

A STUDY OF  
**The Massachusetts Child  
Care Voucher System**

**FINAL REPORT**

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## **Bessie Tarrt Wilson Children’s Foundation**

The Bessie Tarrt Wilson Children’s Foundation was founded in 2002 to support programs that will enhance the lives of children and families. The Foundation will realize this mission by supporting and empowering families and educators through research, advocacy, and culturally rich education. The Foundation was named in honor of Mrs. Bessie Tarrt Wilson, a child care pioneer in Boston who was renowned for her love of children and commitment to quality education.

The Foundation’s target population has been children and parents of Boston’s inner cities, families who receive government subsidies who are low-income from households where poverty and other factors put children at risk for physical, social, and cognitive and other developmental delays. Past initiatives have focused on single mothers under the age of 20. A high percentage of these teen mothers are young women who require significant support in order to raise healthy children and successfully attain self-sufficiency for their families.

### **The Foundation has successfully raised funds for the following:**

- Teacher training
- Music programs
- New curriculums and literacy programs
- Parent workshops with health care and mental health professionals to address issues surrounding the raising of healthy children
- Launching a research study to examine the effectiveness of child care vouchers and their impact on children and families

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- Barr Foundation
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In 2003, the Bessie Tarrt Wilson Children’s Foundation’s Board of Trustees adopted as one of its strategic goals a commitment to public policy and advocacy issues. With the launch of this landmark study for voucher research, the Foundation has begun to fulfill its promise and will continue to work toward enhancing the lives of children and families.



## Glossary

AFDC	Aid to Families with Dependent Children
CAPS	Community Action Programs
CCDBG	Child Care Development Block Grant
CCDF	Child Care and Development Fund
CCIMS	Child Care Information Management System
CCR&R	Child Care Resource and Referral Agency (same as R&R)
CDF	Children’s Defense Fund
CPC	Community Partnerships for Children
DSS	Massachusetts Department of Social Services
DTA	Massachusetts Department of Transitional Assistance
eCCIMS	Web-based version of CCIMS
EEA	Act Establishing Early Education for All
EEC	Early Education and Care
EIP	Early Intervention Program
FCC	Family Child Care
FRC	Family Resource Center
FTE	Full-time equivalent position
ICC	Informal care giver
IEP	Individual Education Plan
NAEYC	National Association for the Education of Young Children
NCCP	National Center for Children in Poverty
OCCS	Massachusetts Office of Child Care Services
Provider	Refers to both child care centers and family child care centers
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
R&R	Child Care Resource and Referral Agency (same as CCR&R)
RFP	Request for Proposal
TANF	Temporary Assistance to Needy Families





## Executive Summary

### Massachusetts Makes a Promise to Children

The Commonwealth of Massachusetts, home of the first public schools in America, faces another leadership opportunity: the chance to offer early education to all of its young residents. There is a growing consensus among key education and business leaders that investing in high-quality, universal prekindergarten programs would be significant and wise. A series of longitudinal studies has shown that early education provides a strong foundation for the development of human capital as well as for economic growth. Early education not only promotes “school readiness,” it also prepares children for greater financial and personal success in their adult lives. Unquestionably, “early education for all” is an idea whose time has come.

Toward this vision, in July 2004 the Massachusetts State Legislature unanimously passed, and Governor Mitt Romney signed, a law creating a Board and consolidated Department of Early Education and Care to administer the state’s early education and care system. An Act Establishing Early Education for All (EEA) was filed during the 2005-2006 Massachusetts legislative session with extraordinary bipartisan support. One hundred thirty-two state senators and representatives, representing two-thirds of the Legislature, cosponsored the bill which lays out the essential elements of a universally accessible, high-quality early education program, and calls for a special commission on full-day kindergarten. The proposal further states that there shall be a phase-in plan for EEA to be fully implemented no later than the 2012 school year and that the EEA will give priority to children in “low-wealth” communities as defined by the percentage of children in the school district who qualify for free and reduced lunch. The Board of Early Education and Care is to develop a funding methodology to enable programs receiving EEA funding to do so in combination with parent fees and/or local, state, or federal subsidies in order to offer full- and part-time program options depending on a child’s or family’s needs. Clearly, EEA offers an extraordinary promise to the young children of Massachusetts.

Significant financial resources will be required to achieve the vision of quality early education that is to be available for young children in Massachusetts. These financial resources are needed to lower the burden of early education and care (EEC) costs for families and to help support the needs of the early education workforce. In our current system of “private pay” for most families and “child care vouchers” for the poor, the cost of early education and care challenges many family budgets, affecting both parents’ ability to work and the quality of the program that is purchased. An early education and care program in Massachusetts typically costs on average \$11,000 per year for an infant, \$9,800 for a toddler, and \$7,650 for a preschool-aged child. Parents pay the bulk of these costs. In addition, the demand for funding supports for low-income parents in the form of vouchers and child care subsidies far exceeds the supply. In 2001, roughly 170,000 children were eligible for early education and care subsidies under various Massachusetts programs, but only about 69,000 subsidies were actually available. In 2004, 51,799 children received vouchers.

#### ***How will Massachusetts pay for the promise it has made to the children?***

Financial resources that Massachusetts appropriated for EEC increased substantially from FY92 to FY01. However, these appropriations decline faster than the overall budget in bad economic times. Federal funding used for EEC grew from \$70 million in the mid-1990s to \$367 million in FY01 as a result of the passage of the federal Child Care Development Block Grant (CCDBG), including \$259 million in FY01 that the state had the discretion to use for EEC or for other purposes. However, the portion of the EEC appropriations that were from state-generated funds dropped from 76 percent in FY96 to 28 percent in FY01. While there is an abundance of ideas, a comprehensive solution to increase resources for early education has yet to be enacted.

*“No Child Is Born With Its Teeth.”* (African Proverb)



Ranking among the top tier of states in measures of child well-being, Massachusetts has historically been viewed as a place of educational innovation. Still, the advantages available to some children in the Commonwealth are not available to all. Poverty rates, for example, vary dramatically by race (one in every 12 white children is poor compared to one in two Latino children and one in three African American children). The immediate and long-term impact of growing up in low-income families is well documented. These children tend to have more difficult school experiences. The social costs are also high: Every year a child spends growing up in poverty has an estimated cost of \$11,800 in lost future productivity over his/her working life. Still, Massachusetts spends 4.4 times more per prisoner than per public school pupil.

*“The message is clear. Deliberate strategies to promote family economic security and reduce child poverty could provide tools of unexpected power to improve educational outcomes for young children.”*

Jane Knitzer  
National Center for Children in Poverty  
October 2002 Newsletter

Quality preschool is seen as a tool to address disparities among socioeconomic groups and is viewed as integral to school reform. The absence of significant public investments in the education of young children has a disproportionate impact on children of color because they are more likely to be poor. Influencing public policy is a priority strategy to facilitate equity and justice for these children.

Yet, regardless of family income, “no child is born with its teeth,” as a Ghanaian proverb reminds us. Our complex economy demands that all children be adequately prepared to succeed.

## **The Foundation of School Readiness is Economic Security – Poverty Punctures the Promise**

While the universal need for school readiness is absolutely clear, there remains an undeniable reality: In measures of school readiness, more affluent children do better. Worse, poverty in early childhood, particularly persistent or extreme poverty, has more serious consequences for children than poverty at older ages, especially for cognitive development.

*“...income buys access...quality, services”* National Center for Children in Poverty

More affluent children are two to three times more likely to be enrolled in formal settings. And, even when low-income children are in formal settings, the quality is poorer. Indeed, some scholars have questioned whether the emphasis on reducing educational disparities through educational reform is “out of balance” with recognition of the role of family economic security factors. The children most likely to be “unready” for school are the approximately 40 percent of children who are growing up in families living at or below 200 percent of the poverty level.

## **Four Perspectives on the Promise: Partially Concealed Vision and Powerfully Common Themes**

Over the past several years, Massachusetts and other states have fully implemented a voucher system for low-income families seeking child care. While Massachusetts historically funded child care for low-income families predominantly through direct contracts with providers, this shift towards the voucher system was expected to support parental choice about where their children would receive care. There are currently several types of vouchers in Massachusetts: Mothers may receive vouchers either through the welfare-to-work programs or based on income eligibility or other factors such as being a teen parent. This strategy of demand subsidy theoretically increases families’ purchasing power and also the quality of care, as providers must compete for parent use.



While the voucher model of providing child care benefits has been promoted widely over the past several years, few efforts have been made to document the costs of this system to children, families, and the providers of care, as well as to the public. To date, the information surrounding the intended and unintended impacts of current public child care policies on children and on the system of care is fragmented and anecdotal. A well-documented, structured effort is needed if these dollars might possibly hope to become part of a funding strategy for Massachusetts' anticipated universal, high-quality system of early education that has been promised to children.

Under the auspices of the Bessie Tarrt Wilson Children's Foundation, a team of researchers, all of whom are Massachusetts residents, conducted a study over a twelve-month period to evaluate the current voucher system, with specific focus on the welfare vouchers and the challenges in implementing this system. The Department of Early Education and Care provided the study with a list of all centers' infants, toddlers, or preschoolers receiving vouchers in 2004. From this list, the study identified 272 centers that were located in cities and towns within 12 miles of Boston, including Boston. These included cities and towns in the Department of Early Education and Care Regions 3 (Northeast Massachusetts), 4 (MetroWest), and 6 (MetroBoston). The study then drew a random sample that was proportional to the voucher market share of each center – the probability that a specific center would be selected into the sample was proportional to the number of children they had who were receiving vouchers. By drawing a sample proportional to the number of vouchers, the study ensured including more of the larger voucher providers, while still drawing a sample that included larger and smaller centers. The Department of Early Education and Care also provided the study with a database of all providers with one or more voucher children during the January-March 2005 period. This database included information on the capacity of the home, but did not include the number of voucher children; therefore, the study did not draw a sample proportional to the number of vouchers a particular home received. The study drew a random sample of family child care providers living within 12 miles of Boston, including Boston.

The study documents the flow of over 3,295 vouchers for children and families entering the child care system in Massachusetts through these vouchers. In addition to "tracking" the vouchers, the study conducted surveys with 225 families, 88 research and referral (R&R) agency staff, and seven child care center directors. In-depth interviews were conducted with 48 mothers, five child care center directors, 19 family day care providers, and nine R&R staff. In addition to these strategies, the Foundation convened a "Providers Forum" in which 350 professionals joined in dialogue with the Massachusetts Office of Child Care Services (OCCS) and Department of Transitional Assistance (DTA) staff, as well as with each other, to discuss the child care voucher system. Through this research, the study addressed the following questions:

- What is Massachusetts trying to accomplish with the child care voucher system?
- What are the intended and unintended impacts of this system?
- How can Massachusetts design a system that will achieve only the positive, intended outcomes?

This study benefits from having the perspectives of four key players in the system: families, family child care providers, child care centers, and resource and referral agencies. Analysis of their perspectives revealed powerful common themes including that vouchers are indeed an important source of support for families and children.

Virtually all families recognize the value of the voucher program, but they had problems negotiating the system. Many were able to manage it, though not necessarily efficiently or most effectively. Many required tremendous support from informal networks, such as their providers, to handle the demands of the system. And, although researchers in this study encountered families who "gave up" on the system altogether, we cannot account for families who simply could not negotiate the system at all.

The current voucher system raises concern about its impact on children and the quality of their education and care.

- Although Massachusetts policy allows for six-month vouchers, we found that most children were



subject to discontinuous, unstable care. Nearly two-thirds of the 3,295 vouchers studied were issued for less than six months.

*“There is really minimal parent choice, the low rates don’t allow for real choice.”*

R&R Agency Staff

- Reimbursement rates for providers are universally regarded as too low, unintentionally restricting parent choice, unjustifiably forcing providers to subsidize the system, and leading to serious questions about whether they indeed jeopardize the quality of care that children actually receive.

*“It is hard to make ends meet personally and professionally.”* A Center Director

*“It is hard to run a business on a month-to-month basis.”* A Center Director

- Typically, voucher administration at centers requires 38 percent of a full-time staff person, or two days a week.

*“I spend up to 12 hours many weeks on administrative issues related to vouchers. This is simply to clear up communication, make certain that all invoices are timely, and to follow up on renewals and terminations.”* A Center Director

*“It is too hard... I have to spend too much time on the phone, running to the R&R, writing letters, working with my staff, reorganizing shifts and hours.”*

A Center Director

- Children attending the centers in the study were absent a total of 1,730 days because they had no voucher – the equivalent of 2.5 days/year per child. (This number does not include children whose vouchers were terminated.)

*“[If the voucher is terminated] the children get bounced around from family member to family member, whoever can do it that day.”*

A Family Child Care Provider

*“They make a friend, then they have to stay home, then it is hard to come back and their friend has another friend.”*

A Family Child Care Provider

- Centers in the Voucher Study lost revenues for an average of 30 days a year providing free care for children, and an additional 136 days a year when centers were unable to fill slots of children whose vouchers were terminated.

*“I don’t know how I can afford to stay in a field with no raise for 10 years. I have given my life to this work. We are turning into a heartless society when we cannot provide care for our neediest children. The cost of care is on the backs of providers. Providers are the working poor.”* A Center Director

*“Sometimes for months I don’t get the co-pay. I never turn down a parent. I let them come for free.”* A Family Child Care Provider

- Many families experience the system as burdensome, confusing, and penalizing, further complicating their difficult and complex lives. From all four perspectives, the documentation required of families is considered to be excessive; worse, such documentation is usually required



twice in the certification process. Parents commented on being treated uncivilly, about employers not sympathetic to their needs, and about having to wait to get appointments with the R&R.

*“I had to beg my boss for the afternoon off. I came to the voucher office. They are so rude to me. No one speaks Spanish. They always yell at me. I can hear; I just cannot speak English.”* A Parent

*“I don’t understand the rules of this system.”* A Parent

*“I think I would have been fired if I had asked for one more day off, so I let my voucher be terminated.”* A Parent

*“After families enter the system, when their DTA case closes, they get a letter that is very scary to them. The transition process is not great.”* R&R Agency Staff

- Resource and referral agencies are caught in the middle between enforcing the regulations and meeting the families’ needs, undermining their efforts to be a “resource” to families relative to serving as “voucher police.”

*“There is not enough time to do all we want to do or all the state expects us to do....”* Agency A

*“Everything that they do not fund, including education, support services, and trainings.... R&R delivers without the funding. [We] would like to be able to give more in-depth services to parents and providers. Business practices for the providers, education for the parents, especially families with special needs children. Helping families become self-sufficient. I have a deep passion to give more direct support to families who need it.”* Agency C

*“What we want it to be is not what it is now. We want to be able to really counsel families and give them resources.”* Agency B

*“They have to wait two, three, or even four weeks at [a specific R&R].”*  
A Family Child Care Provider

*“I went for renewal. It takes me two hours to get to the R&R office. I wait for 45 minutes. She says I do not have the right papers. I have to go home. If I go home and come back, it will take me four hours on the bus and they will be closed. I will have to take another day from work. I will lose the voucher. I cannot come again. This is too much. These people do not care.”* A Parent

*“Try to see it through their eyes. We are not the fraud police.”* R&R Agency Staff

*“The policies are very grey and the timing doesn’t always work.”* R&R Agency Staff

*“The system is not good for families who do not speak English or are new to the state.”* R&R Agency Staff



Most respondents in this study feel that the system can and should be more accessible and less complex.

Despite these common views, the lack of a common vision of the system was apparent. It was also vividly evident that each of the four players saw “their” perspective clearly, while the vision of the entire system and how it works was partially concealed to them. Families clearly see child care centers/providers as allies.

*“They are nice to you and to your children at that center. They don’t treat you like you are poor. They look at you in your eyes like you are a person. They shake your hand and give you a hug. They aren’t afraid of you.”* A Parent

*“You work with them, confidentially. Sometimes I give them food, or at Christmas, I get them gift certificates to the Stop and Shop so they can get food.”*

A Family Child Care Provider

On the other hand, families often recounted their suffering and confusion of their experiences with resource and referral agencies, the state government, and inconsistent policies. Indeed, some families see the R&R and the state aligning to keep services from them. Providers demonstrated a remarkable commitment to and synergy with the families. At the same time, providers bore the brunt of the unreimbursed cost of accepting subsidized care and expressed frustration with low rates, slow payment, and paperwork hassles, laying blame at the feet of resource and referral agencies and state government. Resource and referral agencies almost universally wanted to serve families better, but felt restrained by some ambiguous state policies coupled with years of state budget cuts that reduced staff and available services. R&Rs were concerned that families and providers understand that they implement – but do not establish – state policies.

Certainly there is poor communication and limited understanding among the parties as well as a lack of a clearly articulated statewide “vision” that is communicated and shared among all parties: families, providers, R&Rs, and the state.

*“It is so hard to be poor and black in this city.”* A Parent

## **Anchoring the Promise in Policy**

*“There is a need for unity particularly where there is one destiny.”* (African Proverb)

The Commonwealth of Massachusetts and its new Department of Early Education and Care have a timely opportunity to improve the voucher subsidy system. The Department of EEC must address both the affordability and availability of early education and care for low-income families, the low reimbursement rates offered to providers, and the overall quality of services.

The proposed Massachusetts legislation has clearly articulated its promise: EEA is to be fully implemented no later than the 2012 school year, and to give priority to children in “low-wealth” communities. This study clearly shows that federally and state-funded child care vouchers are a viable means to enable this promise.

To be successful, a system of universal access to early education and care must be informed by vision and principles as well as by the nuts-and-bolts techniques. We offer the following recommendation and four strategies for action.

*We recommend that Massachusetts develop a vision of universal early education and care that provides equal access to all, financed by a mix of private pay, contracts, vouchers, Head Start, and other means.*

How will this redress challenges of the voucher system? Efforts to distinguish between programs that are primarily designed to care for children so that parents can work (such as child care vouchers) and programs that are primarily designed as educational intervention to promote children’s cognitive and social development (such as public preschool) reflect an outmoded thinking inconsistent with the promise that Massachusetts has made through its legislative mandate in the spring of 2005. While this distinction might have made conceptual sense in an earlier era, in practicality, it is no longer meaningful. The children of low-income parents most in need of subsidized care are the same children who are at greatest risk of school failure and thus most in need of an affordable, accessible, quality early childhood education.

*“Second only to the immediate family, child care is the context in which early development unfolds.”*

*From Neurons to Neighborhoods*  
Jack Shonkoff and Deborah Phillips, eds.  
National Academy Press, 2000

Children who receive subsidized care need a cognitively stimulating, culturally competent, and educational environment. Policymakers must establish and revise both programs and policies to consolidate these two purposes of care and education. This study shows that it makes no logical sense to treat the child differently based on how the cost of education and care is paid. All children need to have access to a quality education and care system. Currently, a formal initiative that begins to tie the various forms of child care and early childhood education programs together does not exist and should be created.

## Strategies for Action

### One: Lengthen the Certification Period of Child Care Vouchers

Massachusetts should provide a one-year voucher that would allow for continuity of care for children; better funding stability for providers, which would lead to improved quality programming for all children; and greater access and affordability for families. The state now sets a six-month certification period, a policy which in practice is not being met for two-thirds of voucher recipients in this study. Although Massachusetts might begin by actually achieving its six-month certification goal for most families, this is viewed as an intermediate step to a larger child development goal of providing stable care for children over the course of a year. Yet, 90 percent of R&R staff surveyed agreed that the voucher system focuses on monitoring parents’ continuing service need, at the expense of children’s continuity of care.

