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Caring 24/7: Family child care as a solution to the paradox of nonstandard schedules and child
care accessibility in the post-welfare reform era

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May 8, 2017

Abstract

This Education Studies capstone project aims to examine the role of family child care in addressing issues of child care accessibility for families with non-standard work schedules. According a report by the Urban Institute, one in five adult workers in the U.S. works most of their hours between 6pm and 6am and/or on weekends, disproportionately minority and low-income individual. Often referred to as precarious or unstable work, parents with nonstandard work schedules face many challenges in finding suitable child care options in the market. This project aims to examine ways in which All Our Kin, a New Haven based early childhood nonprofit, can work to meet the demand for nonstandard hour child care. Broadly, the organization supports a network of family child care providers, who offer services in their own home. We hypothesize that family child care can balance the quality standards necessary to improve child outcomes and the temporal flexibility to accommodate a growing number of parents who work during nonstandard hours. Findings from an original survey of family child care providers in Connecticut support this hypothesis, adding nuance to our understanding of the local child care supply during nontraditional hours. At the end, I present recommendations for All Our Kin to close the gap between nontraditional hour child care supply and demand in the immediate term, by leveraging the inherent flexibility of family child care.

I. Introduction

In August 2014, Jannette Navarro, a then 22-year-old Starbucks barista and single mother, shared her story in a New York Times piece, titled “Working Anything but 9 to 5.” While this new job paid better than her previous positions, Starbucks employed an hour-by-hour, demand-driven scheduling system that often left its employees in the lurch. “You’re waiting on your job to control your life,” Navarro describes, including how much sleep her four-year-old son Gavin would get on any given night (Kantor, 2014). Scheduling software is a powerful tool of modern workplace technology to cut labor costs, but at what expense? The unpredictable and highly variable schedules in these on-call service sector jobs create turbulence for the entire family, rendering stable child care routines impossible. And so, Ms. Navarro was compelled to lean on friends and family for scheduling crises that were more routine than not, leaving her son the poorer for it.

Ms. Navarro is one of millions in the United States who work nonstandard work schedules, defined as having a primary job shift other than a regular 9 a.m. to 5 p.m. daytime shift, Monday through Friday (Presser, 2007). At the same time, the majority of child care centers are not open outside of 6 a.m. to 6 p.m., constraining child care options for parents (Enchautegui, 2015). For working parents with nontraditional schedules, lack of access to child care can present an insurmountable barrier to achieving stable employment. The present study examines the mismatch between nontraditional work schedules and temporal rigidity of available child care, and considers measures to increase access to high quality early childhood experiences for all families.

The incompatibility of supply and demand for nontraditional hour child care became evident in the implementation of welfare reform in the mid-1990s. Welfare reform legislation

funneled funding away from cash assistance and towards job training (“welfare to work”) programs and child care subsidies (Hancock, 2003). But for many low-income single mothers, a lack of access to child care – due to the incompatibility of available work schedules and available child care hours – made entering the labor market impossible, and ultimately, the reforms left them worse off (Duncan & Brooks-Gunn, 2000; Presser, 2005). This suggests that welfare reform will continue to fail to realize goals of poverty alleviation and economic empowerment until there is widespread access to affordable, high quality child care for families facing nontraditional work schedules.

In the wake of welfare reform, two Yale graduates founded All Our Kin, now a nationally recognized early childhood nonprofit that trains and supports a network of family child care providers in Connecticut and New York. The organization’s multi-pronged mission – at the intersection of gender equality, economic development, and education – aims to help (1) *parents* to find employment, (2) *child care providers* to build their own businesses, and (3) *children* to achieve developmental gains in high-quality early education settings. In all of its work, All Our Kin makes a strong case for high quality as a necessary condition for child care as a means of economic empowerment, that is, advocating for high quality child care to close achievement gaps in the long term while also empowering parents to work in the immediate term. This Education Studies capstone study seeks to find opportunities for All Our Kin to support family child care providers in the temporal expansion of this mission to serve a growing number of families with nonstandard work schedules.

II. Overview of Research Design

My interest in the topic of nontraditional child care stems from over two years of part-time work at All Our Kin, a New Haven based early childhood nonprofit supporting family child care providers. Broadly, family child care encompasses the market of child care providers who offer fee-based child care services in the providers' own homes. Low-income families, who are more likely to work nonstandard schedules, also happen to be more likely to use family child care than center-based care (Laughlin, 2013). These families prefer family child care for a number of reasons: more flexible hours, family-like environment, cultural and linguistic similarity, geographic accessibility, and lower cost compared to center-based care (Morrissey & Banghart, 2007; Porter et al., 2010). This project investigates the landscape for nonstandard hour child care in Connecticut, specifically focusing on family child care.¹

All Our Kin offers their network of accredited child care providers a menu of services, including a licensing toolkit, professional development workshops, and interest-free loans to expand their small home-based businesses. Selected providers also receive personalized one-on-one educational support from in-house child development consultants. Over the past two years, I have worked at All Our Kin in a variety of capacities, including assistance on research projects evaluating the quality of providers in the All Our Kin network and as a professional development coordinator in charge of training workshop and event logistics. In the present study, I serve in a consultant role to the organization; the research is conducted using All Our Kin resources, and my findings and recommendations are ultimately shared with the organization. Although my

¹ A note on terminology: as the body of literature on nonstandard work is both small and relatively new, this type of work has been described in various contexts as “nontraditional hours,” “shift work,” “precarious work,” While the terms each hold distinct connotations, they will be used interchangeably for the purposes of this study. Child care covering those hours may be broadly referred to as “nonstandard hour child care,” “non-traditional hour care,” or “after-hours care.”

neutrality in this project is thus comprised, the best interests of the organization are aligned with my goals as an independent researcher – to uncover the realities of nontraditional hour care in Connecticut and propose measures of expanding access to this care. There is no interest for the author to inflate the good work at All Our Kin, or otherwise eschew criticism. The topic of child care access for families with nontraditional work schedules is one of dual interest to the author and the organization.

The research project contains two main components, outlined below.

(1) Map the policy landscape for nonstandard hour child care in Connecticut. How do the policies and regulations surrounding nonstandard hour care influence availability and access? How do Connecticut state policies compare to other states?

(2) Assessing the current supply of nontraditional child care. Conduct a phone survey of family child care providers in Connecticut to determine current schedule of offerings. Receive feedback on proposed resources supporting providers interested in expanding their hours of operation.

Before detailing the findings of each component, I review the literature relating child care access and quality, and provide historical context for welfare reform, All Our Kin, family child care, and the recent growth of nonstandard work schedules. In the process, I hope to motivate the present study, one of the first to present family child care as a solution for parents with nontraditional work hours. Each component of the project, listed above, will ultimately be distilled into user-friendly documents to be disseminated internally at All Our Kin. The conclusion organizes findings into broader recommendations towards both actionable ideas for expanding child care access and future research agendas.

Part I: Literature Review

I. Child Care Accessibility

As maternal employment has grown over the past century, the demand for child care has increased dramatically (US Census Bureau, 2014). Today, over 70 percent of all mothers with children under 18 participate in the labor force, and over sixty percent of children under the age of five are in some type of regular, non-parental care arrangement (Laughlin, 2013; Bureau of Labor Statistics, 2015). Previous research has considered child care accessibility on limited dimensions of financial and spatial distributions of child care supply (Herbst & Barnow, 2007). This paper conceptualizes a novel temporal dimension of child care accessibility (i.e. how well the child care schedules fit with family work schedules). In line with recent research, we aim to expand the definition of child care accessibility, towards a measure of the overall distance between the available child care options and parental needs.

Child care access is difficult for all families, but particularly for families who work nontraditional hours, who also tend to be low-income and minority. Low-income families are particularly affected by structural barriers of cost, access, and availability in the child care market. Despite paying less for lower quality child care than higher-income families, child care costs often constitute a majority share of household income for low-income families (Cabrera et al., 2006). Census data shows that for families under the poverty line, child care spending amounts to 30 percent of income, while for families above the poverty line, child care costs account for 8 percent of income (U.S. Census Bureau, 2008). Child care is central to modern family life for all families, but places an exceptional burden on already vulnerable low-income and single parent households.

Low-income families, as well as families of color, are also more likely to hold nonstandard hour schedules (Presser, 2005). According a report by the Urban Institute, one in

five adult workers in the U.S. have nonstandard work schedules, defined by working most of their hours between 6 p.m. and 6 a.m. on weekdays and/or on weekends (Enchautegui, 2013). The majority of child care centers, however, operate between the hours of 6 a.m. and 6 p.m., generating a mismatch between common work schedules and common child care availability (Enchautegui, 2015). Often, the lack of available child care for second- and third-shift workers can make the difference between employment and unemployment (Presser, 1989).

Broadly, child care arrangements are commonly categorized into three types: (1) center-based, (2) family child care, (3) and family, friend, and neighbor (FFN) care (Fuller et al., 2004; Dowsett et al., 2008). Of these, the first two constitute nonrelative child care arrangements, while the latter refers to unlicensed care by either relatives or non-relatives. Center-based child care encompasses private day care centers and nurseries, as well as public-funded Head Start or school-hosted preschool programs (Laughlin, 2013). Family child care is defined as home-based care offered by the child care provider (Bromer et al., 2013). Family, friend, and neighbor care comprises the largely unlicensed care provided in either the child or caretaker's home, often by relatives of the child (Dowsett et al., 2008).

