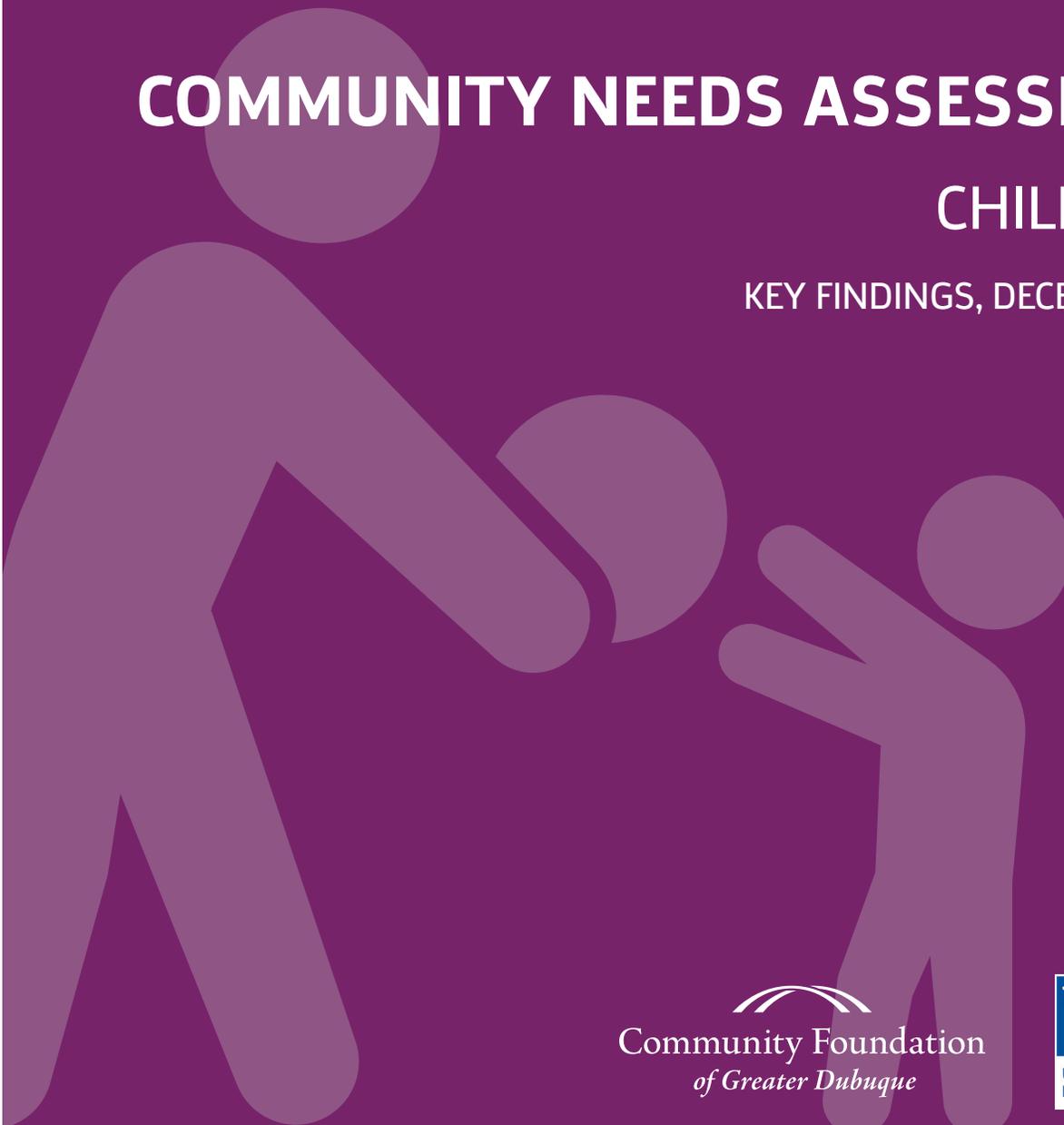


COMMUNITY NEEDS ASSESSMENT

CHILD CARE

KEY FINDINGS, DECEMBER 2016




Community Foundation
of Greater Dubuque



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INTRODUCTION

Project HOPE, an initiative of the Community Foundation of Greater Dubuque (CFGD), conducted a needs assessment that took a focused look at needs and barriers to economic opportunity in Dubuque. To select focus areas, 75 professionals were surveyed from a broad cross-section of service providers. Mental health and child care services were overwhelmingly identified as pressing needs.

The diversity of service providers who ranked these needs so highly points to the critical role that both mental health and child care services can play in a family's stability and ability to advance their economic future. Both of these services are needed for personal well-being, and in many cases, lack of access

to mental health and child care services inhibits individuals from going to work or achieving other goals.

Project HOPE seeks to increase access to education and career opportunities for all by creating awareness and exploring solutions to systemic barriers. Our hope is that this needs assessment will serve as a resource to help inform the work of those in the field; influence current programming; aid efforts to obtain funding and resources; and provide data to help engage policy makers. This summary focuses on the child care findings. To obtain a complete report for both child care and mental health services, email Lana@dbqfoundation.org.

METHODOLOGY

Project HOPE partners, the Community Foundation and the United Way of Dubuque Area Tri-States, partnered to conduct this needs assessment, which started in December 2015 and concluded in June of 2016. They engaged the Project HOPE network, as well as research firm Strength in Numbers Consulting Group (SiNCG), and Loras College Social Work Professor Michelle Bechen to assist with data and research efforts.

CFGD, United Way and SiNCG convened a Community Assessment Working Group (CAWG) composed of representatives from each organization and additional interested community members. The working group also engaged advisory members, who were recruited based on their knowledge and experience in child care, along with their willingness and capacity to guide the needs assessment process on a voluntary basis.

During a kickoff event, 40 social service providers, government stakeholders and business leaders participated in a SWOT analysis (strengths, weaknesses, opportunities and threats). This analysis helped identify themes of interest and then narrowed them

to focus on important, actionable research questions. Inputs to the Needs Assessment included:

- **Key Informants:** Three interviews were conducted by SiNCG. Informants were identified by the CAWG as knowledgeable service providers who were willing to lend their perspectives early in the research process, helping to identify key themes.
- **Child Care Focus Groups:** Three focus groups were conducted with child care providers—one with center providers and two with in-home providers. Seventeen providers participated between February and May 2016.
- **Child Care Survey:** From April 19-May 18, 2016, 577 Dubuque area parents completed an online survey of 40 questions assessing parent perspectives about their own use, needs and priorities for child care. The CAWG distributed the survey to over 25 organizations, four listservs and social media groups.

CHILD CARE PROVIDER FOCUS GROUP FINDINGS

This section describes the findings from the three focus groups conducted with child care providers—one with child care center providers and two with in-home providers. The focus groups addressed the following research questions:

1. What are the strengths of the Dubuque area child care provision system?
2. Is there a greater demand for child care than is currently being supplied in the Dubuque area? If so, what types of child care are in demand and how can that demand be met?
3. What, if any, are new challenges presented to home-based and center-based child care providers under the new licensing and quality rating system requirements?
4. What resources are being used by providers, especially those who are new or are becoming providers for the first time, to overcome any challenges they face in licensing and navigating requirements? How are those resources meeting their needs and what needs are not being met?
5. What additional things could improve the environment for parents seeking and using child care and for child care providers themselves?

