

**Welfare-to-Work
Transitions for
Parents of Infants:
In-Depth Study of
Eight
Communities**

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EXECUTIVE SUMMARY

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 changed cash welfare from a system of income maintenance as an entitlement to low-income families to one in which assistance to families is both limited and temporary, and in which work and economic self-sufficiency are emphasized. The emerging emphasis on work has led many states to significantly narrow the exemptions from welfare-related work requirements. Under prior Federal law, states could opt to adjust the young-child work exemption from its Federally-mandated level, which exempted parents with a child under three years old, to exempt only parents with a child under one year old. In 1998, 22 states used the new flexibility granted under PRWORA to require parents to work if their *youngest* child was less than one year old. This report examines the state and local policies and practices that encourage and support the activities of welfare-reliant parents of infants who are required to engage in work and school activities.

Juggling work and family responsibilities is a formidable challenge for two-parent families with young children, but it is even harder for single parents, who make up the majority of the welfare caseload. Even more challenging for single parents who work is the task of caring for an infant because infant care is generally less available, more expensive, and harder to assess in terms of quality. As states seek ways to support families with infants in their transition from welfare to work, many questions emerge for researchers and policymakers alike. How successful is the welfare-to-work transition for parents of infants? What special challenges do these parents face in balancing their parenting activities with required work or school activities? What supportive services are critical to continued participation in work and school activities, and ultimately, to a successful transition from welfare to work? Is continuous, reliable, affordable, and good-quality infant care available to these parents? Have states taken the opportunity to link these families with child care that can promote the health and development of infants?

STUDY PURPOSE AND CONTENT

In an effort to answer these questions and, ultimately, to address the issue of providing infant care for single, working, low-income parents, the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services contracted with Mathematica Policy Research (MPR) to conduct the Study of Infant Care Under Welfare Reform. The study was designed to provide information about the strategies states and communities are using to help parents of infants make the transition to school or work while promoting the health and development of their infants, and about the policy and program challenges states and communities are facing in this effort. The information is intended both to inform policymakers about the experience of several communities and to build a foundation for future research on the effectiveness of particular programs, policies, and strategies in supporting the transition to work or school while promoting infant health and development.

The study has three phases:

- *A general information-gathering phase*, focusing on the work-, school-, and child care-related policies and programs in 22 states that required parents of infants to work in 1998, when the study was launched.¹
- *An in-depth study phase*, focusing on welfare and child care program policy and practice in eight communities, and on the experiences of welfare-reliant parents of infants in these sites.
- *A research design phase*, focusing on the evaluation of programs, policies, and strategies designed to support parents' transitions to work and their infants' health and development.

This report presents the findings from the first two phases of the study, with an emphasis on the second phase. We end with a summary of research directions, which will be expanded upon in a forthcoming report.

The devolution of cash welfare programs to states (and, in turn, to localities in some states) has led not only to substantial policy changes, but also to variation in policies across states and across communities within a state. In addition, the integration of funding streams for Federal child care programs and the increases in the Federal funding available for child care have spurred expansions in child care support in many states. This report provides an in-depth look at the policies and practices that have affected TANF parents with infants as they moved into work in eight communities in California, Florida, Iowa, Michigan, Tennessee, and Wisconsin in 1999.

Appendices to the report present summary information on each of the 22 states that required welfare-reliant parents of infants to work in fall 1998. A majority of these states required parents to begin work activities three months after the birth of the child, which is consistent with the amount of unpaid leave certain employers are required to provide to new parents under the Family and Medical Leave Act. In fiscal year 1999, the proportion of welfare-reliant families with an infant varied across states, from approximately 10 to 25 percent.

A forthcoming report will discuss optional evaluation designs to examine the impacts of promising policies and programs on the transition to work and on infant health and development.

¹Because TANF policies were still in flux during the study period, the list of states that currently require parents of infants to work is somewhat different from what it was in the fall of 1998 when we began this work. Three states in our list of 22 states now exempt parents of infants from work (Indiana, Vermont, and Wyoming). Four other states not on our list of 22 states now require parents of infants to work (Alabama, New York, West Virginia, and Washington) (State Policy Documentation Project, June 2000 [www.spdp.org]).

SITE SELECTION AND APPROACH TO THE IN-DEPTH STUDY

The objectives of the in-depth community study were to explore the welfare-to-work or -school transition for parents of infants; the challenges parents face as they balance work or school with their parenting responsibilities; how available and affordable infant care is, and whether it is continuous and of good quality; and how well the welfare, child care, and supportive service policies help parents of infants. We made a special effort to learn about these issues for teenage and non-teenage parents, and for parents in urban and rural settings.

To explore these issues, we sought out states and communities that had already begun to address the challenges of supporting the work and schooling activities of low-income parents of infants. Therefore, the states we chose had relatively large populations and were far along in implementing TANF work requirements. From this group, we selected states with diverse geographic, social, economic, and policy characteristics. Table 1 lists the study states and communities, and our rationale for choosing each.

We conducted two-day site visits to the eight communities during the spring and summer of 1999, in which we spoke with administrators and staff of welfare, child care, and supportive service agencies, and with welfare-reliant parents of infants. We also conducted focus group discussions with parents of infants in six of the eight study sites.² These focus groups provided a varied, but not statistically representative, group of parents. The overall goal of the focus groups was to capture the broad themes related to how parents are coping with the dual responsibilities of family and work, and the factors that contribute to or detract from their success in achieving an effective balance.

This study has some limitations that diminish the extent to which the findings can be generalized. First, the states and communities should be considered exemplary, but not representative of the 22 states that originally required welfare-reliant parents of infants to engage in work or school activities. As mentioned, the states and communities in the study were chosen because of their caseload size and because they were relatively far along in implementing their TANF programs. Our findings may therefore not apply to states with smaller caseloads and at earlier stages of implementation. Moreover, there are state-to-state differences in program emphasis that may not be reflected in our choice of states. Second, the parents and program staff we interviewed for the study were selected in various ways and are therefore not fully representative of all parents of infants or of all program staff in the sites. Third, the information obtained from discussions with parents and program staff is subjective and may have been influenced by their experiences and goals. Finally, welfare and child care program policies continue to change as states modify approaches to serving low-income families.

Despite these limitations, the study findings provide a comprehensive picture of how TANF, and child care policies and practices fit together under certain conditions to encourage and support work activities for welfare-reliant parents of infants in a diverse set of communities.

² There were no focus group discussions in Nashville and in New Port Richey. The Nashville focus group was cancelled due to inclement weather. In New Port Richey, none of the confirmed attendees arrived for the discussion.

TABLE 1

SITES INCLUDED IN THE IN-DEPTH STUDY:
STUDY OF INFANT CARE UNDER WELFARE REFORM

State	State TANF Caseload with an Infant (%) ^a	Community (County)	County TANF Caseload ^b	Rationale for Site Selection
California	10.2	Bakersfield (Kern)	19,039	California has a large population and the work requirement for parents of infants is a county option. Kern is the largest county that requires parents of infants to work.
Florida	12.1	St. Petersburg (Pinellas)	4,275	Urban area with strong child care licensing standards and innovative programs to support families with young children.
		New Port Richey (Pasco)	1,512	Rural county chosen to examine how a work-first approach to cash assistance is implemented in a rural area within a large state.
Iowa	15.9	Waterloo (Black Hawk)	1,652	Iowa implemented work requirements for parents of infants in 1993. This small city in a largely rural state was making a special effort to coordinate services for young children.
Michigan	10.3	Grand Rapids (Kent)	3,040	Mid-sized city with goal of reducing to zero the number of welfare households without earnings (Project Zero site).
		Detroit – Warren/Conner District (Wayne)	90,574 (1,793)*	Inner-city region with goal of reducing to zero the number of welfare households without earnings (Project Zero site).
Tennessee	13.0	Nashville (Davidson)	8,650	Tennessee has a relatively high teenage birth rate. Nashville provides strong supportive services for teenage parents.
Wisconsin	24.4	Milwaukee – Region 2 (Milwaukee)	9,764 (1,245)*	Wisconsin has dramatically reduced welfare caseloads. Region 2 is an area with established community programs to support parents of young children in the state’s largest city.

*TANF caseload of specific study area in the city.

^aU.S. Department of Health and Human Services, Administration for Children and Families. “Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress.” August 2000; and data provided by the study sites.

^bCaseload numbers were provided at the time state-level interviews were conducted in April–June 1999. Data represent February 1999 caseloads for Kern County, the two Florida counties, the two Michigan sites, and Milwaukee. Data represent May 1999 caseloads for Black Hawk County and Nashville.

KEY FINDINGS FROM THE IN-DEPTH STUDY

The findings from the in-depth study fall into four categories: general findings, or issues that cut across policy areas; TANF policy and practice; child care assistance, information, and choices; and case management structures and supportive services.

General Findings

► *Parents of infants were not generally viewed by case managers in the study sites as a group with categorical needs that were substantially different from those of the broader TANF population.*

Welfare administrators and staff did not perceive that parents of infants as a group had unique needs as they made the transition from welfare to work. Administrators and staff did, however, view other groups as needing special attention and assistance, including parents with a mental health or substance abuse problem, parents of children with chronic health problems or disabilities, and teenage parents.

► *Parents of infants face greater challenges in the transition from welfare to work or school than do parents of older children.*

Transportation and child care are common challenges for welfare recipients making the transition to work or school activities, but these challenges are more intense for parents of infants. Parents of infants expressed concern about the health of their infants as a result of waiting for a long time for buses in the cold. Infant care is generally less available and requires more time from caregivers than does care for older children. Infants have more intensive care needs than do older children, and parents responding to these needs may feel greater strain in their efforts to balance work and family.