The prevalence of each type of care arrangement in a given region varies by race/ethnicity, socioeconomic status, and geographic location. Overall, low-income families are more likely to choose family child care (Porter et al., 2010). However, center-based settings comprise almost twice as many (23.5%) of the total care arrangements in the U.S. for kids under the age of 5, as compared to family child care and other home-based care arrangements (11.2%) (Laughlin, 2013). Center-based early childhood education providers are least likely to offer any amount of nonstandard hour care, as of a recent national study (National Survey of Early Care and Education Project Team, 2015). Following recommendations from previous research on

nonstandard hour child care, the present study focuses on the unique characteristics of family child care, which we argue offers a level of flexibility that is conducive to expanding temporal access for families with nonstandard work schedules. In the following section, I provide a brief overview of the welfare reform policies that have shaped the current child care landscape, followed by a review of child care quality, where I argue that high quality child care is essential to the dual goals of reducing educational inequality and increasing maternal employment.

II. Welfare Reform: Setting the historical stage for present-day child care policy²

In 1996, Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) into law, thereby fulfilling his campaign promise to “end welfare as we know it” (Weaver, 2000). The legislation changed the nature of cash welfare benefits in the United States – from Aid to Families with Dependent Children (AFDC) to Temporary Assistance for Needy Families (TANF). As the nominal change suggests, longstanding cash benefits for low-income single mothers, conceived at a time when traditional gender roles normalized stay-at-home mothers, were replaced with strict time limits and restrictions on cash assistance, intended to incentivize mothers to enter the work force (Hays, 2003).

At the same time, much of the budget previously allotted to providing cash assistance was transferred to job training, child care subsidies, and other programs intended to spur maternal employment. Despite the expansion of child care subsidies, parents who work nonstandard hours often struggle to find child care that meets their temporal needs (Fuller et al., 2002; Rachidi, 2016). As the pool of available jobs increasingly takes place during nontraditional

² Content in this section is loosely adapted from Xue (2016a).

hours, the lack of provisions for child care during this temporal frame will prevent welfare reform efforts from realizing intended goals of economic empowerment (Presser, 2005).

The effect of the 1990s welfare reform on child care also marked a substantial shift away from emphasis on child outcomes to parental employment, consequentially devaluing child care quality. In the 1960s, after President Lyndon B. Johnson declared the “War on Poverty,” policymakers devised Head Start, a comprehensive early childhood program designed to break the cycle of poverty by providing children of poor families with high-quality education and a convenient access point to social services, including healthcare, meals, and counseling (“History of Head Start,” 2015). In contrast, welfare reform policies three decades later established work requirements for welfare recipients, while streamlining federal child care funding into the Child Care and Development Fund (CCDF), which allots child care subsidy block grants to individual state programs (Cabrera et al. 2006). The current focus of CCDF funding remains the expansion of child care availability and accessibility, rather than offering the kind of comprehensive, high-quality care still provided in limited quantities by Head Start and Early Head Start programs (Cohen, 1996).

Any efforts towards reducing educational inequality and poverty through maternal employment must emphasize the importance of child care quality. Successful implementation of welfare reform also must couple employment programs with allowances for high quality child care, in order to achieve dual goals of increasing rates of maternal employment and improving child outcomes towards closing achievement gaps (Fuller et al., 2002).

III. Child Care Quality

Time and time again, early childhood research shows that child care quality is a *sine qua non* for reducing later educational inequality. A large body of research has demonstrated that child care quality is a crucial determinant of young children's later academic, social, and cognitive success (Shonkoff & Phillips, 2000). These positive developmental outcomes of high quality early childhood education also provide strong economic evidence for investment in such programs. Economist James Heckman presents the costs avoided inherent to lower observed rates of crime, high school dropout, and teen pregnancy as evidence supporting his "productivity argument" for early interventions for disadvantaged children (Heckman, 2006).

Child care quality is largely divided into structural features (e.g. physical space, teacher-student ratio, etc.) and process features (e.g. cognitive stimulation, quality of adult-child interactions, etc.) (NICHD Early Child Care Research Network, 2002; Cassidy et al., 2005; Dowsett et al., 2008). The bulk of the literature seems to agree that observed indicators of quality map well to child development outcomes (Cabrera et al., 2006; see Zaslow, 2011 for review). High quality child care provides children with greater school readiness, as well as cognitive, non-cognitive skills (i.e. executive functioning, grit, conscientiousness, etc.) and social skills (Phillips et al., 1987). Three well known controlled interventions – the Perry Preschool Project, the Abecedarian program, and the Chicago Child-Parent Centers – provide quasi-experimental evidence for positive developmental effects of high quality child care specifically on low-income children, who stand to benefit the most from high-quality child care towards closing the socioeconomic achievement gap (Loeb et al. 1994; Heckman, 2006).

The gains from early childhood interventions persist across the life course. A cost-benefit analysis of the Abecedarian program found increased maternal earnings, decreased schooling and healthcare costs, and increased lifetime earnings for participants, decades later (Barnett and

Masse, 2007). A longitudinal report on the Perry Preschool Project revealed that through age 40, the program was estimated to return \$12.90 per dollar spent to the public (Belfield et al., 2006). Nobel prize winning economist, James Heckman, has produced a large body of evidence showing that early interventions yield much higher return on investments than later interventions – Heckman’s “productivity argument” for high quality early childhood experiences (Heckman, 2006). By age 3, Hart and Risley (2003) find a 30 million-word gap in language experience for children from low socioeconomic status and high socioeconomic families. By kindergarten, researchers have repeatedly found evidence of substantial achievement gaps along lines of socioeconomic status and race (Burchinal et al., 2011; Reardon, 2011).

Not only does child care quality matter for reducing later inequalities in developmental outcomes, it also affects maternal employment in the immediate term. Much of the available literature focuses on the effects of child care cost and local availability on maternal employment – important factors, to be sure – but neglects to acknowledge the more indirect influence of child care quality. There is some evidence from early intervention studies using random assignment that low-quality care, independent of cost concerns, may be a reason for mothers to interrupt their employment (Vandell & Wolfe, 2000). Different aspects of child care quality may contribute to this effect, including the stability and parental comfort with the care arrangement. While job constraints inform parental child care decisions, some research and anecdotal evidence suggest that there is an effect in the opposition direction as well: parents with informal or multiple child care arrangements, which can be conceived as metrics of quality, are more likely to miss work and jeopardize their employment (Usdansky & Wolf, 2008; Forry & Hofferth, 2011; Kantor, 2014).

Over the past few decades, child development research has provided a nuanced understanding of the association between maternal employment and cognitive outcomes, through multiple mechanisms. On the one hand, maternal employment decreases time spent with children, which has been shown to correlate negatively with measures of child outcomes. On the other hand, maternal employment leads to higher average family incomes, which might allow the parents to purchase goods and services that offer cognitive benefits for the child. Across the literature, the findings are mixed, and the effects of maternal employment on child outcome vary by characteristics such as income, race, marital status, child age during maternal employment, and type of child care arrangement (Gottfried & Gottfried, 1988; Desai et al., 1989; Vandell & Ramanan, 1992; Moore & Driscoll, 1997; Brooks-Gunn et al., 2002; Hsin & Felfe, 2014; Lombardi & Coley, 2014). In many of these studies, child care quality could mediate some of the negative effects of maternal employment on child outcomes (Blau & Currie, 2004; Gupta & Simonsen, 2010).

More relevant to the present study are trends specifically relating maternal nonstandard employment to later child outcomes. Han (2005) assessed the relationship between maternal nonstandard work schedules and children's cognitive outcomes. Using data from the NICHD Study of Early Child Care, the author found largely negative effects of maternal nonstandard work schedules for cognitive outcomes in the first three years of life; the effect was exacerbated if the nonstandard work schedule began during the first year of life. In addition to cognitive measures, studies have found negative correlations between maternal employment and later behavioral outcomes in child development (Hsueh & Yoshikawa, 2007; Joshi & Bogen, 2007). In a comprehensive literature review of prior empirical research linking maternal nonstandard work schedules child development, Li et al. (2014) found adverse effects across 23 studies in

four areas of child development: internalized and externalized behavioral problems, cognitive development, and body mass index. The findings were mediated by the quality parent-child interactions and characteristics of the home environment, as well as moderated by socioeconomic status and full time vs. part-time status of the nonstandard work schedule.

Given the overwhelming evidence that maternal nonstandard employment is associated with adverse effects on child development in both behavioral and cognitive domains, it is prudent for us to consider the role of child care quality in measures to improve access to nontraditional hour child care. The present study focuses on the potential role of family child care to bridge the temporal gap between parental work schedules and available hours in the current child care supply, as well as to bridge the socioeconomic achievement gap by offering affordable child care that maintains a standard of quality. Below, I provide a brief description of All Our Kin, and their work to improve child care quality and access through supporting family child care providers, before exploring intersections between nonstandard hour child care demand and the supply of family child care.