CHALLENGES RELATED TO COST AND PAYMENT

Low pay but a strong commitment to the work

Like child care providers everywhere, those who participated in the focus groups raised concerns about low pay for child care workers such as themselves and those they manage. Low wages were seen as contributing factors to high employee turnover, which increased administrative costs. One center worker commented: “...sometimes Wal-Mart even offers better [jobs] with less stress, than for [center] teachers. And that’s sad to see them have to make those choices, between putting food on their table and making ends meet and teaching,” (CC3). Another agreed: “... everything that women traditionally do is not honored in our culture. I was an original feminist and it’s the truth. It’s not paid, it’s not honored, it’s not respected... The people who subsidize child care in this country are us and the people we work with. We’re all working for low wages and with no benefits” (CC3).

Average hourly wage: City of Dubuque

 Retail Salesperson	\$12.25
 Cashier	\$9.26
 Fast Food Cook	\$8.79
 Child Care Worker	\$8.68

Source: Bureau of Labor Statistics, May 2015

Despite the low pay, all three focus groups identified their strong commitment to and enjoyment of children as a major motivation in their work. One in-home provider stated: “I like seeing the development. When you start working when they’re two, and then when

they turn three, the different things they can do now and their motor skills, it's just like teaching them," (CC2). Center providers also found this fulfilling, along with supporting the development of their staff: "I stay in it as much for the kids as I do [for the] people working. I think they get overlooked and...they're just as important as the children," (CC3).

Issues surrounding payment for providers and parents

In-home providers expressed concerns about inconsistent pay and scheduling with parents. They gave numerous examples of parents who agreed to a contract for a specific amount of child care provision on a set schedule, and then either failed to adhere to the schedule or failed to pay as promised. "I always sit down with the parent, they always say, 'I'm going to come in everyday...I am dedicated to work'... then [they] missed a third day...I need my paycheck because I'm dedicated to working and I need a certain amount of money if you are registered in my daycare," (CC1). Providers have put many safeguards in place, including contracts and direct deposit options, and still feel that they are not paid as quickly as other types of bills parents receive.

Some of these problems are exacerbated for providers who accept state subsidies for child care payment. The state can delay payment for several weeks. Providers discussed frustration with reimbursement structures from the Department of Human Services (DHS). Focus group participants noted that DHS doesn't provide the full reimbursement equivalent to private clients, and reimbursement increments do not always align with providers' existing billing strategies—creating added administrative burden: "DHS's rate is considerably lower than what I charge. I don't charge hourly, it's a

CHILD CARE ASSISTANCE (CCA)

CCA is a subsidy available through the Iowa Department of Human Services (DHS) for parents who need help paying for child care. CCA is available to the children of income-eligible parents who are absent for a portion of the day due to employment or participation in academic or vocational training. Not all providers are able to accept CCA subsidies, and providers who want to accept such subsidies must pass background checks and meet certain health and safety standards. According to a recent report from the U.S. Government Accountability Office, Iowa has the most restrictive state policies regarding income eligibility for CCA. Due to these income restrictions, only 34% of children who meet federal eligibility guidelines are eligible to receive support in Iowa.

daily rate. It's a full day or a half day rate, there's no in-betweens...," (CC2).

Despite the issues with payment, providers were sympathetic to the low incomes of their clients. For example, one center worker commented: "I already feel guilty charging the parents what we charge because I look at what I make ...versus what some of my parents are probably making and I think I couldn't afford the child care that I charge for, but if I don't charge that much we can't do all of these things that are required," (CC3).

Whether through private payment or state subsidy, low pay and issues around payment and reimbursement are a concern among providers.

“The people who subsidize child care in this country are us and the people we work with. We're all working for low wages but with no benefits.”

CHALLENGES IN CHANGING AND COMPLEX REGULATIONS

Challenges for in-home providers

In-home providers expressed frustrations with the changing, complex and restrictive nature of policies that govern home-based centers.

One group mentioned when opening an in-home daycare recently, they had to find a balance between providing care quickly (because there are children on waiting lists) and taking time to go through the regulatory process. For example, one said, “We’re not ready [to comply with regulations and accept children] and people were begging to come meet us and we’re like, okay, we don’t have any toys, we still have drop cloths over stuff...you can’t just start taking kids without having your policies in place...so it was a little nerve-wracking at the beginning,” (CC1). This delay can also make it difficult for prospective in-home providers who are leaving jobs to become full-time providers.

Providers find the rapid changes in regulations of in-home child care stressful and difficult to enact and communicate to parents. One provider mentioned providing new contracts to parents based on new regulations, and then shortly after finding regulations have changed and they must complete new paperwork with families: “I get [regulations at] the end of the year...and give [parents] a new contract and new policies handbook ... all at the same time...I find it frustrating that things [rules] change and you don’t know that they’ve changed,” (CC1). Both in-home provider focus groups gave the example of the very specific regulations about the types of tweezers required for the first aid kit that each in-home child care must have, and both groups also mentioned the long length of the current regulations (144 pages).

In-home providers also feel that new regulations keep them from doing the things they think are unique strengths of that type of care: “A lot of the rules they’re coming up with, I feel that they are trying to make in-home daycares into centers. They are trying to force us to be what centers are, and a lot of people love their children in an in-home because it’s a second home for the kids. I want that one-on-one; you know that little

two-year-old who comes in the door and says, I’m home,” (CC2).

In-home providers have concerns that changing regulations are inhibiting their ability to provide the home-like environment that they, and the families they serve, are looking for.

The Quality Rating System and child care centers

While both in-home and center providers are able to participate in the Quality Rating System (QRS), center providers were more interested in discussing the system, and had varied perspectives. One provider disagreed with the system on principle and refused to participate because it is, “making centers compete with each other when we’re all trying to do the best job we can do, and unless you provide us with more money, we can’t do it anyway.” On the other end of the spectrum, one provider expressed appreciation that the QRS helped her center improve its standards. “When we first started, we thought we were great. But this, I think, has upped our game and has forced us to hire people who are more educated, who are going to stick with us longer...I feel like it’s a higher level than DHS. It’s stepping up the game and making us a little more accountable for what we’re doing in our buildings,” (CC3). Some saw providers being competitive about their QRS rating with little awareness or interest from parents. “There’s no...buy-in from the parents. They don’t care [about QRS ratings],” (CC3). Despite these differences in opinion on the QRS, there was

IOWA'S QUALITY RATING SYSTEM (QRS)

QRS is a voluntary child care rating system that was developed to raise the quality of child care in Iowa; increase the number of children in high-quality child care settings; and educate parents about quality in child care. There are five levels in the QRS, Level 1 being the lowest rating and Level 5 the highest rating.

unanimous agreement that the process involved in obtaining quality ratings can be challenging and expensive.