► *Families in different communities within the same state may be subject to different policies and may have different supports available to them as they make the transition from welfare to work.*

Welfare reform has increased not only the diversity of cash assistance policies across states but also the diversity of policies and practices within states. Even for state-administered TANF programs, local agencies have some discretion in their interpretation of policies. States may also devolve authority for important policy decisions to counties or other local entities. Moreover, there are community-level differences in the resources for low-income families with children and in the types of child care support provided. In recognition of this variation, we sought information not only on state policies but also on community-level programs and practices. Hence, the in-depth study provides a great deal more information than state policy data could provide on the transition from welfare to work or to school activities. Moreover, we found important differences across communities within a state in TANF and supportive service environments. The information-gathering requirements for future welfare program studies that are implied by this finding are substantial.

Findings on TANF Policies and Practices

► *Despite differences among the sites in policies on work requirements, sanctions, and time limits, the sites, with few exceptions, did not treat parents of infants differently from other parents in applying these policies.*

After the work exemption period ends, parents of infants are subject to the same policies that are applied to other TANF recipients. As a result, the local TANF offices we studied did not have any distinct mechanisms in place to collect information or to track the activity and participation specifically of parents of infants.

Case managers seemed to be more aware of significant barriers facing subgroups of parents of infants—for example, teenage parents, parents with special-needs children who require more intensive child care services, or parents with multiple children who need the same child care placement. Notably, the issues facing these subgroups of parents of infants are likely to follow the family beyond the infant’s first year of life.

► *Across the study sites, the number of required hours per week of work activity was positively related to the range of activities that were approved for meeting this hours requirement.*

The lower the number of required hours of work activity—for example 20 or 25 hours per week—the narrower the range of approved activities. The sites that required closer to 40 hours per week of activity allowed a much broader set of activities, which included education and training, participation in specialized programs like substance abuse or mental health treatment, or parenting and early intervention activities.

► *Unlike parents of infants more generally, teenage parents did seem to be a salient subgroup in the view of welfare administrators and case managers.*

The study communities applied the Federal live-at-home requirements in a variety of ways, and many had used the flexibility built into Federal law to require unmarried minor teenage parents not only to attend school but also to participate in supportive service programs. The majority of the sites required teenage parents to participate in special supportive service programs. The specialized programs typically involved intensive case management to keep teenage parents in school and to connect them with support services. The programs also provided parenting classes and information on early intervention programs, and in some cases, they included home visits.

► *Adult TANF recipients with infants were, for the most part, similar to other TANF recipients in their work and work-related participation decisions within each state.*

The participation rates in work or in work-related activities among adult TANF recipients with and without infants did not differ substantially within each of the states. In all but two of the states (Florida and Tennessee), the proportion of employed TANF recipients relative to all TANF recipients participating in work or work-related activities was very similar for recipients with and without infants. Finally, the distribution of TANF recipients by hours of work per week

did not differ substantially between recipients with and those without infants in the six states in this study.

► *Parents in focus groups across six study sites had similar reactions to work requirements despite the fact that the sites varied in the number of required hours of work activity and in the range of activities that can meet the work requirement.*

Parents of infants, both teenagers and older parents, had a very clear overall understanding of the school attendance and/or work requirements. The greatest concern with the work requirements, which was expressed in focus groups in most of the sites, was the fact that participation in post-secondary education programs could not be counted toward the required weekly hours of work-related activity. Parents of infants would also have liked to see more flexibility in how self-sufficiency plans are developed and in how sanctions are applied. Although the majority of parents in the focus groups believed that they were managing to balance their work or school responsibilities with their parenting responsibilities, some parents in nearly all of these groups expressed the concern that their work and school activities left them with too little time and energy for their children.

► *The study sites appeared to offer greater flexibility to TANF recipients and to parents of infants than might be expected solely on the basis of state sanction and time limit policies.*

Local office staff believed that they had a great deal of discretion in the application of sanctions, but less so in the application of time limits. The study sites generally did not have discretion over *the extent* of the benefit reduction, as this is largely defined by state policy. But they did, however, have discretion over *when* to impose sanctions, and they varied slightly in their practices with respect to how long they were willing to work with clients until they deemed a sanction necessary. The use of sanctions in the sites was guided in part by local philosophy, but it was also largely influenced by the ability to monitor client participation in required activities.

At the time of the site visits, it was too early to assess the effects of time limit policies, since clients had not begun to reach any limits in seven of the eight sites. However, it was clear that time limits would eventually affect some clients.

Findings on Child Care Policies, Assistance, and Choices

► *None of the six study states had expanded income eligibility criteria for child care subsidies to the extent allowed by Federal law.*

Legislation establishing the Child Care and Development Fund (CCDF) allows states to provide child care assistance to families with an income up to 85 percent of the state median income (SMI), an increase from the previous limit of 75 percent of SMI. Only California had set income eligibility for child care assistance as high as the previous limit of 75 percent of SMI. The other five states' income eligibility limits were substantially lower, ranging from about 50 percent to 60 percent of SMI.

► *Only some of the states had changed their child care assistance programs so that eligibility is based on income without regard to welfare status. Respondents in sites that had made such changes maintained that access to and continued receipt of child care assistance was generally easier than it was before the change.*

Under PRWORA, four distinct Federal child care funding streams were combined into a single program that eliminated distinctions based on welfare status. States thus had the opportunity to create integrated child care subsidy systems that base eligibility on income without regard to welfare status. Nevertheless, not all states had changed their child care assistance programs to create a single integrated system.

Administrative structures can help determine the degree to which child care assistance can continue without interruption for TANF families as they make the transition from welfare to work. Staff at child care agencies in sites with integrated child care systems reported that it had been relatively easy for families to maintain child care assistance during the transition to work. In these sites, families submitted one application for child care assistance, and continued assistance was based on income, with recertification every six months, regardless of TANF status. In the other sites, administrative procedures for reapplication or recertification reportedly made it difficult for families to continue their child care assistance.

► *Child care assistance can bring the cost of child care within reach for families who receive subsidies, but in half of the sites, families still struggled to afford child care.*

Subsidies can help make child care affordable to low-income families, but whether these subsidies actually do so can depend on state policies governing both the family co-payments in the child care subsidy program and reimbursement rates to providers. In one site, family co-payments were set relatively high, reaching 11 percent of family income for families with an income of 150 percent of poverty. In this site, various welfare and child care staff reported that many families struggled to make the co-payments. In addition, reimbursement rates affect providers' decisions about whether to accept children whose care is subsidized and whether to charge their parents more to cover their costs beyond the state's reimbursement rate. In three sites, it appeared that reimbursement rates either constrained child care choices or increased costs for families receiving child care subsidies. In these sites, it was not unusual for providers to charge families an additional amount, beyond the required co-payments, to make up the difference between their costs and the reimbursement rates. This practice could pose greater difficulties for parents of infants if the cost of infant care, typically more expensive in centers, greatly exceeds the subsidized payment rate for such care. In one site in particular, respondents repeatedly said that the cost of child care is the greatest challenge they face, and that affordability is the greatest influence on parental choice of child care.

► *Regulatory standards varied across states, and these variations suggest that at the low end, actual quality may vary as well.*

In all six states, center-based child care providers were required to obtain a license to operate, but in just five of the six states, center licensing regulations were backed up by unannounced inspections every one to two years. In (a slightly different) five of the six states, the regulations for center-based care required one adult for every four infants, consistent with

professionally recommended ratios, but the ratio was one to five in one of the states. Only two states had set a maximum group size for infants, and only one state's standard met the recommendations of the National Association for the Education of Young Children (NAEYC).

Pinellas County in Florida, which had the most stringent licensing requirements among the communities in this study, had discretion over child care licensing because its standards were higher than state standards. The county required centers to maintain a ratio of three infants per staff member and a maximum group size of six infants. Unannounced inspections of centers took place two to four times per year.

In most states, licensing standards and inspection practices for home-based child care become tighter as the number of unrelated children in care increased, although among the states in this study, two required licensing when one unrelated child was cared for in the home. In all of the sites, unregulated home-based providers were required to self-certify that they met basic health and safety standards, and five states required a background check.

► *Special concerns about child care supply focused on care during nonstandard hours, care for two or three children from the same family, and care for children with special needs. Care for sick children was also a concern for parents.*

Shortages of child care can constrain parents' employment choices in ways that can keep them from meeting welfare-to-work requirements. Focus group discussions revealed that a lack of child care covering nonstandard or variable work hours, or for children with chronic health conditions or disabilities, can influence the child care and employment choices of low-income families. Finding a care arrangement to accommodate two or three children together could also be challenging.

The focus group participants who worked in the evenings or on weekends indicated that their child care choices were limited by a scarcity of center-based and regulated home-based infant care during these nonstandard hours. Most participants relied on relatives or friends to care for their infants during nonstandard hours or if their work schedule was variable. It was often difficult for parents to arrange care at these times, and even when they were successful, the care tended to be unreliable in both the short- and long-term.

Parents with children who had chronic health conditions or special needs faced great difficulties finding suitable and stable child care arrangements. These parents described frequent changes in child care arrangements because providers said they could not respond to the child's intensive needs, and one parent stopped working because the child care hurdles were too great.

► *Although Federal regulations instruct TANF and CCDF agencies to inform parents about the penalty exception to the TANF work requirement based on an inability to find child care (for specified reasons), this was not yet common practice in the sites.*

With the exception of one site, case managers in the study sites reported that they did not discuss the penalty exception with TANF recipients before the need arose. That is, parents had to come to the case manager and specifically say that they could not find child care in order to learn that they would not be penalized for failing to meet work requirements because of an

inability to find care. As reported in many sites, case managers withheld information about the exception because they felt that parents might otherwise not be as resourceful as possible in seeking child care.

In half the study sites, the TANF and CCDF administering agencies were the same, so case managers in these sites were responsible for informing parents of the penalty exception under the final CCDF rules that were effective as of July 1998. In the other half of the sites, it is probable that, at the time of the site visit, TANF case managers were not yet aware of their responsibility to inform parents of the penalty exception given that the site visits occurred only shortly after the final TANF rule was released.