IV. All Our Kin: A new model of quality child care post-welfare reform³

All Our Kin was founded in the wake of welfare reform in the late 1990s, at a time when many single mothers were forced to find child care to meet employment expectations under new welfare-to-work program requirements. Initially conceived as a laboratory school, All Our Kin opened its doors in a New Haven housing project in 1999, training low-income single mothers with the right personal characteristics and enthusiasm to become licensed child care providers. Co-founders Jessica Sager, then a recent Yale Law School graduate, and Janna Wagner, a former

³ Content of this section is loosely adapted from Xue (2016b).

public school educator with a Master's degree in education from Harvard, used funding from the Arthur Liman Public Interest Program to pursue this novel idea. The laboratory school model has since changed, but has maintained a multi-pronged mission:

“(1) to increase the supply of high-quality, affordable child care options to enable parents to enter and remain in the workforce; (2) to help family child care providers attain economic self-sufficiency through their child care businesses; and (3) to enhance family child care providers' knowledge, skills, and practice as early childhood educators to improve young children's positive outcomes.” (Porter & Reiman, 2015)

These three goals remain central to All Our Kin's approach and programming today. In the decades since their humble start, the organization has remained true to its model of serving families in the community through supporting providers, which now number in the thousands.

A recent evaluation study found that All Our Kin affiliated providers scored higher on measures of quality than family child care providers not associated with All Our Kin. The first phase of the study, detailed in a report by Porter and Reiman (2015), consisted of a written survey and two observational assessment instruments – the Family Child Care Environment Rating Scale-Revised (FCCERS-R) and the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO). Comparing the results of randomly selected All Our Kin providers with the demographically similar comparison group, the evaluation found that All Our Kin providers substantially outperformed those in the comparison group. On the FCCERS-R combined measure of global program quality, All Our Kin providers scored a mean of 4.39, while non-All Our Kin providers scored a mean of 2.86 (Porter & Reiman, 2015). All Our Kin providers performed significantly better on each subscale of both quality measures. Notably, the self-reported portion of the evaluation showed that about half of All Our Kin

providers intended to stay in the field of family child care “as long as possible,” while only seven percent of the comparison group indicated the same. As intent to remain in profession has been established as a correlate of child care quality, particularly for family child care homes, this finding is a strong indicator that some of the workplace supports of the staffed network must be influencing this difference (Torquati et al., 2007). Taken together, these findings suggest that All Our Kin affiliated providers have significantly higher quality child care programs than unaffiliated providers.

As the organization continues to seek ways to expand child care access for families in Connecticut, the issue of nontraditional hour care has been set as a priority. In conjunction with a two-generation initiative by the city government of Bridgeport, Connecticut, targeting young low-income parents, this project addresses a growing local demand for child care that meets the needs of their disproportionately nonstandard work schedules. Below, a review of family child care and nonstandard hour work is offered, before presenting results of the original research.

V. Family Child Care⁴

Family child care is a common care arrangement across the country. U.S. Census Bureau data indicates that almost 45% of children under 5 regularly spend time in home-based child care settings, whether certified family child care homes or license-exempt relative care (Laughlin, 2013; Porter & Reiman, 2015). Overall, about one-quarter of all children are enrolled in family child care at some point before entering elementary school (Morrissey & Banghart, 2007). These children spend an average of 31 hours per week in the family child care setting, often including nights and weekends (Davis & Connelly, 2005; Johnson, 2005). In the United States, there are

⁴ Content of this section is loosely adapted from Xue (2016b).

approximately 650,000 paid family child care providers, comprising about 28% of all paid child care workers (Helburn et al., 2002). Each family child care home can serve up to a legal maximum capacity that varies by state; in Connecticut, licensed providers can serve up to six children (Porter et al., 2010). Child care providers tend to be female (95%) and low-income, with income from full time child care ranging from about \$15,000 to \$25,000 based on a number of metrics (Morrissey & Banghart, 2007; Porter et al., 2010). About one-third of family child care providers also care for one or more of their own children (Morrissey & Banghart, 2007). Due to the small size and substantial variation across family child care homes, family child care offers a level of flexibility in care arrangements between parent and provider that cannot be found in larger, center-based child care settings.

Previous research has shown that, on average, family child care to have smaller cognitive improvements and more behavioral problems than center-based child care (Fuller et al., 2002; NICHD, 2002). However, family child care still predicts stronger outcomes than unlicensed family, friend, and neighbor care (Kontos, 1995). On average, family child care also costs less than center-based care, increasing accessibility to low-income parents (Helburn and Howes 1996). Given the particular characteristics of family child care – flexibility in hours of operation, cultural alignment, lower cost while maintaining standards of quality – we propose that family child care offers a unique opportunity to explore the expansion of nonstandard hour care, as it faces fewer structural constraints on hours of operation than center-based child care options.

Low-income families and female-headed households are less likely to use center-based child care and more likely to use family child care (Laughlin, 2013). These families prefer family child care for a number of reasons, but perhaps primarily for the unique flexibility of family child care arrangements, which are not bound to the same bureaucratic restrictions and size

constraints as child care centers (Morrissey & Banghart, 2007; Porter et al., 2010). This assumption – that of various child care arrangements, family child care is most adaptable to offer nontraditional hour care – grounds the present study, which aims to both validate this claim and explore practical measures to incentivize the temporal expansion of existing child care supply.

VI. Nontraditional Hour Employment and Family Child Care

Nontraditional hour care includes evening, overnight, and weekend, as well as irregular combinations of these nonstandard hours. However, nonstandard work schedules are not uniformly distributed across the population of working adults. Jobs with nonstandard work hours are more likely to be held by individuals who are non-white, low income, and possess low levels of educational attainment (Presser & Cox, 1997; Presser, 2005). According to an Urban Institute report, sixty percent of all workers with nonstandard schedules have earnings below the median (Enchutegui, 2015). Data from the 2006 American Community Survey shows a stark relationship between socioeconomic status and nonstandard hour employment, as measured by the hour at which workers first enter work in the day. Those living under the poverty line are at least twice as likely to start work between 3 p.m. and 7 p.m., in the second shift, as compared to the typical 6 a.m. to 10 a.m. start time for workers with regular daytime work schedules (Saenz, 2008). This disproportionate effect of nonstandard work on families with already vulnerable demographic characteristics further exacerbates social inequalities (Gerstel & Clawson, 2015).

Davis and Connelly (2005) reported findings from the Minnesota Household Survey in 1999, indicating that 37.4% of all employed mothers worked nonstandard hours, and these mothers were also found to be less likely to choose center-based care. In their subsequent analysis of parental child care decisions, the authors suggest that government funding for school

readiness subsidies in center-based care settings may not actually improve child outcomes, if these centers cannot accommodate changing employment-based needs of parents. The majority of workers on nonstandard schedules indicate involuntary factors (e.g. could not get any other job) as their reason for working jobs with nonstandard hours (Presser, 2005). Nonstandard hour employment has been subsequently labeled “unsocial work,” referring to the pressure it places on family life as a result of incompatibility with typical school and business hours, and overlap with hours usually reserved for leisure time (Pocock & Clarke, 2005; Strazdins et al., 2006).

There is an interesting paradox relating to the idea of “flexibility” in work scheduling. In a study on the effects of maternal nonstandard work schedules on child behavioral outcomes, Joshi and Bogen (2007) write:

“On the one hand, working nonstandard schedules may represent a family-friendly work option for higher income, dual-earner families, especially if such occupations provide greater flexibility or more discretionary time during daytime hours to spend with their young children (Garey, 1999; Presser, 2005). On the other hand, nonstandard schedules may have very different connotations for low-income parents who often work these shifts as a last resort, when jobs with standard schedules cannot be found (Dodson & Bravo, 2005; Presser & Cox, 1997).”

The stratified implications of nonstandard work schedules reinforce the idea that not all nonstandard work schedules are created equal. In particular, the unpredictable kind of nontraditional schedule – like the story of Janette Navarro, whose child care arrangements were determined at the whim of the Starbucks scheduling software – warrant our recognition that, for many low-income workers, a lack of employee agency in the nature of informal, employer-driven “flexibility” render sustainable child care arrangements impossible (Henly et al., 2006).

While the focus of the present study is the pressing topic of child care access for workers with nonstandard hours, a longer-term issue to address is the dearth of formal workplace policies that allow for employee-driven flexibility, which would in turn support parents in securing stable child care arrangements.

In a 1989 address titled “Can we make time for children?”, sociologist Harriet Presser presented an early warning call for child care in the new “24/7 economy.” Over recent decades, the expansion of the tertiary sector has created jobs in call centers, or restaurant and entertainment establishments, has normalized nonstandard work schedules. Presser identified this issue in the late 1980s and called for scholars and policymakers to address the “complex temporal realities of parents’ work schedules and thus the complexity of their child care needs” (Presser, 1989). Globalization, the advent of new technologies, and changing demographics over recent decades have all spurred a rapid increase in the number of jobs in nontraditional hours. In 1985, 13.6% of all wage and salary workers had flexible (non-traditional) work schedules, but by 2004, this proportion more than doubled to 29.6% (McMenamin, 2007). A recent New York Times article covered this plight of low-income nonstandard hour workers in the service sector, who often have fewer than 8 hours between shifts. In retail, the back-to-back shift phenomenon of closing one day followed by opening the next day has become so common as to gain its own portmanteau: clopening (Greenhouse, 2015). The phenomenon of nonstandard hour employment is not going away any time soon. Thus, the gap between prevalent work hours and available child care can be most meaningfully addressed by expanding temporal access to child care.

