help families access quality childcare for children. The long-term goal of the program is to help parents access reliable, quality childcare which is important to their children growing to be happy, healthy, productive citizens and parents (Child Care Aware of America, 2019; Haynie, 2019; Sosinsky, 2012; Johnson-Staub, 2017). The *Parent Alliance* offers immediate relief and part-time care for families while the parent works with the volunteer and/or "ally" towards stabilizing consistent, high-quality childcare.

The intended audience for *Parent Alliance* are working parents ranging in age from 25-40 years, impacted by financial challenges and hardships (i.e. childcare expenses, health insurance premiums, uncovered medical bills, housing and transportation costs), and who are managing the complexities and difficulties associated with accessing quality childcare for young children.

The bulk of recruitment for the Parent Alliance will rely on word of mouth throughout the community and dissemination of flyers and written materials at cornerstones like the beauty/barber shops as well as churches to reach parents and families. These are places where community members congregate and discuss their lives, families, finances, trials, and tribulations. All of these places are considered safe havens for people in the community to problem solve and get advice from trusted friends. Parents of young children will also be recruited through advertising in newspapers, flyers at coffee shops, pediatrician offices, and public health offices. Parents can contact the Department of Social Services to get set-up with their very own ally and take steps towards stability and peace of mind.

Volunteer allies are also called, “*vets*” for their veteran status; older women and mothers in the community who are identified as natural helpers, live in the neighborhoods, and resemble the parents they serve. They work to determine the family’s childcare needs and fill those needs. Allies are equipped with up-to-date child development/childcare information through trainings. Vets provide information to parents in the families’ homes and across the community both virtually and in-person. Whether the family is looking for center-based, family care home, kinship care, cooperative, in-home nanny/assistant, the ally’s job is to provide:

- resource referral
- organization and prioritization
- support
- education and engagement
- assistance

The ally assigned to a particular family will work within the family’s parameters for time and cost. This means allies will adapt their teaching styles to accommodate the needs of the

family and help find childcare options that fit the family's budget. The aim of *Parent Alliance* is an individualized, adaptable approach to establish a stable and nurturing relationship between parents and the ally. They offer last-minute care, emergency care, and assistance for parents who may need childcare for 2-hours or less at a time. The Parent Alliance program is ongoing. Vets stay with families as long as needed or until they are no longer able to provide free services.

Families in the program will be asked to fill out a need's questionnaire, childcare checklists, engage in one-on-one sessions that meet for 90 minutes or less (virtual or in-person). Each parent will receive "look-books" on potential facilities or caregivers according to their preferences and needs. The look books include pamphlets from childcare centers, price lists, hours, accreditation, safety ratings from the state database, and parent testimonials. This takes out the difficult, time consuming work for parents associated with calling, touring, and making follow-up contact to providers which is being done by the ally. Parents will be encouraged to check-in with their ally weekly to set-up phone/in-person/or virtual appointments so the ally can help answer questions, address any concerns, provide support and solidify childcare for the child and family expeditiously. At the end of each week the parent will be asked to complete a short email questionnaire to help the ally assess the ongoing needs of the family, frustrations, find out what is going well, and what is helpful. Once the family has chosen and confirmed a childcare provider their ally will stay connected for an additional week for a smooth transition and conduct a post childcare checklist and satisfaction evaluation one week after placement and follow-up with the family on their one year "alliversary" to see how things are with the family and placement.

If the family decides on one-on-one care, the family pays the caregiver directly and no money is collected from The *Parent Alliance*. If a family still has not been placed within 30

days, the fee is \$30/month until childcare is secured, or the parent discontinues services. The money collected will go towards recruitment, material costs, and other incurred expenses for community incentives. If a family's needs change and another childcare option is desired or it has been more than a year since a family has utilized the program, a returning family would need to update their profile.

Program Implementation

Parents value safe and stable childcare arrangements and education is an important factor in their decision-making process, so making sure parents have the most up-to-date information on childcare resources, policies, programs from a trusted source is key. Below is a breakdown of the Parent Alliance Program Logic Model to further explain the parent outcomes listed above in the model.

Volunteers are trusted matriarchs and experienced “mother-like” figures in the community who disseminate childcare information, help parents identify family goals, teach the Nurturing Parent model to parents in the program (Nurturing Parenting, 2020), and provide temporary childcare for families in their county.

Trainers are designated child development expert (i.e. child professional, therapist, social worker).

Training hours are the number of hours the trainer spends with a volunteer on curriculum programs, policies, and the latest childcare information.

Curriculum used by volunteers; allies will be trained using the Nurturing Parent model and review the teaching concepts with parents enrolled in the program , pre-post test will come from

the Adult Adolescent parenting Inventory (AAPI) associated with the Nurturing Parent curriculum (Nurturing Parenting, 2020).

Parents served is the number of parents enrolled in the Parent Alliance, working with an ally.

Children served is the number of children receiving care through the program and subsequently placed in long-term childcare arrangements.

Evaluation

The *Parent Alliance* program has been modified to be more accessible to families in Iredell County. The *Parent Alliance* gives parents viable options without sacrificing quality. As the ally provides childcare options parents learn more about the childcare quality field and regulation, they are empowered by this information and their ally gives them pointers for self-advocacy so parents can negotiate future childcare arrangements independent of the ally. The *Parent Alliance* seeks to ensure children from the “middle” are not forgotten by making the best fit connection for each family and child. By shattering barriers, confusion and frustration associated with access to quality childcare and building a bridge to equity for all children the *Parent Alliance* is work towards equity and social justice for families who are the most strained.