► *Parents of infants have been responding to the pressure of work requirements and arranging child care as necessary, but possibly not with the ease suggested by staff and not necessarily in their preferred child care arrangement.*

While TANF administrators, case managers, and child care workers indicated that it is not easy to arrange child care, especially infant care, very few had encountered any families with a need for child care that could not be met within a relatively short period. However, approximately half of the participants in each of the seven focus groups felt that it was difficult to arrange care for their infants. The reasons for these difficulties included the questionable quality of providers they visited, the inability to find a provider who would care for multiple children from the same family, the sheer lack of openings for infants in center-based care, the special health care needs of some infants, and the lack of child care at nonstandard hours. The need for infant care can exacerbate these difficulties, but they are not necessarily unique to infant care.

► *Focus group participants in most sites reported receiving little help in selecting a child care provider for their infants, although the majority of the sites had made an effort to provide families with information that would help them to make informed child care decisions.*

In general, sites varied in two main areas related to assisting parents in finding care. First, they varied in the extent to which they provided information to all TANF parents seeking child care assistance and when such assistance was provided. In six of the eight sites, clients received general child care consumer information only if they sought assistance in locating child care from the local Child Care Resource and Referral Agency (CCR&R). Many clients, however, never reached the CCR&R. Case managers and child care workers across the sites reported that the majority of TANF clients who sought child care assistance had already identified a provider when they applied for a subsidy.

Sites also varied in the extent to which they provided assistance in locating child care for particular needs. Six of the eight sites provided free enhanced resource and referral services to TANF recipients who sought such assistance. These services included not only consumer information about choosing child care, but also a list of four or five providers that met the parent's criteria for location and type of care as well as other features of providers who were likely to have openings. These enhanced child care resource and referral services were most intensive and were co-located with TANF services in the two Michigan sites.

Findings on Supportive Service Environments

► *While caseloads in the sites were generally high, prohibiting effective individualized case management for TANF recipients, some sites had created intensive case management programs for certain subgroups of the TANF population.*

The frequency of contact between clients and case managers varied across the study sites and was closely related to caseload size. In general, we heard concerns in all sites except Milwaukee that large caseloads were a barrier to strong case management. It appears that when caseloads approach 100, case managers believe that they cannot spend enough time with individual clients to be effective. Despite high caseloads, a number of sites had programs intended to increase case management services for some TANF recipients. Five sites had intensive case management programs for teenage parents, and one site had a program for parents of infants under 10 months.

► *Work-related supportive services provided through the local TANF offices we visited were generally strong, but the connections between the local TANF offices and specialized services, including early intervention and parenting programs, appeared to be weak.*

The local TANF programs we looked at offered a relatively wide range of supportive services to individuals making the transition to work. For example, each site provided TANF recipients with some form of transportation assistance and some level of assistance for work-related expenses such as the purchase of uniforms, books, or tools. Five of the eight sites offered assistance with emergency financial needs in order to help an individual maintain employment, and potentially, to stay off cash assistance. Case managers reported that TANF recipients are routinely informed about available work-related supports.

In contrast, case managers in only one site systematically referred parents of infants to an intensive case management and parenting support program. While all sites had an early intervention or parenting program, and while the targeting criteria for many early intervention programs are based on income, these programs were not well-connected with the TANF office and typically conducted their own outreach efforts directly with families. The likelihood that a TANF recipient would receive any referral for a specialized service in the community appeared to depend on the knowledge, interest, and time of their TANF primary case manager rather than on any standardized connections or agreements between the TANF office and the specialized service provider.

RESEARCH DIRECTIONS

The Study of Infant Care Under Welfare Reform has helped us to identify characteristics of TANF, child care, and supportive service environments that affect the nature of the transition from welfare to work for parents of infants. The study has also shown that the transition is different for parents in different circumstances. For example, parents with a special needs infant, parents of infants with minimal social support, teenage parents of infants, and parents with different levels of job flexibility are not likely to experience the transition in the same way. However, our knowledge of these experiences should be extended in a number of ways that could not be adequately addressed in the present study.

First, this study focused on the experience of TANF parents of infants who must meet work requirements. Extending the study beyond the period during which the parent receives TANF, and extending the range of respondents to include a representative sample of parents would strengthen what can be learned from the study. Second, the scope of this study did not include gathering information on the level of infant care quality, either from a developmental perspective or even systematically from a parent's perspective. Adding information on the quality of child care in different sites would be valuable.

Beyond these extensions to the present study, it may be useful to look more broadly at initiatives that address not only infant care but also toddler care. Some states or areas may have innovative approaches to improving access to and quality of toddler care in ways that could support low-income working parents in their efforts to remain employed, and that could be expanded and/or replicated to assist parents with infants.

Finally, future research should evaluate policies and programs designed to support parents' transition to work and infants' health and development. To this end, it may be useful to examine the impact on longer-term parental employment and the child's development of exempting welfare-reliant parents of infants from work requirements. It may also be useful to examine the impacts of policies or programs intended to enhance the support given to parents of infants making the transition to work, including parenting and child development programs and stronger, more comprehensive case management.

CONCLUSION

Overall, parents of infants in the study sites appeared to be managing the dual responsibilities of work and parenting, but the level of difficulty they faced varied across sites and across individual circumstances. In many ways, TANF, child care, and supportive service policies, along with service delivery structures were not focused on the needs of parents of infants, largely because the system did not view them as a group with unique categorical needs. And while it may be true that parents of infants faced the same problems as other parents in the transition from welfare to work, their difficulties were clearly intensified by the presence of a very young child.

Further research should examine the diversity of parents' experiences more systematically than was possible under this study and evaluate the impact of policies and programs that might help parents balance the need to work and participate in work activities with the need to care for, and support the development of, their infants.

I. INTRODUCTION

The new policy framework for cash welfare assistance created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides states with greater latitude over the administration of their welfare programs, the benefits they provide, and the requirements they can set for welfare recipients. The emerging emphasis on work has led many states to significantly narrow exemptions from work requirements. Under prior Federal law, states were prohibited from requiring welfare recipients who were single parents caring for infants to participate in work-related activities. In 1998, 22 states used the flexibility granted under PRWORA to require parents to work if their *youngest* child was less than one year old.¹ These 22 states charted new territory in their efforts to move welfare recipients into work.²

Infants are of particular concern when their parents are required to work. They lack immunity to some diseases because they have not yet been fully immunized (American Academy of Pediatrics 1997). Moreover, they are likely to pick up many illnesses in group child care settings. Children commonly have several illnesses each year, mostly respiratory or gastrointestinal infections, but infants and young children tend to have a higher incidence of illnesses when they first attend child care (Cordell et al. 1997; Hayes et al. 1990; and Hurwitz et al. 1991). In addition, chronic illnesses and disabilities needing special care and attention may not yet have been identified in infants (McCormick et al. 2000; McCune et al. 1990). Stability of

¹Because TANF policies were still in flux during the period of this study, the list of states that currently require parents of infants to work is somewhat different than it was in the fall of 1999, when we began this work. Three states included in our list of 22 states now exempt parents of infants from work (Indiana, Vermont, and Wyoming). Four other states not on our list of 22 states now require parents of infants to work (Alabama, New York, West Virginia, and Washington) (State Policy Documentation Project, June 2000 [www.spdp.org]).

²Background information on these 22 states is presented in the appendices to this report.

child care is also important to infants because it facilitates the establishment of a strong child-caregiver bond (Hayes et al. 1990; Raikes 1993). Young children require enduring, close relationships with a small number of adults in order to thrive (Berlin and Cassidy 1999). For this reason, caregiver stability and attentive, responsive caregiving have been shown to be important dimensions of the quality of infant care (Beckwith 1990; Lally et al. 1995; NICHD Early Child Care Research Network 1996). Stability has been associated with a more secure child-caregiver relationship as well as to a more secure child-mother relationship (Raikes 1993).

All of these needs argue for good quality child care for infants. However, parents of infants may be less able to locate such care than parents of preschool-age children because of the high cost and corresponding low supply (Cost, Quality, and Child Outcomes Study Team 1995, Fuller and Liang 1995, Fuller et al. 1997; U.S. General Accounting Office 1997). Parents of infants may also have greater difficulty locating good-quality care than parents of older children because they have less experience choosing child care, and because infants cannot provide much information about the quality of their daily experiences in child care (Polit et al. 1989; Porter 1991).

Juggling work and family responsibilities is a difficult challenge for many working two-parent families with young children, but is even harder for working single parents, who make up the majority of the welfare caseload. Thus, many questions emerge as states tackle the challenges of supporting families with infants in their transition from welfare to work. How successful is the welfare-to-work transition for parents of infants? What special challenges do these parents face in balancing their parenting activities with required work or school activities? What supportive services are critical to continued participation in work and school activities, and ultimately, to a successful transition from welfare to work? Is continuous, reliable, affordable,

and good-quality infant care available to these parents? Have states taken the opportunity to link these families with child care that can promote the health and development of the infants?

In an effort to understand these challenges and how states and communities are meeting them, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services contracted with Mathematica Policy Research (MPR) to conduct the Study of Infant Care Under Welfare Reform. The study was designed to provide information about the policy and program challenges facing states that are requiring people who are both welfare recipients and parents of infants to work or attend school. The study is also intended to identify the strategies states and communities are using to meet the challenges of helping parents of infants make the transition to school or work while promoting the health and development of their infants. By identifying these challenges and strategies, the study also seeks to build the foundation for future research examining the effects, on parental employment and children's well-being, of exempting parents of infants from work requirements. The study also sought to identify, for future demonstration research, models of programs, policies, and strategies that might successfully move parents from welfare to work while promoting the health and development of infants.

The study has three phases: (1) a general information-gathering phase, focusing on policies and programs in 22 states that require parents of infants to work, (2) an in-depth study phase, focusing on the implementation of these policies, the availability of services to support work activities, and the perceptions of parents, welfare agency staff, and others about the adequacy of work and parenting support for families with young children, and (3) a research design phase, focusing on the development of designs to evaluate the effectiveness of programs and strategies intended to support parents' transitions to work and their infants' health and development.