A 1998 report by the Administration for Children and Families called for the government to make policy investments that would support the mothers leaving welfare for work in the years following PWRORA (Ross & Paulsell, 1998). Specifically, the authors emphasized the potential

of family child care to fill the gap in child care availability during nonstandard hours. For the low-income single mothers targeted by welfare reform, family child care offers the flexibility to accommodate the unwanted flexibility in the available jobs.

The dynamics of job market trends and the rigidity of existing child care options result in a growing gap between child care supply and demand for families with nontraditional work schedules. The Nonstandard Work Hours Child Care Project in Washington State reported that 29% of 46,000 total child care requests were for nonstandard hours (Thompson, 2000). This demand will grow as the highest-growth job fields continue to take place primarily over nonstandard hours (Presser, 2005). The present study examines the supply and demand of nonstandard hour child care in the state of Connecticut, towards creating solutions to close this gap. In the original research below, we explore (1) the policy landscape for nonstandard hour care, (2) results of a phone survey of family child care providers in Connecticut, and (3) proposed measures to expand access to nonstandard hour care in Connecticut.

Part II: Results of Original Study

I. Overview

The present study attempts to add to the understanding of nontraditional hour care by addressing current issues in policy, implementation, and practice, as well as suggesting recommendations for improvement in these areas. Since the reviewed literature largely supports family child care as a viable solution to expand temporal access to child care in the immediate term, we focus here on the unique characteristics of family child care. Below, we present results from the following components of our study:

- (1) A review of policies governing nonstandard hour care, with a focus on Connecticut;

(2) Data from an original phone survey of All Our Kin affiliated family child care providers, geared towards understanding current levels of supply and demand for nontraditional hour care in Connecticut.

II. Policy Landscape

Despite the growing demand for nontraditional hour care, few reports describe the policies that govern this kind of child care, whether in child care centers and family child care homes. State regulations for nontraditional hour care vary greatly in scope and specificity, creating challenges for legislators and employers (Thompson, 2000; Enchautegui, 2013). The section below provides a review of the regulatory landscape for nontraditional hour care in Connecticut, state-funded incentives for providers who offer nontraditional hour care, and relevant issues surrounding child care subsidies. These policy issues will remain relevant in a later section describing results from an original phone survey of All Our Kin affiliated providers across Connecticut, many of whom offer anecdotal evidence for policy issues raised here, or otherwise critique policy implementation and regulatory practices.

Regulatory landscape for nonstandard hour care in Connecticut

The present study examines policies governing the provision of nontraditional hour care in family child care homes. Relevant statutes in the Connecticut General Statutes describe this child care setting as “family day care homes,” requiring also that children must be cared for no less than 3 or no more than 12 hours during any given 24-hour period. Furthermore, family child care services are defined as care given on a regular recurring basis, except when care is provided for between 12 and 72 consecutive hours to accommodate an immediate need for extended care

or intermittent short-term overnight care (Conn. Gen. Stat. § 19a-77). Connecticut child care providers may have up to six children in their home, including the provider's own children. An additional three school-aged children are allowed during the school year, with further exceptions for providers who have more than three school-aged children. These temporal restrictions and exemptions allow some flexibility for family child care providers to offer multiple shifts, through which they might regularly care for different groups of kids at various periods throughout the day. Many of the All Our Kin providers who participated in this study referred to specific "after school" children (allowed by statute in addition to the limit of six kids) who would stay after school leading up to different pick-up times. Other providers who offered after-hours care would utilize this flexibility to institute a break in their day, where there would be few or no children for a few hours between "shifts."

The state of Connecticut offers different legislative definitions "night care" for family child care, as compared to center-based child care or group child care homes.⁵ Regarding both types of care, night care is defined as "care provided for one or more hours between the hours of 10:00 p.m. and 5:00 a.m." (Conn. Gen. Stat. § 19a-77). However, in the family child care context, "night care" is also defined more broadly in the regulations governing registration: "family day care services provided during a child's normal night time sleeping hours" (Conn. Regs. § 19a-87b-3). This distinction, even if unintentional, reflects one fundamental difference between center-based and family child care: the child day care center must keep regular hours to accommodate clients who, for the most part, hold regular work schedules, while the family day

⁵ "Group child care home" is defined specifically as care for between seven and twelve children that otherwise would meet the definition for "family child care home," except that it takes place in a facility other than a private family home (Conn. Gen. Stat. § 19a-77). For the scope of this paper, we differentiate subsequent discussion of policies into that for child care centers, which encompasses these group child care homes, and family child care homes.

care home operates within the mutual agreement of the provider's and families' schedules, fluctuating from month to month with the ebb and flow of client demand. The added flexibility is reflected in the seasonal work of many family child care providers, whose child care businesses offer different hours and cater to different clientele during the summer than during the school year. Center-based child care programs, which are often bound to employee and service contracts, must meet minimum enrollment quotas to make necessary monthly business payments. For centers, nighttime care can be profitable, but only if the number of children is such that the revenue exceeds costs.

Table 1 below shows the wide range of definitions for evening and night care, which differ in specificity and range of hours considered after-hours. Particularly as some of these definitions are used in determining pay incentives for providing nontraditional hour care, where such pay guidelines exist, whether night care is determined to start at 6 p.m. or 10 p.m. may make a significant difference for the child care providers affected. Certain definitions, such as Florida and Maryland, emphasize that night care should accommodate parental work schedules, perhaps underscoring the relationship between employment and child care, and emphasizing that night care differs from informal babysitting in this fundamental way. The discrepancies across the 50 states in definition of what constitutes night care may create issues later on for the purposes of standardizing federal block grant subsidies or incentives towards nontraditional hour care.

Table 1. Definitions of night care in 50 U.S. states⁶

| State | Night Care Definition (family child care, where specified) |
|--------------|--|
| Alabama | A child-care facility which is a center or a family home receiving a child or children for care after 7:00 p.m. |
| Alaska | Nighttime care means care between the hours of 10:00 p.m. and 6:00 a.m. |
| Arizona | “Evening and nighttime care” means child care services provided between the hours of 8:00 p.m. and 5:00 a.m. |
| Colorado | Regular overnight care (care that past midnight) |
| Connecticut | Night care" means the care provided for one or more hours between the hours of 10:00 p.m. and 5:00 a.m. |
| Delaware | “Night care” means care for a child between the hours of 8 p.m. and 6 a.m. when the period includes a portion of the child’s normal sleeping hours. |
| Florida | “Evening child care” means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts. |
| Georgia | No definition provided |
| Hawaii | "Night care" means child care provided to children who stay at night or overnight at a group child care center, group child care home, or family child care home. |
| Idaho | No definition provided |
| Illinois | A child is considered enrolled in evening and/or night care when a majority of his or her time at the day care home occurs between 6:00 p.m. and 6:00 a.m. |
| Indiana | No definition provided |
| Iowa | No definition provided |
| Kansas | “Evening care” means care after 6:00 p.m. and before 1:00 a.m. the following day for children enrolled at a facility and present during operating hours. “Overnight care” means care after 1:00 a.m. for children enrolled at a facility and present during operating hours. |
| Kentucky | No definition provided |
| Louisiana | Nighttime Care—care provided after 9 p.m. and prior to 5 a.m. in which no individual child remains for more than 24 hours in one continuous stay. |
| Maine | No definition provided |
| Maryland | Overnight Care. (a) "Overnight care" means family child care that is provided between the hours of 12 a.m. and 6 a.m. (b) "Overnight care" does not include family child care provided to a child enrolled for care during daytime or evening hours who, because of the parent's schedule, must remain at the family child care home for up to 1/2 hour after 12 a.m. or arrive up to 1/2 hour before 6 a.m. |