Providing a one-year voucher is already being accomplished in several innovative states, such as New Jersey and Maryland, as well as the District of Columbia. A longer certification period is needed to reduce the short “voucher spells” that this study found characterize the Massachusetts child care voucher system. As this study shows, Massachusetts has a problem with families transitioning on and off of vouchers due to changes in eligibility. The state must decide whether it will recognize and secure the needs of the child regardless of changing parental circumstances.

### Two: Support Families; Ease Administrative Burdens They Face

Welfare policy has “multiple and complex” effects on parents. Once families qualify for assistance, they often face obstacles to maintaining their eligibility. Many experience conflicts between fulfilling their parental responsibilities and satisfying the requirements of work. Families may have their services disrupted due to language difficulties and communication breakdowns with agencies. Administrative practices are perceived to be a hassle that can jeopardize families’ employment as well as child care stability. Massachusetts can better support families in several ways: eliminate the prevalence of “double documentation” among agencies; address transportation issues and office service hours; address unsubsidized time periods such as school vacations; provide translation services for families; reduce the



waiting lists of 17,400 children as has been addressed in states such as Rhode Island, Oregon, and Vermont; and update co-payment and income eligibility criteria. Families who do not speak English have an urgent need for support as they navigate the child care subsidy system.

### **Three: Increase Reimbursement Rates as a Means to Enhance Quality and Reduce Administrative Burden for Providers**

Once in a child care setting, the child care provider largely determines the quality of early education and care a child receives. This study shows that child care providers work hard to establish a bond of trust with parents and to offer a higher quality of programming than that for which they are paid.

Massachusetts must increase rates paid to providers; streamline administrative requirements, supporting effective and efficient business practices and decreasing uneven cash flow; and consider paying providers prospectively, enhancing the likelihood that more providers will participate in the subsidy system. (This prospective payment process is used in New Jersey.)

### **Four: Strengthen the Resource and Referral Function**

All of the R&R staff interviewed discuss their commitment to helping families achieve self-sufficiency, and each believes that a child care subsidy is an important tool that supports families in this endeavor. However, although fraud is considered to be very minimal, many times negative attitudes about families form within staff, as they encounter some fraud, perceived or real, in the system. These attitudes are further reaffirmed by the state's emphasis on excessive documentation and fraud monitoring.

Massachusetts must better fund the R&R system, so that caseloads can be reduced. (Prior to 1990, the average voucher caseload was 150-180 families; it is now, on average, about 350 families per counselor.) Better funding would also enable R&Rs to provide more support services to families; they now report that they spend about 20 minutes with each family. Moreover, families appear to need more support in the task of identifying child care. Also, efforts to support non-English-speaking families must be increased.

Funding should also be allocated to reimburse R&Rs for their provider-focused work, including enrollment, billing, technical assistance, and training and auditing tasks, all of which have to be taken into account and financed as their own caseload. Communication with state government must be increased to promote greater consistency in policy interpretation and implementation; policy inconsistencies are now reported to be widespread.

With this vision, and these four policy strategies, all children in the Commonwealth of Massachusetts will have access to affordable high-quality, culturally competent care. Vouchers simply become one of several sources – and a significant one – of funding early education and care for some children some of the time. When children's eligibility for vouchers expires due to changes in their parents' circumstances, there must be other mechanisms that provide for continuous, stable education and care for that child.

## **Keeping the Promise**

In sum, based on this study and voucher studies from different states, it appears that there are several variables that would indicate the positive impact of subsidy policies. These include higher provider reimbursement rates, low number of children on the waiting lists, wide age-range of eligible children, income eligibility for parents set at the highest percentage level allowed, additional supports given to child care providers who accept vouchers, and assistance provided to low-income families unrelated to welfare status. In addition, there are other areas that inform good voucher policy practice: a simplified eligibility determination process for parents, a generous time period for families to be eligible for subsidies, innovative use of state and local agencies to inform parents of child care assistance, and coordination among agencies to provide a wide range of services for families who are on child care assistance. It is also important to ensure that parents using child care vouchers are able to purchase quality care and that providers who



accept vouchers are able to do so with minimum administrative burdens.

Given its unique circumstances at this point in time, Massachusetts can design a system that will maximize the positive intended impacts and reduce any negative impacts. Massachusetts and the new Department of Early Education and Care have the opportunity to improve the voucher system to address not only the affordability and availability of early education and care for low-income families, but also workforce development for providers serving low-income families and the quality of early education and care for low-income children.



## Introduction: Early Education and the Poor

Children who receive child care vouchers are members of low-income households. Poverty is the unmistakable factor that characterizes their eligibility. And child poverty is a big problem. After a decade of decline, the rate of children in low-income families is rising again, a trend that began in 2000. Younger children are more likely to live in low-income families. And, while the largest group of low-income families is white, black and Latino children are significantly more likely to live in families with low incomes and they account for the increase in low-income children. Most children in low-income families have parents who are employed full time and year round.

These children, typically active, curious, and ambitious babies, toddlers, and preschoolers, fill our hearts with the mysterious joy of watching young life unfold. Yet poverty has its consequences. Chief among them is its devastating impact on a child's opportunity to learn the language, skills, behaviors, and attitudes associated with success in school. And, because their parents are poor, these little ones become involved in public systems that very explicitly influence their destiny. The investments in the poor that all of us citizens make, or do not make, demonstrably set these children on trajectories that clearly matter to their individual, and our collective, path.

Poverty is not a pretty world for children. There are numerous literature and research reviews about the impact of low income on the young. We do not attempt to synthesize that voluminous literature, but refer the reader to the bibliography that we have provided in Appendix A.

Most important for this study on child care voucher subsidies used to serve young children, we note the major headlines about child growth and development among the poor. Specifically:

- Although the achievement gap is normally seen as a problem affecting school age, the gap first appears during the preschool years. Studies consistently show that poor children, and children of color, have already fallen behind well before they enter the public schools. By the age of three, they perform far below average on tests of school readiness (Haskins and Rouse, 2005).
- Researchers observe that very young children in poverty are much less likely than are nonpoor children to be able to recognize the letters of the alphabet, count to 20 or higher, write their name, or read and pretend to read. Children from low-income families begin school on average with substantially poorer cognitive skills than children from middle and upper income families. Children's cognitive ability when they enter school predicts fairly well their achievement in high school and their educational attainment. Low-income children are less likely than middle and upper income children to have access to an early childhood education program ([www.childtrendsdatbank.org](http://www.childtrendsdatbank.org)).
- Other investigators found that many preschool-aged children from low-income families lack basic skills that foster school success (such as literacy), and many child care providers lack the education and training to help children develop these skills (Loeb and associates, 2004).
- Policy matters in achieving outcomes for children. A study by the National Center for Children in Poverty (NCCP), comparing Illinois and Maryland, revealed that although a cornerstone of the CCDBG program is the principle that families receiving subsidies should have "equal access" to the care that is available to nonsubsidized children, differences in how states craft policies can lead to different outcomes for children and families (Meyers et al., 2002).

What can be done to ease these disparities? Fortunately, the research provides strong evidence that early childhood education programs have both short- and long-term benefits for low-income children.

- Public funding of early childhood care and education, particularly Head Start, is already reducing ethnic and racial gaps in preschool attendance. (See *The Future of Children*, 2005.)
- In another study, Magnuson and Waldfogel (2005) found that children who attend center care or preschool programs enter school more ready to learn, but that both the share of children enrolled in these programs and the quality of care they receive differ by race and ethnicity.



- Loeb et al. (2004) found that children in higher quality of center-based care showed greater cognitive gains. Center-based care had a greater effect on children’s cognitive gains than mother’s cognitive level.
- Making preschool enrollment universal for three- and four-year-old children in poverty and increasing the quality of care could close up to 20 percent of the black-white school readiness gap and up to 36 percent of the Hispanic-white gap. (Magnuson and Waldfogel, 2005).

## About This Study

In this study, we investigate the impact of Massachusetts policy on facilitating optimal developmental outcomes for young residents. Are we doing all that we can to produce children who, although beginning life in poverty, have the best chance to lead productive lives in the future?

We begin with an overview of the federal legislation that shapes financial support for young children in early education and care programs. After examining the Massachusetts child care voucher program, we describe the present study and its major findings. We then present detailed descriptions of the system from the perspectives of parents, child care center providers, family child care providers, and child care resource and referral agencies. We discuss the findings and present our recommendations.



# SECTION I: Overview of Temporary Assistance to Needy Families (TANF) and the Massachusetts Child Care Voucher System

## Basic Facts About TANF

The Temporary Assistance to Needy Families (TANF) was created in 1996 by President William J. Clinton and Congress as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). TANF replaced the entitlements to cash assistance, known as Aid to Families with Dependent Children (AFDC).

Moving from AFDC to TANF engineered several major changes. PRWORA gave states the ability to design and implement their own TANF program and set benefit levels to determine eligibility. States were granted substantial authority to use TANF funds in any way that can be reasonably assessed to meet program goals, such as ending welfare dependency by promoting job preparation, work, and marriage; preventing and reducing nonmarital pregnancies; and encouraging two-parent families. Also, PRWORA limited the federal regulatory and enforcement authority.

TANF's goal to reduce welfare dependency has two signature features. First, as it is a block grant program, families are no longer guaranteed assistance. (AFDC was an entitlement program under which every eligible family received assistance.) Second, time limits to receive aid were imposed as were work requirements on most adults receiving aid. Moreover, part or all of an individual's TANF benefits may be cut if the individual is considered to be in violation of program requirements.

The results of PRWORA have been dramatic: The number of welfare recipients has declined more than 50 percent since TANF was enacted. However, at least half of those who have left welfare and are working earn wages below the federal poverty line.

Policymakers realized that work requirements would not be successful without some type of child care assistance for working mothers. This child care assistance was given to states by the federal government as a single block grant called the Child Care and Development Fund (CCDF),<sup>1</sup> which consolidated four different child care subsidy programs for low-income families. States no longer had to follow the rules of the four previous child care assistance programs and had greater flexibility in designing how they would spend their child care assistance funds (Collins et al., 2000).

Congress decides on mandatory funding levels for CCDBG in TANF legislation. CCDBG provides funds to assist low-income families with child care needs, and a small amount of these funds is set aside to improve quality. The federal government provided \$4.8 billion for CCDBG in 2004 – the same level of funding since 2002 (Children's Defense Fund [CDF], 2005).

Child care vouchers, a type of child care subsidy, became one of the signature methods for states to assist families after welfare reform. In most states, the majority of CCDF funding is administered through certificates or vouchers for direct services (US Department of Health and Human Services, 2002). As one of the most direct child care subsidies (others being tax benefits and contracted slots), vouchers are linked with the economic well-being of poor families. In theory, vouchers help families choose higher quality care, which leads to greater cognitive development and school readiness in children. In all states, working parents transitioning off welfare are automatically eligible for child care subsidies, but other working low-income parents are either not eligible or put on a waiting list and given a voucher if a state has the financial resources to do so.

*Nevertheless, only one in seven eligible children in the United States receives child care assistance. The current negative fiscal climate has forced nearly every state to cut back its child care subsidy budget, even as the demand for subsidies continues to increase.*

<sup>1</sup> Also known as the Child Care and Development Fund Block Grant (CCDBG)



## The Massachusetts Child Care Voucher System

Decisions that Massachusetts and each state make regarding their CCDF funds include: the level of resources for specific communities and supplemental funding from the state for additional goals; who is eligible for subsidies (by income and by welfare status); developing provider payment systems; determining parent co-pay; setting time limits for how long a family may receive a subsidy; and developing consumer education strategies to ensure that subsidy information reaches eligible parents (Collins et al., 2000). Within the broad range of choices states make for child care assistance policy, there are a few federal requirements and guidelines. Under federal guidelines for CCDF, only working parents with incomes below 85 percent of the state median income qualify for child care assistance<sup>2</sup> (however, states are allowed to set the income eligibility rate at lower than 85 percent of the state median income). CCDF rules also require that states conduct a market rate survey every two years to determine the cost of care. The market rate survey results inform how much child care providers will be reimbursed. CCDF recommends, but does not require, that states set their provider reimbursement rates at the 75th percentile of the local market rate. States are encouraged to use the market rate survey results in a timely manner to increase provider reimbursements. However, the time lag between the results of the market rate survey and implementation of rate increases for providers ranges from seven months to over two years (US Department of Health and Human Services, *Child Care and Development Fund Report of State Plans for FY 2002-2003*).

The Child Care and Development Fund comprises the majority of funding for child care subsidies, although states have to contribute a small amount of funding in order to qualify for the federal funds. CCDF's quality set-aside guarantees that some funding will go to efforts to support the quality of subsidized child care. These critical funds undergird some of the key quality enhancement initiatives in the state. For example, in Massachusetts, 75 percent of all child care subsidy funding is from the federal government (Lippitt, 2003). In Massachusetts, the federal CCDBG served an average of 32,200 children per month in 2003 (CDF, 2003, 2004, 2005). In early 2004, there were 16,077 children on a waiting list. (While waiting lists do not demonstrate the full extent of unmet need, it is one indicator of the number of children who are eligible for services, but are not being served.)

Welfare reform began in Massachusetts prior to PRWORA. In 1995, before federal welfare reform was passed, Massachusetts decided to revamp its Aid to Families with Dependent Children program. At that time, the Massachusetts Department of Public Welfare was renamed the Department of Transitional Assistance. Under that system, Massachusetts requires parents of school-age children to work a minimum of 20 hours per week in a paid or unpaid position (community service can be considered as work). In order to qualify for a child care voucher, the parent must be working or participating in job training/schooling or engaged in a job search. These child care vouchers can be used to purchase formal or informal care. The state's reimbursement rate to providers varies with region, age of child, and type of care, but is set at the 50th percentile of the market rate. An estimated 60 percent of Massachusetts providers accept child care vouchers (Maurier and Russell, 2003).

Over the past several years, Massachusetts and other states have fully implemented a voucher system for low-income families seeking child care. Massachusetts continues to have a mixed payment system that still uses vendors (i.e., contracts and Community Partnerships for Children [CPC] grants); it is not wholly a voucher system. Yet, as a large source of subsidy, this shift towards the voucher system supports families as they decide where their children would receive care. There are currently several types of vouchers in Massachusetts: Mothers may receive vouchers through the welfare-to-work programs or based on income eligibility or other criteria such as being teen parents. Vouchers may be used in a variety of child care settings, including child care centers and family child care homes.

This strategy of demand subsidy theoretically increases families' purchasing power and also the quality of care, as providers must compete for parent use. There is anecdotal evidence that parents, in fact, like the current voucher method of receiving child care assistance.

<sup>2</sup> In Massachusetts, parents transitioning off welfare may receive subsidies if they are involved in job training activities.



Families no longer on welfare remain eligible for child care assistance for up to one year after loss of welfare benefits. Families earning less than 75 percent of the state median income are eligible to receive child care subsidies, but are likely to be put on a waiting list. Families currently receiving welfare benefits do not have a co-payment, but families transitioning off of welfare are required to pay in addition to their voucher. The amount of co-payment for child care vouchers depends upon family income, family size, whether care is part-time or full-time, and it ranges from 2.9 to 17 percent of family income (Kaye, Nightingale, Sandfort, and Fender, 2001). Parent fee amounts are updated annually to reflect current state median incomes and federal poverty levels.

As in some other states, Massachusetts child care vouchers are administered with the assistance of regional Child Care Resource and Referral Agencies (CCR&Rs). The Department of Early Education and Care contracts with local CCR&Rs to administer the child care voucher system. Vouchers are provided directly to parents to purchase child care from any legal provider in the market. CCR&Rs are responsible for disseminating information, recruiting parents, and ensuring eligibility. In the summer of 2000, Massachusetts created a tracking system for child care use and payment of providers.

**TABLE 1: MASSACHUSETTS VOUCHER INFORMATION**

Year	Number of Children Receiving Vouchers	Funding Proportion	
		MA	FED
2004	51,799	20%	80%
2003	46,000+	16%	84%
2002	50,000+	21%	79%
2001	53,477	32%	68%

Many studies suggest that Massachusetts families have had difficulty accessing and retaining child care assistance, even families receiving welfare benefits that were automatically eligible. This difficulty was caused by the number of agencies involved with accessing and retaining a voucher. (See Adams and associates, 2002, 2003.) Witte and Queralt (2002) found that although Massachusetts had relatively low income eligibility (50 percent of state median) for families, the state was serving more low-income children than states that had income eligibility rates set higher to the federal maximum (p. 24). Massachusetts also had the highest expenditure per child out of the 16 states Witte and Queralt examined. In a 1999 study, Witte and Queralt looked at the duration of subsidized care in five communities in Massachusetts. Over the 14-month period of the study, children received an average of 10 child care vouchers. Each voucher period lasted from 30 to 410 days. The voucher enrollment period was longer when provider reimbursement rates were higher and when children were in center-based care as opposed to family child care.

As a local innovation, OCCS, the precursor to the Department of Early Education and Care, developed a Child Care Information Management System (CCIMS) to simplify the child care subsidies intake process for families, creating a single point of entry into the subsidized child care system. CCIMS streamlines the process of gathering and sharing information. CCR&Rs are able to electronically transmit billing and payment information through OCCS's fiscal department into the state's bill processing system for more accurate and faster payment. In addition, the system transmits information about child care placements and vacancies on a daily basis from the CCR&Rs to OCCS. This allows OCCS to move children off of the subsidized child care wait lists and into child care slots. This system has been installed and is in use at 15 CCR&Rs in Massachusetts. A web-based version of this system (eCCIMS) that collects intake, eligibility, waitlist, and billing information from 260 contracted child care providers is currently being piloted statewide. This system will eventually connect with other state agencies participating in the child care process. Currently, CCIMS is used to help the Department of Early Education and Care, CCR&Rs, DTA, and the Department of Social Services (DSS) share their information on families that need subsidized child care.



## What Research Tells Us About Vouchers

Despite the increase in research on voucher programs and policies, broad analysis of voucher systems remains complicated. Every state has the option to make a wide variety of choices in implementing their subsidy programs, which may lead to different outcomes for children and families. Also important are the fiscal choices states make for child care assistance, choices that are subject to change.

Research following welfare reform appears to have evolved through several stages. In the first stage, due to the significant financial resources that were put into child care assistance, research focused on whether this new strategy had its intended benefit – to increase maternal employment. The second research phase became more complex due to the realization that families were not accessing services or that the majority of eligible families were not being served. We appear to be entering a third stage of research focused on the impact of subsidies on children’s development and parental employment.

## Studies Involving Maternal Employment

Most initial studies analyzing voucher and subsidy policies did so in the context of subsidy impact on former or current welfare recipients’ employment status.

- Lemke et al. (2001) found that greater accessibility to child care assistance significantly increased the probability that a single mother would work; that the probability of working increased as the budget for child care subsidies increased; and that child care availability was key to a mother’s ability to work, while quality of care had a small effect in increasing likelihood of employment.
- Blau and Terkin (2001) found that child care subsidies encouraged employment among welfare recipients, but not among low-income families who were not welfare recipients.
- Lemke et al. found that the quality of care impacted maternal employment, having a greater effect on the probability of a mother’s employment than could be explained through cost alone.
- The *Growing Up in Poverty Project, Wave 2 Findings* (2002) were that maternal employment alone was not enough to lift families out of poverty; that maternal employment did have an effect on both the number of children who were in center-based child care and the number of mothers who were able to access child care subsidies. These changes had a positive impact as low-performing children had greater cognitive gains and were more prepared to enter school than the children who did not enter center-based care; and children who attended higher quality centers displayed greater gains in cognitive proficiency.