A consistent theme throughout the focus group with child care center providers was the cost that centers incur to make improvements in order to meet quality rating standards. "...Child Care Resource and Referral is wonderful, but in the end the biggest support [needed] is financial support to meet all of the requirements because you have to have so many materials in your classroom."

In addition, providers commented that preparing for quality rating examinations requires significant staff time. Two centers noted that losing one staff person with the right educational attainment could significantly affect a center's rating. "The biggest challenge that we've had is meeting the education requirements of the rating... because you lose a key person and they were kind of carrying the rating." In addition, highly educated staff cost more than centers are able to pay, "How am I going to get someone that's got a four-year degree, who's working towards a master's degree in early childhood, and only pay them \$9 an hour?" (CC3).

“...in the end the biggest support needed is financial support to meet all of the requirements because you have to have so many materials in your classroom.”

Providers commented on the “frustrating” nature of finding clarity around the scoring system, noting that:

- Examiners were “not on the same page,” and provided inconsistent directives among different sites.

Providers participating in Quality Rating System City of Dubuque

2 6

DHS REGISTERED IN-HOME PROVIDERS

3 29

DHS LICENSED CENTERS AND PRESCHOOLS

11

DEPT. OF EDUCATION OPERATED PRESCHOOLS

- QRS Levels 1-2
- QRS Levels 3-5

Source: Child Care Resource and Referral, November 2016

- There was confusion and inconsistency about how points are tallied.

Additionally, providers noted a lack of feedback after examination contributes to the sense of frustration. “I think my biggest frustration is [that] there is no feedback when you turn back in your paperwork. That’s frustrating because there is a lot of time involved and then you don’t even know what to improve...” (CC3).

Navigating the system with available supports

While new regulations have been challenging for some providers and seem unnecessary or “common sense” to others, both in-home and center providers expressed appreciation of the services offered by Child Care Resource & Referral (CCR&R), particularly in preparing them for inspections.

In-home providers particularly appreciated the support of CCR&R when preparing their homes for inspection and creating policies. However, even with these supports one provider commented, “there was still that gap of knowledge that you’re kind of on your own to figure out. And having my friend help mentor me was a really big plus,” (CC1).

In-home providers said they consistently recommend CCR&R to new providers. It is also common for providers to learn the process of becoming registered by talking to existing providers, as well as looking at online resources. Providers often refer clients to each other and help one another learn how to comply with regulations, suggesting a close-knit group of providers. However, if there are prospective providers who are not part of this informal network, they may face additional hurdles in starting a child development home.

While assistance navigating the system was appreciated, sometimes the presence of multiple services was stressful for center workers, who were given different answers and guidance from various services. Providers noted they have to comply with

up to five different state agencies with different regulations. For example, in the case of approved chemicals for surface cleansers, providers' efforts to solicit consultation resulted in "no answers," and "nothing came out of it." "In the end the nurse consultants were unable to recommend a particular product." This is discouraging to providers, who not only hope for clarity so they can "do the right thing," (CC3), but also note the loss of time and resources expended in efforts to comply with unclear standards. Tensions remain between providers' desire to provide quality child care that meets regulations, and limited time, staff and financial resources to do so. They expressed the need to continue utilizing existing services such as CCR&R and align the interpretations of regulations across the regulatory agencies that child care providers must navigate.

CAPACITY AND WAIT LISTS

The rising demand for child care, infant care in particular, was affirmed in all three focus groups. Many providers have long waiting lists, and have recently noticed an increase in urgency and frequency of requests. "I would say in the last two years, there has been an upswing in the number of phone calls I get. I probably average two phone calls a week asking if I have openings and just begging me to take [them]... I've started a waiting list. I'm not taking anybody new, especially for infants, I get a lot of infant calls, I just agreed to take an infant for January of 2017. The baby is due late October. Mom's barely pregnant," (CC1).

"I tell all the parents when they enroll...if you're planning on having additional children, call number one should be your doctor, call number two should be me. And I've had parents tell me before they've told their spouses. I've had parents tell me before they've gone to the doctor. I've had parents tell me, 'We're trying, get us on the waiting list.' I have 18 people who are currently pregnant on the waiting list who have no hope of getting in...I used to be able to say 'call Child Care Resource and Referral' and know that they would get in somewhere. And maybe we were their number one choice, and they had to go to their number two, or number three, but now...we're the twelfth or thirteenth

Type of child care	Number	Capacity
Non-registered in-home providers	39	195
Registered in-home providers	46	480
Department of Education preschool	11	216
Licensed centers and preschools	42	3,389
Total	138	4,280

Source: Child Care Resource and Referral, October 2016

or fifteenth person on the list that they're calling because they're calling every single person in town trying to get in somewhere, and there's nowhere to go," (CC3).

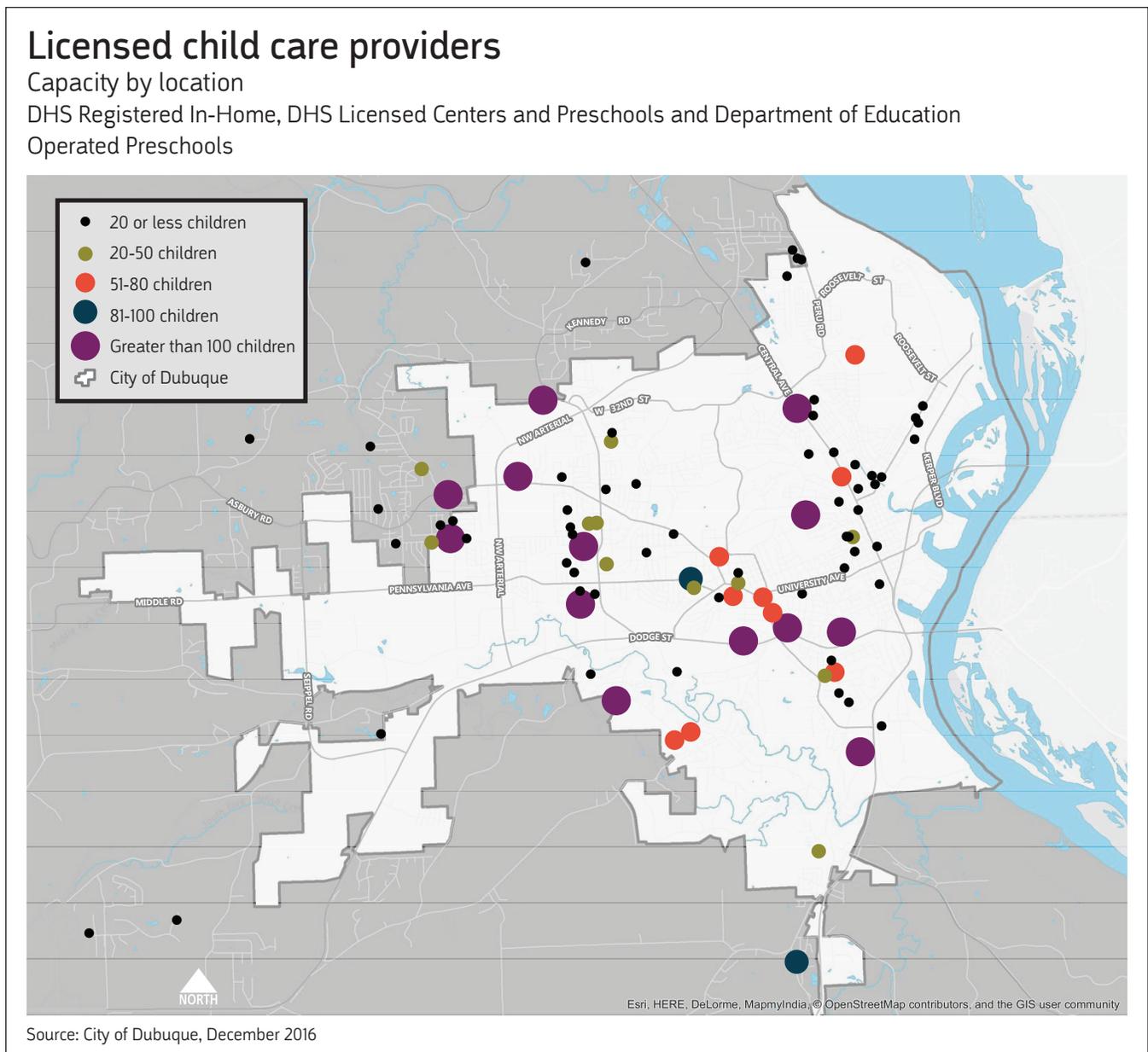
While care for all ages is needed, infant spots were highlighted as a pressing need. This creates a challenge for parents hoping to secure a spot for their child and who want to use the same provider for multiple children. While many providers attest to demand increasing, there remains the question