⁶ Compiled by the author from the most recent versions of state statutes and regulations on child care, searching within family child care, wherever possible

| | |
|----------------|---|
| Massachusetts | Evening Care - Child care provided between the hours of 8:00 P.M. and 11:30 P.M. Regular Overnight Care - Care provided to any child care child between the hours of 11:30 P.M. and 6:00 A.M. more than one day per week for more than eight weeks in a 12-month period. |
| Michigan | In a home where children are in care between the hours of midnight and 6 a.m., not more than 2 adjoining floor levels shall be used at any 1 time to sleep children. |
| Minnesota | No definition provided |
| Mississippi | Night care. This section shall apply to any child care facility that is open past 11:30 p.m., as part of their regular hours of operation. |
| Missouri | No definition provided |
| Montana | Night care means care provided for a child between the hours of 7 p.m. and 7 a.m. during which the parent(s) desire a child to sleep. |
| Montana | "Night care" means care provided for a child between the hours of 7 p.m. and 7 a.m. during which the parent(s) desires a child to sleep |
| Nebraska | Overnight care means care provided for children between the hours of 9:00 p.m. and 6:00 a.m. |
| Nevada | on duty between the hours of 9:00 p.m. and 6:30 a.m., when children are generally asleep |
| New Hampshire | Any program which intends to provide child care services during the evening or night time hours, between 7:00 PM and 6:00 AM shall be licensed to operate as a night care program. |
| New Jersey | Centers that operate after 7:00 p.m. |
| New Mexico | "Night care" means the care, services and supervision provided by a licensed child care facility to children between the hours of 10:00 p.m. to 6:00 a.m. |
| New York | Night care service shall mean any child care service, as defined in this section, that accepts children for care starting at 5 P.M., provides child care between the hours of 5 PM and 8 AM, and operates more than one (1) night per week, for more than 30 days in a 12 month period. |
| North Carolina | No definition provided |
| North Dakota | No definition provided |
| Ohio | When is a licensed family child care provider considered to be providing evening and overnight care? Evening or overnight care is when children are in attendance any time between the hours of seven p.m. and six a.m. |
| Oklahoma | No definition provided |
| Oregon | "Night Care" means care given to children who sleep at the home for all or part of the night. |
| Pennsylvania | Night care—Care for a child between the hours of 7 p.m. and 7 a.m. |
| Rhode Island | No definition provided |
| South Carolina | Overnight Care. Care provided to children by the facilities defined in these regulations from 1:00 a.m. to 6:00 a.m. |
| South Dakota | No definition provided |
| Tennessee | No definition provided |

| | |
|------------------|--|
| Texas | Nighttime care is care given on a regular or frequent basis to children who are starting or continuing their night sleep, or to children who spend the night or part of the night at the child-care home between the hours of 9:00 p.m. and 6:00 a.m. Nighttime care does not include the occasional sleep-over program offered at infrequent intervals. |
| Utah | No definition provided |
| Vermont | No definition provided |
| Virginia | "Nighttime care" means care provided between 7 p.m. and 6 a.m. Family day homes may have 2 shifts – care provided between 6 a.m. and 7 p.m. is the day shift (daytime care) and care provided between 7 p.m. and 6 a.m. is the night shift (nighttime care). The emergency evacuation procedures must be practiced monthly on both shifts if children are in care during any part of those shifts. |
| Washington | "Overnight care" means child care provided for a child anytime between the hours of eight o'clock at night and six o'clock in the morning that includes a sleep period for the child. |
| Washington, D.C. | Traditional child care is a service offered to parents whose work schedule is outside of the standard hours of 7 am to 6 pm, Monday through Friday. Parents can receive child care services on the weekend, nights, and evenings. There are four nontraditional services: extended day full time, extended day part time, nontraditional full time, nontraditional part time. |
| West Virginia | No definition provided |
| Wisconsin | "Night care" means any care that is offered by a licensed family child care center between 9:00 PM and 5:00 AM |
| Wyoming | Evening and overnight care. Whenever any facility cares for children past 7:00 p.m., the following rules shall apply in addition to all other rules and regulations specific to the type of facility. |

Regulatory requirements covering night care in Connecticut also differ in both scope and specificity for (1) family child care homes, versus (2) center-based child care or group child care homes. Notably, separate *night care endorsement* by the relevant licensing department⁷ is required for child care centers and group day care homes, but not for family child care homes. Specific guidelines for this endorsement include written plans for individual sleep patterns, quiet activities, continuous supervision of sleeping children, and cot placement. Center-based child

⁷ Child care licensing was recently changed in 2014 from the purview of the Department of Public Health to the new and consolidated Office of Early Childhood, which oversees all early childhood care and education programs in Connecticut, including subsidy funding streams and licensing.

care staff are required to be awake and available to work with children in care at all hours. Instructions are given for the types of allowable beds and storage for sleeping apparel and toiletries, which must be individually labeled and stored. Night care endorsement for center-based care also requires written approval “from the local fire marshal specifying the hours of operation” and “from the local health director” (Conn. Regs. § 19a-79-12). The inclusion of additional community and public stakeholders suggests that the state takes safety in the context of center-based night care very seriously.

At the same time, corresponding regulations for family child care homes are suspiciously mute in addressing specifics of overnight care. Providers are explicitly required to meet only three material conditions: (1) a separate bed for the child, (2) proper location for the bed (i.e. in quiet area, on same floor as provider), and (3) appropriate, comfortable sleepwear (Conn. Regs. § 19a-87b-12). There is no explicit mention of toiletries or provider supervision, both guidelines present in regulations for center-based child care. Are providers allowed to sleep while their charges are under the regulatory territory of night care, i.e. do daytime rules mandating “full attention” apply? How does a provider’s family and friends interact with children in night care, in contrast to daytime rules restricting socialization with others? Whereas the regulations for night care in center-based child care settings contains ten bulleted requirements, the comparable regulation for family child care homes contains merely three, a partial subset of the former. Moreover, no expectations are set activities, sleep routines, or nutrition – elements of state statutes and regulations governing night care in many other states. However, the lack of regulation for family child care providers is a double-edged sword; there is flexibility for individualized night care, but at the same time, confusion arises as providers seek clarification. This is echoed later in the discussion results from a phone survey with All Our Kin providers,

many of whom cited regulatory concerns as reasons for deciding against offering evening or night care in their own businesses.

In many ways, the different regulations, and perhaps, *levels* of regulation between family child care and center-based child care underscore the fundamental differences of these two settings, which translate to differential potential for expansion to nontraditional hour care. While negative stigma surrounding family child care may account for the different levels of regulation, the lack of constraints may serve family child care providers well, if they wish to consider expanding the hours of their services. From a practical perspective, the lack of explicit regulations result in easier compliance for the family child care provider, who would face fewer requirements for their night care practices. For center-based child care, additional licensure requirements add an extra burden to the difficulties of extending center-based care to hours with more unpredictable levels of demand.

Both sets of night care regulations were added in 1993, though the regulations governing night care in center-based child care settings were subsequently amended as recently as 2008. No apparent change has been made to the family child care regulations since their inception (Conn. Regs. § 19a-87b-12). Comparing the revision histories of legislation on family child care and center-based care, respectively, it is clear that the latter has often received disproportionate attention in subsequent amendments. The inattention to family child care policy and regulation, as compared to center-based care, can be found not just within the small domain of nighttime care and offers further evidence for the center-based model as the prevailing image of child care in the United States. And yet, since child care centers are structurally unable to widely offer evening and night care, this image skews both demand and supply of the child care market towards child care centers, and away from equally valuable family child care.

In examining the body of statewide policy governing nontraditional hour care, and in particular overnight care, substantive difference found in the regulatory treatment of center-based versus family child care settings illustrate qualitative differences between the two settings. As regulation has been found to predict child care quality in both family and center-based child care, it is particularly important to consider the expectations for child care quality set by these two sets of regulations (Howes et al., 1992; Kontos, 1995). Below, the issue of pay incentives for nontraditional hour care – offered in a number of states outside Connecticut – is reviewed.

Pay Incentives

Currently, twelve states offer, or plan to offer, some form of incentive for child care providers to offer services during nontraditional hours. Table 2 shows the states and the specific parameters for the financial incentive, compiled from available data in the Child Care and Development Fund (CCDF) plans for Fiscal Years 2016-2018. As these incentives are new measures to increase the supply of nontraditional hour child care to match demand, there is little research or data on the effectiveness of these financial incentives.

Many of these states offer tiered incentives, determined by the amount of nontraditional care offered by providers; in these models, the more care that is provided during those hours, the more providers can receive in state subsidies per hour. One potential implication of this design is that for financially motivated providers, there would be an incentive to reduce the number of daytime hours offered and change to higher paying nontraditional hours instead. Although Connecticut does not differentiate by period of the day, the child care assistance policies have a built-in tiered reimbursement rate, paying providers higher rates for higher-quality care. Still,

reimbursement rates in Connecticut are typically below the market rate.⁸ Given the range of the absolute and proportional incentives presented by each state, there is a chance that such arbitrarily set incentives may not achieve the desired balance of market forces driving supply and demand of nontraditional hour child care.