## Vouchers and Recipient Use Patterns

Adams et al. from the Urban Institute found in 2002 that the high number of eligible families in need of child care assistance, but not served, could not be explained through lack of funding alone. Rather, the experience parents have at the local level with subsidy agencies affects whether they are able to access and retain subsidies. How parents are treated by caseworkers, whether caseworkers are knowledgeable and helpful, whether office hours are extended to meet working parents’ needs, how many times parents must come in person to apply for or retain child care assistance, and whether parents have to deal with multiple agencies – all of these impact parents’ use of the subsidy system. The amount of time and effort families have to commit to retaining subsidies is key to whether children have consistent child care arrangements.

Similarly, Shlay et al. (2001) found families perceived applying for a subsidy to be a hassle, or they did not think they were eligible. Carroll (2001) reports that subsidy use was often equated with center care, making some families avoid applying (even though vouchers can be used for other types of care than centers). Other factors were lack of information about programs, paperwork requirements, and families not wanting to deal with the bureaucratic eligibility structure.



## Voucher Impact on Child Development

Although the expansion of child care assistance and work requirement for welfare participants has meant a greater number of children in nonparental care, very little is known about the quality of that care, how families in child care assistance programs select care, and how that care affects children’s development. Whether parents have access to high-quality care through the use of vouchers often depends on where they live and the types of child care available in that area. For example, multistate comparisons have found that parents using child care vouchers tended to have access to high-quality care in San Diego, California, but not in Tampa, Florida.<sup>3</sup>

Loeb, Fuller, Kagan, and Carroll (2004) observed significant effects on cognitive development for all the children in center-based care as opposed to the children who stayed with kith and providers. Children in higher quality of center-based care showed greater cognitive gains; children in family child care settings did show more aggressive behavior than children in other settings; children showed fewer social problems when their mothers were collecting welfare, but not working; children who remained in the same setting performed better on cognitive proficiency tests than children who had been in their care setting for a shorter amount of time; and the education level of providers also had a positive impact on children’s cognitive development.

In a collaborative study of five states undertaken by the National Center for Children in Poverty (Meyers et al., 2002), it was found that in all states, children’s length of time in the system was short in duration (for one-half of children, subsidy receipt lasted less than seven months) and there was much re-entry into the system; and that children in the subsidy system are subjected to frequent disruptions in their child care settings, which may negatively affect their well-being. Another policy brief from MDRC (Knox et al., 2003) found that the child care arrangements used by low-income families constituted a “patchwork” of options including center care, home care, and relative care in order to fully meet scheduling needs.

## Voucher Impact on Child Care Providers

Adams and Snyder (2003) found that child care providers were often negatively impacted by their participation in voucher programs. Issues related to rates and eligibility often emerged. For example, the state did not reimburse for absent days and the changing eligibility of parents in the voucher system due to work or income changes.

Ensuring that children on welfare and working poor families have equal access to high-quality care is a crucial challenge facing society and all levels of government. In fact, research has shown that “at risk” children can benefit the most from quality child care. Research findings continue to emerge about how vouchers impact parental employment or parents’ child care options. Little is known about the effects on both families and providers of policies regarding eligibility for vouchers and child care aid, out-of-pocket costs, reimbursement rates, the links between subsidies and centers, and the effects of neighborhood supply on subsidy take-up rates. Successful policies need to be identified, both to support stronger gains in mothers’ employability and to promote children’s development.

<sup>3</sup> See *Growing Up in Poverty Project, Wave 2 Findings* (2002).





## SECTION II: Overview of the Massachusetts Child Care Voucher Study

In order to create policies that positively support children and families, policymakers and program operators need information about the populations served by child care assistance programs, how care is accessed, and what types of child care programs are used and the quality of that care. This information has not been widely researched, and decision makers often create policies without key data on the populations using child care assistance programs or how programs can best promote children's development.

This review of research on child care subsidies illustrates that studies are only beginning to look systemically at the impact of voucher policies on children and families. A closer look at these issues seemed warranted in Massachusetts given several significant issues that point to challenges in implementing the state's current voucher system.

### Why a Study of the Voucher System?

While the voucher model of providing child care benefits has been promoted widely over the past several years, few efforts have been made to document the costs of this system to children, families, and the providers of care, as well as to the public. To date, the information surrounding the intended and unintended impacts of current public child care policies on children and on the system of care is fragmented and anecdotal. A well-documented, structured effort over a significant period of time would be needed to evaluate the current voucher system, with specific focus on the welfare vouchers and the challenges in implementing this system. This study sought to:

- Document the flow of children and families entering the child care system in Massachusetts through vouchers, and
- Document the intended and unintended impacts of the system on children and their families as well as on child care providers and resource and referral agencies.

### Research Questions

This study addresses three general issues:

- What is Massachusetts trying to accomplish with the child care voucher system?
- What are the intended and unintended impacts of this system?
- How can Massachusetts design a system that will achieve only the positive, intended outcomes?

From these issues, we posed six specific research questions:

1. What are the experiences of centers over a one-year period of the flow of children with vouchers?
2. What is the impact of the current voucher system on children?
3. What is the impact of the current voucher system on families?
4. What is the impact of the current voucher system on centers accepting vouchers?
5. What are the experiences of family child care providers with the current voucher system?
6. What are the experiences of the resource and referral agencies with the current voucher system?

### Methodology

We used ten methodologies to address our research questions. In 2004-2005, we:

1. **Tracked 3,295 vouchers for children in care at 30 child care centers over a twelve-month period of time.** Centers were randomly selected from all centers in the Greater Boston area accepting



vouchers in 2004. Most centers are part of a larger child care organization that delivers care in more than one site or an organization that provides multiple goods and services. Only five centers are single site child care centers. (See Table 2: Description of Centers in the Study.) Most centers in the sample are not-for-profit, not religiously affiliated. (See Table 3: Aegis of Child Care Centers in the Study.) Trained research assistants visited 30 centers every two weeks for 12 months, collecting data on the flow of children with vouchers through these centers. Centers received a \$500 honorarium for their participation. Later, because of the generosity of corporate donors, we were able to provide centers and families with a variety of resources such as winter coats, diapers, formula, games, and other amenities.

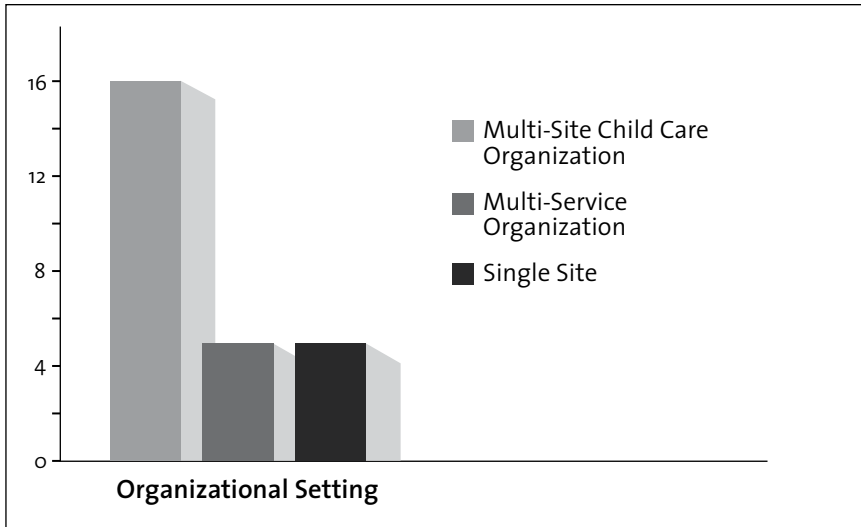
2. **Conducted in-depth interviews with seven child care directors, 23 percent of our 30 centers.** We interviewed directors on topics including questions about costs, challenges, positive aspects of the system, and program characteristics.
3. **Conducted in-depth, in-person interviews with 48 mothers identified** by five child care directors, averaging 10 families per center. We did not interview parents using family child care providers.
4. **Collected voluntary one-page surveys from 226 families.** This represents one-fourth of the families in the centers.
5. **Collected director questionnaires** from all 30 child care center directors.
6. **Conducted in-depth telephone interviews with 19 family child care (FCC) providers, and two family child care specialists from systems,** randomly selected from providers accepting vouchers in 2005. Providers were asked to describe experiences using child care vouchers as well as their child care programs, years of experience, participation in a family child care system or R&R, and race/ethnicity of the families they serve. Providers were offered passes to the Children's and Science Museums as incentives for participation. On later calls, we also offered a child's winter coat and toys for those who could go to 1010 Washington Street for pickup.
7. **Conducted case studies of three CCR&R agencies,** identified here as Agency A, Agency B, and Agency C. Individual interview sessions lasting between two to three hours each with the following three key staff at each agency: voucher administrator, family counselor, and agency director. The case study interviews focused on accessing information related to the child care voucher delivery system; the resource and referral staff interactions with families, providers, and state entities; and the R&R staff perspectives on strengths and weaknesses of the current system.
8. **Collected survey data from 89 CCR&R staff in Massachusetts,** including administrators at 11 R&Rs and 78 staff working at 10 of these R&Rs.
9. **Convened a provider's forum with 350 participants** in order to hear national/state experts discuss relevant issues.
10. **Conducted an economic analysis.**

## Sample Selection

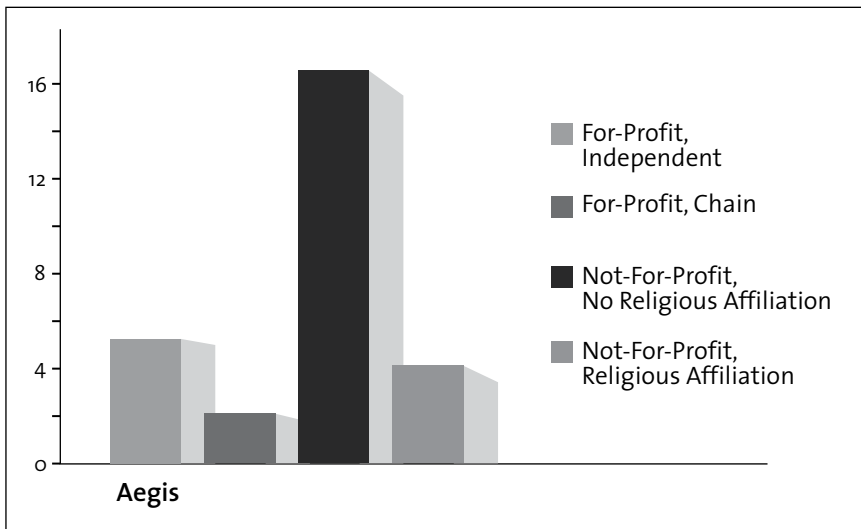
The Department of Early Education and Care provided the study with a list of all centers' infants, toddlers, or preschoolers receiving vouchers in 2004. From this list, the study identified 272 centers that were located in cities and towns within 12 miles of Boston, including Boston. These included cities and towns in the Department of Early Education and Care Regions 3 (Northeast Massachusetts), 4 (MetroWest), and 6 (MetroBoston). The study then drew a random sample that was proportional to the voucher market share of each center – the probability that a specific center would be selected into the sample was proportional to the number of children they had who were receiving vouchers. By drawing a sample proportional to the

number of vouchers, the study ensured including more of the larger voucher providers, while still drawing a sample that included larger and smaller centers. The Department of Early Education and Care also provided the study with a database of all providers with one or more voucher children during the January-March 2005 period. This database included information on the capacity of the home, but did not include the number of voucher children; therefore, the study did not draw a sample proportional to the number of vouchers a particular home received. The study drew a random sample of family child care providers living within 12 miles of Boston, including Boston.

**TABLE 2: DESCRIPTION OF CENTERS IN THE STUDY**



**TABLE 3: AEGIS OF CHILD CARE CENTERS IN THE STUDY**



## SECTION III: Seven Major Findings of This Study

This study has seven major findings:

- 1. All parties – families, providers, and R&R agencies – appreciate the positive aspects of vouchers in providing care for poor children.**
  - There is virtually universal agreement that vouchers are an important support for children and their families, in terms of helping families afford better quality early education and care and helping families achieve stable employment.
  - All parties recognized the economic insecurity and multiple struggles faced by families who received vouchers.
  - Families develop strong bonds of trust with their child care providers.
  - Vouchers allow families to access an early education and care that would have otherwise been unaffordable.
  - Vouchers make it possible for parents to work.
  - Vouchers provide children with educational experiences that families value.
  - Only half of R&R staff, and 38 percent of R&R administrators, felt that the state and its citizens would be better served by a system of universal prekindergarten and affordable early education and care for all, rather than the current voucher system.
  
- 2. Children were subjected to discontinuous, unstable care.**
  - Despite the “policy” of six-month vouchers, we found that shorter term vouchers are, in fact, the norm for two-thirds of vouchers issued for children.
  - Among the 30 centers in the study, there were a total of 1,571 new vouchers issued in one year and 2,051 renewals.
  - The average length of a given voucher was 114 days, ranging from 3 days to 371 days.
  - Vouchers build in discontinuity of care as vouchers do not cover vacation periods, school breaks, or summer breaks for women in school.
  - Children attending the centers in the study were absent a total of 1,730 days because they had no voucher – the equivalent of 2.5 days/year. (This number does not include children whose vouchers were terminated.)
  - Ninety percent of voucher administrators surveyed agreed that the voucher system focuses on monitoring parents’ continuing service need at the expense of continuity of care for the children.
  - Only 30 percent of administrators felt that reassessments should be done at one year instead of six months.
  
- 3. Parental choice – a goal of vouchers – is severely undermined by current realities of the voucher system.**
  - Families continue to indicate that it is difficult to find a child care center for their children.
  - The consumer education function of R&Rs is undermined in the current system. Seventy percent of parents come to their first appointment with their provider already chosen.
  - Waiting lists of two to three years mean that many families are denied opportunity for their children to be helped.
  - Many centers and family child care homes will not accept vouchers due to low reimbursement rates.
  - Many providers refuse to accept part-time vouchers.
  - Almost half of those who work directly with families – R&R staff and center directors – agree that parent co-pays are too high for many families. Only 30 percent of R&R administrators share that opinion.



**4. Providers unfairly subsidize the system because reimbursement rates do not cover the cost of their services.**

- Providers assume responsibility for stewarding families through the bureaucratic processes, a function with costs for which they are not reimbursed. Sixty-two percent of centers help parents with voucher renewals.
- Centers in this study lost revenues for an average of 30 days a year providing free care for children, and an additional 136 days a year when centers were unable to fill slots of children whose vouchers were terminated. On average, centers lost four percent of their voucher revenues because of interruptions and terminations.
- Low provider rates create precarious financing situations and very low incomes for too many providers. All R&R administrators, all FCC providers, and most staff endorsed higher reimbursement rates for providers.
- The majority of center directors, family child care providers, and R&R administrators agree that vouchers do not cover the cost of care. Only half of R&R staff share that opinion.
- Some providers “opt out” or limit the number of vouchers they will accept because of the financial hardship they impose. Most FCC providers and one-third of centers limit or cap the number of vouchers they accept.
- Providers with additional funding streams find it easier to manage the system. Without additional funding, providers feel they can no longer accept vouchers.
- Centers surveyed need the equivalent of a person who works two days per week to administer vouchers (co-pays, reimbursement, renewals). Time to assist families gather needed documentation, translate English into other languages, and a myriad of supports are additional time commitments beyond the administrative tasks.
- About half of centers reported that administering agencies were sometimes late in their payments. Thirty percent of centers reported that they get insufficient notice of voucher termination; this seems to vary according to the local R&R.
- A few independent FCC providers reported late payments, while those who belonged to FCC systems were grateful that the system handled all of the administrative work.

**5. Providers accepting vouchers work hard to bring quality early education to poor children.**

- The educational qualifications of center providers in this study are lower than Head Start or preschool classrooms around the state. However, the rate of education is higher among centers accepting vouchers than among a comparable group of centers serving low-income families.
- Fifty-three percent of centers in this study have National Association for the Education of Young Children (NAEYC) accreditation, a rate higher than the state average of 27 percent in 2004.
- Family child care systems and centers use a variety of strategies to manage vouchers.

**6. The system is unduly complex. All parties want the system to be simplified.**

- All parties viewed the system as overly complex, causing multiple hardships for low-income families under stress as they had to take excessive time off from work or experienced scheduling difficulties with the R&Rs.
- Seventy-five percent of the families reported that the administrative aspects of the voucher system were very stressful. One-third of families surveyed found applying for a voucher to be more than a little stressful. Families and providers often experience the system as stressful, burdensome, confusing, and penalizing.
- Resource and referral agencies often recognize inconsistencies in policy, leading to uneven application of decisions across the state. Policies change often, are interpreted differently by different regional coordinators, and R&R decisions are often overturned by state policy advisors.



- Language and cultural differences are experienced as significant barriers to access to or negotiation of the system, requiring undue time from providers.
- Difficulty getting time off from work and receiving the documentation required for application were often reported. Employer education is apparently a missing link in facilitating family access to the system.
- “Double documentation” between DTA and R&R challenges families already under duress. This is so confusing that up to 40 percent of families do not have appropriate documentation on their first visit. Eighty-five percent of R&Rs said that parents do not realize that R&Rs have to document, not just DTA. The majority of voucher administrators agreed that the required documentation should be streamlined and reduced.
- Staff who work with families reported that 30 percent miss their appointments, 40 percent don’t have all their documentation, and only 40 percent of administrators agreed that it costs more to identify fraud than the state loses to fraud.
- The current voucher system appears to be most feasible for larger providers with multiple funding streams to make up for the low voucher rates.

**7. Resource and referral agencies are caught in the middle between regulations and family needs.**

- Families and providers often demonize the R&Rs although the agencies are simply implementers of policy established by the state.
- R&Rs have experienced severe budget cuts amid rising service expectations. Thus, they are experiencing unfunded mandates, high caseloads, and limited time to spend with any individual family.
- R&Rs are experiencing unfunded mandates as work with voucher providers is not considered to be a funded caseload; additional tasks have been added, such as provider auditing process, without sufficient revenue to hire staff.
- Heavy emphasis is placed on “policing” a system that apparently has little fraud.
- There is poor communication between DTA and R&Rs.
- Communication among all administrative systems – EEC, DTA, and R&Rs – is in need of improvement.
- All of the voucher administrators agreed that child care authorizations should be done only by the R&Rs, not by DTA and then again by R&Rs.



## SECTION IV: Family Experiences with Child Care Vouchers

As indicated earlier, family experiences with the child care voucher system were examined in two ways: in-depth interviews with 48 mothers and surveys of 226 families. These interviews served to supplement the quantitative data with more qualitative information regarding the effects of welfare reform on children and their mothers, the quality of child care, the family perceptions of voucher administration, and the effect of vouchers on employment. Families to be interviewed were recruited from five child care programs in this study. Each mother provided responses to a detailed interview covering such issues as parenting, home environment, and experiences with the voucher system, choice of child care, child development, and employment/school access.

### About the Families

The majority of the parents interviewed were single mothers living alone or sharing housing with friends or family. Twenty percent of them resided in a shelter for the homeless or battered women at the time of the survey. Of the 47 mothers interviewed, 35 percent were Spanish speakers, 17 percent spoke Haitian Creole, 10 percent Cape Verdean Creole, 7 percent Russian, 40 percent English, and 7 percent other. Several of the respondents were recent immigrants and many made reference to the difficult transition to a new culture, language, and way of life.