This report presents the findings from the first two phases of the study, with an emphasis on the second phase, which involved site visits to eight communities in six states during spring and summer 1999. The information in this report thus reflects the policies and practices in effect in the sites at that time, although we have made an effort to update (through use of footnotes) important changes that have occurred in some of the sites since that time. The report provides an in-depth look at the policies and practices that affected TANF parents with infants as they moved into work in these sites in spring and summer of 1999. It presents an initial account of how TANF systems and case managers worked with families with infants and of how families viewed the TANF requirements they face and the child care support they receive. Findings from this case study can provide an important foundation for future research that takes the next steps in examining actual results for TANF parents of infants, as well as for infants. This component of the study is also intended to inform future research directions by identifying programs and strategies for parents with infants that can be examined more systematically. The appendices to this report provide summary information, drawn from the first phase of the study, about policies and programs in the 22 states that required parents of infants to meet TANF work requirements in the fall of 1998. This information was used to select the eight sites for this in-depth study, but also shows how varied TANF and child care policies are in the 22 states. In a forthcoming report, we build on the information gathered about programs and strategies that support the transition to work and infant development to discuss research options that would inform policies surrounding the young-child work exemption and strategies for supporting low-income working families with very young children.³

³This report is forthcoming in the fall of 2001.

This report is organized into eight chapters. This introductory chapter explains the study methodology, briefly profiles the eight study communities, and discusses the limitations of the study. Chapter II describes the TANF policies that define the work and schooling requirements for parents of infants, and Chapter III discusses the application of time limits and sanctions in the study sites. Because child care is critical to parents of infants who must work or attend school or training, Chapters IV, V, and VI focus on the child care environments in the study sites. Chapter IV addresses what state policies and local administrative practices may mean in terms of the accessibility of child care subsidies for low-income families and in terms of the affordability of child care made possible through subsidies. Chapter V discusses the perceived level of quality and supply of infant care in the sites and the licensing standards for child care arrangements. The chapter also describes a number of current state and local initiatives designed to address these issues. Chapter VI covers the choices made by parents of infants in their child care arrangements and the assistance they receive in locating and arranging care. Chapter VII explains how families can be linked with other supportive services to ensure a smooth transition to work and to sustained employment over time. Chapter VIII discusses major themes and findings from the in-depth study, laying the foundation for further research. The appendices present tabular information on the general state characteristics, TANF policies, and child care subsidy policies of the 22 states that require parents of infants to meet TANF work requirements.

A. METHODOLOGY OF THE IN-DEPTH STUDY

We conducted an in-depth study of eight communities in six states to examine how welfare policies, child care policies and programs, and other supportive services interact with community-level variables to make the community either a supportive or a difficult place to live for low-income mothers of infants attempting to meet work or school attendance requirements.

More specifically, the objectives of the in-depth study were to explore what the welfare-to-work or -school transition is like for parents of infants; what challenges parents face as they balance work or school with their parenting responsibilities; how available and affordable infant care is and whether it is continuous and of good quality; and how well the welfare, child care, and supportive service policies in general help parents of infants. We made a special effort to learn about these issues for both teenage and non-teenage parents, and for parents in both urban and rural settings. Here we explain how we selected the study sites and what methods we used to collect data for the in-depth study.

1. Site Selection⁴

In selecting sites for the study, we began by identifying states (from among the 22 that require parents of infants to meet TANF work requirements) in which welfare agencies and the community have experience with the challenges of supporting work and schooling activities of low-income parents of infants. Therefore, we eliminated from our original sample of 22 states several small states because of concerns that they would have limited experience in this area. We also omitted states in the very early stages of implementing the TANF program. Of the states that have experience working with families with infants, we selected those that vary to some extent in the strictness and supportiveness of their welfare-to-work policies, as demonstrated by information that was readily available at the time on sanctions and time limits. From this group, we made our final cut, selecting a sample of states that would provide diversity in population size, poverty level, teenage birth rate, child care subsidy policy, and supportive

⁴Background information on the characteristics and policies of the 22 states that formed the original sample is presented in the appendices to this report.

service environments. The final six study states are California, Florida, Iowa, Michigan, Tennessee, and Wisconsin. (The appendices provide information on the state policies and characteristics for all 22 states.)

Once states were selected, we chose the study communities by conducting two telephone interviews, one with the state-level TANF administrator and one with the state-level child care administrator, to verify state policy information and to learn about communities in the state.⁵ During these interviews, we requested additional written information on state supportive policies, particularly in the child care area. The state-level TANF and child care administrators helped to identify communities in urban and rural areas for the study, choosing some that would enable us to focus on services to teenage parents, and some that would enable us to identify services particularly helpful to parents of infants making the transition to school or work.

The definition of a site varies across the eight study communities. In the broadest sense, a site is a county within a study state, because social services are often administered by counties. However, while the method of service administration may be similar for an entire county, access to services and the variety of community-specific services are likely to vary a great deal throughout a county. This argues for defining a site more narrowly as a city or town. Therefore, while we attempted to capture intra-county differences as much as possible, a great deal of the information in this report reflects the environment and experience of the specific city or town we visited. Indeed, for very large cities, such as Detroit and Milwaukee, we selected specific areas within the city for the in-depth study. We completed site visits to Bakersfield, California; New

⁵In California, we conducted two state-level interviews on child care administration because two separate state departments—the Department of Social Services and the Department of Education—are involved in child care policy and administration.

Port Richey and St. Petersburg, Florida; Waterloo, Iowa; Grand Rapids and Detroit (Warren/Conner District), Michigan; Nashville, Tennessee; and Milwaukee (Region 2), Wisconsin. (Further information on these eight sites is presented Section B.)

2. Data Collection and Reporting

We collected data for the in-depth study in two-day site visits to each of the eight communities during the spring and summer of 1999. Through semi-structured interviews and focus groups, we gathered information on child care policy, service delivery, and parents' experiences from a range of individuals who have a stake in the social welfare system and in child care in particular. For instance, we spoke with administrators and staff of welfare, child care, and supportive service agencies, as well as TANF recipients who are parents of infants. Two researchers conducted the first site visit to identify the key issues and develop a consistent approach to the visits. After that, one researcher conducted three site visits and the other researcher conducted four visits.

To obtain information about the welfare experiences, child care support, and other supportive services available to parents of infants in the sites, our site visits needed to include the full range of important welfare, child care, and supportive service agencies in the sites. To identify these agencies, we initiated contact with sites through a local welfare or child care program administrator in each site and asked that person to identify individuals both within and outside his or her organization who, in their view, are most heavily involved in service delivery, particularly child care, to families with young children. In each site, we also contacted the community action agency, a significant private social service agency such as the United Way, and the child care resource and referral agency. We conducted semi-structured interviews with key policy officials and community leaders, and we conducted small informal focus groups with

workers who interact directly with welfare clients. In each site, we spoke with local welfare administrators, welfare case managers, local child care administrators, child care case managers, child care resource and referral agency staff, workers in employment and training programs, and staff of other agencies, particularly those providing services to teenage parents and/or early intervention services. Interview topics included the following:

- The general policy and service environment in the areas of welfare, child care subsidies, and supportive services
- Child care support, including the quality of child care, supply of and demand for child care, and costs of and subsidies for infant care
- Balancing work and family, including care arrangements for infants, TANF work requirements, work schedules, work supports, and living arrangements

We also conducted focus groups with parents of infants. We assembled the focus groups by requesting two or three community organizations in each site to give invitational packets to a specified number of clients with whom they work who are both TANF recipients and parents of infants. An MPR interviewer then called the invited clients one to two days before the focus group to confirm attendance. Through this method, we obtained a varied, but not statistically representative, group of parents for each focus group.

We originally planned to hold one focus group per site, consisting of about eight current TANF recipients who are parents of infants. Ultimately, we conducted seven focus groups, three with teenage parents of infants and four with older parents of infants (Table I.1).⁶ The teenage parent focus groups were conducted in St. Petersburg, Grand Rapids, and Milwaukee. The older

⁶The focus group scheduled for Nashville was cancelled because of severe weather during the visit, and in New Port Richey, none of the invited participants attended. To make up for the loss of the teenage parent focus group in Nashville, we added a teenage parent focus group in Milwaukee.

TABLE I.1

STUDY STATES, STUDY SITES, AND FOCUS GROUPS:
STUDY OF INFANT CARE UNDER WELFARE REFORM

Study State	Study Site	Focus Group Conducted	
		Teenage Parents of Infants (under age 20)	Adult Parents of Infants (age 20 and over)
California	Bakersfield, Kern County		√
Florida	St. Petersburg, Pinellas County	√	
	New Port Richey, Pasco County		
Iowa	Waterloo, Black Hawk County		√
Michigan	Grand Rapids, Kent County	√	
	Detroit, Warren/Conner District		√
Tennessee	Nashville		
Wisconsin	Milwaukee, Region 2	√	√

parent focus groups were conducted in Bakersfield, Waterloo, Detroit, and Milwaukee. Attendance at the focus groups ranged from 4 to 13 parents, with an average of 7 participants per group.

The overall goals of the focus groups were (1) to discern the broad themes that run through parents' experiences as they attempt to cope with the dual responsibilities of family and work, and (2) to identify the elements that contribute to or detract from parents' success in achieving a balance between these responsibilities. The topics covered during each focus group session include content and perceptions of self-sufficiency plans; understanding and perceptions of sanctions and time limits; selecting and arranging infant care; the quality, consistency, and flexibility of child care arrangements; use of child care subsidies; living arrangements; families' use of supportive services; and perceptions of gaps in support for work activities and family responsibilities.

We compiled the information we collected in the interviews in site visit narratives, which we sent to TANF and child care administrators in each of the states and sites that participated in the in-depth study for their review and comments. We also prepared summaries of the focus group discussions, which we sent to the same administrators in each of the states and sites for their review, but we did not receive comments on the summaries. This report is based on the narratives, the summaries, and the state policy information gathered in the first phase of this project. The state policy information was verified with state-level administrators in the early stages of the in-depth study.