of duplication, with one provider wondering if many parents on multiple wait lists creates the impression of a higher demand than actually exists.

Licensed Child Care Providers Map

The following map provides a snapshot of child care centers and respective capacity as of December 2016. It is a representation of the centers listed in the chart on page six, but does not include the non-registered in-home providers. The map provides a visual representation of how child care resources are spread

throughout our community, keeping in mind that a community member's use of child care may be relative to their work, children's schools or their home. In the full Needs Assessment report, there are additional maps showing transportation, Child Care Assistance and evening and weekend hours.



PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND CHALLENGE

Providers expressed a need for greater access to professional development opportunities, citing a desire to increase options for times, locations and variety and depth of topics covered. In-home providers were generally positive about professional development opportunities, but noted that some classes repeat what “common sense” had taught them or what they knew from experience, such as changing diapers and hand washing techniques. Center providers found trainings on developmental needs of different age groups helpful and wanted to see more offered with easier access. Training on childhood mental health needs and behavioral issues also surfaced as an important need among providers. Both in-home and center providers expressed the need for improved access to training.

Providers appreciated the low-cost (and free) professional development opportunities available, but some reported that it was difficult to get into classes nearby and difficult to commute to classes further away. Regionalization of state resources has caused access to development opportunities to decrease. As one in-home provider said: “They’re kind of spread out. And I’ve noticed that some of the classes are the same in each county, but some are different...The ones in the Dubuque area fill up really fast,” (CC1). A center provider echoed this: “There are so many early childhood providers in Dubuque and they’re still asking us to travel to Dyersville or Manchester. We have enough people to fill every training, and I know that the dollars have to be spread around three or four counties that get the money, but...we should get enough of the good trainings here that people don’t have to drive 30 miles away and then back at night,” (CC3). For center workers, it can be difficult to motivate employees to attend trainings in their free time, since their pay is already very low, and the times and places can be inconvenient, particularly for students who comprise a large number of part-time care workers.

One provider mentioned the challenge of caring for school-aged children with behavioral issues in summer utilizing part-time staff who may not be able to attend the optional training opportunities. “They’re not taking the Welcome to School Age Care [class] so

they’re not getting a chance to talk about anything and then you’re getting your untrained staff having to deal with, [children who are] on Individualized Education Plans (IEP) in the school system during the year. Where do they think they go during the summer? ... They come to the centers and you have people dealing with them that don’t have training. And that’s not good for anybody, that’s not good for the child and it’s not good for the staff. Because that staff has a negative experience and guess what? Now they don’t want to come back next year. Now they don’t want to work for you before and after school because they felt like they couldn’t handle what was happening during the summer. And that’s how, that’s how we lose staff,” (CC3).

Providers identified the need for increased accessibility to trainings and greater access to specialized trainings to help them meet the changing needs of the children they serve.

CHILD CARE PARENT SURVEY KEY FINDINGS

INTRODUCTION

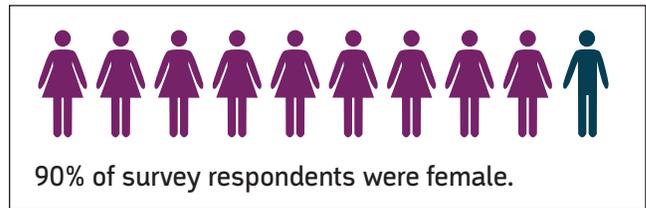
Nearly 600 Dubuque area parents completed the online survey from April to May 2016. The CAWG distributed the survey to more than 25 organizations including employers, community groups, educational institutions and service providers. In addition, it was sent to four listservs and multiple Facebook groups. Newspaper and TV news coverage also directed parents to the survey, which included approximately 40 questions assessing parent perspectives about their own use, needs and priorities for child care.

Who Took the Survey

Parents were eligible to take the survey if they had at least one child age nine or under and lived, worked or were seeking child care services in Dubuque or the surrounding areas.

The majority of survey respondents were age 30 to 39 (61.9%), with just over one quarter (25.8%) being age 22 to 29. Most were part of households with two adults (80.2%); 13.7% were households with just one adult; and the remainder in households with three or more adults.

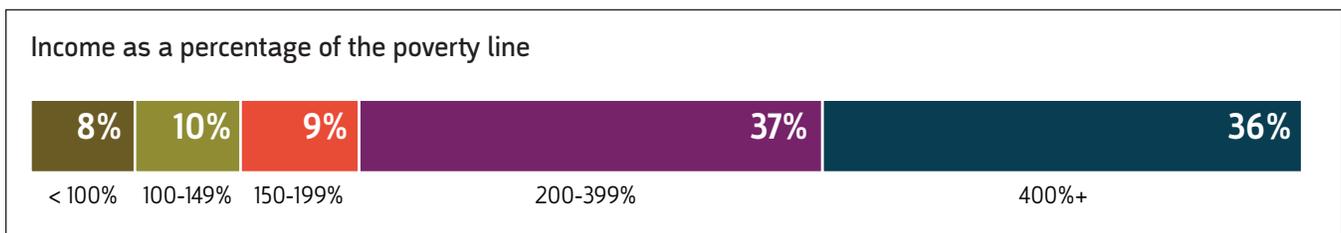
The sample was 95.6% White; 2.6% Black or African American; 2.2% Latino/a, Hispanic or Spanish; 2.2% Asian, Pacific Islander, Arab American or other; and 1.7% two or more races (survey respondents could check all that applied to them). The survey respondents closely represented the demographic profile of the City of Dubuque where, according to the 2010-2014 American Community Survey, the population



was 91.9% White; 2.2% Black or African American; 2.2% Latino/a; and 1.5% Asian.