The children that are the focus of this study range from three to five years of age. There was a wide range of ages represented by the children in the families interviewed, from three months to 17 years.

The majority of the families interviewed had vouchers for all of their children in eligible age range. Most of the respondents had full-time vouchers ranging from three months to six months. Only 18 percent of the respondents stated that they had part-time vouchers. Ten percent of the interviewed moms reported that they had short-term vouchers.

### Families Express Great Appreciation for Vouchers

All of the 48 parents interviewed expressed gratitude for the existence of the voucher program. Similarly, survey data showed that most families found the person who took their application to be helpful (94 percent). All reported that early education and care were of great benefit to their children, provided educational benefits for the child and the family, helped them access additional support and information about parenting and discipline, provided quality care while they worked or were in school, and generally helped the parents to get on their feet. All of the parents reported that their children were happy and enjoyed the opportunity to go to school.

The burgeoning interest in education and learning was a consistent theme throughout the interviews conducted. Mothers expressed interest in learning more about parenting and early childhood development. During the interview process, there were many poignant requests for resources such as children's books and educational materials needed to engage in educational activities at home. Three respondents living in shelters talked about the hope that all women residing in shelters could receive vouchers to help their children with their education and development.

*“How can I get some books? Books are expensive. How can I get some? My daughter is asking me about getting a dictionary. She will go to kindergarten in the fall. She says at school they have a book with pictures in it of everything. They have the names right next to the picture. She wants a dictionary for Christmas. How do I get my child some books?”*

*“I live in a shelter. When we come home, my daughter tells the other children what she learned that day. I want some books in my shelter. I want to read to my kids.*



*There are no books for kids there. Some of the other mothers want to read too, but there are no books for children. How can we get books for the shelter? How can the other children in the shelter get a voucher? There should be a way that all women in shelters get vouchers. No one wants to raise their child like this.”*

## **Balancing Work and Family in Poverty**

While it is recognized that families awarded vouchers are poor (this is the reason why they are eligible), interviews with families starkly revealed the complexity and difficulty in the lives of these single mothers. They live in complex circumstances with fragile social networks. Many of the women interviewed are immigrants and many did not speak English as a first language. Many women were more than challenged by the demands on their lives to work or attend school and raise children. They were often very much alone, with few friends or resources, and little education to draw on. In the course of collecting data, we visited with women living in homeless shelters, shelters for battered women, and women in transitional housing situations. Most of the women shared housing costs with another woman or family member. It was common for two or three families to be sharing a two-bedroom apartment. Each family had its own room, and often one family had the living room as their primary quarters.

*“We rent a room in the rooming house, but I do not make enough money to pay for the room by myself. The landlady lets us use the kitchen and on some Sundays she makes dinner and invites us. She is from my country too. I am so glad we speak the same language. But she is poor like me and she has to pay the mortgage and it costs so much here. There are eight families like mine in her four-bedroom house, mostly moms with children. It is sometimes very hard. It is a lot of people and not much space.”*

The ramifications of housing situations often emerged as we discussed co-pays. The cost of child care is a significant consideration for all families, but especially for low-income families. While the voucher program helps with this cost, all of the parents with co-payments were concerned about their ability to pay them; several stated that this required careful budgeting and planning. Several respondents reported skipping meals or wearing inadequate clothing in winter to have sufficient funds to pay co-pays.

*“I need another roommate... and I cannot pay the co-pay at the center because I do not want to be homeless in February with all of this snow. Where would we go? I am so scared. I do not know many people to ask and it is hard to find someone who will pay the rent on time and who is safe to live with. I have two little girls... I am afraid.”*

Voucher-supported care by no means addressed all of the families’ child care concerns. For school-age children, many families used a formal child care facility. Others used some type of out-of-school time enrichment activity often supported by the public school or parks and recreation department – including sports, lessons, clubs, or before- and after-school programs – to help cover these hours. Some left their children in self-care at times. Even with vouchers, several families relied heavily on informal arrangements with relatives, neighbors, or babysitters (often referred to as “kith and kin”) for child care. This care was needed for many of the families working late evening and weekend shifts. The patchwork of child care arrangements used by families in Massachusetts to fully meet their scheduling needs is a stressful situation that has also been documented in other states (see MDRC, 2003).

Working did not alleviate the economic insecurity of these families. Sixty-five percent of the parents interviewed were working full time. Many had jobs on evenings or weekends. Twenty percent of the parents interviewed were in school. Most of these parents were also working on a part-time basis. Fifteen percent of





the parents interviewed were in community service programs often providing service to the child care center or an affiliated community nonprofit. The occupations of people varied, but many cleaned office buildings, municipal facilities, airplanes; worked in the food industry or as child care providers. Termination and transition had an effect on all families. However, the mothers attending school did not feel as though they were under quite as much stress. Those who were working were concerned about the loss of a job.

## Finding Child Care Is Still Difficult

Mothers interviewed reported an average of two weeks' time to enroll their child in the center. There were few difficulties mentioned about the process of finding and enrolling in a center. Most families were happy with their choice. There were some delays experienced by children with special needs while waiting for an appropriate placement to become available. These cases were usually resolved in less than one month.

The moms interviewed and surveyed spoke openly about the factors that influenced their propensity to use child care and the type of care they selected. Mothers believed that they were expected to find their own child care without assistance from the state and R&Rs. Overall the family surveys suggest that, for the majority of families, they are not receiving adequate assistance in finding child care that meets their and their children's needs. Quality and location were equally important factors that families used to choose a center for their child; however, one-third of families said that they chose the first center that had an opening for their child. Many were fearful of losing employment opportunities. Two-thirds of families found that it was at least a little difficult to find a child care center for their child. One-quarter of families found that it was pretty difficult or very difficult. Less than one-third (30 percent) of the families already knew about the center – this is consistent with the 36 percent who said it wasn't difficult to find a center and the 31 percent who said it wasn't stressful. Half of the families found the center by word of mouth. Again, the consumer education function of R&Rs is undermined in the current system. Seventy percent come to their first appointment with their provider chosen.

Findings from the interviews point to the importance of trust and flexibility, reputation, and accessibility in parents' decision making around their children's care. Many mothers spoke of the importance of quality, wanting teachers and activities that were good for their child. Most parents learned of the center they ultimately chose through friends or family – not through the resource and referral system. Also, local reputation and convenience to home, work, or school were important factors affecting mothers' child care selections. Many of the parents in this sample spoke of the selection process in terms of spontaneous conversations with friends, neighbors, or "the lady I see at the bus stop everyday." The reputation of centers travels by word of mouth.

*"I went to that center because my friend sent her child there and the child came home knowing her colors and everything! I want my children to do that too. They are all smart kids. I think they have good teachers there."*

## Parents Develop a Bond of Trust With Their Child Care Center Staff

The interviewed mothers often spoke of their delight in learning that their children were achieving so much in the early education and care setting. All of the respondents were quite happy with their children's growth and development, reporting that their children were more independent, thoughtful, and were learning how to share, the names of objects, to speak English, to write their names, and to read.

*"I have trouble reading in my own language.... I want my son to read. I am so glad that he is learning how to read. He can read the alphabet now."*



*“She is learning to tie her shoes and to say her ABCs, and she helps me set the table at home.... She asks me to read to her everyday, and we talk about the colors of the cars when we ride the bus. Sometimes she sings the ‘Wheels on the Bus’ song and all the people on the bus laugh!”*

*“My son used to bite a lot. He is having a hard time. His father is gone. He bites other children and I do not know what to do. He has been in school now for three months and he is biting less. He talks to me more, in English and in Spanish. He tells me he will try not to bite!”*

*“I want my Maria to learn how to read. They teach ABCs at the school and colors, and they teach them how to hold a pencil and a crayon. I want my daughter to be a good student.”*

*“I am learning a lot about discipline. My children did not listen to me and I did not know what to do. I sat with the teacher and she talked to me. I feel better now. It is hard to be a parent. I did not understand some of these things.”*

*“My child’s center helps families. We have a big potluck dinner and a barbeque. We all sit together. The children play in the sun. It is good for me. It is good for them. They are learning to speak proper English, not like their mother.”*

Children’s academic and social gains were clearly attributed to the work of the provider. Providers were reported to talk frequently with individual children and to display warmth and positive social interaction with them.

Mothers perceived the child care programs as giving them equally high doses of positive regard. Their appreciation for being treated with respect was profound.

*“The staff at the school, they treat me like family. They understand my language and my culture. Sometimes they cook and they invite me to stay in the evening. We sometimes cook with the children. Sometimes the children play and the mothers just sit and talk about children, and about our dreams. We sometimes talk about home. This is the only place I have found in Boston where I am respected. They speak to me as an equal and not as a cleaning woman. They ask about my life, and my health, and if I am okay. I am so glad there is an after-school program at the center so my child can stay. This is the only place I know to go for help. They help me read my mail, and take care of business.”*

*“They are nice to you and to your children at that center. They don’t treat you like you are poor. They look at you in your eyes like you are a person. They shake your hand and give you a hug. They aren’t afraid of you. I want my son to be treated with respect. If he is treated with respect, he will treat others with respect. I want him to learn how to treat other people right even though he is only three years old.”*

Many TANF programs require quick entry into orientation sessions, job clubs, or job search activities, so mothers entering these programs must rapidly find a trusted organization or individual to provide child care. Interviews with these mothers suggest that they found tremendous solace in the center-based

caregivers. The trust and relationship between centers and families are sincere. Case managers and directors were reported to have assisted in the completion of paperwork; to have made numerous calls on behalf of the families; and, in several instances, to have provided transportation and accompanied women on their appointments. One hundred percent of the respondents felt that they had benefited from their relationship with the child care centers and had become better parents. Several respondents had taken jobs at their respective child care centers. Centers sometimes provide the hours needed to receive a voucher and often assistance with translation and negotiation of the voucher approval process. Many families reported that the child care centers were the major provision of family support and information on the voucher process. Indeed, 59 percent of center directors state that families believe, erroneously, that centers have an official role in renewing their vouchers.

## Families Struggle With Issues of Special Needs Children

More than one-half of the families interviewed reported having at least one child in the family who had a special need. Frequently, parents spoke of the additional care and assistance they received from the child care center as a central support in their lives as they advocated on behalf of their children and family. Many parents spoke of the importance of referrals to the Early Intervention Program (EIP) with sincere appreciation. A number of children in the study have individual education plan (IEP) vouchers that permit a higher level of reimbursement and care. Many of these parents experience longer waiting periods for care due to the specific needs of their child.

The stark realities of caring for special needs children were raised in numerous interviews. There was frequent discussion of the time taken off work, the difficulties of using public transportation, and the social factors that placed the entire family system in jeopardy. In the course of the study, we spoke with parents of children with sight and hearing impairments, those with asthma, diabetes, ADD, ADHD, cerebral palsy, and more severe health needs.

*“My two-year old has so many ear infections. I must call in sick so often and my boss does not understand. My son has a hearing loss already. We have not been in the states very long and he did not get very good medical care. I am trying to care for him and my other two children on my own. His condition is not severe enough to get special services yet, but I am afraid I will lose my voucher. My son could be deaf, but I will not let my son be deaf even if I lose the voucher. I missed my appointment for a voucher to go to the doctor and now it is too long to get another appointment. The voucher people did not understand.”*

*“I live in a basement apartment that is damp and my oldest son has asthma. The mold and mildew make him sick. The doctor says we need to clean more. We cannot clean out the mold in that apartment and the landlord won’t paint. The walls sweat in the summer. We need to move to another place, but I cannot find a place I can afford in this city. My older son is eight and he misses school a lot he is so sick. Sometimes he has to stay home alone because I have to go to work. I don’t want to lose my job. I may not get another one. My husband died after an asthma attack. He was a janitor and we have nothing but memories. I don’t want my son to follow him. It is so hard to be poor and black in this city.”*

The amount of time required to advocate on behalf of a special needs child has real effects on the entire family system, including its capacity to meet the administrative requirements of the voucher system. These families may be among the most vulnerable for termination since their employment, education, and appointments may be disrupted abruptly to attend to the health needs of a child.



## Families Are Confused About How the System Works; Renewal Process More Difficult Than Initial Application

Most of the parents reported getting into the voucher program as the easiest step along the continuum. Nearly all of the interviewed mothers learned of the voucher program through the Department of Transitional Assistance. Fifty-five percent started with student/community service vouchers. Most reported relative ease in the initial communication and appointment process with DTA. Respondents were able to get an appointment within a two-week period. These reports from mothers are consistent with another Boston study (Adams et al., 2002, 2003).

The renewal process was the most difficult issue for most families interviewed. Most mothers did not understand the distinction between full- and part-time vouchers, and the vast majority had only a superficial understanding of the voucher program. They often referred to case workers by name, but had little understanding of the structure of the system.

Fifty-five percent of mothers interviewed reported significant difficulty in the renewal process. Of the 55 percent experiencing difficulty, 30 percent were terminated or denied approval at some point. Twenty-five of the respondents had been terminated from the voucher program. Moreover, the numerous appointments with R&R and DTA resulted in job termination for five respondents because of their frequent absence from work.

Most mothers interviewed could not, however, understand the reason for voucher termination. The majority of these parents had found a way to continue care for their children at the child care center. When vouchers were terminated, many centers tried to assist parents in their job search as it proved difficult to find a new position within the six weeks allowed.

Moreover, many women felt ridiculed by the voucher process. Women stated that they did not understand American social policy. They also did not understand what the problems were, and several stated that the combination of forces made them feel as though their existence was the problem. Also, families recounted the lengthy process entailed in renewing vouchers or addressing miscommunication with the R&R. They believed that the language barrier presented a significant challenge. Respondents reported that there was minimal translation assistance at the R&R or DTA. Many respondents reported their frustration with rude treatment by R&R or DTA staff. Lengthy wait times and the need to gather additional paperwork presented tremendous difficulty for several of the women.

The primary concerns with the voucher renewal process were language/culture, transportation, and challenges with employers.

### Language and Culture Barriers

When we asked child care centers about family and staff languages, 22 of 30 centers responded. Almost all centers that responded serve one or more Spanish-speaking children; half serve one or more children who speak Haitian Creole at home; and one-third serve one or more children who speak Cape Verdean, Cantonese, or Mandarin at home. If centers served two or three children who spoke a language other than English at home, the centers also had at least one staff member fluent in that language.

A large number of respondents who are non-native English speakers reported tremendous difficulty in communication with both the R&R and DTA. They had difficulty understanding letters written in English and with case conferences in English. Often, the initial letters stating the need to contact the R&R or make an appointment were not understood. Many scheduled numerous appointments with case workers seeking to resolve approval difficulties.

*“I had to beg my boss for the afternoon off. I came to the voucher office. They are so rude to me. No one speaks Spanish. They always yell at me. I can hear; I just cannot speak English. I wish they would not yell at me. Everyone laughs at me. I do not want my children to grow up this way.”*

*“I don’t understand this country. I just want to take care of my child and to go to work. I don’t know your language and I don’t know your culture. I need a job, I need to work, I have no one to take care of my child, my family was killed in my country, and I don’t know where to go. I am trying to do my best, I go to work everyday, I do not understand the DTA or the R&R or voucher or TANF. I just need a job. I have no family; I have no where to go. I am glad there is a place for my son. He is all I have in the world. They killed his father.”*

*“I don’t understand the rules of this system. English is my second language and I study at night. How is this supposed to work? They send me a paper, I cannot read the paper. I do not understand your law. It is not the same law in my country. I hope you will help me somehow.”*

## Transportation

The task of getting to and from the R&R, on and off a series of buses, was recounted frequently.

*“It took me two and one-half hours to get to the R&R on the buses from my house. It was snowing so hard, the buses were not running. When I arrived, they told me that I was late and that I would have to schedule another appointment. I just stood there and I cried. I could not schedule another appointment. What was to happen to me? What was to happen to my child? I sat down and after waiting for an hour and 15 minutes someone saw me. I did not get home until 6:00 on that day and I left my house at 7:30 in the morning. I lost a day’s pay because I do not get paid if I do not work.”*

*“I have to get on two different buses, it takes two hours to get to the R&R. I have a special needs child, I need to get the employer identification number. My boss thinks I am a bother because I need so much time off from work. The case worker at R&R thinks I am stupid because I did not have the paperwork. My boss told me that his identification was none of my business. My child is sick and I will need to take more time off of work. My voucher was terminated because I could not handle all of these demands. Everyone is angry and it seems no one will help me. I do not speak English well. I do not understand all of these problems and I do not want to make trouble for anyone.”*

*“I went for renewal. It takes me two hours to get to the R&R office. I wait for 45 minutes. She says I do not have the right papers. I have to go home. If I go home and come back, it will take me four hours on the bus and they will be closed. I will have to take another day from work. I will lose the voucher. I cannot come again. This is too much. These people do not care.”*

## Difficulties With Employers

The difficulty in taking time off from work posed many challenges for women and their employers. Many reported tension with work hours and employers about the time needed to attend R&R meetings. Several also reported that the R&R required paperwork that employers viewed as intrusive or excessive such as small business permits and employer identification numbers. The lack of ability to produce some of these



documents reportedly resulted in termination or significant delays in the renewal process.

*“I am very concerned. I have had several conflicts with my work schedule and appointments with DTA and the R&R. They have changed my case worker. I was required to bring in a number of papers from my job and my boss told me that if I asked for one more paper, I would be terminated. He called me a troublemaker because I miss work and need all of these forms to be completed. I need my job but I need my child care. My daughter is disabled.”*

*“I think I would have been fired if I had asked for one more day off, so I let my voucher be terminated. I did not know what to do. I had missed work because my child was sick and I could not ask for one more day. My employer told me that I was irresponsible and that I needed to learn not to let my personal affairs interfere with work.”*

*“My employer thought I was not responsible enough to come to work and that I was making the stories up. I had to travel on many buses taking almost the whole day to get to and from these meetings. I had no one to take care of my child. He did not understand. I was fired.”*

The barriers of language and culture, taking a day off work, and not having required paperwork resulted in some loss of vouchers as women found the system to be confusing, unresponsive, and intrusive. Several women stated that they were frightened. The difficulties of negotiating this system are magnified for families with children with disabilities, or those who need to return with a translator or to complete paperwork. The nature of low-wage work and the condition of poverty make the circumstances of the respondents' lives quite challenging.



## SECTION V: The Experiences of Child Care Centers

Child care centers were examined in three ways: (1) by tracking 3,295 vouchers of children in 30 centers, (2) by conducting in-depth interviews at six centers, and (3) by conducting director questionnaires. Six child care center directors were interviewed and an additional 11 staff members were included in these conversations. At some centers, assistant directors, financial managers, and case workers are very involved in the voucher process. Interviews served to supplement the quantitative data with more qualitative information regarding the challenges facing providers and families. Several of the center directors reported significant years of service with tenures ranging from 17 to 34 years.

### Child Care Center Directors Appreciate Vouchers

In interviews, all staff reported that the voucher program offered tremendous opportunity for children to receive better quality care. They stated that the voucher program improved the child/staff ratio of the centers, enabling centers to hire more staff. In addition, the voucher program made enrollment more stable, since families could plan for child care needs for a limited time. Center staff recognized that many of the families are under tremendous stress. Most saw the voucher system as providing for higher enrollment for the children who really need to be engaged with early education and care.