B. BACKGROUND ON THE EIGHT STUDY SITES

The goal in site selection was to include a mix of urban and rural sites that have implemented work requirements for parents of infants as well as special initiatives to support

work or school activities. The eight communities we selected also vary in terms of population size and TANF caseload size (Table I.2). In two states—Florida and Michigan—we selected two sites, one urban and one rural, to capture to the extent possible the variation that can occur at the community level despite a uniform policy environment established at the state level. We coordinated our selection process with the state TANF and child care administrator. Table I.3 provides an overview of the state- and local-level entities involved in the administration of both the TANF program and the companion employment-focused programs that replaced the Job Opportunity and Basic Skills (JOBS) programs in each site.

Below, we list the communities in the in-depth study and the rationale for choosing each:

- ***Bakersfield, California***—Kern County, in which Bakersfield is located, is the largest county in California that requires parents of infants to work. About the size of Massachusetts, the county is also far along, relative to other counties in the state, in implementing welfare reform policies. Bakersfield is a mid-sized city outside of which the county is essentially rural.
- ***St. Petersburg, Florida***—St. Petersburg is a mid-sized city in urban Pinellas County. State-level administrators suggested this urban site over others in the state because the county has higher child care licensing standards as well as innovative programs to support families with young children.
- ***New Port Richey, Florida***—New Port Richey is a very small city in rural Pasco County. We chose this site to provide information on the successes and challenges of a work-first approach to cash assistance in a rural area.
- ***Waterloo, Iowa***—Waterloo is a very small urban area in rural Black Hawk County. We chose Waterloo as a site because it has received a designation from the state as an empowerment area to coordinate services for children from birth to age five. In addition, a broader collaborative planning effort is underway in the county to coordinate education, health, and human services for young children and families, with the goal of increasing by at least 10 percent the number of children and youth who have access to the fundamental resources needed for successful development.

TABLE I.2

POPULATION AND TANF CASELOADS IN EIGHT SITES IN THE IN-DEPTH STUDY:
STUDY OF INFANT CARE UNDER WELFARE REFORM

State	County	Total Population, 1997	Site	Total Population, 1996	TANF Caseload of County ^a	Percentage of State Caseload with a Child Under Age One Fiscal Year 1999
California	Kern	628,605	Bakersfield	205,508	19,039	10.2
Florida	Pinellas	871,766	St. Petersburg	235,988	4,275	12.1
	Pasco	320,253	New Port Richey	Under 25,000	1,512	
Iowa	Black Hawk	121,502	Waterloo	65,022	1,652	15.9
Michigan	Kent	539,425	Grand Rapids	188,242	3,040	10.3
	Wayne	2,127,087	Detroit (Warren / Conner District)	1,000,272 (not available for specific district)	90,574 (1,793)*	
Tennessee	Davidson	533,689	Nashville	535,036	8,650	13.0
Wisconsin	Milwaukee	908,940	Milwaukee (Region 2)	590,503 (not available for specific region)	9,764 (1,245)*	24.4

SOURCE: 1999 County and City Extra. Annual Metro, City and County Data Book; and Temporary Assistance for Needy Families (TANF) Program, Third annual Report to Congress (August 2000), Table 10:23 (Percent Distribution of TANF Youngest Recipient Child by Age Group).

*TANF caseload of specific study area in the city.

n.a. = Not available.

^aCaseload numbers were provided at the time state-level interviews were conducted in April–June 1999. Data represent February 1999 caseloads for Kern County, the two Florida counties, the two Michigan sites, and Milwaukee. Data represent May 1999 caseloads for Black Hawk County and Nashville.

TABLE I.3

TANF PROGRAM ADMINISTRATION

Site	TANF Program Name	State TANF Administration	Local TANF Administration	Local Administration of Employment-Focused Program
Bakersfield, California (Kern County)	California Work Opportunity and Responsibility to Kids (CalWORKs)	Department of Social Services (DSS)	Department of Human Services (DHS)	Curtis and Associates (DHS contracted agency)
New Port Richey, Florida (Pasco County)	Work and Gain Economic Self-Sufficiency (WAGES)	WAGES State Board and the Department of Children and Families (DCF), Welfare Programs Division	Local WAGES Coalition / Department of Children and Families (DCF)	Pasco / Hernando Community College; transition to Goodwill Industries as of 7/1/99 (WAGES contracted agency)
St. Petersburg, Florida (Pinellas County)	Work and Gain Economic Self-Sufficiency (WAGES)	WAGES State Board and the Department of Children and Families (DCF), Welfare Programs Division	Local WAGES Coalition / Department of Children and Families (DCF)	Lockheed Martin (WAGES contracted agency)
Waterloo, Iowa (Blackhawk County)	Family Investment Program (FIP)	Department of Human Services (DHS), Division of Economic Assistance	Department of Human Services (DHS)	Area 7 – JTPA (PROMISE JOBS contracted agency by the Iowa Workforce Development department)
Grand Rapids, Michigan (Kent County)	Family Independence Program (FIP)	Family Independence Agency (FIA), Family Independence Services Administration	Family Independence Agency (FIA)	Wyoming Community Education (Michigan WORKS! Agency)
Detroit, Michigan (Warren/Conner District)	Family Independence Program (FIP)	Family Independence Agency (FIA), Family Independence Services Administration	Family Independence Agency (FIA)	Diversified Educational Services (Michigan WORKS! Agency)
Nashville, Tennessee	Families First	Department of Human Services (DHS), Division of Family Assistance	Department of Human Services (DHS)	Various contracted providers through 4 consortiums
Milwaukee, Wisconsin (Region 2)	Wisconsin Works (W-2)	Department of Workforce Development (DWD), Division of Economic Support	United Migrant Opportunity Services (UMOS) (W-2 contracted agency)	United Migrant Opportunity Services (UMOS) (W-2 contracted agency)

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

- ***Grand Rapids, Michigan***—Grand Rapids is a mid-sized city in the otherwise-rural Kent County. Kent County is a Project Zero site, and from the outset, we planned to visit two such sites in Michigan. Project Zero sites have the goal of reducing to “zero” the number of welfare households without earnings, and these sites are generally given additional resources and policy flexibility to achieve this goal. We chose Kent County because we expected it to give us information about the Project Zero approach in a less densely populated area that has significant community resources.
- ***Detroit (Warren/Conner District), Michigan***—Detroit has more than 1 million inhabitants. We chose the Warren/Conner district because it is a Project Zero site, and we wanted information about this approach in a densely populated urban area that has limited community resources.
- ***Nashville, Tennessee***—Nashville is one of four large cities in Tennessee. We chose this site because it provides strong supportive services for teenage parents in a state with a relatively high teenage birth rate.
- ***Milwaukee (Region 2), Wisconsin***—Milwaukee is the largest city in Wisconsin and includes the vast majority of the state’s welfare recipients. The state has contracted directly with private agencies in the city to help TANF recipients with the welfare-to-work transition and school attendance requirements in each region. Region 2 in Milwaukee was suggested by state-level administrators because of the presence of established community programs that support parents with young children.

C. LIMITATIONS OF THE STUDY

The in-depth study is limited in four primary ways, each of which diminishes the extent to which we can apply the study findings to other states, and specifically, to the parents of infants in other states who are faced with TANF work and school-attendance requirements. First, there are basic state-to-state differences in program emphasis and stage of implementation. We chose the six study states because they place a fairly strong emphasis on moving all TANF recipients into work-related or school activities. (These states would provide the best information with which to inform research on strategies to support parents of infants who are required to work.) Nevertheless, some of the 22 states that require parents of infants to work may place less emphasis on either the timing or extent of work requirements. Still others may be at a different

stage of implementing TANF policies and procedures, compared with the study states. Because our study sites, by design, are not a representative sample of communities in which parents of infants are required to work, we cannot generalize the study findings to all 22 states requiring parents of infants to work. Similarly, the sites included in this study do not necessarily represent the range of activities states have undertaken to address the needs of infants and their working parents. We chose some of the study sites because they had implemented specific child-focused initiatives or case management practices for at least some subset of parents of infants (such as teenage parents).

Second, like any implementation study, ours is limited by the subjective nature of data derived from interviews and focus groups. Despite the richness of the information we collected in interviews with individuals involved in the administration and delivery of TANF, child care, and other supportive services, their perceptions about local implementation, the processes for delivering services, and the experiences of families may be influenced by their experiences and goals for the program. The perceptions of staff and administrators are balanced to some degree by direct reports of family experiences we obtained through the focus group discussions, but parents can provide information only about their own experiences, and their perceptions may be influenced by their own goals and background.

Our findings are also limited by the fact that our informants are not fully representative of the population of agency front-line staff and TANF parents of infants. The groups of front-line workers that we talked to were necessarily limited in number, and the local welfare administrators determined which staff members would be included in each interview. Similarly, the focus groups were very small relative to the number of parents of infants, and the welfare agency, the child care resource and referral agency, and/or other community service providers selected which families to invite to the focus groups. These parents may have been more

motivated or better able to handle multiple commitments. Moreover, focus groups could not be assembled in all eight of the sites. Thus, the factors influencing the selection of respondents for this study may influence how well the information we collected in each site reflects the full range of experiences of parents of infants who are subject to work- and school-related requirements.

Finally, welfare and child care policies continue to change as states modify approaches to serving low-income families. We have noted several significant policy changes that occurred since our site visits in Summer 1999, but we expect that some other changes in policy or practice have occurred since that time. Moreover, programs focused on young children are continuing to grow in emphasis and as a result, perceptions about the extent and quality of services for low-income parents of very young children in 2001 may have changed. Nevertheless, this report provides a comprehensive picture of how TANF and child care policies and practices fit together to encourage and support work activities for an important subgroup of welfare-reliant parents—those with infants—in a diverse set of communities.