Table 2. State incentives for nonstandard hour care⁹

| State | Incentive ¹⁰ |
|----------------------|---|
| Arkansas | Providers offering care during non-traditional hours receive differential rates based on DCCECE's multipliers (no further details in their state CCDF plan) |
| California | Multiply regional rate by 1.25 when 50% or more of the certified need for child care occurs during this period. Or multiply by 1.125 when at least 10% but less than 50% of the certified need for child care occurs during this period |
| District of Columbia | The District offers a tiered reimbursement rate for both center and home providers for non-traditional care. Rates increase with the quality rating - bronze is the lowest reimbursement rate, silver is the middle reimbursement rate, and gold is the highest reimbursement rate. (no further details in their state CCDF plan) |
| Kentucky | Licensed or certified providers may also receive an additional one dollar per day to provider child care during non-traditional hours |
| Maine | A provider's weekly base rate is multiplied by the percentage of the total weekly hours that are off hours to give a dollar amount. The dollar amount is then multiplied by 35% to give the amount of providers off hour rate increase |
| Maryland | (a) 5 percent for one unit of care; (b) 10 percent for two units of care; or (c) 15 percent for three units of care. |
| Missouri | A 15% rate differential |
| New Mexico | 5% for 1-10 hours per week; 10% for 11-20 hours per week; and 15% for 21 or more hours per week. |
| New York | Local districts can pay up to 15 percent above the applicable market for non-traditional hours. As Denise Dowell shared though, the state |

⁸ <https://nwlc.org/wp-content/uploads/2017/04/connecticut-childcare-subsidy2016.pdf>

⁹ Source: adapted from Sookyung Oh at AFSCME, who originally compiled content in this table from 2016-2018 CCDF plans published by the ACF

¹⁰ "Hour" refers to nontraditional-hour in the descriptions of pay incentives presented in Table 1.

| | |
|---------------|---|
| | will make it 5% mandatory throughout the state. |
| Ohio | Additional 5% for non-traditional hours |
| Washington | \$75 dollars/per child per month additional payment if the provider is licensed or certified and provides at least 40 hours of non-standard hours care during one month |
| West Virginia | Children attending care during non-traditional hours and weekend days receive an additional \$4 per qualifying day. |

Child Care Subsidies

There is significant variation across states in the funding and administration for child care subsidies. In most cases, a majority of funding is taken from the Child Care Development Block Grants (CCDBG), and a smaller portion is determined by state funding. Eligibility rules differ in each state, and so families may be eligible for subsidies in one state but not in another. In many states, eligibility guidelines are stricter for family child care than for center-based care, incentivizing use of the latter. In addition to the saved child care costs, there is at least one study linking child care subsidy use to fewer work disruptions (Press et al., 2006). Since center-based care is less likely to offer nontraditional hours, available subsidies often go unused for those child care needs, and parents struggle to afford nontraditional hour care outside formal centers (Rachidi, 2016).

While maternal employment details affect the use of child care subsidies, the availability of subsidies have also been shown to impact mothers' decisions about work. Tekin (2007) found that single mothers who received child care subsidy had a 7 percentage point increase in the probability that they would work a standard hour job. This gain is even larger when examining welfare recipients, as compared to non-recipients, suggesting that availability of easy-to-use child care subsidies can also nudge low-income parents towards employment.

In Connecticut, the regulations governing child care subsidy provisions allow for supplemental payments for nontraditional hours. (Conn. Regs. §17b-749-13):

The commissioner shall have discretion to modify the payment rate structure to establish daily rates or other payment levels as necessary to approximate the manner in which child care providers charge for care in the open market, including supplemental payments for extended nontraditional hours.

To our knowledge, there have never been subsidized higher rates for nontraditional hour care in this states. However, child care subsidies and the food subsidy program for family child care providers are available for both daytime and nontraditional hour care, though many parents and child care providers are unaware of this fact.

As discussed in the literature review, child care accessibility encompasses many facets of the care arrangement, including cost, spatial distance, and schedule or cultural fit. In addressing the accessibility of nontraditional hour child care in terms of cost, child care subsidies are a powerful policy tool to shape child care markets at a state level. Since many low-income parents who are most likely be employed in nonstandard hour work are eligible for Care4Kids and other subsidies, the state of Connecticut can leverage this policy tool by adjusting Care4Kids payment schedules for providers, allowing child care rates to vary bye time of day. In the long run, such efforts will pay off in economic growth as both the parents and providers are able to gain from a more efficient balance between child care supply and demand during nonstandard hours.

III. Supply of Nontraditional Hour Child Care in Connecticut: Results of a phone survey

In March and April of 2017, I conducted a phone survey of All Our Kin family child care providers across Connecticut. Providers were located in Bridgeport, New Haven, East Haven, Stamford, and Norwalk. Broadly, the interviews consisted of two parts: (1) ascertaining current hours offered and the provider's willingness to offer nontraditional hours, and (2) evaluation of

suggested resources that All Our Kin could develop to support providers offering nontraditional hours, and further discussion of why they might or might not be interested in expanding their hours. In addition, providers answered background questions concerning the demographics of the children in their care, trends in demand for nontraditional hour care from potential clients, and use of child care subsidies.¹¹ Together, the survey and offshoot discussion provide a robust picture of providers' attitudes towards nontraditional hour care, structural and personal barriers to offering this care, and suggestions for how All Our Kin could aid providers in reducing the mismatch of supply and demand for nontraditional hour child care.

Over a two month period, I called 288 providers, resulting in 49 phone interviews (~17% response rate).¹² All providers who answered were female, and came from a range of geographic regions within the state of Connecticut (Bridgeport, Hamden, East Haven, New Haven, Norwalk, Stamford, Stratford, and West Haven). Crucially, 4 providers (8%) indicated that they currently care for kids during regular nonstandard hours, while 32 providers (65%) indicated that they currently offer this kind of care (though without any kids currently filling those slots), or that they would be interested in offering some kind of nonstandard hour care. In addition, approximately two or three providers are also in the process of updating their license to allow them to provide regular nonstandard hour care. I also asked providers whether they offer any form of "back up child care," through which a parent with a one-time emergency or schedule change could drop their child at the child care provider's home at a different time than they usually do, and 43 responded that they could (88%).

¹¹ The full script for the phone survey can be found in Appendix A, though many of the conversations deviated, following providers' interests. Some providers spoke only Spanish, and those interviews were conducted based on a translated script by an All Our Kin staff member.

¹² Response rate may have been limited by the fact that I made the majority of calls from my cell phone, which has an out-of-state area code. About halfway through the project, I received a work cell from All Our Kin to complete these calls.

In the survey, regular care was defined as children who require care during nontraditional hours on a daily or weekly basis, while irregular care was offered once in a while to children who would ordinarily attend only during the day. Upon recommendation from Erica Philips, Chief Operating Officer at All Our Kin, the study defined nontraditional hours as comprising the following four periods: Evening hours were defined as ranging from 7 p.m. to 11 p.m.; overnight hours were defined as ranging from 11 p.m. to 7 a.m.; early morning overlapped from 4 a.m. to 7 a.m.; and weekend care constituted any substantive number of hours between Friday night and Monday morning. Early morning was by far the least popular period of nontraditional hours, among both providers' current and potential offerings.

Major trends in the factors influencing supply of nontraditional hour child care:

- **Age:** Children who are cared for during non-traditional hours tend to be older (many providers indicated that they would do overnight care for older kids only).
- **Subsidy:** No trend as to whether non-traditional hour care tends to be subsidized (i.e. Care4Kids) vs. not. For the providers surveyed, vast majority of kids tended to be on Care4Kids, so it may be impossible to tease out a distinction.
- **Rate Difference:** Most providers indicated that they charge slightly more for nontraditional hour care than regular daytime care, but not too much more, since many of the parents already have a difficult time paying child care costs. A surprising handful of providers indicated that they charge less for nontraditional hour care (e.g. "older kids are easy when asleep;" and "I would work with parents who couldn't afford night care,"). The provider's ability to charge a different rate is also constrained by the structure state

child care subsidies, which do not currently encompass any additional pay for nontraditional hour.

- **Demand:** Many providers indicated that they would do it if “parents really need me,” discussing the unique relationship with parents in family child care, which one provider referred to as a “partnership.” Some providers in more suburban areas asserted that there was no demand for nontraditional hour care in their areas, while others, prominently in Bridgeport, noted substantial demand (e.g. hospital down the street) and that they were looking into expanding into this kind of care.

A secondary goal of the phone survey was to uncover incentive structures for providers to expand to offer nonstandard hour child care. Over the course of 50 interviews, we uncovered several themes as providers articulated either their interest in offering nontraditional hour care, or their decision not to offer this type of care. Below, prevalent justifications for or against offering nontraditional hour care are presented in turn; earlier findings from reviews of the literature and policy landscape in Connecticut are woven throughout to address the gaps between policy, implementation, and practice.

Reasons for offering nontraditional hour care:

1. **Financial incentives.** Providers who offer nontraditional hour care fell into a two camps when asked whether they would charge a different rate for care during nonstandard hours. One group of providers, perhaps intuitively, agreed that they would feel a stronger pull towards offering nontraditional hour care if they could receive a greater fee per hour. They justified this response by citing how many hours they already work during the day,

or how financial need would be a determinant in whether the provider worked extra hours, or on the relative ease of caring for the children (e.g. "...depend on financial need, maybe if I didn't have that many kids). At the same time, other providers who offer nontraditional hours indicated that they would not mind receiving a lower rate, citing the ease of caring for children during sleep, particularly for children at older ages.

2. **Effectiveness of time.** Some providers will actually charge less for nontraditional hour care because they find it is less taxing and an effective use of the time during which they would have been at home. Providers who had not reached max capacity, or had recently lost children due to the Care4Kids freeze in Connecticut, responded excitedly, appealing to learn more about how to secure new clients.
3. **Parent demand.** Some providers note parental demand as an incentive to offer nonstandard hour care. When asked whether they would be interested in potentially offering evening, overnight, weekend, or early morning care, many providers responded unprompted: "if there is a need." Moreover, at least two providers independently described their relationship with clients as "partnerships," underscoring the unique flexibility and collaboration in family child care arrangements.