*“Without the voucher system, most of the children in my center would not be able to attend a preschool program at all. The family circumstances of the children make the stability and the provision of ongoing positive opportunities even more salient.”*

*“With the high cost of care, I am delighted that anyone underwrites child care at all. It is better for children to have some type of care than to be out there. There are some very desperate situations. We have children from shelters, children from war-torn countries; these children need some stability in their lives. It is the right thing to do. There should be child care vouchers for more children.”*

On the other hand, interviews with center directors unveiled some virtually universal concerns, including family access to quality child care, the dire economic circumstances of many children and families, confusion about the denial or termination of vouchers, and processing time lags. Limited reimbursement for voucher care combined with slow payments posed business management problems for several centers. The cash flow situation was on the mind of every center director interviewed. They reported spending inordinate amounts of time tracking money, phoning the R&Rs for clarity, and working to bridge the language and cultural barriers that many women faced as they tried to access care.

Many center directors, as well as R&R staff, saw this voucher study as an avenue to express their concerns and to advocate for centers and families, hoping that their voice and perspective would be heard. The sample of parents referred for interviews could have been skewed as a result of this perspective. However, interview data was balanced with survey responses from 226 families, along with multiple sources of data described in Section II.

### Financing Concerns Are Widespread

All of the directors interviewed were very concerned about rates, voucher administration, parent co-payments, and renewal and termination processes.

### Rates Are Too Low

All center directors interviewed, and 77 percent of those surveyed, agreed that the amount of the voucher does not cover the cost of care. The costs include both the provision of care and voucher administration.



Some directors interviewed stated that they had gone for seven years with no raises or increases in benefits. This clearly was a factor in staff retention and recruitment.

*“We received our last raise in 1998, seven years ago. I have some dedicated staff that love children, but our dedication to children has made us poor. Everything in Boston is much more expensive now. It is hard to make ends meet personally and professionally.”*

Previous decisions to freeze vouchers resulted in a tremendous disruption for the centers, many of which had to terminate or layoff staff as vouchers ended and no new vouchers were approved. This placed several centers in dire straits, with some reporting that they almost had to close. Many stated that they are still recovering from the financial losses of this policy decision.

Most providers were continuing to take voucher children because of their commitment to children and their understanding of the needs of children from low-income families. They recognized that vouchers helped families to afford child care and were delighted that there was funding to provide early education and care to some of the Commonwealth’s most needy families.

### **Voucher Administration Is Too Time-Consuming**

Administering vouchers – getting reimbursements, handling co-payments, and dealing with renewals or terminations – requires a great deal of administrative effort from child care centers. On average, centers reported that they need the equivalent of two days a week from the staff person who administers vouchers. All of the centers spent a great deal of time tracking payments, termination dates, pending renewals, and ongoing administrative issues such as billing and completing requisite forms.

During interviews, most centers reported timely payment for invoices that were submitted on time. The major difficulties came when the invoice was submitted late. This was of particular concern at the end of the year with the complication of holidays and difficulty in reaching appropriate staff. However, there were reports of checks lost in the mail and some administrative glitches which caused centers to be up to two months in arrears. Some directors reported the need to pick up checks on a monthly basis to meet payroll.

*“I spend up to 12 hours many weeks on administrative issues related to vouchers. This is simply to clear up communication, make certain that all invoices are timely, and to follow up on renewals and terminations. It takes significant time away from the other administrative tasks I need to attend to. The quality of care could improve, but I must pay my staff. Some of my staff members receive vouchers themselves. This is a very tight system.”*

Cash flow concerns were evident in each of the centers interviewed. Almost all had revised their payroll process to reflect the payment process and timeline of the voucher system. Centers reported cutting staff hours to meet payroll. In one instance, staff agreed to be paid for six hours a day, though they continued to work the full eight hours daily. This allowed them to keep their jobs. However:

*“This was financially tough. It is hard to run a business on a month-to-month basis.”*





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## **COST OF VOUCHER ADMINISTRATION**

Centers vary in their administrative practices. In some centers, directors do the paperwork and other administrative tasks; in other centers, an administrator is responsible; and in still other centers, teachers share responsibility. The amount of time spent on voucher administration also varies, from only one hour per week to the equivalent of a full-time staff person – the average is 38 percent of a full-time staff person or two days a week. The amount of time spent on voucher administration reflected the number of children with vouchers at the center, as well as other factors. The financial cost of voucher administration varies widely, reflecting the different salaries of directors vs. administrators vs. teachers, even when controlling for the amount of time spent on voucher administration.

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## **Parental Co-Pays Are a Source of Frustration**

Many directors interviewed stated that the parental co-pays were excessive and beyond the means of several families. Some families had a very hard time paying their share, and it was clear that the families were in dire financial straits. All of the centers agreed that the current co-pay process was difficult to manage and understand. Co-pays reported ranged from \$0 to \$85 per week; the rationale for the determinations seemed unclear. Several directors wished that they could be part of the process of determining the co-pay amount. Centers stated that 50 percent of the parents always paid on time and that there were another 15 to 20 percent who had to be chased to collect the co-payment. This certainly adds to the providers' administrative costs.

All directors applauded the R&R system that verifies payment of co-pays before approving a voucher for an existing family transferring to a new center. Several of the centers had terminated families due to significant lapses in co-payments. Most centers offered a two-week grace period and tried to work closely with the families in devising payment plans. Many centers had difficulty terminating families for nonpayment and tried to be as patient as possible. In the most dire case reported, a director had taken a family to small claims court for parental co-pays of \$8,000 that remained past due.

## **The Renewal Process Is the Most Difficult to Manage**

Centers concur that the voucher renewal process is the most difficult to manage and understand. All reported receipt of routine one-month notification pending voucher terminations. Many centers reported serious financial consequences resulting from their need to subsidize gaps between the termination of vouchers and the renewal dates. Most centers allow a two-week grace period, and some are more lenient in circumstances where they know the family is working toward renewal. Several directors reported assisting parents with making appointments, phone calls, translation, and gathering needed paperwork to meet renewal requirements. This resulted in a tremendous financial strain on the centers over the course of a year.

Centers report that frequently it was not possible for the parent to make an appointment with the appropriate personnel before the termination date due to the large case loads at the R&R or scheduling constraints related to the parent's work schedule. Some centers required that parents pay for interim care; others worked to subsidize this cost knowing the severe financial constraints of families.

In these difficult cases of voucher renewal, several centers reported providing parents employment opportunities at the centers. This practice was prominent if the hours needed to meet requirements lagged or in cases of a layoff often caused by seasonal employment.

## **Terminating Families Is Often Painful**

Centers reported that the termination process was clear and, in general, ample notice was given by the R&R. The most frequent termination of vouchers was for those parents who had graduated from school.



Most centers offered parents a two-week grace period upon the termination of their voucher and assistance with calls to help schedule appointments or get additional information as needed. Centers often assisted with authorization forms and provided assistance with translation. For vouchers that were terminated, some centers tried to assist parents in their job search as it proved difficult to find a new position within the six weeks allowed. The six-week timeline is tight, and nearly impossible for families with limited English skills. Many centers provided ongoing translation support for families in a variety of areas. Some center staff assisted families in the job search process, providing translation of various want ads and computer sites, and helping parents with the completion of job applications. A few even accompanied women to interviews and served as the translator.

All centers mailed letters to families, notifying them of pending termination. If personnel permitted, team meetings were scheduled to assist families during the transition, and the children were welcome to continue at the center if there were means to do so. Centers often let children continue at the center long after termination. However, most centers found it financially unfeasible to let children remain if there were waitlists for private paying children.

All of the centers reported that they waited as long as possible before terminating children. For some centers, this resulted in hefty financial losses, such as a parent fee that had soared to well above \$8,000. All centers reported great difficulty in notifying mothers of termination. Due to language barriers and literacy levels, many mothers learned of the termination from the center directly. They were not able to read the letter that had been sent in the mail.

The issue of termination and the resulting disruption to the financial stability of centers and the continuity of care were a source of significant frustration to both families and centers. The termination of slots had resulted in the displacement of child care workers in too many instances.

## **Relationships Matter; Policies Appear to be Unevenly Applied**

Many of the child care center staff had developed a relationship with R&R caseworkers as a means of facilitating communication on behalf of families. The center staff made calls on behalf of women and assisted in the renewal process. Some reported that the relationships helped get phone calls returned, clear up financial inaccuracies, and, at times, even helped with backdating vouchers if there was a gap between the date of termination and of renewal.

Child care staff was sometimes dismayed if their R&R case worker left, leaving the center without a direct bridge to help negotiate possible discrepancies. Building a relationship with the R&R case workers who managed the renewal process helped many obtain appointments, achieve more timely resolution of problems, and facilitate timely payments. The centers all reported some level of inconsistencies. For example, some R&R case workers were willing to backdate invoices giving reimbursements for gaps in care, while others were not willing to do so. Much of this was reported as dependent upon individuals and the relationships built.

In addition, several center directors stated that changes in personnel at the R&Rs posed difficulties. Change in personnel disrupted the process, and significant time was needed to build new relationships.

## **The Voucher System Impacts the Quality of Care**

The quality of care related to vouchers may be impacted in several ways:

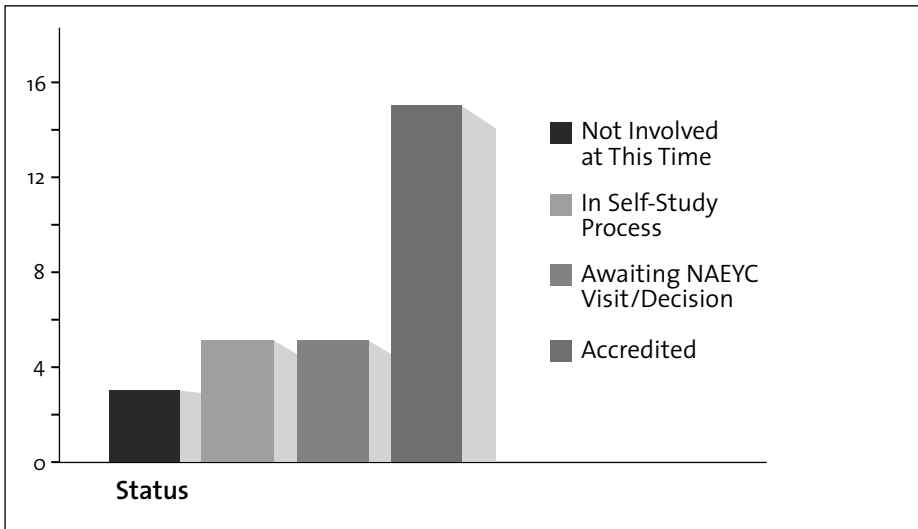
- Low reimbursement rates and staffing issues restrict centers' ability to hire qualified staff.
- Unstable care for vulnerable children is an outcome of the frequent renewal of short-term vouchers.
- The lack of care during vacations creates unstable care for children and jeopardizes continuity of care.

However, staff education levels and NAEYC accreditation status suggest that the centers in the voucher study are likely to provide higher-quality care than other comparable centers serving primarily low-income children.

### NAEYC Accreditation Levels Are High

One indicator of quality is NAEYC accreditation. Fifty-three percent of centers in the study are currently accredited, and an additional 17 percent are awaiting a validation visit or decision from NAEYC. (See Table 4: NAEYC Accreditation.) This is a significantly higher rate of accreditation than is reported for Massachusetts as a whole (27 percent, according to the *Massachusetts Department of Early Childhood Education Indicators for 2004*).

**TABLE 4: NAEYC ACCREDITATION**

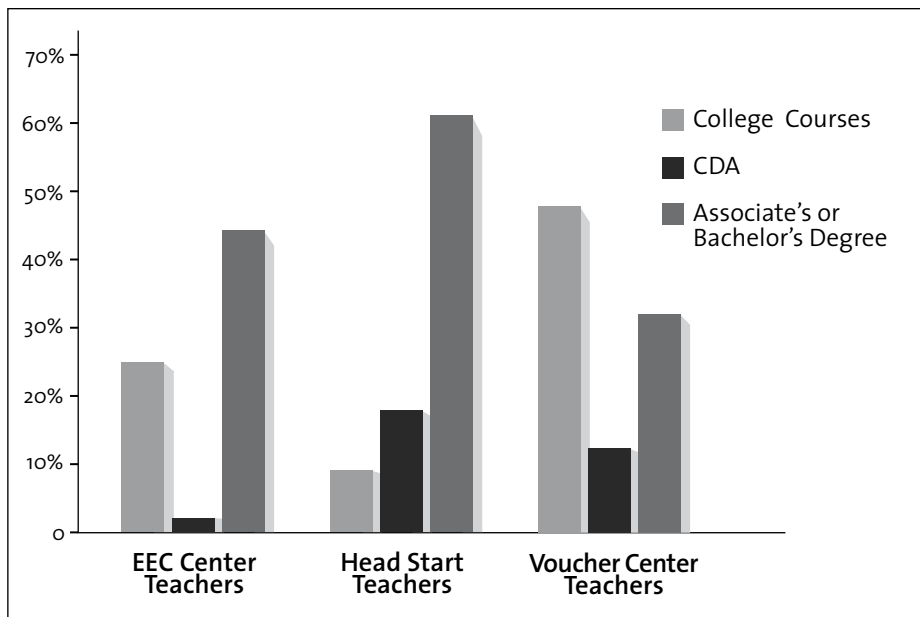


### Voucher Staff Has Less Education Than All EEC Teachers, But More Education Than Providers Who Serve the Poor

Another indicator of quality is teacher education. (See Table 5: Education Level of Preschool Teachers.) About one-third of preschool teachers in the study centers hold an associate’s degree or higher education. This is a lower rate of college education than found among Head Start preschool teachers and teachers in preschool classrooms in EEC centers around the state. However, when we compare the voucher centers to only these centers serving primarily low-income families, we find that the rate of college education (associate’s degree or more) is higher among centers accepting children with vouchers than among a comparable group of centers serving low-income families. It is important to note, however, that the centers in the voucher area are located in Region 6 (Boston area), raising the possibility of regional differences. However, *Preparing the Early Education and Care Workforce: The Capacity of Massachusetts Institutions of Higher Education* found that Region 6 was comparable to state averages for teacher education (Marshall et al., 2005).



**TABLE 5: EDUCATION LEVEL OF PRESCHOOL TEACHERS**



### Short-Term Vouchers Create Problems for Centers and Children

Among the 30 centers in the study, there were a total of 1,571 new vouchers issued in one year, and 2,051 renewals. Based on 3,295 vouchers for children in care at 30 centers:

- 32 percent of vouchers were issued for six months or longer;
- 21 percent of vouchers were issued for three months but less than six months;
- 30 percent of vouchers were issued for one month, but less than three months; and
- 11 percent were issued for less than one month.

Vouchers ranged from 3 to 371 days, with the average length of a given voucher, 114 days. Vouchers issued for less than one month seem either to be because of documentation problems or to finish out a child's time before he or she graduated or aged out of the program. The real challenge appears to be the 51 percent of vouchers issued for one or more, but less than six months.

In this study, 90 percent of voucher administrators agreed that "the voucher system focused on monitoring parents' continuing service need, at the expense of children's continuity of care."

The centers reported that part-time vouchers were generally difficult to accept. Centers needed to maintain a consistent and adequate staffing level in order to meet licensing and accreditation standards. The inconsistent days and times of part-time vouchers pose significant staff scheduling challenges as well as child placement challenges. Nonetheless, most centers wanted to keep the children at the center for the sake of continuity. The centers making this choice faced additional financial challenges, being reimbursed at lower rates, and struggled to maintain consistent staffing.

Directors interviewed saw short-term vouchers as detrimental to the children. Several young children displayed great difficulty with transitions, and this type of transition proved difficult for all students in the center. The loss of bonding and friendship was difficult to explain to other classmates. Short-term vouchers for parents attending school were difficult to maintain as many centers need the revenue provided by children who attend full time. From a financial and management perspective, centers stated that short-term vouchers were difficult to track and most likely to slip through the cracks. Some centers did not accept them; others reported that the tracking process was stressful.



*“The child has just enrolled, and the mother has a one-month voucher; she needs to make an appointment for renewal before her child comes to the center. By the time the mother and the child begin a routine and get settled, the voucher is up. This is crazy for the child, the other children in the center, the mother, and the administrative staff of the center. In this child’s life he needs someone. It is sad that this is the best that a country as wealthy as ours can do. Some agencies would provide better financial support for an animal than we provide for our children.”*

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## **COST OF INTERRUPTED VOUCHERS**

Interruptions in vouchers can cost centers in two ways: lost revenue when they deliver free care and when they are unable to fill the slot of a child whose voucher has been terminated. Centers in the Voucher Study lost revenues for an average of 30 days a year providing free care for children, and an additional 136 days a year when centers were unable to fill slots of children whose vouchers were terminated. On average, centers lost four percent of their voucher revenues because of interruptions and terminations.

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## **Interruptions in Vouchers Disrupt Continuity in Early Learning Opportunities**

In surveys, 90 percent of voucher administrators agreed that “the voucher system focused on monitoring parents continuing service need, at the expense of children’s continuity of care.” To illustrate this, vouchers do not cover parents’ vacation periods, school breaks, or summer breaks for women in school. Some directors reported particular frustration around the temporal nature of the school year. Vouchers were terminated due to school breaks if mothers did not have sufficient time in school recorded, challenging all who were involved. The mother, upon renewal of the voucher, returned to the center to find her previous slot filled by another child. The original child faced yet another transition in a world of too many transitions. The child care providers reported needing to lay off staff or cut payroll for all employees as a direct result of the timing of the school year. Several directors reported that summer, January, and March/April are especially difficult due to the long school breaks. Each school calendar varies, providing additional challenges for all involved. Some centers tried to reserve spaces by paying staff for three-quarters’ time all year long. However, this proved very tricky and put some child care providers in jeopardy of losing health insurance or meeting rent or mortgage costs in the expensive Greater Boston area. Some centers found jobs at the child care center for mothers who were in school as a way of planning for the calendar shifts.

*“It is too hard to organize all the different school schedules and plan for school breaks. I want to just keep them here and if we are not certain about the number of hours, then we can make them up with work here. There is so much work to be done, and so many children and families in need. I have to spend too much time on the phone, running to the R&R, writing letters, working with my staff, reorganizing shifts and hours, that it makes more sense to hire them even if it is only for the summer and the breaks. The state could just provide some type of subsidy for this. Centers that accept part-time vouchers are closing. Some of these mothers need the break time; they have a hard life. They have sick family members, they need to travel, and they use the time to take care of their families. Some of their families crumble. It is too sad. Some of them are trying to support so many people with one salary.”*

Academic year vouchers were often difficult to accommodate since September is such a busy time and many of the centers filled slots over the summer with children who can attend full time. Parents were often



dismayed to discover that their child could not return to a center they had grown to trust and in which they feel comfortable.

Centers also reported that the problems with the timely renewal of vouchers, described in previous sections of this report, led to interruptions in care. Several directors reported concerns about continuity of care. Termination and renewal, part-time vouchers, and short-term vouchers all have similar effects: The child loses the continuity of care; it is difficult for the center to plan for staff and class composition; and families are faced with dire circumstances in their efforts to find or maintain employment or schooling. Many centers reported having to lay off or terminate staff due to under enrollment at times with a negative effect on staff morale and on the children at the centers. Staffing needs were most difficult to plan for the summer, school breaks, and some holiday periods.

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### **CONTINUITY OF CARE**

Interruptions in vouchers also affect children's continuity of care. Children attending centers in the study were absent a total of 1,730 days because they had no voucher, the equivalent of 2.5 days/year. (This number does not include children whose vouchers were terminated.) However, most children do not experience interrupted vouchers. The lack of continuity of care is experienced by only a few children, but is experienced more intensely by these few. For example, at one center in the study, 3 out of 88 children using vouchers experienced interruptions in care, missing the equivalent of eight days/year each (and also receiving free care for five days/year each).