II. TANF POLICIES: STRUCTURING REQUIREMENTS FOR WORK AND SCHOOL ACTIVITIES FOR PARENTS OF INFANTS AT THE LOCAL LEVEL

State decisions about TANF work-related policies set an overall framework for work requirements, for the incentives that may be used to encourage work activities, and for the penalties for failing to participate in work activities. However, it is the ways in which state TANF policies are interpreted, communicated, and applied at the local level—where services are delivered—that ultimately may influence whether parents of infants actually move into work activities. Local office policies and philosophies often determine the level of work activity required of TANF recipients and the extent to which sanctions and time limits are used to encourage participation in work or work-related activities. Greater or lesser degrees of flexibility in applying work requirements, time limits, and sanctions will influence the messages that families receive about the seriousness of work requirements and the degree to which cash assistance is temporary.

In this chapter, we describe the TANF policy environment in our study sites in terms of the work or work-related requirements placed on TANF recipients. The chapter that follows discusses the study sites' sanction and time limit policies intended to encourage work. In these two chapters, we explain how these policies are applied to unmarried minor teenage parents and to older parents of infants in the eight sites. We also discuss what parents of infants in our focus groups told us were the messages they have received about these policies, their perceptions about whether these policies are fair, and their views about their experiences with these policies.

Despite differences in work requirements, *the sites were consistent in one important respect: with few exceptions, they did not treat parents of infants differently from other parents in applying work requirements.* That is, at the end of the work exemption period based on the age

of the youngest child, or at the end of the period of leave allowed under the Family and Medical Leave Act of 1993 (FMLA), parents of infants were subject to the same policies that sites use to engage other TANF recipients in work or work-related activities. However, unmarried minor teenage parents faced different participation requirements, regardless of the age of their child, that are discussed in this chapter.

Because parents of infants were generally not treated differently with respect to TANF policies, the local TANF offices in our study did not have any distinct mechanisms in place to collect information or to track the work-related activities specific to parents of infants. TANF administrators and staff were not accustomed to thinking about parents of infants as distinct from the larger caseload, which made it difficult to focus the conversation on this population during our interviews. However, in the view of case managers, parents of infants did not appear to have a significant and categorical set of barriers to employment that distinguish this group—or even a large segment of it—from other TANF clients. Case managers seemed to be more aware of significant barriers unique to subgroups of parents of infants—for example, teenage parents, parents with special-needs children who need more intensive child care services, or parents with multiple children who need the same child care placement. Notably, the issues facing these subgroups of parents of infants are likely to persist beyond the infant’s first year of life.

The approach of treating parents of infants the same as others facing work requirements may not hold true across all 22 states that require parents of infants to work or attend school.¹ For the in-depth study, we chose states that tend to be strongly oriented toward work and that have large populations relative to the whole set of 22 states. However, the experience of the eight

¹The appendices to this report provide background information on the 22 states that require parents of infants to meet TANF work requirements.

communities in the six study states suggests that states can make progress in moving parents of infants toward self-sufficiency by focusing on removing barriers to employment as they present themselves or as they are identified rather than by assuming that they exist on a categorical basis.

A. WORK REQUIREMENTS AND THE DEVELOPMENT OF SELF-SUFFICIENCY PLANS

Under PRWORA, the Federal government established benchmarks for required hours of work activity among recipients, when work must occur, and the percentage of the caseload that must be working.² The Federal welfare reform legislation directs states to require adult TANF recipients to engage in work once the state deems them ready to do so, or once the adult caretaker or parent has received assistance for 24 months, whichever is earlier. Under this provision, states have a great deal of discretion to determine which activities fall under the definition of work and how many hours per week a recipient must engage in the prescribed activities.

In each of the eight study sites, respondents indicated that the goal of their TANF program is to move clients toward self-sufficiency. In line with this goal, all of the sites require immediate engagement in work or work-related activities. To begin with, case managers outline self-sufficiency plans or employment goals with TANF recipients during an initial interview. TANF recipients are expected to demonstrate efforts to gain employment or engage in activities that will prepare them for work shortly after this initial meeting (typically within a week). It seems

²In FY 1999, absent the caseload reduction credit, 35 percent of all TANF families in a state had to be working 25 hours per week to meet the Federal work participation rate. The number of required hours to meet the Federal work participation rate rises to and remains at 30 hours per week as of FY 2000. The percentage of TANF families that must be engaged at this level of activity in order for states to meet the Federal work participation rates each year rises to 40 percent in FY 2000, 45 percent in FY 2001, and 50 percent in FY 2002 and beyond. Refer to Greenberg and Savner (1996) for further information.

clear that in this respect, local practice in all of the sites was consistent with state policies requiring work activities to begin “immediately” for nonexempt TANF recipients.

By design, all of the sites in this study allow only a short exemption period from work requirements for parents of infants. With the exception of Nashville, Tennessee, all the sites allow a 12-week or 3-month exemption period; the period of exemption in Nashville is up to 16 weeks. A number of the sites indicated that this period was selected in an effort to make TANF policy consistent with the amount of time granted to working mothers under the FMLA. In fact, Iowa does not specify an exemption from the work requirement based on the age of the youngest child but excuses participants from work-related activities if they elect to take leave under the FMLA. Single parents participating in Iowa’s employment program (PROMISE JOBS) can take leave of up to 12 weeks in a 12-month period to care for their newborn, and parents in two-parent families can take an aggregated 12 weeks of leave.³ Across the sites, parents of infants are expected to pursue their self-sufficiency plans and meet work requirements as soon as their exemption or leave period ends.

In general, the proportion of adults with a work exemption based on the age of the youngest child is very similar to the proportion of TANF families with an infant in that state (Table II.1). Tennessee did not report work exemptions for adult TANF recipients with children under four months due to a discrepancy in the interpretation of this data reporting requirement.⁴ During the case studies, both state and local respondents stated that a four-month exemption period is allowed and is practiced.

³Information provided by the Iowa Department of Human Services, November 1999.

⁴Information provided by the Tennessee Department of Human Services, Division of Family Assistance, May 2001.

TABLE II.1

NUMBER AND PERCENT OF TANF ADULT RECIPIENTS
EXEMPT FROM WORK REQUIREMENTS TO CARE
FOR AN INFANT, FISCAL YEAR 1999

State	Total Number of Families Receiving TANF	Percentage of TANF Families with Youngest Child Under Age 1	Number of Adult Recipients with Exemption Status Due to Age of Youngest Child (Under 1)	Percentage of All Adult Recipients with Exemption Status Due to Age of Youngest Child (Under 1)
California	624,096	10.2	43,006	8.5
Florida	82,009	12.1	6,894	14.6
Iowa	21,952	15.9	2,444	12.9
Michigan	95,208	10.3	6,183	9.0
Tennessee	57,630	13.0	0 ^a	0 ^a
Wisconsin	19,141	24.4	1,906	22.4

SOURCE: U.S. Department of Health and Human Services. "Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress," August 2000, Table 10:19 (Percent Distribution of TANF Adult Recipients by Work Exemption Status) and Table 10:23 (Percent Distribution of TANF Youngest Recipient Child by Age Group).

^a Tennessee did not report work exemptions for adult TANF recipients with children under 4 months due to a discrepancy in the interpretation of this data reporting requirement. Both state and local level respondents clearly stated that a 4-month exemption period is allowed and is practiced.

Although all eight sites emphasize employment in their TANF programs, they differ in the extent to which activities other than employment can be used to meet participation requirements. Moreover, the sites require different minimum hours per week of participation in work or approved activities. In the next two subsections, we discuss these policy variations across the sites.

1. Number of Required Hours of Work or Work-Related Activity

The number of hours of work required per week by the state's TANF program varied across the sites and may therefore differentially affect parents' ability to balance parenting responsibilities with work requirements. Young children need continual attention from

caregivers, and they need to develop a close relationship with their most important caregivers. For this reason, in society at large, most mothers of young children who work hold part-time rather than full-time jobs so they can balance their time and attention between work and children (Cancian, in press).

Recognizing this societal norm, PRWORA allows states to require 20 hours of work per week for single mothers of young children from infancy up to age 6 (Greenberg and Savner 1996).⁵ States are thus allowed to treat such mothers differently than single mothers of older children, who were required under PRWORA to participate 25 hours per week at the time of our site visits, and beginning October 1, 1999, 30 hours per week. Nevertheless, Michigan was the only state in this study that specified a lower number of required hours per week of work activity for single parents of children under 6 (20 hours) than for other TANF recipients (25 hours). The other sites required the same number of hours of work activity for single parents of young children as for other parents, after the period of exemption based on the age of the youngest child or on family leave policies ends. At the time of the site visits in the spring and summer of 1999, Florida state policy required 25 hours per week of activity; Bakersfield, California, required 32 hours per week; Iowa required clients to participate to their maximum capacity, which generally amounts to between 32 and 40 hours per week; and Tennessee and Wisconsin required 40 hours per week of activity (Table II.2).⁶

⁵The Federal participation requirement for parents of children under age 6 remains at 20 hours per week into future fiscal years even as the participation requirement for other single parent families increases.

⁶In the states that required 25 hours of work participation per week at the time of our visits (Florida and Michigan), the work requirement was scheduled to increase to 30 hours per week on October 1, 1999, consistent with Federal requirements.

2. Work and Work-Related Activity Requirements

Across the eight study sites in the six states, the number of required hours per week of work activity was positively related to the range of activities that were approved for meeting this hours requirement (Table II.2). The lower the number of required hours—for example 20 or 25 hours per week—the narrower the range of approved activities is defined to include work or activities closely related to work, such as job search. The sites that required closer to 40 hours per week of activity allowed a much broader set of activities that included education and training, and participation in specialized programs like substance abuse or mental health treatment, or parenting and early intervention activities. Nevertheless, because we only examined six states, it will be important for future research to examine a larger number of states' work policies to determine whether this principle holds more generally across the states.

a. States with Fewer Required Hours and a Narrow Scope of Activities

On the shorter hours/more narrowly defined activities end of the spectrum were Michigan and Florida, two work-first states. In work-first states, quick attachment to the labor force is emphasized, and as part of this emphasis, TANF recipients were expected to test the waters in the labor market before they could participate in other work-related activities. In both Michigan and Florida, TANF applicants were required to attend an initial orientation meeting and to participate in an up-front job search component in order for benefits to begin (in Michigan) or continue (in Florida). Michigan had a 45-day period in which applicants must complete these activities before the TANF grant would be officially opened. Activities that “count” toward the required hours included work and those activities most closely related to work, such as job search and community work experience programs. At the time of the site visits, education and training were allowed in both Florida and Michigan only after the required work hours were met, so they did not “count” toward the minimum number of hours required.