The sample was well-educated, with 60% having a college degree or higher and just 13% had a high school degree (or equivalency) or less. About four in five (80.5%) worked full-time and 12.7% worked part-time. Just over a quarter (28%) of respondents reported incomes at or below 200% of the poverty line (\$24,036 for a family of four with two adults and two children under 18). Fewer than one in ten (8.2%) receive a subsidy for child care.

The survey was open to those living or working in Dubuque. Respondents most frequently reported living in the West End neighborhoods (27.4%), with many living in the Hill/College/Hospital Neighborhoods (16.4%) as well. Neighborhoods below the bluff—Downtown, Washington, Point and North End—combined provided 19.1% of survey respondents. Key West and South End neighborhoods represented 9.8% of respondents. Residents living outside of Dubuque City limits comprised 18.2% of respondents. The vast majority had been living in the Dubuque area for more than ten years (60.9%), with 16.9% having been in Dubuque 6 to 10 years.

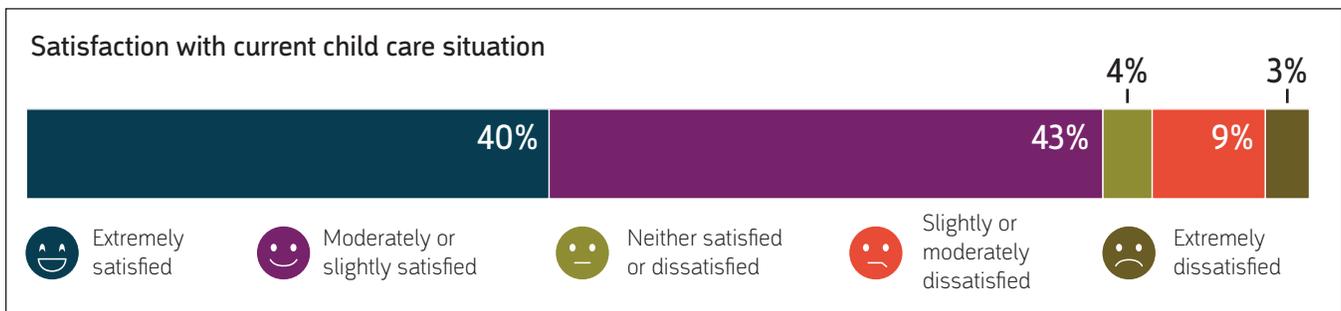
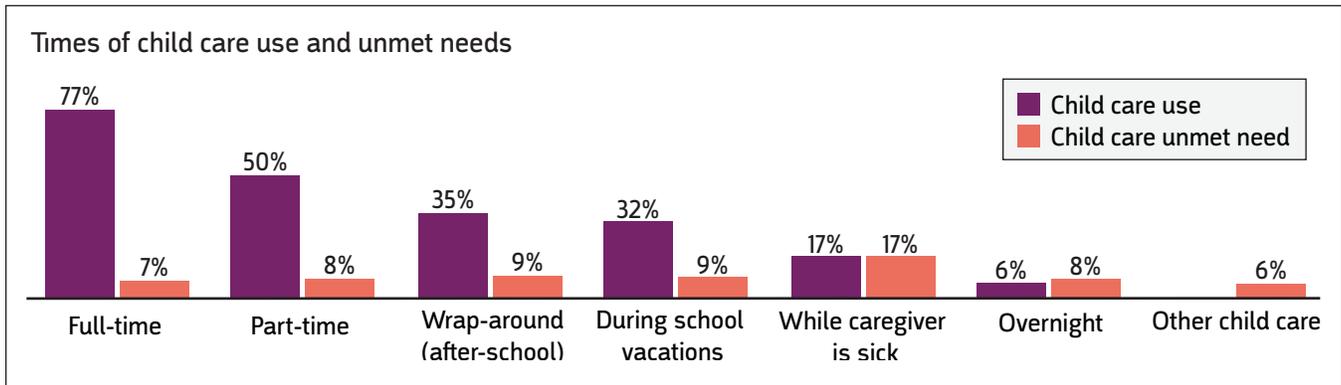
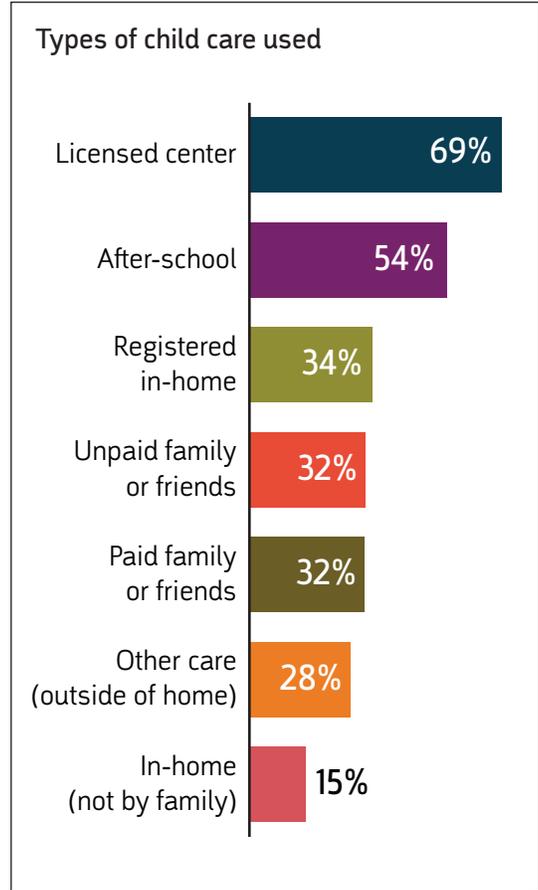


CHILD CARE USE, SATISFACTION AND NEED

Of the 511 respondents who utilized child care, 78.1% had one child in child care, 8.2% had two, and 13.7% had three or more. Over three quarters (77.0%) had used full-time child care in the past two years and 50% had used part-time child care. More than two thirds (69.0%) used licensed child care centers, followed by after-school care. Over one third used registered in-home child care (33.7%) and smaller numbers used outside home care with unpaid friends or relatives (31.8%), or paid friends or relatives (31.5%).

The greatest unmet child care need was for times when parents or caregivers were sick (16.7%). This need was expressed by almost twice as many parents as the next greatest need, which was wrap-around child care (8.9%). Among types of child care, the greatest unmet need was for licensed child care centers (11.5%), followed by registered in-home child care (9.8%) and other child care outside the home (not by friends or relatives) (9.8%).