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### **Centers Seek Ways to Integrate Funding Streams to Help Children**

The majority of the centers subsidized the voucher participants with OCCS funds, Food and Nutrition funds, the Boston Public School 0-8 monies, Community Partnerships for Children, DSS, and Special Education funding or vouchers. Child care centers that are part of organizations offering other services, such as churches, received large in-kind support such as free or below-market rent, utilities, water, janitorial services, and paper supplies. This enables some church-based programs to fulfill what may be considered a social or ethical service to low-income families and children. In these instances, congregations are heavily subsidizing child care, underwriting nearly 35 percent of operating costs, according to center directors. Center directors reported that funds available for special needs children helped to enhance the child/staff ratio by providing for more staff. In cases where there were three or more special health care needs students, aides could be assigned to work closely with the targeted children. All center directors reported that the additional staffing increased integration, thereby enhancing the positive social interactions of all children, and improved the overall quality of care for students in the classroom.

A variety of creative, ad hoc strategies and scholarships were used to support children. Every center director reported that additional subsidies were critical to making financial ends meet. A director of a community nonprofit independent center used a personal \$30,000 home equity line to underwrite costs of that center. Many directors cited increases in rent and stated that, on many occasions, expenses exceeded revenues. It was an ongoing difficulty to keep parity with rising operating costs. Another center director took out a small business loan. During the course of the interview process, one center decided it would no longer accept vouchers. The director sold the center to a for-profit chain and vouchers were being terminated. The director stated that she had tried to make ends meet for nearly 30 years, and it had proved to be a financial loss.

The financial reality of running a child care center was foremost in many interviews. Every center interviewed had a significant additional revenue source to subsidize costs, such as a small business loan, church affiliation, in-kind support from a home organization such as a YMCA and Head Start, or a line of credit. One center director was selling her center, having lost her effort to reclaim more than \$8,000 in unpaid family fees. Two centers were being sold to for-profit interests that sought to limit the number of voucher slots available due to the low rate of reimbursement.

Managing the daily ups and downs of centers proved to be quite difficult. Centers used a variety of strategies in managing vouchers. All centers kept track of vouchers and termination dates, and almost all reminded parents of termination dates. To protect their financial stability, two-thirds of the centers planned ahead for terminated slots and brought in other funding. Almost two-thirds of the centers assisted parents with voucher renewals. In addition, one-third of centers limited the number of children with vouchers in their program. Most centers offered parents a grace period when they were late with co-payments; 41 percent offered a grace period for care if a voucher was terminated. A more systemic statewide approach to funding integration would benefit these centers and the children they serve.

## **Providers Are Subsidizing the True Cost of Early Education and Care**

The realities of managing a small business are magnified with the challenges inherent in helping families through very difficult circumstances. Many center directors had significant tenure in the field, having worked within it for more than 20 years. The increasing depth of poverty; the dire circumstances of families; and the increasing costs of rent, utilities, and staff turnover pose severe challenges. Many spoke of their commitment and love for children, and their faith. However, there was often discussion of their intention to leave the field.

*“I don’t know how I can afford to stay in a field with no raise for 10 years. I have given my life to this work. We are turning into a heartless society when we cannot provide care for our neediest children. The cost of care is on the backs of providers. Providers are the working poor.”*

The majority of centers reported that vouchers allow them to serve low-income families and that they provide some guaranteed income from the state. However, most also reported they spend too much time collecting co-payments. About half of centers reported that administering agencies were sometimes late in their payments and that it was difficult to keep track of termination dates. (See Table 6: Center Opinions of Vouchers.)

The ways in which the current voucher system handles terminations and renewals of vouchers creates problems for centers. Ninety percent reported the gap between the termination date and renewal was a problem. Seventy-seven percent reported it was difficult to fill slots when a voucher ends.

## **Current Voucher System May Be Most Feasible for Larger Providers With Multiple Funding Streams**

Large Head Start centers, administering more than one child care center, reported difficulty in tracking finances because all payments were bundled. This presented a challenge in determining which individual center budgets should be reimbursed and the appropriate rates of reimbursement. It is a time-consuming administrative task to sort out each child’s rate by individual sites and aggregate the data. Large centers are hopeful that computerization might assist with tracking, more timely payments, and clearer financial records.

Nevertheless, the efficacy of the Head Start model was apparent in the interview process. Head Start staff actively work with parents on parenting skills and assist with matters affecting children such as voucher renewal. The staffing pattern provides for parent support and case management. The Head Start centers in the sample were frequently called the “compassionate providers.”

*“If I lose my job or my child is sick, my child is still eligible for Head Start.”*

This was understood by many families. Head Start providers retained children who lost vouchers and supported families who had undergone job or school changes. The Head Start staff is comprised of bilingual case workers who assist with translation and assist women in writing or calling the R&R. They helped



parents identify the documents needed for renewal and some even transported and accompanied women to the voucher office. This model may prove to be instructive as more and more immigrant women enter society and the voucher system.

Head Start centers did not terminate children if vouchers were terminated since all of these children were still eligible for Head Start. Head Start was not as troubled by voucher termination given that all families who were eligible for vouchers qualified for Head Start. Voucher termination did mean a reduction in child care hours for some children, but not in a total termination of care.

**TABLE 6: CENTER OPINIONS OF VOUCHERS**

Center Experiences With the Voucher System	Percent agree
The gaps in vouchers between the termination date and renewal create problems for my center.	90
Without vouchers, my center would have trouble serving low-income families.	87
Because we accept vouchers, we are guaranteed some revenue from the state.	86
It is difficult to fill slots or vacancies when a voucher ends.	77
We spend too much time trying to collect parent co-payments.	73
Families at our center believe that we have an official role in renewing their vouchers.	59
The administering agencies are sometimes late in their payments.	57



## SECTION VI: The Experiences of Family Child Care Providers

Family child care providers care for and educate a small group of young children in the provider's home. Providers are licensed by the state for a specific number of children, depending upon their qualifications, available floor space, and presence of an assistant.

Vouchers for family child care in Massachusetts are administered in one of two ways. Independent providers work through their resource and referral agency to receive vouchers. The other option is to belong to a family day care system. A majority of the providers in this sample belong to one of several systems. Massachusetts is unusual in the amount of support that it gives to these systems (other governmental entities that fund systems, usually calling them networks, are Illinois, California, and New York City). System activities include:

- Recruiting licensed home-based providers;
- Offering training and support;
- Administering child care vouchers, CPC, and OCCS "slots," and sometimes US Department of Agriculture's Child and Adult Care Food Program; and
- Recruiting eligible families and placing them in FCC homes.

### About the FCC Providers in This Study

The random sample used in this study included telephone interviews with 12 providers affiliated with FCC systems as well as seven independent providers. In this small sample of 19 FCC providers, only one was accredited by the National Association of Family Child Care.

Reflecting the norm in family child care, these providers care for a mixed-age group of children. The numbers of children in care ranged from 2 to 10. Most typically, there were 4 children enrolled. The most common age groups were one- and two-year olds. Some homes had a baby, and most had at least one preschooler aged three or four. It was unusual for these providers to care for school-aged children.

The families in these settings were ethnically diverse. Many of the providers cared for families of several ethnicities. For example, one home had included African American, Cambodian, Cape Verdean, Chinese, Haitian, Puerto Rican, other Latino, White, and East Indian. No provider in this sample had cared for families of only one or two ethnic groups.

While some providers cared only for families with vouchers, some had predominantly fee-paying families with only one or two vouchers, and a few had a mix of vouchers and CPC and/or Protective Services "slots." Typically, about half of their currently enrolled families had vouchers. One provider said:

*"I used to take DSS Protective, but I had some problems with 'looney tune' parents. I had a father who tried to kidnap a child. I was subpoenaed to court. I did not like that! So I stopped that. But I kept one DSS family because I liked the grandmother."*

A majority of providers in this sample accepted the families that came to them, regardless of funding source. Apparently, many of these providers were not fully enrolled and were always looking for another family or two.

### Family Child Care Providers Are Experienced, Appreciate Vouchers

All of these providers had experience, ranging from 16 to 35 years, offering child care in their homes. Also, most of them have been taking state-paid vouchers of one kind or another for a long time. In answer to the question of how long, two providers expressed the sentiments of many when they stated that they began to accept vouchers:

*"A long time ago."*



*“Longer than I can remember.”*

The independent providers most often began taking vouchers in response to a mailing or a verbal request from their R&R to accept a family with a voucher. The providers who belong to systems usually heard about vouchers for the first time when their system wanted to place a family who had a voucher. One provider joined a system because she wanted to take a family who already had a voucher through the system.

*“I knew a poor single mother and wanted to take care of her child. I suggested that she go to [the R&R]. She had to wait a year and a half, but got it, and I took care of her child until he started kindergarten in September.”*

Providers unanimously agreed that vouchers allowed them to serve low-income families that would probably not otherwise have been able to pay for their care. Several expressed support of the voucher program even before being asked about this. Like child care center staff, FCC providers indicate that they are truly grateful for this funding stream.

*“She would have been on welfare. She needed [paid] child care to be able to work. Everybody should give parents who need it a break.”*

## **FCC Providers Work Long Hours, Are Concerned About Children**

Most of these homes offered EEC services care from Monday through Friday for 10 to 11 hours per day. Only one offered evening child care; she was open from 7:30 a.m. until 10 p.m. every weekday. No one offered care on Saturday or Sunday, though three who had previously offered weekend care no longer did so because it was “too much,” “I learned better.”

*“I do not offer [evening or weekend care] at this time. I got older and a whole lot wiser. When you have young children of your own, you don’t mind having other children around. But when your children are teenagers, you don’t want little children running around the house [on evenings and weekends].”*

Many providers expressed a strong commitment to children and concern for their well-being. Many were embedded in community networks and community “grape vines” – a factor families also mentioned when discussing how they chose providers.

*“Three of the five children I have, I knew their parents as children in church. One I knew since she was seven. Only one child did I never know his mom before they came to me.”*

Several providers mentioned that they were really caring for the parents in addition to the child, spending a lot of time with them, likely serving as a role model as they helped them make career choices as well as learn how to discipline or potty train. Generally, there seemed to be good-quality relationships, including individual attention to each family, sometimes forgiving the co-pay and helping parents out financially in other meaningful ways.

One provider reported that the biggest problem for children is that parents leave them in the program for 10 hours per day, even if they only needed a few hours of care for school or part-time work. She felt that this was hard on the children, but that the voucher staff encouraged parents to take advantage of the full 10 hours. [See Bromer (2004) for a study of the comprehensive services low-income African American providers offered the young mothers in their care.]

## FCC Systems Eliminate Administrative Burden for Their Affiliates

As indicated in Section V, child care centers have deep and systemic concerns about the administrative burden involved with voucher administration. FCC providers affiliated with systems do not face the administrative burdens that child care centers typically address because the system is in the business of doing the administration for them. Perhaps surprisingly, the independent providers also reported that the administrative burden was manageable – they typically had only one or two vouchers to manage.

Most providers, whether independent or belonging to a system, disagreed or strongly disagreed with the statement that paperwork was a problem for them. For example, one system provider, when asked to agree or disagree with questions about the amount of voucher paperwork, advance notice of voucher termination, parent renewal problems, and collecting parent co-pays, represented the sentiments of others when she said:

*“I don’t discuss any of this with them. The agency [system] collects the fees and co-pays and I just get my paycheck. All I have to do is take attendance and the Food [Program] paperwork. If I would go independent, I would have to deal with bounced checks again.”*

Others said:

*“My agency deals with late payments, paperwork, keeping after a mother to do what she needs to do. I get paid if I offer the care.”*

*“If you have a problem, you have backup. There is less aggravation.”*

*“I have six children [her capacity] and the agency supplied all my children now, though they give me the right to accept independent children. I have one CPC, which pays \$3 more [per day].”*

Systems function as the administrative staff for providers, parallel to the function filled for center teachers by the directors, fiscal managers, and other administrative staff in their child care centers. Some providers like being their own small business manager and prefer to be independent, but most in this study happily pay a price to have their system take care of these tasks for them.

Indeed, those providers who received their vouchers through family day care systems had virtually no paperwork. The system took care of everything: referring the families after the vouchers had been approved, paying the provider, collecting the co-pays from parents, and helping parents through the renewal process (in some cases, transporting them to the voucher office). Several providers cited this as the primary reason they belonged to their system, although some also mentioned training and other supports they received.

*“The agency supplies all the children now, though I have the right to take independents. All I have to do is take attendance. I would go independent but I don’t want all those bounced checks. I get paid on time – even at the worst time, my paycheck is never more than one week late. And the agency fills the vacancies, though it might take a week or so – never a month.”*

*“The paperwork? It’s nothing – just one sheet at the end of the month.”*

A systems administrator said that most of the providers that she has worked with would have difficulty managing the administration on their own. The few independent providers in this sample did not live in Boston’s low-income neighborhoods.



Most independent providers whose vouchers were arranged through their resource and referral agency also reported little concern about paperwork. They typically had only a couple of families with vouchers.

*“[The R&R] sends reminder letters about the termination date, then I remind the parent. I think [the R&R] reminds them too.”*

*“I keep a calendar with all my business information. I write down the dates that the vouchers will end and remind the parents a couple weeks before.”*

The providers in systems seem to get paid promptly and the system covers the late payment: “It may take a week or so, never a month.” Another provider said that her system might take 45 days to send payment.

The wait is longer for independent providers, about four to six weeks.

*“Vouchers never used to pay on time. Years ago I had four to five vouchers and one to two private kids. The vouchers said they’d pay soon, but it would be months late. Recently they’re paying, but it might be six weeks late. Now I’m in a better place. I have others, so I can manage.”*

Belonging to a system does have requirements that some may see as a disadvantage. There are constraints on the way a provider can do business as well as additional time requirements for meetings. In our research experience, many Boston-area providers join a system when they begin to offer care, usually for the referrals and sometimes for the support. After a few years, if they can build their word-of-mouth reputations and attract families on their own, they may choose to become independent and work through their R&R.

But other providers are happy to incur the system requirements in exchange for a steady supply of children and avoidance of the hassle of dealing with paperwork and billing. In other words, systems greatly benefit those providers who cannot attract higher-paying “private” parents, who do not qualify for the higher-paying community partnership slots, and who face difficulty with English.

## **Unlike for Centers, Financial Issues Are Less of an Administrative Challenge for FCC Providers**

Unlike centers, most FCC providers did not agree that it takes too much time to collect the parent co-pays. In fact, they often strongly disagreed. Yet, about half of them agreed that the co-pays were too high for many of their families.

*“Some parents don’t have the co-pay. One of them now doesn’t pay me anything. Another one couldn’t give me the \$38 per week. I still keep her child. I just let it go.”*

*“I do have problems collecting the co-pay. When they have no money, they don’t pay me. One [family] that just left still owes me \$65. Another one does not pay on time. I hate doing it [collecting the co-pay], but I don’t want to turn away the child.”*

When providers are willing to reduce or totally forgive parent co-pays, it solves the problem for parents, but it increases the problem of low voucher rates and low income for the provider. The effect is to cause providers to earn very low incomes, to limit the number of families with vouchers they will take, or to decline acceptance of vouchers.

## FCC Providers Recognize Challenges Families Face

Although FCC providers did not appear to experience the administrative burdens typical of child care centers, FCC and center staff witnessed similar challenges that families face in voucher renewals and terminations. Several FCC providers mentioned that they had to keep after the mothers to make the appointment to renew their vouchers and two recalled needing to transport a parent to the R&R to arrange for the renewal. One said:

*“The paperwork is not too much for me, but it is too much for the parents. Also, they could send us an envelope with a stamp on it.”*

Another provider, agreeing that the gaps between the termination date and renewal create problems for her, said:

*“I remind the mothers [about what they have to do to renew]. Sometimes it’s like I’m their mother, treating them like a child. If the mother loses her job, it hurts everyone.”*

Issues related to speaking a language other than English were among the most prevalent challenges mentioned. The Spanish speakers in this study felt strongly that a simple change would make vouchers work much better for them: translate the paperwork into Spanish. Most parents, and the providers themselves, find it necessary to have help completing paperwork. Indeed, all the Spanish speakers in this study belong to a system that offered support.

FCC providers also mentioned that parents had trouble getting timely appointments at the R&Rs and suggested that the R&Rs offer appointments at least one evening per week.

*“They have to wait two, three, or even four weeks at [a specific R&R]. How can you get a job, even at minimum wage, if you don’t have child care?”*

*“It should be easier for [eligible] parents to arrange for vouchers. She had to get time off her job. If you work 9-5, and the agency only sees people during the day, it’s impossible. Even if it was open one night a week...[it would be better].”*

Another reported that sometimes parents have to wait up to 45 days to get an appointment at the R&R. Other providers mentioned that termination was hard on the children.

*“[If the voucher is terminated] the children get bounced around from family member to family member, whoever can do it that day.”*

*“They make a friend, then they have to stay home, then it is hard to come back and their friend has another friend.”*

Several providers alluded to the concern that parents do not receive sufficient orientation to the voucher system. They need to understand the respective responsibilities of parents, providers, and the system or R&R.

## FCC Providers Often Offer Financial Support to Families

Nearly half the providers gave some form of discounts to families. Some reduced the parent co-pay for those who they knew could not afford the assigned amount. Several providers reported offering care for a child after a voucher was terminated, until the mother figured out what she was going to do. Typically, the time period for this donation of volunteer services was two to four weeks, although one provider thought she had taken care of a child for several weeks before she “had to let the family go.”



*“You work with them, confidentially. Sometimes I give them food, or at Christmas, I get them gift certificates to the Stop and Shop so they can get food.”*

*“I don’t give discounts to new families, but I’ve had a couple families that started with me as infants, then the parents separated. I felt bad for them.”*

On the other hand, some providers were adamant about not offering unpaid care:

*“When I first started, I did that [offer discounts to families who need financial help but have no child care assistance]. But I learned that that was not the way to go. They ask for pity but I need the money.”*

*“One new parent called and said she hadn’t gotten her voucher yet, but she started school tomorrow. I said ‘I guess you’ll be missing school tomorrow.’ Part of me wants to baby them. But I don’t want to enable them this way.”*

*“What I did in the past was volunteer my services. No more!”*

*“I have done it in the past, not too often. I kept one child over a month. She left me hanging. Now I say ‘No, I can’t do that.’”*

*“‘Stupid’ isn’t written on my forehead.”*

*“I cannot allow a child to come here without any reimbursement [after they lose the voucher]. But I do cover it myself if they don’t have the [co-pay].”*

## **Low Rates Are a Universal Concern**

Rates for FCC providers emerged as a critical issue. Most providers were distinctly unhappy with the voucher rates, which pay considerably less than private pay. The fees providers charge their “private” fee-paying families are almost always significantly higher than the voucher rates. Those who lived in towns surrounding Boston tended to charge \$200/week, while those in the city usually charged \$150/week for their private fees.

Almost every provider strongly and vehemently agreed with the statement: “The amount of the voucher doesn’t cover my costs or pay me enough for my work.” FCC providers accept the low rates because they want to serve those families, because they cannot fill their vacancies with higher-paying families or CPC slots, or because they want to stay on good terms with their system, which needs to place the families.