TABLE II.2

WORK REQUIREMENTS AND REQUIRED OR ALLOWABLE
WORK-RELATED ACTIVITIES, SUMMER 1999

Site	Total Required Hours of Activity per Week for Parents of Infants	Required or Allowable Work-Related Activities									
		Mandatory Orientation	Up-Front Job Search (Work-First)	Unsubsidized Employment / Job Search	Work Experience/ Subsidized Employment	Adult Basic Education / GED	Specialized Training Programs	Post-Secondary Education	Life Skills Classes	Specialized Services (Mental Health, Substance Abuse, Domestic Violence)	Participation in Parenting / Early Intervention Programs
Bakersfield, California (Kern County)	32	√	√	√	√	√	√	+	√	√	√
New Port Richey, Florida (Pasco County)	25	√	√ ^a	√	√ (up to 6 months)	(In combination with community work experience)					
St. Petersburg, Florida (Pinellas County)	25	√	√ ^a	√	√ (up to 6 weeks)	(In combination with community work experience)					
Waterloo, Iowa (Blackhawk County)	No set number of required hours ^b	√		√	√ (up to 6 months)	√	√	√	√	√	√
Detroit, Michigan (Warren/ Conner District) ^c	20	√	√	√		*	*	* +	√		
Grand Rapids, Michigan (Kent County) ^c	20	√	√	√	√ (1 month only)	*	*	* +			
Nashville, Tennessee	40			√		√ Can meet required hours in full ^d	√	√	√	√ ^e	√
Milwaukee, Wisconsin (Region 2)	40 ^f		√ (only when limited barriers exist)	√	√ (up to 2 years; max of 30 hours per week)	√	√	*	√	√	√

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

* Supportive services, such as transportation and child care, will be provided for participation in these activities only after the work requirement has been fulfilled.

+ Activities can count toward work requirement only if the client is already enrolled and/or nearing completion of the program at the time of entry into the employment-based program.

TABLE II.2 (continued)

^aSince the time of the site visits, Florida has discontinued the requirement of up-front job search.

^bIowa does not require a specific number of hours but expects clients to participate in activities to their maximum capacity. On average, clients are considered full-time if they are working 30 hours per week.

^cMichigan now allows a client to be approved for 10 hours of educational activities, 10 hours of study time, and 10 hours of employment to comprise the 30-hours of participation required of single parent families with children age 6 or older that became effective October 1, 1999. Clients may also be approved for 30 hours of vocational training without any hours of employment, on a case-by-case basis.

^dIf an individual reads below a 9th grade level, participation in 20 hours of Adult Basic Education can fulfill his or her full activity requirement. In Tennessee, for every hour of class, an hour of study time is allowed.

^eAt the time of the site visits, specialized services were not allowable work-related activities. However, these services have been allowable as part of the required work hours since early 2000.

^fWork training activities, such as community work experience, can meet up to 30 hours of the 40-hour requirement. The state cannot require more than 30 hours in work experience. Additional hours are comprised of education, training, and other activities as shown. Clients with significant barriers participate up to 28 hours per week in work training or other developmental activities up to their ability and up to 12 hours per week in education or training. These clients receive a slightly smaller grant of \$628, rather than the \$673 provided to clients in the Community Service Jobs track.

Both of these states, however, have recently begun to expand their definitions of work to allow greater involvement by TANF recipients in educational and training activities. Part of this movement to increase the range of allowable activities may be attributed to the increase in the Federally required participation rate that took effect in October 1999. The Michigan legislature acted in 1999 to broaden the range of educational activities that satisfy work participation requirements, as the total number of hours of required activity increased from 25 to 30 in line with Federal work requirements. (The state work requirement for single parents of children under age 6 remains at 20 hours per week.) Current rules in Michigan allow a client to be approved for 10 hours of educational activities, 10 hours of study time, and 10 hours of employment to meet the 30 hours of participation.⁷ Clients may now also be approved on a case-by-case basis for 30 hours of vocational training without any hours of employment.

In addition to increases in the Federal work requirements, another reason for expanding the definition of work activity may stem from the recognition that, as caseloads decline, a larger proportion of the adults remaining on cash assistance face more significant barriers to work, including a lack of basic education. The changing composition of the caseload in Florida shifted the state's focus away from a strict work-based strategy toward an approach that includes human capital development. In line with this shift, Florida rescinded its requirement for an up-front job search in 1999.

California is also considered a work-first state, but compared with Michigan and Florida, it more broadly defines the work-related activities that count toward the state's 32-hour-per-week work requirement. A more comprehensive set of education and training programs, along with

⁷Updated information provided by staff of the Michigan Family Independence Agency as part of their review of the site visit narratives for Grand Rapids and Detroit.

work experience and specialized services may count toward the minimum number of hours required (Table II.2). However, TANF clients in Bakersfield were still required to participate in four weeks of up-front job search activities that focus on interview skills, resume building, workplace expectations, and guided job search.

b. States with More Required Hours and a Broader Scope of Activities

At the other end of the hours/work activity spectrum are Nashville, Tennessee, and Milwaukee (Region 2), Wisconsin. Both sites required 40 hours of participation in work or work-related activities, but the range of allowable activities was broad. Nashville strongly emphasized Adult Basic Education (ABE). Activity requirements for TANF recipients were determined, in part, by their performance on the Test of Adult Basic Education (TABE). Recipients who read below the 9th-grade level were encouraged to enroll in ABE classes for 20 hours per week and were granted an equal number of hours of study time to meet their full 40-hour requirement.⁸ Those recipients who read below the 9th-grade level and opted out of ABE classes were expected to meet the 40-hour requirement through a combination of work and other training opportunities. Nashville's emphasis on education continued to the post-secondary education level as well. Participation in post-secondary education could "count" toward the work activity requirement.⁹

⁸The state of Tennessee received an eleven-year waiver for its Families First welfare demonstration project in August 1996. The waiver allows the state to deviate from the Federal TANF work requirements. The waiver states that individuals who test below the 9th grade reading and math level will not be subject to the standard work requirement until the 9th grade level is achieved as long as the individual attends at least 20 hours of Adult Basic Education and makes satisfactory progress.

⁹Participation in post-secondary education can "count" toward the work requirement in Waterloo and in a number of other sites, but only if clients are enrolled in approved programs prior to their entry into the employment-based program.

Wisconsin redesigned its cash assistance program to resemble the working world as much as possible. TANF recipients were expected to participate in 40 hours of work-related activity in order to “earn” their cash assistance, which was a flat grant equal to minimum-wage income in a 30-hour per week job.¹⁰ This participation requirement typically comprised up to 30 hours per week in work-training activities and up to 10 hours per week in education or training for clients in Community Service Jobs (CSJ). However, for clients in W-2 Transition, who faced greater barriers to employment, the participation requirement could be lower, or the balance between work, training, and other development activities could be modified.

In Region 2 of Milwaukee, Wisconsin, administrators and case managers emphasized a high school education or the equivalent, and English as a Second Language (ESL) classes as methods of improving employment opportunities for clients. The goal was to help recipients obtain jobs that are “family supporting” in that they pay higher-than-minimum wage and, ideally, include benefits. TANF recipients who did not have a high school diploma or its equivalent were strongly encouraged to enroll in GED classes as part of their participation requirement. In addition, the site viewed ESL as important in removing barriers to gainful employment for a clientele that is about 60 percent Hispanic. Notwithstanding this site’s strong support for education activities, employment was still the ultimate goal and emphasis of the TANF program. For recipients with few to no identified barriers to work, a three-day job search was required up front, and for most participants, job search was an important part of their self-sufficiency plan.

¹⁰Wisconsin provides the largest TANF benefit of the six states included in this study, at \$673 for parents of infants and for participants in Community Service Jobs. W-2 Transition clients receive a grant of \$628. These are flat grants that do not change with family size or income.

Waterloo, Iowa most closely resembled Nashville and Milwaukee in terms of the breadth of activities that could be applied to the weekly hours requirement. Like Nashville, Waterloo used the TABE to assess basic skills of recipients without a high school diploma or its equivalent, and the site encouraged these clients to pursue a GED. While Waterloo (as well as the whole state of Iowa) had a mandatory orientation for its employment-focused program (PROMISE JOBS), there was no up-front job search requirement. Job search, however, was a primary and continuous component of required activities. Among the study states, Waterloo was unique in the extreme flexibility of its weekly work-related hours requirement. Indeed, there was no established hours requirement, leaving room for case managers to work with clients to determine the number of hours that defined their “maximum capacity.” The goal, however, was to move clients toward full-time employment while balancing Federal work requirements and client needs. On average, clients were considered full-time if they were working 30 hours per week.

c. Implications of the Required Hours/Allowed Activities Relationship

Notably, the balance of actual work hours and time available for other education and training activities was relatively consistent across the sites. In sites that defined work-related activities more narrowly, the lower number of required hours left room for educational activities during the week. For example, Florida and Michigan did encourage participation in activities beyond the required minimums (25 hours at the time of the site visits). These activities could take the form of work or could be broadened to include GED or ABE classes, and specialized short-term, employment-related training. However, both sites in Michigan reported that the rates of participation in additional education or training beyond the required work hours were low. This was true despite efforts of the Warren/Conner district TANF office to strongly encourage clients to pursue their GED, given the particularly low high school completion rate in that area of the

city.¹¹ We do not have comparable information from the two sites in Florida about rates of enrollment in education and training activities beyond the required work hours.