Most respondents were satisfied with their care situations, with 83.3% expressing being moderately or extremely satisfied, and just 12.3% expressing some level of dissatisfaction. Those above 400% of the poverty level tended to be more satisfied with 89.0% reporting some level satisfaction, while 74.1% of those under 200% of the poverty level expressed some level of satisfaction.

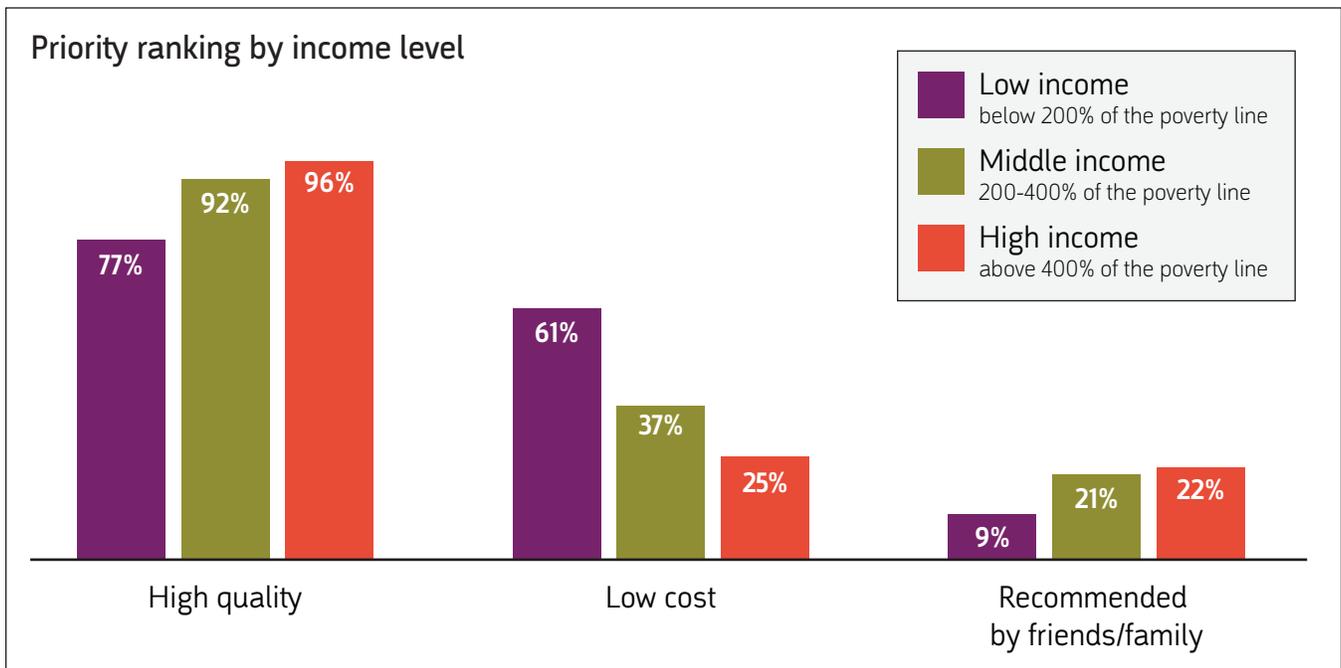
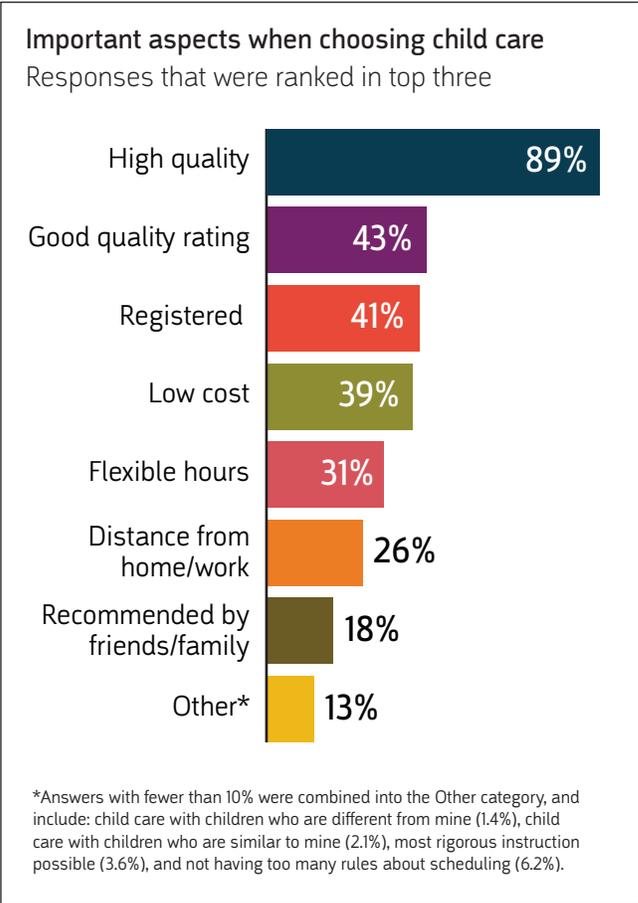


IMPORTANT FACTORS WHEN CHOOSING CHILD CARE

Respondents most frequently chose “high quality” as the most important factor when choosing child care (57.5% ranked it first and 89.1% ranked it in their top three). Low cost was also important, with 11.2% ranking it first and 39.2% ranking it in their top three. Quality rating and registration/licensure were less likely to be ranked first, but 42.8% ranked quality rating in their top three, as did 40.9% for registration/licensure. Distance from home and flexible hours had 25.7% and 31.4% of respondents rating them in their top three. Rigorous instruction and the composition of the other children (similar or different from one’s own child) were relatively unimportant to respondents.

There were significant differences in what was important to parents when considering different income levels of participants:

High quality was ranked as a priority for 77.2% of low-income survey respondents, while 91.8% of middle-income and 96.0% of high-income respondents ranked it as a priority. Over half of low-income respondents (60.5%) ranked low cost as a priority, compared to 31.0% of middle- and high-income (37.0% middle-income, and 24.8% high income).



BARRIERS TO CHILD CARE

Cost

According to the State of Iowa Economic Policy Institute, child care is one of the biggest expenses families face. Infant care at a licensed center costs \$1,136 (12.7%) more per year on average than in-state tuition for a four-year public college in the state of Iowa. The median family income in Dubuque is \$58,602, which means a family paying for infant care is spending 15% of their income on child care.

Survey participants were asked how much they spend on child care per week, with the largest number reporting paying over \$200 per week (numbers could include child care for more than one child). Cost was reported as a barrier for all income levels with 80.7% of low-income, 67.1% of middle-income, and 51.4% of high-income participants reporting child care being too expensive.

Availability

One in five survey respondents reported they were currently on a waiting list for child care, with 25.5% of those having been on a waiting list more than six months. Half of those that were on a waiting list for more than six months had an infant of 0-11 months old.

Low-income participants reported being affected by wait lists at higher rates than other survey takers, with 51.4% reporting wait lists as a barrier to finding care, while 33.3% of middle-income and 40.7% of high-income respondents reported wait lists as a significant barrier.