*“They need to pay more money. Twenty-four or twenty-seven dollars a day just doesn’t do it. I used to live in Mattapan, but now I live in Milton. My private parents pay \$200 a week or \$180 if they can’t afford it. Sometimes I don’t charge the parents with vouchers [co-pays] any more, maybe \$10, but if they can’t afford it.... Sometimes for months I don’t get the co-pay. I never turn down a parent. I let them come for free.”*

*“The state pays 50 percent lower than private parents [in Medford].”*

Providers usually felt that they were taking a loss by serving “voucher families.” Some of them complained about the inequity of this situation, while others accepted it as part of the reality of poverty

and state budget problems. No one raised the issue of budget priorities.

*“I like to have my regular fee paid, but I take what comes to me. If a family needs care.... A mother who was a friend of my daughter’s – nobody really wanted [to care for her child] so I ended up taking them. There are a lot of families out there who need [financial] help.”*

*“I also give discounts, especially if they have more than one child. I give a family discount of 25 percent.”*

*“My friends have stopped taking vouchers. They were not making any money on it.”*

*“I take whoever they send me. It’s almost like a calling. We’re not in it for the money. My own children are gone. A lot of these kids need us. If we didn’t take care of them, these single parents.... Half of them don’t know where the next meal is coming from.”*

The one exception was a provider who lived in a middle-income community and had accepted one voucher because she knew the family and wanted to support the mother. She felt it was reasonable for her reimbursement to be low under the circumstances.

But the story is different for a few providers who are quite low-income themselves. It seemed that they lived in poor neighborhoods, did not have a list of families waiting and ready to fill any vacancy, and were grateful for vouchers because they allowed them to stay in business. While they agreed with the statement that vouchers do not pay them enough for their work, these providers were not filled to capacity and were eager to get as many vouchers as possible. The voucher rate is probably higher than they would otherwise be able to charge the families available to them.

Every provider believed that their payment rates were too low and that they do not cover their expenses or pay an acceptable wage. Assuming that they have typical expenses of 20-30 percent and four children for 10 hours per day, they are earning less than minimum wage if all of their families use vouchers. Several of the providers limited the number of vouchers that they will accept at any given time to one or two because of the financial loss entailed. One provider had recently decided not to accept vouchers in the future because of the low rate and the problems she had had in collecting the co-pay. (Of course, there must be many other providers who were not in this sample who will not accept vouchers because of the low rates.)

## **FCC Providers Need Ongoing Professional Development and Support**

Several providers could not think of anything to say when asked to dream about a voucher system that would be wonderful for them and the families they serve. Others mentioned more training and support. One system provider said:

*“Awesome training and support – Not always Child Care 101, beyond popsicle sticks with circles glued on to them. College courses that are not so center-oriented.”*

There was a clear dichotomy between those providers who charged higher rates, lived in lower-middle to middle-class neighborhoods, and were filled to their chosen capacity and those who lived in poor neighborhoods, did not really have an established private fee, and were happy to take vouchers as an alternative to having vacancies. It was the latter group who seemed to be under greater stress.



## Section VII: The Experiences of Resource and Referral Agencies

### History of R&R

The child care resource and referral field is a relatively new field, with origins in Massachusetts. In the early 1970s, four women founded the first CCR&R, the Child Care Resource Center, at a kitchen table in Cambridge. They made the assumption that if they were having a difficult time identifying the right child care placement for their children, other moms and dads must have been going through the same dilemma. They began by collecting provider names on index cards. Joining with efforts in three other states, they received a multiyear grant from the Ford Foundation to develop the child care resource and referral field. Thirty-five years later, the resource and referral field extends throughout the country with 800 agencies and a national association in Washington, DC.

In the 1980s, Massachusetts issued a Request for Proposal (RFP) to establish the first 10 state-funded CCR&Rs in Massachusetts. In 1990, the state issued an RFP to merge the R&Rs with the Voucher Management Agencies, which were responsible for managing the state child care voucher program. At the time, a few resource and referral agencies doubled as voucher management agencies. The merger caused the R&R field in Massachusetts to grow from 10 agencies to 15 with the added responsibility of managing the voucher program. Unfortunately, at the same time, the state cut the state dollars available for R&Rs to zero.

Fortunately, the Child Care Development Block Grant was passed at the federal level and some funds were reallocated to the R&Rs. However, the voucher dollars became the larger funding stream, causing the focus of the R&Rs to shift dramatically to subsidy management. CCR&Rs continued to deliver training, consumer education, data collection services, and special projects related to resource development, quality enhancement, and improving the lives of children and families with fewer resources. In some areas, CCR&Rs were able to contract with employers and/or raise philanthropic dollars to continue to deliver R&R services. However, throughout the nineties, the corporate dollars began to disappear as for-profit resource and referral services and employee assistance programs began to grow in number and scope of services across Massachusetts and the country. Once again, the resource and referral agencies lost significant private funding sources.

In the late nineties, the state issued an RFP intending to once again reorganize its service delivery areas and further define the provision of services for the R&Rs. Unfortunately, the state was undergoing economic hardship due to a downturn in the economy, which meant that the RFP dollars were decreased even before the RFP process was completed. The contracts were awarded in 2000 with decreased funding levels and new and expanded tasks. Further state budget cuts were implemented in the years that followed.

Today, Massachusetts has a total of 15 CCR&Rs serving families, providers, and communities in six regions across the state, with a total state funding line item of approximately \$12 million. These are federal funds primarily from the Transitional Assistance for Needy Families account and the Child Care Development Fund.

CCR&R agencies contract with the Department of Early Education and Care to manage the voucher child care system. The R&Rs recruit, train, and enroll the providers into the system including independent family child care providers, family child care systems, contracted providers, and in-home/relative caregivers. The R&Rs conduct Criminal Offender Record checks, verify relationship to the child receiving the care, conduct orientations, provide learning supports, and process the caregivers' payments. The R&Rs also work with community groups to further analyze and develop child care services in their service delivery area.

### Dual Mission

When asked in interviews to articulate the state expectations of the R&R, the respondents stated: detailed counseling on child care options; identification and assessment of other needed resources; tracking and





monitoring of eligibility; identifying fraud or suspicion of fraud; recruitment and training of providers including hand holding of in-home/relative caregivers; managing case loads; conducting billing and reimbursement processes; auditing providers; and much more.

Survey data asked R&R staff and administrators to contrast two statements about the mission of the voucher system. (See Table 7: R&R Staff and Administrators’ View of Voucher System Mission.)

**TABLE 7: R&R STAFF AND ADMINISTRATORS’ VIEW OF VOUCHER SYSTEM MISSION**

Percent Agree or Strongly Agree	Staff	Administrators
Our primary responsibility is to ensure that only eligible families receive vouchers.	69	63
Our primary responsibility is to help families find affordable child care.	72	67

### CCR&R Staff: Experienced but Fewer In Number

In our surveys, voucher staff reported that they have worked in voucher management at their current agency for an average of four years. Almost half of voucher staff had experience working in a center or as a licensed provider prior to entering voucher management; these staff had an average of five years of such prior experience. Administrators report that only about 10 percent of them have a bachelor’s or graduate degree. Eighty percent of voucher administrators also agreed with the statement: “The low pay of R&R staff and the high turnover rates are a problem at our agency.”

Analysis of our case study data presents a similar picture of experienced staff. In our case studies:

- Agency A: The voucher administrator has been with the agency for the past 13 years, the last five years have been focused on voucher administration. The family services counselor has been employed for the past eight years, six of which she has been working with the voucher program.
- Agency B: The program director has been employed by the agency for the past eight and one-half years. The family services manager serves as the voucher administrator; she has been with the organization for three and one-half years, having come from being a child care provider for five years. She was first hired as the CPC coordinator until positions were consolidated due to state budget cuts. The family services specialist has been employed for the past five years; she came to the agency after having been a preschool teacher in a child care center.
- Agency C: The R&R director has been employed by the agency for the past two years. She came to R&R after being a provider at a child care center where she managed CPC and voucher slots; before that, she worked as a provider for 13 years. The deputy director serves as the voucher administrator, and has worked in the voucher program for 11 years. The family counselor has been at Agency C for four years; she served as a receptionist until six months ago when she became a family counselor.

Due to state budget cuts in the past several years, all participating CCR&Rs have lost three to four full-time equivalent positions (FTEs). Agency A has 25-30 employees (down from 38 two years ago) of which 4.5 FTEs are focused on the voucher program. Agency B has 13 employees (down from 21 two years ago) of which six FTEs are focused on the voucher program. Agency C has 30 employees of which 15 work in the voucher program. The agency has lost three FTEs due to state budget cuts in the past several years. Each of the agencies report having lost between four to six staff positions in the past two years while acquiring more work. When restructuring occurs due to budget constraints, the work is shifted to the remaining staff.

### Staff Cuts Result in Higher Caseloads; Caseloads Have Doubled

Survey data indicated that the average caseload for staff was 362 families. On average, each staff member issues 25 new DTA, Income Eligible or Teen Parent vouchers each month and processes 102 renewals each month.



In the early 1990s, CCR&R caseloads used to be between 150 and 180 per counselor; in the late nineties, caseloads were, on average, 225 per counselor. The past several years, due to budget cuts, caseloads are, on average, 362 per counselor.

In this study, voucher counselors indicated very high caseloads of between 350 and 460 families. Illustrating this: Agency A sees a voucher caseload of 650-700 throughout the year. Each counselor carries a caseload of 300 families. Agency B has a caseload of 1,300 families. Each counselor carries a caseload of about 350 families. Agency C has a caseload of 6,000 children of which every counselor handles 460. This makes the R&Rs ability to deliver on the state expectations more challenging. R&Rs vary in provider caseload between 300 and 1,300 providers. This is in addition to the family caseloads that range between 650 and 6,000 children.

As a result of these caseloads and the high volume of work, voucher counselors report spending twenty minutes with each family. Two of the agency directors report spending about 60 percent of their time on the voucher program; one reports spending 20 percent of her time on the voucher program. Other staff interviewed reported that they spent between 50 to 100 percent of their work time on the voucher program. Some split their time working on various aspects of the voucher program and, on two occasions, staff also handle CPC work and/or information and referral work. On all occasions, R&R staff work on multiple tasks due to staffing cuts.

## CCR&Rs Are Underfunded to Meet Their Contractual Obligations

However, the work performed by the CCR&Rs with voucher providers is not considered a caseload, meaning that specific funding is not allocated for the voucher provider work.

The CCR&R budget is based on family caseload only. Further, additional tasks have been added to the CCR&Rs, such as the provider auditing process, without sufficient additional revenue to hire staff.

*“There is not enough time to do all we want to do or all the state expects us to do....” Agency A*

*“Everything that they do not fund, including education, support services, and trainings. EEC has it made; R&R delivers without the funding. [We] would like to be able to give more in-depth services to parents and providers. Business practices for the providers, education for the parents, especially families with special needs children. Helping families become self-sufficient. I have a deep passion to give more direct support to families who need it.” Agency C*

*“What we want it to be is not what it is now. We want to be able to really counsel families and give them resources.” Agency B.*

## Service Beyond Child Care

The R&Rs agree that all of the services that the state expects are possible, but that the time, funding, and staff resources are inadequate for those tasks. In the process of meeting with families, R&R staff identify other needs, including housing, domestic violence, immigration, and unpaid utility bills. They offer resources to the families and places for them to call. They speak passionately about the families, telling stories about their clients’ progress.

*“Voucher clients, well, you can’t make everybody happy. But we have good relationships. We work hard to build relationships with our clients. We have a lot of long-term clients; we have twins who were babies and now they are ten years old. Parents bring us pictures of their children; we see them at the stores.*



*“We have held focus groups to listen to parents’ concerns, and we made changes based on their feedback within reason. We hold parent information sessions, but no one used to attend. The parent/provider conference with activities, food, child care worked very successfully.”* Agency C

*“Families come in with a lot of issues. I help them with any other referrals they need; one woman, her NSTAR bill was too high – I let her use my phone to call the Salvation Army who helps with that. Other issues are domestic violence, child support, and homelessness. Sometimes I see the families when I am outside of work. Parents need a notarized letter if they do not rent their own apartment and a bill in the person’s name.”* Agency B

*“...we try to help the families to fix their difficult situations. There is mutual respect; we try to always make it go right for the families.”* Agency A

*“We hear a lot of life stories, the hardships. We refer them to resources as we identify their need. Places like Travelers Aid which pays utility bills. Three days per week someone/outreach worker meet with families about food stamps and other services.”* Agency C

## **Initial Contact With DTA and R&R Often Confuses Families**

The child care voucher delivery system is described as a complicated one by each of the R&R staff interviewed. There are inherent problems with how the work is distributed, with misunderstandings and misperception among both families and providers.

Indeed, confusion often begins with initial contact with DTA. DTA determines that a parent who is on their caseload is eligible for child care benefits. DTA issues a referral to the parent along with child care advice, which is often erroneous, according to the R&Rs. The parent is to take the DTA referral to their R&R. The parent often thinks that the referral is the voucher, rather than an authorization stating that the parent is eligible to receive a child care voucher. The parent has to contact the R&R to make an appointment where they will learn what type of voucher they are eligible for and how much child care they can purchase according to their service need. Also important is the fact that when the parent reaches the R&R, she may be faced with a waiting period because caseloads are very high. R&Rs have been given permission to back date vouchers if they are not able to see families in a timely manner.

None of the R&R directors in our interviews had a relationship with DTA. The voucher administrator communicates as needed with DTA case workers when errors appear on the referrals (authorization). Communication with the Department of Early Education and Care is fairly regular, almost on a daily basis. The voucher administrator and the agency director communicate with their EEC policy advisor and appeals review person on a regular basis. When asked when was the last time you called the state, most responded yesterday or this week.

*“There is usually confusion at the DTA. Families feel that they do the same thing in regard to enrollment twice. The authorization, now called a referral, is not a voucher; the families don’t get that, they think that it is their voucher.”*

*“After families enter the system, when their DTA case closes, they get a letter that is very scary to them. The transition process is not great. When cash benefits close, they become post-transitional for child care, but that is not well explained and they think they lose everything.”*

## **Lots of Documentation Is Required...and Usually Twice**

Eligibility is determined based on the parents’ working status and/or school engagement. Income-eligible families, DTA welfare-related families, DSS foster families, and Department of Public Health early intervention families are eligible for subsidized child care through the R&Rs. Both DTA and income-eligible families must provide proper documentation in order to participate in the voucher program. Documentation includes the following:

- Proof of income – at least four to six pay stubs (in sequence) or an employer letter if they have a new employer
- Proof of residency – a utility bill and if living with someone, they must provide a notarized document and a utility bill from the person with whom they live
- Social Security numbers for themselves and all children, or they must sign a form stating that they will apply for one
- Relationship to the children – birth certificates
- All allowable income verification – child support, rental, etc.
- Employer identification numbers and small business certification

Parents are eligible for either part-time or full-time care based on their activity. If upon enrollment everything is fine, they return to the R&R in six months for reassessment.

*“If all is going well and they have care, they come in for reassessment at six months or if their situation changes. When things change, families seem to inform the R&R when it is to their benefit.”*

But there are often snags in the process. Paperwork may be misplaced. For example, DTA workers get a sheet from Agency B, letting them know what their client will need when they come in. Many times the parents still do not bring in the proper paperwork and they have to go back to DTA unless a DTA worker is willing to fax it.

And there is double documentation required for many families. According to the R&Rs, a family that comes to them from the DTA office has to present documentation twice, once at DTA and then at the R&R. This creates a hardship for low-income families who are already handling many stresses. Families that have difficulty finding long-term employment are authorized for short-term vouchers, meaning that they must attend appointments every two to six weeks depending on their situation until they secure the needed hours for a full-time voucher. Some families lose their voucher because they are unable to secure permanent or full-time employment. Families who experience no changes in employment or in wages fare better in the system; for them, the reassessment is fairly straight forward and simple.

The majority of R&R staff interviewed thought that reassessment should move to be done on an annual basis if all things are fine and consistent. Only those families with changes in their employment or income ought to come in to the R&R.

In survey data, 59 percent of staff agreed that “the reauthorization process could be simplified.”



## Massachusetts Keeps Families Waiting for Early Education and Care

When a family is income eligible, the R&R puts their name on the waitlist, sends out notices when there are subsidies available, and enrolls the family into the income eligible voucher program. However, families can remain on the waitlist for two to three years. In the event that slots are made available, the R&R sends a letter to the parent whose name is next on the list, notifying her that there are available subsidies and of the documents she needs to bring to the first appointment. Upon receipt of the letter, the parent has 10 days to contact the R&R and make an appointment. Illustrating the inconsistencies and potential confusion for families, one R&R staff member stated:

*“Behind the scenes we give parents 30 days...”*

If a family comes back and asks to be back on the list after the 30 days of a notice having gone out, the R&R has to place them at the bottom of the list again. According to the state, parents have one year to get back on the list. The R&R assists the family based on the circumstances, to get families who are unresponsive to the notices back on the list. There are times when the state overrides the decision. When the state overrides, a letter goes out to the client and the R&R. Policies are grey, if there is a loophole to support families, they look for it.

*“The guidelines for income-eligible families are more rigid: They get an eight-week job search per year; when the new job doesn’t work and they can’t find other work within the time frame, they go back on the waitlist. And, the waitlist is not done right. The wait is two to three years minimum. Siblings are a priority but are only eligible as a 3A. Actually the priorities change constantly; there is no consistency in the system.”*

## CCR&Rs Consumer Education Function Is Often Shortchanged

Families depend on the R&Rs to interpret state policy, explain eligibility requirements, and determine them eligible for a subsidy. However, consumer education on the types of care available is often not fully utilized. R&R survey results estimated that 70 percent of families come to their first appointment with their provider chosen. Some R&Rs believe that DTA attempts to give parents information about child care, but many times it is erroneous information. DTA workers are not accurate about how to find care and many times tell the parent they have to identify a provider before they visit with the R&R. According to the R&Rs, this disrupts their work with the family. When the families get to the R&R, most have already chosen a provider. The R&R still goes over the parent choices and how to choose a quality provider in the event that the chosen provider falls through and the parent has to start again.

### Parent Choice?

One of the intentions of a voucher process, as opposed to contracts with providers, is to permit families to have choice of care. We asked R&Rs about parent choice.

*“There is really minimal parent choice, the low rates don’t allow for real choice. It does help families afford child care; families are appreciative for the help. It is a mobile payment system. The counselors also give families additional resources and link them to resources. We run a support group for teen parents. And the voucher program allows for informal care which does give some parent choice.”*

*“There is no real choice; parent fees are much too high. In Cambridge, for example, only the wealthy can afford some of the slots. More and more we see rich care and poor care. The quality differs depending on the service delivery area. There are a handful of providers who are willing to take vouchers in the wealthier communities. They don’t need to do business with the state; their market can bear the private rates. In those areas especially, parents do not have a choice.”*

*“[Is there parent choice?] No, right now there is no baby care for example, so there is no choice; the system is not about choice. The options of care are limited, families have few choices.”*

*“...Providers receive low rates which cause them not to accept vouchers.”*

### **Frustration With Role of “Voucher Police”**

All of the R&R staff interviewed expressed frustration when discussing the “middle man syndrome” or when they are blamed for policies that they have not designed, but must enforce on behalf of the state. On more than one occasion, the staff stated that they do not want to be the voucher police, but as the policies become more stringent, they increasingly feel like the voucher police.

*“Try to see it through their eyes. We are not the fraud police.”*

The R&Rs reported that fraud is not frequent, but it does happen. They may have one or two cases per year. For the most part, they believe that the families who apply and who receive services are eligible for the benefit.