Reasons against offering nontraditional hour care:

1. **Personal time.** The vast majority of total hours worked for the providers hovered around 10-12 hours. Family child care is often described as a very taxing and socially isolating position, with a high rate of burnout (Kontos, 1994; Goelman & Guo, 1998). Accordingly, many providers cited burnout and exhaustion at the prospect of extending their hours to offer evening or overnight care. More than a few times, when I asked after their interest

in offering early morning care, providers might scoff in good humor at the seeming absurdity of starting even earlier than 6a.m. or 7a.m., as most already do.

2. **Space constraints.** Some providers face physical space limitations, or issues at the intersection between the physical space of home and family (e.g. “my husband wouldn’t like it”; “my house isn’t childproof”).
3. **Time conflicts.** A number of providers are currently enrolled in child care licensing classes, college, or have commitments to activities with their own children.

A few of the providers I spoke with had offered 24/7 child care in the past, but stopped due to some combination of personal reasons (e.g. "wanted to have a life and not be doing child care all day") and lack of demand in some geographic areas. Most providers who are not currently offering nontraditional hours expressed interest in learning more. Overall, there was greater enthusiasm for potential evening and overnight care rather than expanding to early morning (“I wake up early enough as it is.”) or weekend (“That’s *my* time.” [emphasis added]) child care hours.

Additional trends

In addition to offering reasons for and against offering nontraditional care, the collected demographic information about providers, and the families they serve, present a broader look at who needs nontraditional hour care and how family child care can work to serve this need.

Certain aspects that were not addressed explicitly in the phone survey offered anecdotal evidence for demographic differences: for example, at least two or three providers cited their own age as

reason for sticking with their accustomed daytime hours.¹³ Many providers also referenced spouse approval as a constraint, which is perhaps influenced by traditional gender roles in marriage, as all of the providers I spoke with presented as women.

Across Connecticut, demand for nontraditional hours varies greatly by geographic region. Providers in Bridgeport and Norwalk, and less often in New Haven, cited noticeable demand. One provider, who lives near a major hospital and nursing care facilities, indicated interest in expanding to nontraditional care *only* to serve the need in her neighborhood for both regular and irregular after-hours care. On the other hand, providers in Stamford repeatedly noted that there was no demand in the area. One provider even suggested frankly to the researcher that “perhaps people need it more in Bridgeport because there are more factory jobs, or something like that.”

As a result of the geographic diversity, some providers indicated that they currently *offer* nonstandard hour care, but lack the local demand to fill those slots. These demographic patterns in the supply and demand of nontraditional hour care in family child care homes suggest that any interventions or resources offered by All Our Kin should take care to target areas of need, particularly by geographic region.

Feedback on proposed All Our Kin resources to expand nontraditional hour care

At the end of each phone interview, the researcher solicited feedback on four suggested resources that All Our Kin is considering developing to support providers in offering nontraditional hour care: (1) subsidized rates for nontraditional hour care; (2) a licensed assistant during nontraditional hours; (3) training programs and workshops on caring for kids during nontraditional hours and licensure for nontraditional hour care; (4) financial assistance for

¹³ One provider said, paraphrased: I’ve been in this business for over 28 years, and I just don’t see myself changing, even if there is demand.

modifying the family child care home in compliance with state regulations and best practices in overnight care.

Providers were largely enthusiastic about each of the proposed resources. Surprisingly, (1) subsidized higher rates for nontraditional hour care were not the most attractive incentive in the list for providers, and many providers said the money wouldn't make the difference for them. The option of (2) a licensed assistant was attractive to many, though some providers raised concerns about parental mistrust of adults other than the provider, and yet other providers already have their own assistants and did not need additional hands-on support. The workshops on caring for kids during nonstandard hours and overnight regulatory compliance (3) were very popular with providers, many of whom responded that they would appreciate an opportunity to learn more about what nontraditional hour care entails before committing. Lastly, the proposed program for financial assistance (4) seemed well-received by the providers seriously considering opening their child care business for overnight care. The majority of providers who have nontraditional hour care expressed interest in this resource, and multiple providers referenced the expensive cot-type beds required for family child care providers offering overnight care in their businesses.

The strength of the All Our Kin network also became apparent throughout my conversations with the family child care providers. At annual events such as the All Our Kin conference, or at smaller gatherings such as the frequent workshop series, providers will meet each other and talk shop, often building business relationships and friendships that last well beyond the term of the training programs. Much of the knowledge that providers held about licensing for nontraditional hours, or compliance issues for overnight care came from their peers. Although some of the information providers relayed to me from this mechanism was not

completely accurate, it was evident to me that positive sharing was happening throughout the All Our Kin network of family child care providers.

On the whole, these conversations revealed nuanced concerns and attitudes towards the potential expansion of their child care services to include nonstandard hours. Prominent issues include: regulatory compliance and licensure, attracting clients for nontraditional hour care, and balancing nighttime care with the provider's own family demands. Given the novelty of this survey, there is little information in the literature to comprehensively address these questions. Rather, our study proposes that All Our Kin has the potential to pioneer programming to intentionally support family child care providers in meeting the need for nonstandard hour care and expanding their businesses in the process. Below, I present some of my own recommendations following analysis of providers' responses to the phone survey.

Part III: Recommendations and Conclusion

Our review of the literature and novel study of nontraditional hour care in Connecticut supports family child care as an optimal solution to meet the growing demand for after-hours care, as compared to center-based and family, friend, and neighbor care settings. Like center-based care, family child care is licensed and regulated, maintaining a certain standard of quality. Family child care, however, offers greater scheduling flexibility due to the small size of each family child care home and the collaborative relationships between providers and the families they serve. It is much easier for a family child care provider to adjust their schedule to accommodate a parent's shift change than the director of a center, who might be bound by employment contracts.

I. Leveraging the flexibility of family child care: Recommendations for All Our Kin

Finding the market: Determining the distribution of demand for nontraditional hour care

In the course of assessing the supply of nonstandard hour child care in Connecticut, my conversations with family child care providers revealed that both providers and All Our Kin, as an organization, know little about the regional demand for this temporal flexibility. Some providers seemed surprised by my questions and claim that there has been an uptick in demand for nontraditional hour care across the country and in certain parts of Connecticut over recent years. They countered that their family child care homes had offered after-hours care for years, listed on the state's central 2-1-1 listing service, without any takers.

A clearer picture of where there is strong demand for nontraditional hour care might help All Our Kin target its outreach to family child care providers. In other states, local data-focused nonprofits or public regulatory agencies have run studies to collect this useful information, and perhaps All Our Kin could look into partnering with other organizations to do the same. More complete knowledge about the local demand for nontraditional hour care would be a win-win for both All Our Kin and the family child care providers in the network.

Restructuring the ask: Actively matching demand to supply

A handful of the providers were experiencing significant difficulty finding clients for daytime care, despite claims of positive reputation and care history, as well as living in relatively high-demand areas. Those providers were enthusiastic about exploring nontraditional hour care as a means of filling their child care slots. They predicted that night care might have less competition with child care centers and other forms of care. At the same time, other providers with robust businesses were wary of expanding into nighttime care, for fear of burnout or additional issues associated with offering care for very extended hours. While some providers

solved this by having discrete day and night “shifts,” others cited the stress of offering 24/7 care as reason against expanding temporally.

One potential solution to match local demand and supply, given that we are able to more accurately gauge demand, by encouraging certain providers to exclusively offer nontraditional hour or nighttime care, creating a niche for their business while also meeting local demand for after-hours care. This process could happen more organically if there were more public information available about local supply and demand of child care along dimensions of child care accessibility including temporal schedules.

Reshaping policy: Sensible regulation for nontraditional hour care in Family Child Care settings

In the course of my phone interviews, providers would often voice various points of confusions concerning compliance with state regulation for nighttime care in family child care settings. Providers would hear inaccurate descriptions of the legislation from fellow providers, or experience miscommunication with state inspectors from the licensing agency in Connecticut, the statewide Office of Early Childhood. There is no easy, centralized place to find the rules and regulations governing after-hours care.

The current regulation of nighttime care in Connecticut differs between center-based and family child care settings in ways that are not necessarily conducive to realizing the best interests of ensuring high quality early childhood experiences or providing user-friendly guidance for family child care providers. A more streamlined licensure processing, and clarification on ambiguities, such as whether middle-of-the-night inspections would be allowed for providers licensed to offer night time care, based on regulations authorizing unannounced inspections during “customary business hours” (Conn. Regs. § 19a-87b-2). If the organization decides to

pursue programming to support providers in expanding temporally, All Our Kin should consider adding more robust but streamlined regulatory guidance for nontraditional hour child care to its policy advocacy agenda. Changes in regulation could serve to warm providers' attitudes towards offering nontraditional hour care and undergoing the necessary licensure process, as well as simplify All Our Kin resources to support providers in maintaining regulatory compliance.