Barriers for low-income families and single parents

Single parents had particular concerns about the expense of child care, the flexibility of payment options and the limited number of child care providers who accept Child Care Assistance (CCA).

Just over a third (31.5%) of low-income families reported not knowing how to find child care that worked for them as a barrier, compared to only 15.9%

Average annual cost

STATE OF IOWA

College tuition

\$7,839

CITY OF DUBUQUE

Before and after school

\$3,229

Four-and five-year-old care

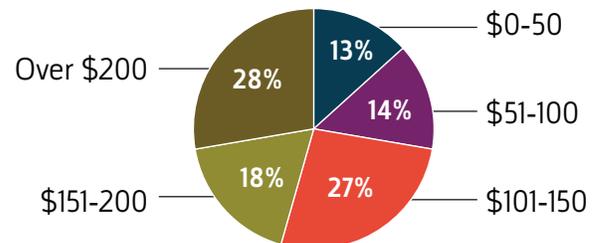
\$7,373

Infant care

\$8,975

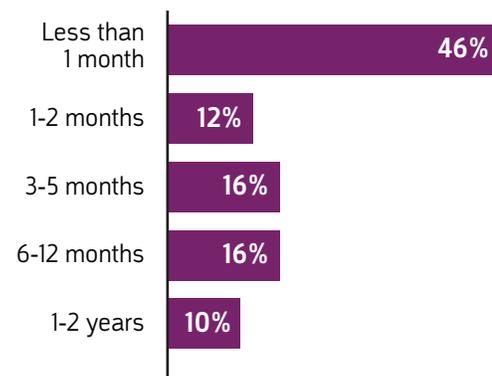
Sources: State of Iowa, Economic Policy Institute, April 2016; City of Dubuque, Child Care Resource & Referral, March 2016

Cost of child care per week: survey results*



*Numbers could include child care for more than one child.

Time on a waiting list for child care*



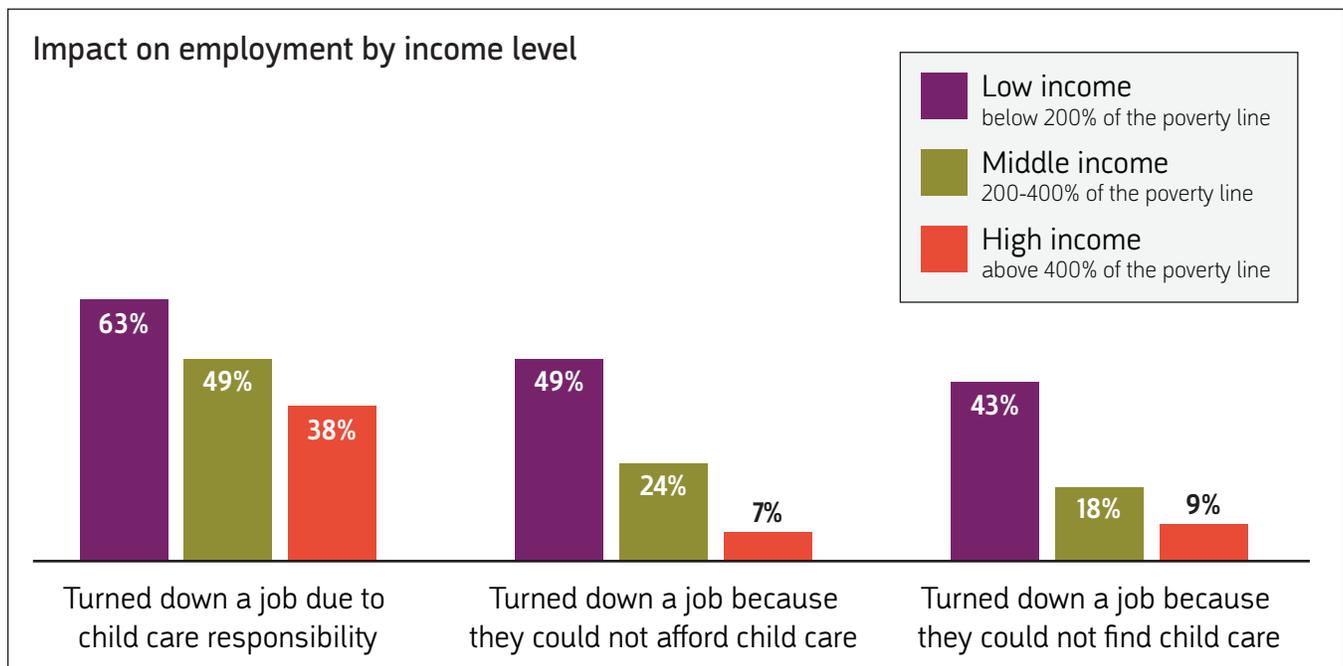
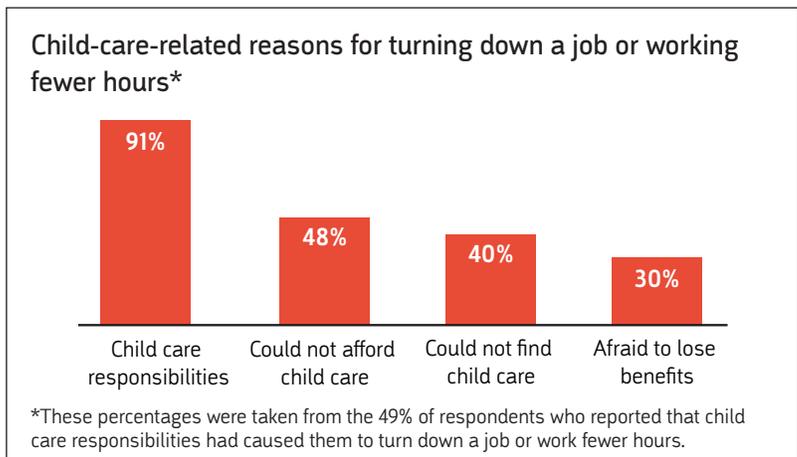
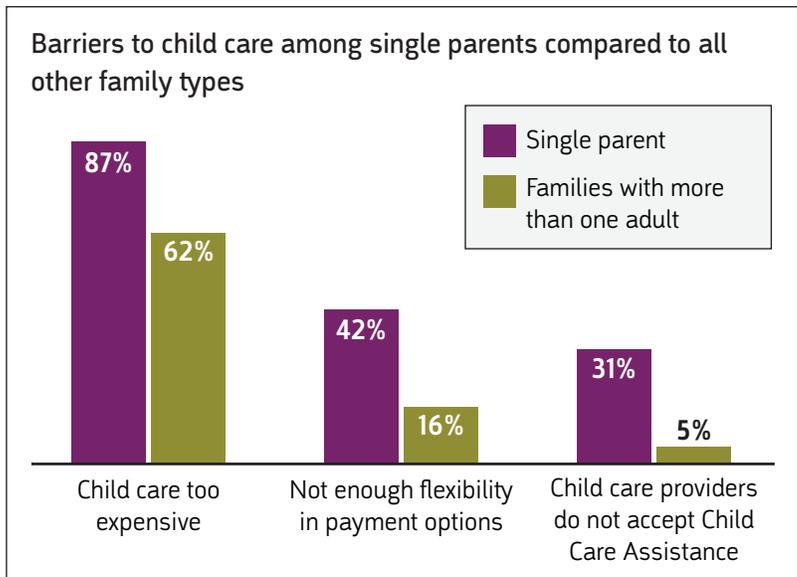
*These percentages were taken from the 21% of respondents who reported they were currently on a waiting list.

of those above the poverty line. Other barriers including distance from home or work, lack of registered providers, not enough providers accepting CCA, and lack of flexible payment options also represented significant challenges for low-income participants compared to middle- or high-income participants.