*“In the past year we had about 10 cases of fraud.”* Agency B

*“There is a lot of fraud. There are many more two-parent families than we know. R&R is supposed to question if there seems to be a phony letter from an employer or other things look out of place.”* Agency A

*“There is an element of fraud, but it is not rampant. Child support is not verifiable; it is up to the parent to report it. Eighty percent of parents say they do not receive any child support. Two biggest issues: Dad is in the picture, not verifiable, but providers call to tell us that the father lives there, they see him. Self-employment is the second; people are not paying their taxes.”* Agency C

Although the CCR&Rs tell us that there is fraud in the system, the amount that is identified and verifiable is a small percentage when compared to their caseloads. More expressed disbelief that participation in the system leads to self-sufficiency.

*“It is similar to a person receiving assistance; a help for low- and moderate- income families. Everybody can use a bit of help; now it is similar to welfare, people are dependent on it. I was a teenage mom and never got a voucher.”*

*“There is too much fraud; they should have time limits on this system. If you have one child and are on assistance, then you have another and you are still on assistance, why have more children?”*



*“There is a lot of incentive for families to stay in low-paying jobs; the program needs a better connection to good-paying jobs, jobs that pay a living wage and are more stable.”*

## Consumer Complaints

All of the R&Rs described as good their relationships with the state, families, and providers. They feel they can call the state and advocate for families and/or negotiate a difficult family situation when a policy is vague or is not helping a family. Although all of the R&Rs discussed having consumer complaints, they understand them to be related to their determination that the parent is not eligible, that fraud was committed, and/or that the parent is upset over a state policy that the R&R has to abide by.

All families are informed of their rights to an appeal in writing. When parents appeal the R&R decision, many times the state overturns the decision. The R&Rs say that they feel good about the families getting the service, but that they wish the state would write the policies in a way that was clearer, thus avoiding the need for appeals. They take up time and create stress.

*“Their frustration is a challenge. We have 30 minutes to deal with multiple needs and the time for resource and referral is not really there. Families have a great deal of financial needs.”* Agency C

## Decreased Attention to Provider Needs: Focus on Billing

Typically, R&Rs do not actively recruit providers to participate in the voucher program. Providers find out about the R&R from parents, the licensing office, and from occasional recruitment efforts of the R&R. They do send a marketing packet to new providers who get licensed in their area. Providers enter into agreements with the R&R to provide services to low-income voucher children. One R&R offers a monthly information session to any providers who want to learn or refresh their information about the voucher program. In sum, there is no statewide process that is used.

The R&Rs feel they have a good relationship with the providers in their voucher caseload. Providers call them when they need support with their billing, when a parent is late with their fees, and when they want help understanding state policy.

There is very little or no communication with the voucher providers unless a situation arises. Other parts of the R&R agency work with the providers, offering them training, consultation, and technical support. The R&Rs provide what they describe as “a lot of support” to in-home/relative caregivers. R&Rs also report that they interact with smaller centers and family child care providers. For example, they can purchase equipment needed to accommodate a child in the program; the providers know the R&R as a resource. Due to funding cuts, they have lost some of the benefits: trainings, the flex pool of dollars that they can use to serve special needs of children. One R&R stated that it provides a newsletter monthly although it is not funded to do so.

*“We used to do site visits with every provider interested until 1997. Now once per month we do a training session for those who want to have an agreement.”*

*“A site visit is done on all new providers to review voucher requirements, billing, safety, etc. This is a one-hour visit and then they are placed on the voucher referral list. A lot of times parents get their providers to apply.”*

*“It is renewed every fiscal year. Now it is done by mail. They need to have updated licenses, policies and procedures, rates, the tier process if they decide to participate*

*in it. Providers sometimes are recruited by families; they come in to meet with someone or to attend a workshop or training session.”*

## The Billing Process Is Fairly Smooth

The primary challenges of billing dealt with workload and the Department of Early Education and Care billing system.

*“EEC has a new system for billing. It created havoc in the R&R world. One year ago, checks went out last day of the month. The bill from providers comes in on the 10th of the month; we send it in by the 20th; money comes in last day of the month; checks are printed on the 21st; and as soon as the money is in the direct deposit, they get mailed out.”*

*“[Challenges?] Time, 1,300 bills get processed every month plus 300 ICC [informal care giver] providers. It takes a while for the money to get to the providers.”*

*“Timelines are a challenge. Some voucher placements do not appear on the billing at the end of the month. It is a CCIMS issue. If the placement does not appear, the provider has to write it in. Data entry can be a problem. Some providers do not bill on time or do not bill for 90 days. The R&R can refuse payment if there is a 90-day delay.”*

*“The volume for the R&Rs is much too high. One person handles a lot of providers.”*

## Inconsistencies in Voucher Policies Are Frustrating

All agencies wanted to make sure it was noted that the state is the primary decision maker and that all policies are determined by the state EEC office. The R&R role is to implement the policies and monitor the use of the vouchers. The state issues policy changes via the website.

All of the R&R participants expressed concern about the inconsistencies in policy implementation in the system. They each acknowledge that R&Rs may interpret policies slightly differently. This variation on interpretation or the “grey areas,” as described by the R&R staff interviewed, may cause inconsistency in program implementation across the state. They point out that the problem lies in the vagueness of the policies as written as well as how quickly policies are changed many times to be shifted back to the original policy.

The R&R staffs report that they must check the website every day to check on policy changes or clarification. Sometimes the policy change is put in writing, other times it is not. Policy changes are discussed at the R&R Network meetings. When R&Rs raise concerns over policy matters, the state says it will take issues into consideration and respond at a later time.

*“The toughest part is when a voucher is a 2A – Transition year, when the case will close in a year’s time. If the case is closing in a year, DTA should issue a transitional voucher and parent fees apply. There are problems with the timing of these. DTA case workers have to send the 2A, the parent has two months to start their activity, but only DTA knows when the case will be closing, not the R&R. But it is the R&R that determines parent fees as of [the date] when the DTA case closes and the transitional year begins. “*





*“The policies are very grey and the timing doesn’t always work. There is no manual for how to work with families; according to the R&R staff, the policies change often.”*

*“The voucher system is not easy to manage. Policies are constantly being changed. There are different types of services for families. There are DTA families: If they are enrolled either in an education program or have a job, the case worker at DTA issues a referral for child care. The parent calls the R&R and makes an appointment to get a voucher. Sometimes they come with a provider chosen, other times we help them get a provider. Usually parents who are on their second, third child or who use informal care, come in with a provider identified. The DTA family can walk in without having an appointment.”*

R&Rs are concerned that the policies are slightly different for income-eligible and for post-transitional families although they can both be considered the working poor. DTA post-transitional families get more flexibility, more time to be a job seeker if employment falls through for them.

### **Additional Comments About the System**

The R&R study participants all agree that there are clear benefits in the child care voucher system for R&R agencies, families, providers, and children. Families benefit the most, according to the R&R staff. A few other comments:

*“The income-eligible scale has not been changed since 2000.”*

*“The system is not good for families who do not speak English or are new to the state. Consumer education needs to be strengthened especially in other languages.”*

*“Many parents do not know that the program exists.”*

The low salaries, high caseloads, increased workload without additional resources, inability to really help families, and the heavy job pressure are all mentioned as being the least enjoyable aspects of staff jobs.



## Section VIII: Discussion and Recommendations

To be successful, a system of universal access to early care and education must be informed by vision and principles as well as by the nuts-and-bolts techniques. Thus, our recommendation is, in fact, a vision for early education and care in the Commonwealth of Massachusetts.

### Overall Recommendation

*Massachusetts must develop a vision of universal early education and care that provides equal access to all, financed by a mix of private pay, vouchers, Head Start, and other means.*

### How?

#### By Moving Away From Outdated Concepts...

Historically, there has been a distinction between programs that are primarily designed to provide child care for children so that parents can work (such as child care vouchers for the poor) and programs that are primarily designed as education efforts to promote children's cognitive and social development (such as public preschool). While this distinction might have made conceptual sense at one time, it is no longer meaningful. The children of low-income parents most in need of subsidized care are the same children who are at greatest risk of school failure and thus are most in need of early childhood education.

#### ...and Taking Advantage of a Timely Opportunity....

Massachusetts must establish and revise programs to consolidate these two purposes of *education and care*. Currently, a formal initiative that ties the various forms of child care and early childhood education programs together does not exist.

In this vision, all children have access to a high-quality, culturally competent early education and care program. Vouchers simply become one of several sources, and a significant one, of funding for early education and care for some children some of the time. When children's eligibility for vouchers expires due to changes in their parents' circumstances, there are simply other mechanisms that provide for continuous, stable education and care for that child.

There is a gap between this vision and current reality, a gap that Massachusetts is well poised to fill. In its proposed path-breaking legislation, Early Education for All, Massachusetts has recognized the value of offering a high-quality early education and care system for every child. Moreover, the Commonwealth has committed to a mixed delivery system, including public schools and community-based programs. These are exactly the venues where children who receive vouchers already are located.

With the establishment in 2005 of a new Department of Early Education and Care to consolidate and coordinate early education services for young children, Massachusetts has strengthened its exceptional opportunity to proactively reconceptualize the role of vouchers in a more universal system. Our vision implies that there is no point in treating the child differently based on how the cost is paid.

#### ...Using These Four Strategies to Begin to Achieve the Vision

We present four strategies that Massachusetts might use to further its policy objective of early education for all. Like Illinois, Massachusetts can work intentionally to blend all early education and care programs and funding, including Head Start and Early Head Start, to maximize resources.

## **First: Lengthen the Certification Period of Child Care Vouchers to One Year**

A longer verification period is needed to reduce the short “voucher spells” that this study found to characterize the Massachusetts system. Providing a one-year voucher is already being accomplished in several innovative states: New Jersey’s verification period lasts for approximately one year and is reauthorized annually. Maryland, named one of the leading states for child care by *Working Mother Magazine* for several years, allows the eligibility period for a family receiving vouchers to last one year. Washington, DC also has a one-year voucher period.

Although Massachusetts’ short verification policy is problematic, it is not unique. Over two-thirds of the states require families to recertify their continued eligibility for help at least every six months (CDF, 2003, 2004, 2005). Yet research clearly shows that among factors that showed a positive impact on children’s outcomes was the stability of their care setting. Children who remained in the same setting performed better on cognitive proficiency tests (Loeb et al., 2004). A longer certification period might increase the stability of child care arrangements, allow parents to remain employed more steadily, or improve outcomes for their children.

## **Second: Support Families; Ease the Administrative Burdens They Face**

Being a poor single parent is a high stress situation. Massachusetts must examine how its subsidy agencies can make access and retention easier for families, both supporting parents’ ability to work as well as facilitating consistent and quality care for children. Some strategies to reduce the administrative burdens for families are:

- **Provide translation** in DTA and R&R offices for women applying for, seeking renewal of, or addressing termination of vouchers as well as translation for any other meeting regarding the voucher process. Explain clearly all paperwork and documentation needed in English and the woman’s language.
- **Engage employers.** DTA or R&R could directly contact employers for business-related issues such as employer identification numbers. Some parents find their employment threatened when they request documentation.
- **Have transportation options.** Taxi vouchers or transportation for families with special needs children would be helpful.
- **Offer electronic filing options** for child care providers and parents related to all required paperwork including case information, invoicing, billing, and payment.
- **Provide continuity of care for children.** Develop a system to subsidize care during school vacations for parents; it is very difficult for centers and child care homes to budget for (and to lay off staff) and to fill a slot for a few weeks of care.
- **Eliminate double documentation at the R&R and DTA.**
- **Alter hours of service** including community-based outposts and evening hours; be less rigid about appointments, be more flexible for walk-ins.
- **Streamline needed documentation, reduce paperwork.**
- **Reduce waiting lists.** Massachusetts is among the one-third of the states that are not able to serve all eligible families that apply. Illinois is acknowledged as the state leader in being able to serve the highest proportion of its eligible population with child care subsidies. It is able to do this by committing more than the federally required amount of state funds in addition to federal dollars. Rhode Island has established a legal entitlement to child care assistance for all eligible families. Oregon has provisions in its regulations indicating that working families who are eligible

cannot be placed on waiting lists. Vermont’s budget language requires the agency responsible for the subsidy program to seek additional funds from the legislature before capping any services.

- **Examine co-payments.** Take into consideration the cost of living, housing, and utilities along with parent income.
- **Update income eligibility policies.** We need service need and income guidelines. However, the 50 percent of eligibility needs to be reviewed and updated.
- **Rethink time limits.** The time limit on vouchers for job seekers must be revisited and made available to all low-income and moderate-income families with consistency regardless of whether they are DTA or income-eligible. At least 10-12 weeks are needed to find employment in today’s job market.
- **Writing vouchers to schedule needs to change.** We should have a consistent policy: 30 hours ought to be considered full-time for income-eligible families as well as post-transitional. Now vouchers have to be written for when the parent is actually in school. Study time ought to be included. Part-time vouchers reduce choices for parents.

### **Third: Increase Reimbursement Rates as a Means to Enhance Quality and Reduce Administrative Burden for Providers**

Once in an early education and care setting, the child care provider largely determines the quality of early education and care a child receives. Yet, the fact that child care centers and family child care homes are subsidizing the system is of even greater concern when one realizes that these professionals have faced stagnant wages for the past decade. Many home-based and center-based early educators lack health insurance and many providers are near poverty.

Some recommendations to enhance quality and reduce the administrative burdens for providers are:

- **Streamline administrative requirements,** supporting effective and efficient business practices, decreasing uneven cash flow.
- **Pay providers prospectively,** enhancing the likelihood that more providers will participate in the subsidy. **(Only three states pay providers in advance.)**
- **Increase rates.** By establishing a higher payment rate, states might increase parents’ ability to find high-quality providers and increase the stability of child care arrangements and employment.
- **Improve R&R relationships with providers.**
- **Build on the strengths that FCC systems offer to providers.**
- **Improve staff wages and compensation.**

### **Fourth: Strengthen the Resource and Referral Function of R&Rs**

It is clear that R&Rs are providing additional services when they are able to access private dollars or other state dollars. The lack of resources and the shift from helping to monitoring in the last decade have made it difficult for the R&Rs to completely fulfill their helping role for both families and providers. There is pain evidenced in discussion as R&R staff recall what R&R was in the past. The voucher system has, in fact, become the driver of the agencies. The following recommendations are drawn from all that we have learned in these three case studies:

- **A written voucher manual** of all policies and procedures must be made available to both providers and the CCR&Rs. It is important that all concerned with supporting families follow the same standards. The appeal process can not be the avenue for restructuring policy as consistently as the state uses it now. There is a need for consistency of policy, like writing to schedule, across regions.



- **Enhance communication among the CCR&Rs, the state, and the providers.** These parties must convene to discuss policy matters in order to ensure that policies make sense and are enforceable rather than rely on a case-by-case appeal process that sets up barriers for families. A State Subsidy Policy Council, appointed by the EEC commissioner, comprised of providers, resource and referral agencies, and families to review the policies at least twice per year should be created. This council should focus on all forms of subsidy to ensure uniformity across funding streams for all low- and moderate-income families. The policies for the very low-income families and DTA-funded families should not differ.
- **Reduce caseloads.** The CCR&R caseloads must become manageable in order for families to truly be supported with their child care, child's learning, and parenting issues. The emphasis has to shift from monitoring to helping families in order to free the R&Rs to deliver the best quality information and referral services to families.
- **Compensate provider-focused work,** including enrollment, billing, technical assistance, literacy tiers support, and training. Auditing tasks have to be taken into account and financed as their own caseload. The R&R has to have sufficient numbers of designated staff to work with providers.
- **Increase multilingual staff.** Efforts to support non-English-speaking families must be increased. All of the R&Rs report that the needs of immigrant and non-English-speaking families are not sufficiently or adequately met. According to the R&Rs, there are very few materials in native languages, and staff ability to speak bilingually is minimal. R&R staff rely on the family to bring in their own translator.
- **Clarify roles.** All families entering the DTA office should be informed about the resource and referral services available to them at the CCR&R, not about child care options. DTA workers should be oriented to the R&R services in a much more direct and planned fashion so that they can better inform and make the connection for families.
- **Consider moving the intake process in its entirety to the CCR&Rs.** Families should not have to go to DTA and to the R&R, thus documenting the same information twice. The process is cumbersome and punishes the most vulnerable, poor families in the system and sets different requirements for the same families who are considered the working poor.
- **Revive an old idea: CCR&Rs ought to be reconstituted into Family Resource Centers (FRC),** contracting with the state to deliver early education and care resource and referral services for families with children 0 to 13; family support services, including supporting the child's learning; financial assistance (subsidy) management services; provider professional development services; and community resource development and data collection services. Each of these five core components needs to be seen as integral to the early education and care service delivery system. Most importantly, each of the components must be well funded so that we can have a better quality system. Each FRC ought to have a Community Advisory Council that helps to advise on service delivery methods; tracks trends; reviews data and keeps the FRC connected and accountable to the community's and families' needs. The state service delivery areas ought to be revised to ensure that FRCs are truly community based, accessible to all families, and that services are community driven. It was recommended in "Joining Forces: Working Towards a Universal Early Education and Care System for Massachusetts Families," that the state fund 36 FRCs to ensure proper access for all families and providers. This was a very conservative number offered a decade ago.
- **Update the billing and reimbursement process.** Georgia has a very streamlined system, with one agency overseeing the voucher process and a computerized system that allows coordination among other state agencies. Providers can submit invoices for payment on-line and be paid within two to three days. (This system does not yet operate in every county in Georgia.) Quality funds are spent on scholarships and incentives to child care providers in every county. In addition, Georgia offers a tiered reimbursement rate that increases rates up to 50 percent, but this is only available in 14



counties (out of 159 total). Two years ago, the Community Action Programs (CAPS) completed a business audit of their administrative processes with the goal of overhauling their whole system. This report found that staff and computer systems did not support efficient operating of the CAPS. Several changes have resulted from this report that improve the ability of staff to process voucher requests. The Georgia CAPS collaborates with several other welfare agencies and Head Start to share information, avoid duplication, and maximize the resources available to children and families.

## A Final Word

In sum, based on this study and other voucher studies from different states, it appears that there are several variables that would indicate the positive impact of subsidy policies. These include: high provider reimbursement rates; low number of children on the waiting lists; wide age-range of eligible children; income eligibility for parents set at the highest percentage level allowed; additional supports given to child care providers who accept vouchers; and assistance provided to low-income families unrelated to welfare status. Despite research that has demonstrated the complexity and difficulty in making comparisons, the above factors would demonstrate the extent to which children and families in need of child care assistance are being served. In addition, there are other areas that inform good voucher policy practice: a simplified eligibility determination process for parents; a generous time period for families to be eligible for subsidies; innovative use of state and local agencies to inform parents of child care assistance; and coordination among agencies to provide a wide range of services for families who are on child care assistance. It is also important to ensure that parents using child care vouchers are able to purchase quality care and that providers who accept vouchers are able to do so with minimum administrative burdens.

Although these variables have been delineated, Abt Associates Inc. found that most states are not interested in big changes because they think they are already implementing their programs to the best of their abilities. Also, in the current fiscal climate, states do not have the capacity to engage in this type of research.

Given its unique circumstances at this point in time, Massachusetts can design a system that will maximize the positive intended impacts and reduce any negative impacts. Massachusetts and the new Department of Early Education and Care have the opportunity to improve the voucher system to address not only the affordability and availability of early education and care for low-income families and their children, but also workforce development for providers serving low-income families and the quality of early education and care for low-income children.



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