II. Limitations

This project is limited both in the scope of the research aims and theoretical assumptions. Regarding scope, we focus on the needs of low-income families, conceiving child care access as a social justice cause necessary to achieve greater equality for both working parents and at-risk children. In response, we take as given that family child care would prove more adaptable to temporal expansion, and offer little in this study to explore the role of center-based child care in meeting growing demand for nontraditional hours, particularly in higher-income areas where center-based care is prevalent. In Connecticut, our close study of post-industrial cities like Bridgeport, comprising about half of the sample, may not generalize as well to areas where nontraditional hour work is rare or less regular than for the families addressed in our sample.

This project is also conducted with the assumption that nontraditional hour child care is good for both parents seeking employment and children who deserve high quality care. Some research, however, suggests that too many hours in care may not be good for children (NICHD, 2003). Stability and reducing the number of care arrangements has been shown to correlate positively with developmental outcomes (Morrissey, 2009). Connecticut and other state policies on child care reflect this, limiting the number of consecutive hours during which a child can be

left with a care provider outside the home. Research directions addressing this concern are included in the following section.

Given the limitations of the current literature on nontraditional hour care and child development, the optimal long-term solutions to the effects of a growing 24/7 economy on contemporary family life may lie outside the scope of child care. If extended hours in child care is indeed detrimental to developmental outcomes, employer practices and employment regulations must change to limit the necessity of nontraditional hour care. Until there is conclusive evidence that *high-quality* nontraditional hour care does not leave children worse off than a viable home-based alternative, researchers should caution against an excessive expansion of nontraditional hour care. At the same time, the growth of jobs in the tertiary sector, where nonstandard work schedules are most prevalent, necessitates this type of care in the short term. To this end, the recommendations contained in this paper, in conjunction with the work of All Our Kin, attempt to fill the immediate need between the supply and demand of nontraditional hour child care, addressing a gap in social policy stemming from welfare reform in the 1990s. Finding a balance between curbing the trend employer-driven scheduling practices incompatible with existing child care, and increasing access to nonstandard hour care is an important future step that remains outside the scope of this paper.

III. Future research directions

The issue of nontraditional hour child care is no longer a question of *whether* we need to expand access to high quality care during those hours, but *how* we can do so. Beyond the scope of regional nonprofits such as All Our Kin, academic and policy research at a state and federal level should take interest in exploring measures of increasing access to nontraditional hour care,

which would serve both parents seeking gainful employment and their children, who may not otherwise have access to safe, educational care settings.

Policy research should target the use of subsidies during nontraditional care hours, examining why the take-up rate is lower for nontraditional hours than daytime hours, and proposing measures to end differential treatment of family child care and center-based care in subsidy amount and coverage. As much as availability of subsidies restricts employment, the nature of employment can also restrict subsidy usage. From a national perspective, a reevaluation of how subsidies are allotted in order to best support parental employment is in order.

Academic research should examine the effects of nontraditional hour care on child development to determine whether the temporal expansion proposed in this paper would benefit the kids as well as the working parents. Child development research has done little to either refute or validate the intuitive claim that too many hours spent in nonrelative care has detrimental effects on cognitive and behavioral outcomes. Conclusive evidence towards either direction would shape the direction of child care policy and best practices in nontraditional hour care.

IV. Conclusion

The present study offers a literature review of nonstandard employment and child care, specifically proposing that family child care settings balance the flexibility necessary to expand hours of care to meet immediate demand, and the regulatory requirements ensuring a certain level of quality. As the number of adults employed in nonstandard hours, it is essential that our child care system – to the extent that we have any unified system – catch up to meet this need, lest we lose a generation of children to low-quality care or human capital potential. On a broader

view, this paper argues for the inclusion of a temporal dimension in considerations of child care accessibility, given the rapidly changing temporal nature of work and family life in a globalized world.

In the post-welfare reform era, we will not be able to realize goals of economic empowerment through maternal employment until we really focus on providing adequate child care to fit changing temporal nature of work and family schedules in the twenty-first century. In conjunction with All Our Kin, the present study examines the supply of nontraditional hour care in Connecticut. Based on a phone survey of family child care providers belonging to the All Our Kin network, I offer a set of recommendations for the organization and broader research directions to orient future work on the intersection of family child care supply and nontraditional child care demand. All Our Kin has the unique capacity to address this issue in the immediate term by supporting member family child care providers in temporal expansion that can both serve providers' business goals and meet local parental demand for high-quality child care during nontraditional hours.

Publicly funded, full-time child care is not a novel idea, and it is not inconceivable that our government might one day provide again this valuable social service. During World War II, the Lanham Act supported a network of child care centers that freed mothers to work; many of these operated overnight while Rosie the Riveter era women worked in factory (Koshuk, 1947; Herbst, 2007; Fousekis, 2013). Of course, following the war, when mothers were expected to return to the home, the subsidy ended, save for New York City, Philadelphia, and the State of Connecticut, which allowed the use of public funds for child care to continue indefinitely (Herbst, 2007). There is hope yet that our policymakers will step up to meet the growing demand for

nontraditional hour care, as it once did. When that happens, whether through public or private means, our children will be the better for it.

Acknowledgements:

Thank you to Janna Wagner and Jessica Sager, co-founders of All Our Kin, for their infinite wisdom and support of my work at All Our Kin, and Erica Phillips, who helped guide this project from idea to fruition.

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Appendix A

Phone Survey Script for Nontraditional Hour Project

Hi {PROVIDER NAME},

My name is {Cindy}, and I'm calling on behalf of All Our Kin.

(If not in network — “All Our Kin is a Connecticut based nonprofit that supports family child care providers around the state by offering resources and professional development opportunities.”)

We're doing a project to find out about the child care offerings in your community during nontraditional hours. The information you provide will be anonymous and we won't share your name. Can I take a few minutes to ask you a set of questions about your family child care program? By participating in this survey, you will help bring more opportunities to family child care providers.

If someone speaks Spanish and can't do the survey in English: ¡Hola! Estoy llamando de All Our Kin para hacer una encuesta para proveedores de cuidado infantil familiar. Me disculpo por no hablar español, pero tendré a alguien que le llame que habla español. Gracias. (translation: Hello! I am calling from All Our Kin with a survey for family child care providers. I apologize but I do not speak Spanish but I will have someone call you who does speak Spanish. Thank you.)

Supply – Type of care offered

1. What are your regular hours?
2. (Evening care)
 - a. Do you currently offer evening care (say, between 6pm and 10pm)? (If so, what hours?)
 - b. Would you be open to offering evening care, if a family needed it?
3. (Overnight care)
 - a. Do you currently offer overnight care? (If so, what hours?)
 - b. Would you be open to offering overnight care, if a family needed it?
4. (Early morning care)
 - a. Do you currently offer early morning care (say, between 4am and 7am)? (If so, what hours?)
 - b. Would you be open to offering early morning care, if a family needed it?
5. (Weekend Care)
 - a. Do you currently offer weekend care? (If so, what hours?)
 - b. Would you be open to offering weekend care, if a family needed it?
6. Do you offer “back-up” child care services? For example, if a parent has an emergency or sudden schedule change.
7. What ages do you generally serve?
 - a. **If you offer nontraditional hours:** What ages for overnight or extended care?
8. **If you already offer nontraditional hours:**
 - a. How often do you offer this?
 - b. Do clients use nontraditional hours regularly (for example, weekly) or irregularly (for example, only in emergencies)?

Demand – Client interest

9. Have any current, former, or potential clients asked for nontraditional hour care? If so, how many?
10. **If yes to #9:** Have you noticed more or less interest from parents in nontraditional hour care over recent months/years?

Quality

11. Do you do anything differently for children you care for during nontraditional hours, especially overnight care? (e.g. extra forms/waivers, different standard of attention, etc.)
12. Are you aware of state regulations specifically pertaining to overnight or extended care hours?

Payment/Subsidy

13. **If you do offer nontraditional hours:** Do you charge different rates for regular and nontraditional hour care?
 - a. If so, what is the difference?
14. How many of your clients receive some form of child care assistance, including Care4Kids?
 - a. **If you do offer nontraditional hours:** How many of your clients use subsidies for nontraditional hour care?

Conclusion

15. We're noticing that more parents are looking for nontraditional hour care. Would you be interested in offering nontraditional hours for any of the following?
 - a. Higher (subsidized) rates for nontraditional hour care
 - b. A licensed assistant to help with care
 - c. Training programs around caring for kids during nontraditional hours
 - d. Financial assistance – for buying necessary items, modifying your home, etc.
16. Can you think of anything else that would make providing nontraditional hour care more attractive for you?
17. Would you be interested in learning more about nontraditional child care or accessing resources and training about it? (If you are interested, I can mark your name down to receive additional information from All Our Kin.)

If provider offers nontraditional hour care: If you haven't yet, you may also wish to update your profile on the Connecticut 2-1-1 Child Care website to indicate that you provide nontraditional hour child care.

Wrap Up

Thank you so much for your time! We really appreciate the information you have provided, which will help us design future trainings and programs to support family child care providers in meeting the growing need for nontraditional hour child care.