The September 2017 Subject Matter Expert and Peer Networking Call on Workforce and Child Care Integration provided an opportunity for SWFI grantees to hear about the strategies other grantees are using to support the provision of child care to SWFI participants. An accompanying brief describes the range of ways that SWFI grantees are meeting participants’ child care needs.

Below is a summary of key takeaways from the call:

1) **Access to child care**: What is a child care navigator’s role in helping families access child care? What are some strategies to make this role as effective as possible?

Grantees are using child care navigators in a variety of ways to support families. For example:

- The WorkPlace’s child care navigator works with each participant to develop a child care plan that discusses barriers and potential care options, including family members who might be able to help provide care. The navigator then works with families to fill out applications for programs such as the Action for Bridgeport Community Development early learning program, Early Head Start/Head Start, and School Readiness programs. The WorkPlace will provide funding for child care in the short-term while participants are in training, but this application process helps families think about sustainability once they enter employment. The navigator also helps participants put together a “Plan C” for emergency care when issues arise.

- Rochester Rehabilitation Center employs a child care navigator from a local Child Care Council. The navigator first educates parents on what quality care is. Next, the navigator assesses current and future needs. Third, the navigator helps participants select a program that is licensed and in good standing. If participants need child care subsidies while they complete the training program, the navigator helps them apply for this. The navigator stays in constant contact with families throughout their training and entry to employment.

- OAI, Inc. uses a systems navigator who is out in the community, vetting different providers and creating a referral list of programs to make appropriate recommendations to participants. The navigator also tracks payments to providers.

The range of ways that child care navigators are working reflects the strategies that the Subject Matter Experts had identified as crucial for supporting participants to access child care, including:

a) working directly with parents to assess child care needs at intake, as well as reliability and stability of child care needs;

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b) connecting families to child care options that are available in the community and facilitating families’ access to subsidies; and

c) working towards systematic changes in the community to expand the availability of care.

2) **Covering the cost of child care for SWFI participants:** How and to what extent are grantees directly paying for participants’ child care or providing funding through other resources? Are grantees providing a maximum amount per participant or covering the full payment for care? How are grantees determining the maximum amount of care they will cover per SWFI participant?

Grantees differ in the extent to which they help families access other forms of subsidized care versus directly paying for care, according to the availability of care in their local context. Grantees also differ in the extent to which they will pay for licensed and unlicensed care. For example:

- Total Action Against Poverty (TAP) in the Roanoke Valley, Inc. addresses each participant’s situation individually. They budgeted their SWFI grant allowing for an average of $2,000 for child care per participant, but they do not set a cap. TAP Roanoke has been successful in leveraging Early Head Start/Head Start and local child care subsidies, although most of their localities use that money quickly and have waiting lists. If participants cannot receive care through these means, TAP Roanoke will directly fund licensed or unlicensed care according to participants’ needs. TAP Roanoke has more flexibility to cover care during training gaps (like winter break) or when a participant is studying but not in a “work activity.” TAP Roanoke pays more to incentivize the use of licensed care, but they work in rural areas so there is a lack of licensed providers.

- Moore Community House noted that in their locality Early Head Start/Head Start are full. In addition, unless parents are already enrolled in the subsidy system, it is unlikely that they will be able to access subsidies. Instead, Moore received a grant through TANF to fund child care for all SWFI participants that has helped them navigate issues of waitlists/availability in the state.

- For OAI, Inc. there is also a lack of Head Start programs in the area. Illinois Action for Children will provide subsidy payments for some participants, and in these cases OAI will then cover any parent copayments. For participants who do not receive child care subsidies, SWFI funds are used to fund child care continuously through training, job search, and the first 90 days of employment. OAI will then help parents apply for child care subsidies or make a plan to pay for child care.

There is a difference between the “price” of child care (the fees charged by the provider) and the “cost” of child care (how much it costs the provider to provide child care). State Child Care and Development Fund (CCDF) agencies set market-rate levels to benchmark subsidy payments. SWFI programs can determine reimbursement amounts and whether to ask participants to share in paying child care fees; this approach can promote sustainability, but may be a barrier to program participation for families. There are state and local resources that may be useful for SWFI grantees who are making decisions about how much to pay for participants’ child care, including state CCDF agencies which have to conduct a market rate survey to set payment rates and child care resource and referral agencies which track the local cost of care.

3) **Increasing the availability of child care:** What strategies are grantees using to provide child care in rural areas, during non-traditional hours, and during information or recruitment sessions?

Grantees use both licensed and unlicensed care depending on their local context. Some grantees are also working in their communities to promote the availability of licensed care. For example:
The WorkPlace has partnered with All Our Kin, which works with individuals who want to become licensed home-based providers. Once providers become licensed, the WorkPlace will directly fund them to provide child care through the SWFI grant.

Rochester Rehabilitation Center’s child care navigator is also providing information to help programs become accredited. In addition, if parents want particular providers to offer afterhours care, Rochester will work with providers and state staff to change providers’ hours so they can accommodate parents’ schedules.

TAP Roanoke is offering an informational event about starting family day homes.

Grantees may find more flexibility with family child care providers being willing to provide afterhours care. Grantees should consider the extent to which they are willing and able to pay for family, friend and neighbor care to meet child care needs. Safety and liability issues are very specific to each grantee, and will depend on how and to what extent the grantee is subsidizing childcare, as well as state and local regulations. Given the grantee specific nature of this issue, we developed a child care systems mapping worksheet for grantees to systematically identify their participants’ child care needs, the range of resources available to address those needs, and related issues including liability considerations that may be specific to their grant.