Impact on Employment

Being unable to secure child care can have serious consequences for parents. Nearly half (48.8%) of respondents reported that child care responsibilities had caused them to turn down a job or work fewer hours, while just over a quarter (25.2%) reported doing so as a result of not being able to afford child care. Just over one in five (21.7%) turned down a job or worked fewer hours when they could not find child care.

The survey results show that low-income families have turned down jobs at significantly higher rates than middle- to high-income families.



Challenges in access and cost can have negative effects on families looking for child care. The following story highlights the experience of a parent searching for and utilizing child care services in the Dubuque community.

Nia's Story

After moving to Dubuque, Nia immediately began searching for child care for her three-year-old daughter Harper. Not knowing where to start, she began with her employer. While its on-site child care center was full, staff helped connect her to a few other options. Nia had hoped to find an in-home provider but that search would prove difficult as openings were rare and filled up quickly. That realization prompted Nia to search for centers instead, which she hoped would have more openings.

“We were in Dubuque four to six months before we could even find somewhere for her to go full-time that had an opening. Even then, we settled for one that we were just satisfied with, versus my preference of where I wanted her to be,” said Nia. “Harper is super smart, but she struggles socially. She needs that extra encouragement and help, and a lot of centers don't have the capability to deal with anything beyond 'normal.'”

Despite Nia's desire to have Harper with an in-home child care provider, she is thankful for the flexibility a center provides. Because she works for a school, Nia's work hours are reduced during the summer. While most providers require payment for full-time care to reserve a spot even if the child only attends part-time, Nia's center works with her financially so Harper can continue to attend during the summer.

“Once you go under 20 hours for daycare, you don't qualify for child care assistance, but since I am working reduced hours during that time, I wouldn't be able to afford to send her to daycare if I didn't have the assistance,” said Nia. “Thankfully, I'm at a center that is willing to work with me and be flexible to help meet my needs.”

This problem also speaks to a larger issue, commonly referred to as the 'cliff effect,' which Nia deals with on a regular basis. Wanting to seek out additional employment to help her save money to move towards self-sufficiency, Nia found herself figuring out how she could afford to have a second job.

“If I would get another job, I would lose benefits including Medicaid and childcare assistance. To send Harper to daycare, I would have spent more than what I was earning at that second job, compared to when I was on assistance and was able to pay my bills and be able to save a little bit each month,” Nia said. “All of the sudden, my bills would have become more than what I was earning. Unless I could have found a second job that increased my income by a lot, I wouldn't have benefitted. I wouldn't have been able to pay bills and there was no way I would be able to get ahead.”

“To send Harper to daycare, I would have spent more than what I was earning at that second job.”

CONCLUSIONS AND RECOMMENDATIONS

The key findings show that cost and availability of child care pose a challenge to both providers and families, disproportionately affecting low-income families. Quality care is valued by parents and aspired to by providers, but can be burdensome and costly for providers in an under-resourced system. The recommendations that follow are intended to offer ideas to local stakeholders for beginning to address some of the challenges found in the key findings. Recommendations were provided by the Strength in Numbers Consulting Group, with additional insight from review with community advisory members of the CAWG.

► **Strengthen Collaboration Among All Child Care Stakeholders**

Increase collaboration among providers and stakeholder organizations to build capacity and support advocacy for systems change. Actions to consider:

- Explore development of local child care provider network that engages providers and all stakeholder organizations and agencies.
- Develop common waiting list using shared data and information to improve understanding of child care needs in the community and experience for parents seeking child care.
- Develop a shared advocacy agenda to communicate child care needs of both providers and families to elected officials, stakeholder agencies and sponsoring corporate partners. Key concerns may include cost, regulation, access to professional development, increasing child care wages and provider capacity.
- Explore a peer mentoring network for providers to share learning and best practices.
- Increase connections for home-based providers
- Increase awareness of CCR&R's services for linking families to child care and supporting services for providers.

► **Expand Professional Development Opportunities and Resources for Providers**

Improve understanding of regulation, QRS, and best practice through expanded professional development opportunities. Actions may include:

- Convene child care providers and stakeholders to identify needs and increase resources for professional development and staff support.
- Identify common professional development needs and work with CCR&R and other support partners to expand opportunities
- Explore resources that can be aligned to better serve in-home providers including small business resources, education, and technical assistance
- Increase awareness of existing resources such as QRS environmental change assistance grants offered to providers by Dubuque County Early Childhood.
- Encourage funders to support QRS participation and professional development opportunities through grants and other efforts.

► Increase Child Care Capacity

Explore ways to increase child care capacity in Dubuque. Actions may include:

- Conduct further research to establish areas of need and continue to build partnerships to pursue private, state, federal and philanthropic funding to expand child care.
- Explore strategies to increase infant care capacity.
- Explore best practices or models from other communities and countries that have more successfully met their child care needs, especially for before and after school, nights and weekends.
- Create a plan that maximizes and expands CCR&R resources allocated to community outreach by leveraging local partnerships to recruit and educate potential small business owners about the opportunity to provide in-home care.

► Create Awareness of Barriers to Child Care Faced by Low-Income Families

Explore ways to create greater awareness of and seek systemic solutions to barriers faced by low-income families. Actions may include:

- Engage social service providers and other partners to develop strategies to increase low-income resident awareness of childcare resources in the community and address access barriers.
- Expand awareness of the 'cliff effect' of social benefits related to Child Care Assistance, and its effect on families.
- Establish advocacy efforts to influence legislation around Iowa's restrictive policies for Child Care Assistance eligibility.
- Explore best practices in other communities and countries to address child care needs of low-income families.
- Explore strategies to educate families about the Quality Rating System and other factors impacting quality child care.
- Conduct further research around the transportation needs of low-income families to inform child care expansion strategies.

NEXT STEPS

The challenges identified in key findings and the recommendations to address these challenges offer a possible road map for next steps. Providers can use findings and recommendations to support or prioritize their own goals or advocate for new ones; administrative leaders can find causes to champion; and funders can identify projects or activities they would like to support. These actions by Dubuque’s child care stakeholders could lead to new grantmaking activities, new programming, and/or new collaborations—resulting in improved conditions for both service providers and families alike.