The initial intake interviews, surveys, conversations between parents and their ally are useful needs assessment and pre-test information to establish a baseline for parental knowledge, skills and ability to identify, advocate and obtain quality childcare for their child(ren). Weekly phone check-ins and emailed progress reports, look books, written and visual materials, and 5-day follow-up after childcare placement are all elements of outputs associated with the program’s implementation. These outputs are useful indicators of process of the *Parent Alliance* program. Once a childcare arrangement has been obtained, post-test information is obtained for

parental satisfaction with the performance of the *Parent Alliance* ally and parental satisfaction with the childcare arrangement itself. Following one-year of childcare a post evaluation will be offered to parents through the parent Alliance. The long-term goal of *Parent Alliance* is to secure quality childcare for parents across Iredell County who desperately need stability and value quality, for the family's finances and well-being. The one-year post evaluation will also assess the success of the Parent Alliance program and how it might be improved to benefit more families.

Limitations

Equity is essential to every child, so they have an opportunity to produce, succeed, and thrive. All children are eligible and worthy of high-quality care (Zigler & Finn-Stevenson, 1996). “High quality childcare benefits more than children and parents; it affects all parts of the community” (NACCRRA, 2010 p.43). The current research shows that there are shortcomings when accurately representing the middle class. The focus for over fifty years has been on low-income and impoverished families. There is a huge number of families not being counted in data or considered when looking at solutions to the childcare quality problems. To empower every parent is to empower every child (Dyk, 2004); building parents up so they can succeed and provide for their children in a loving, nurturing, healthy, and developmentally stimulating environment is what builds strong, self-sufficient families and creates a cycle of excellence that can be sustained. Parents as consumers deserve the latest and best in information, methods, practices, tools, curriculum, and precautions. Increasing childcare options and referral services in neighborhoods where working-class families and those in poverty have better access to information and services is important.

The *Parent Alliance* is a tangible solution for working parents, especially single parents who have few options to locate, assess and access quality childcare for their children. The proposed program could be applied on a larger scale outside of Iredell County, but changes are necessary for it to be successful. The volunteers are the backbone of the program, but that poses a huge threat to the reliability of the program, when life circumstances or health issues arise. If the volunteer is not dependable, there is no stability for the child or the parent's employment. Also, volunteers being incentivized through trades or bartering services for childcare may not be enough for an extended time. Eventually, the hope would be to have paid positions for allies to retain, motivate, and support longevity with the program.

Recommendations and Conclusion

This report proposed a hypothetical parent-specific program steeped in community trust and empowerment. A program designed to engage and educate working parents about childcare options in their community. While this program could work in a small community like Iredell County, it is not generalizable for all communities, nor is it sufficient to alleviate the current childcare issues faced by middle-class families in the U.S.

When drafting childcare subsidies, the government targeted poor neighborhoods and families to give the appearance that poorer children had the same opportunities as their wealthy peers. The current system in place is more exclusive than it is inclusive (Haynie, 2019). The government should address quality care that is stable and affordable for all families; no longer should this be about those in poverty or on welfare (Greenberg, 2007). The national agenda should be to first recognize that there are very few differences, but great similarities in families who fall just below the poverty line and working, middle class families. Both classes face the

same challenges in affording and securing quality childcare for their children (Greenberg, 2007). Secondly, to ensure that all parents who need childcare gain or maintain employment can do so without the risk of leaving one's child in an unhealthy and unsafe environment. Children deserve care that fosters development/ education in all domains and parents deserve to have a real choice when it comes to quality childcare options (Greenberg, 2007). Lastly, to make sure that families are not discriminated against, because the state they live in has less money than other states. Families should not be penalized because of circumstances beyond their control (Greenberg, 2007).

The federal government allows states to ration funds to providers without checks and balances. If the government could move the funds from the childcare quality improvement funds already set aside it would help parents with the costs involved in early childhood education. National quality is what is needed and that means mandatory regulations and better oversight by state officials and an assigned federal official. I propose that the federal government allocate sufficient funds for parents who have children that are not school age. Public funding could come from increased taxes to the wealthiest to help parents offset the costs. Utilizing tax returns and other forms of income verification parents would spend no more than 5% of their take home pay on childcare. Parents, family professionals, communities, and government officials should continue to push policy makers to overhaul old policies that exclude the working middle- class families from the help they desperately need and deserve. All children, regardless of their family's background must have true equity as it relates to education; it starts before they get to school.

Greenberg (2007) said, "It is contrary to basic principles of equity to create a structure in which families can receive childcare assistance only by entering the welfare system", p. 85.

This quote is so powerful that it sums up the basis for this report. Equity is not had by crippling a group of people so much so that they are chronically dependent on others. Giving people tools and allowing them room to grow empowers individuals, families, communities, and society at large. Children are the teachers, lawyers, and policy makers of tomorrow. Investing in them now is investing in our society's future well-being, or rather not investing in them is contributing to the sure and certain demise of our society's future. The phrase "you get out what you put in" applies here and it is magnified through the lens of human bioecological theory.

Research on the negative implications and outcomes for children from broken homes is clear, but policy essentially punishes families that have two parents in the home. The ways subsidies are written, the number of adults in the household greatly reduces one's chance for assistance. That translates to more single parent households, which is detrimental to the family unit. There are generations of children who have suffered and continue to suffer because of laws that were focused on the few instead of the greater good of society (Bitler, Gelbach, & Hoynes, 2006; Moffitt, Phelan & Winkler, 2020). Families should not have to separate, and children should not have to grow up without their fathers in order to receive help; it is criminal to be penalized for trying to survive while being disenfranchised.

The problem lies at the foundation. Policies must be re-written, and some laws dismantled to truly achieve equity for all citizens. Millions are spent on research and grants to study why and how. Our society cannot afford to address the behaviors or outcomes of our broken system any longer, it must deal with the symptoms that continue to plague the whole nation so that one day there will be a cure for the disease of inequity.

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