The sites with a higher hours-per-week requirement may, however, offer parents of infants, in particular, greater flexibility than expected because the additional hours correspond to additional allowable activities, many of which are more flexible than work in unsubsidized employment. For example, if an infant is sick, a parent may have difficulty taking time off from work but may be excused more easily from education, training, or counseling services for “good cause” due to the inability to arrange sick child care.

3. Participation in Specialized Services and Programs for Parents with Young Children

Beyond work and conventional work-related activities, several sites allowed parents to meet the work requirement through activities that address some of the most challenging barriers to self-sufficiency (Table II.2). Bakersfield, Waterloo, and the Milwaukee site counted participation in mental health and substance abuse treatment, or in counseling for such issues as domestic violence.¹² These sites adopted a comprehensive approach to assessing family needs in determining the activities allowed under the weekly work requirements.

In other sites, parents with mental health or substance abuse treatment needs were more likely to be work deferred or considered exempt from work participation. For example, the two Florida sites had formal contracts with mental health and substance abuse treatment providers to

¹¹A survey contracted by the Warren/Conner FIA office at the time of implementation of Project Zero found that 55 percent of residents ages 18 to 29, and 28 percent of residents 30 to 39, did not have a high school diploma or equivalency. (Data provided during interviews with local TANF administrators.)

¹²Nashville also began counting participation in mental health and substance abuse treatment toward the work requirement in 2000.

conduct screenings and provide up-front services to clients on site in the TANF office. These sites had taken definitive steps to address these particular barriers, but participation in these services was not enforced by counting them toward the work requirement. Similarly, in Michigan, the Work First program staff indicated that clients with mental health or substance abuse problems that act as significant barriers to employment were referred back to the TANF office for a deferral of the work requirement.

Of perhaps greater interest to this study is the extent to which sites included hours of participation in parenting or early intervention programs toward the work activity requirement. Case managers in Milwaukee indicated that such participation counted toward the required hours. Moreover, the W-2 agency in the Milwaukee site had a formal contract with a local agency to provide additional case management, home visits, parenting classes, and other specialized services to parents of infants under 10 months.¹³ Case managers were expected to refer all such parents for these specialized services and were specifically instructed to refer parents who were within their three-month work exemption period. Any hours of participation in these services after the three-month exemption period were applied to the work requirement.

In Bakersfield, Waterloo, and Nashville, case managers indicated that it was feasible to count participation in parenting or early intervention programs toward the required hours of work activity, but the opportunity to do so did not occur very often. There was no formalized process of referral to such programs, and clients had not initiated any requests to count their hours in these programs toward the work requirement or to incorporate these activities into their self-sufficiency plans.

¹³ Refer to Chapter VII, Section A.3 for further detail on this program.

The four sites in Michigan and Florida did not count participation in parenting and early intervention programs toward the work requirement. However, the lower number of required hours in these sites could allow time for parents to pursue these activities once their work commitments are finished.

B. TEENAGE PARENT PROVISIONS: LIVE-AT-HOME AND SCHOOL ATTENDANCE REQUIREMENTS

Unlike parents of infants more generally, teenage parents did seem to be a salient subgroup in the view of welfare administrators and case managers. This may be attributed, at least in part, to the decade or more of research findings that indicate that teenage parents are likely to drop out of school and have chronically low skills (Hotz et al. 1997) and are inexperienced and immature parents who are at higher risk of referral to child welfare agencies (Goerge and Lee 1997). In addition, nearly half of all teenage mothers go on welfare within five years after becoming a parent, and under the old welfare rules, those who began receiving welfare as teen parents were more likely to have longer durations of welfare receipt (Gleason et al. 1998; Bane and Elwood 1994). For these reasons, PRWORA requires that unmarried minor teenage parents (under 18 years) remain in school until graduation and, during that time, continue to live with their parents, guardians, or other responsible adults (Levin-Epstein 1996). As explained below, the study communities were applying the Federal live-at-home requirements in a variety of ways, and many have used the flexibility built into Federal law to require unmarried minor teenage parents not only to attend school, but also to participate in supportive service programs.

1. Approaches to Live-at-Home Requirements

Many states, including three of the six in this study, had extended the “live-at-home” requirement to unmarried teenage parents under 19 years (Table II.3). The majority of the study sites indicated that they conduct home visits to assess the suitability of living arrangements of

TABLE II.3

TEENAGE PARENT LIVING REQUIREMENTS AND ARRANGEMENTS

Site	Living Requirement Applies Under Age	Assessment Conducted of Alternative Living Arrangements	Statewide Estimates of the Number of Minor Teenage Parents Receiving TANF and Considered Heads of Household
Bakersfield, California (Kern County)	19	Yes	7,886 ^a
New Port Richey, Florida (Pasco County)	19	Yes	3,561 ^b
St. Petersburg, Florida (Pinellas County)	19	Yes	
Waterloo, Iowa (Blackhawk County)	18	No	69 ^c
Grand Rapids, Michigan (Kent County)	18	Yes	100 ^e
Detroit, Michigan (Warren/Conner District)	18	Yes ^d	
Nashville, Tennessee	19 or completed high school	No	Unknown
Milwaukee, Wisconsin (Region 2)	18	N/A	None ^f

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform; State Policy Documentation Project, Center for Law and Social Policy and Center on Budget and Policy Priorities.

^aData from September 1997 as gathered by the State Policy Documentation Project.

^bData from January 1998 as gathered by the State Policy Documentation Project.

^cData from state respondents collected as part of the Study of Infant Care under Welfare Reform, April 1999.

^dAll minor teenage parents not living with their own parent(s) are referred to one citywide program for assessments and monitoring. The Warren/Conner district office does not directly handle any minor teenage parents that are not part of their family's grant.

^eData from August 1998 as gathered by the State Policy Documentation Project and as reported by state respondents in April 1999 as part of the Study of Infant Care Under Welfare Reform

^fData from state respondents collected as part of the Study of Infant Care Under Welfare Reform, April 1999.

unmarried minor teenage parents who do not live with a parent(s) or other adult relative or guardian for good cause. In the two Florida sites as well as in Grand Rapids, the TANF agency was responsible for conducting the assessments and for assisting teenage parents in locating alternative living arrangements as necessary. In Detroit, all unmarried minor teenage parents who did not live at home with good cause were referred to one citywide program for assessment and monitoring; the TANF office was not directly involved in these efforts. In Milwaukee, and throughout the state of Wisconsin, unmarried minor teenage parents were not eligible for W-2 cash assistance unless they were living at home and were included in their parent's grant. Unmarried minor teenage parents who were unable to live at home were referred to the child welfare system for placement, monitoring, and assistance. These teenagers could, however, access child care subsidies and Medicaid.

As a result of the live-at-home requirement, state and local respondents reported that most unmarried minor teenage parents were included in their parent's TANF grant (exceptions being those teenage parents who received "good cause" for living independently).¹⁴ However, the sites varied as to whether the responsibilities of unmarried minor teenage parents under TANF—specifically school attendance—were included in the parent's self-sufficiency plan or whether minor teenage parents were expected to have their own self-sufficiency plans in place. The majority of the sites—Bakersfield, St. Petersburg, Waterloo, Grand Rapids, and Nashville—required unmarried minor teenage parents to have their own self-sufficiency plan (Table II.4). However, in New Port Richey, Detroit, and Milwaukee, the requirements for unmarried minor teenage parents were included in and monitored as part of their parent's self-sufficiency plan.

¹⁴"Good cause" is defined as situations in which a parent, adult relative, or other legal guardian is not available, or when such a living arrangement could cause harm to the teenage parent or her child.

TABLE II.4

SELF-SUFFICIENCY PLANS AND REQUIRED ACTIVITIES FOR
UNMARRIED TEENAGE PARENTS

Site	Minor Parent Must Sign Own Self-Sufficiency Plan	Age to Which School Attendance Requirement Applies	Participation in Specialized Teen Parent Program Required	Parenting or Early Intervention Programs Count toward Participation Requirement
Bakersfield, California (Kern County)	Yes	Under 19	Yes	Yes
New Port Richey, Florida (Pasco County)	No	Under 19	No	Yes
St. Petersburg, Florida (Pinellas County)	Yes	Under 19	Yes	Yes
Waterloo, Iowa (Blackhawk County)	Yes	Under 18	Yes	Yes
Grand Rapids, Michigan (Kent County)	Yes	Under 20	Yes	Yes
Detroit, Michigan (Warren/Conner District)	No	Under 20	No	Yes
Nashville, Tennessee	Yes	Under 19	Yes	Yes
Milwaukee, Wisconsin (Region 2)	No	Under 18	No	Yes

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

2. School Attendance and Supportive Services Programs

For unmarried minor teenage parents, the primary requirement that corresponds to the work-related requirements for other parents is school attendance. A majority of the study communities, however, also required unmarried minor teenage parents to participate in supportive services.

Iowa's and Wisconsin's TANF policies required school attendance of unmarried teenage parents under age 18, as is specified in PRWORA (Table II.4). The other states had extended this requirement to unmarried teenage parents under age 19 who have not completed high school or its equivalent (California, Florida, and Tennessee), or under age 20 (Michigan).

In addition to requiring unmarried minor teenage parents to attend school, Bakersfield, St. Petersburg, Waterloo, Grand Rapids, and Nashville required these teenage parents to participate in special supportive service programs that include parenting and family support components (Table II.4). Notably, these five sites are the ones that required unmarried minor teenage parents to complete their own self-sufficiency plans independent of their parent's plan. The specialized teenage parent programs in these sites typically involved intensive case management to keep teenage parents in school and to connect them with support services. The programs also provided parenting classes and information on early intervention programs, and in some cases, they included home visits.¹⁵

The decision to offer specialized teenage parent programs appears to be in the hands of the local TANF office, given that two sites within the same state (in both Florida and Michigan) had different policies about such services. (These services were not offered in New Port Richey or in

¹⁵Refer to Chapter VII, Section A.2 for further detail on these programs.

the Detroit site.) However, while participation in parenting programs was required only in the five sites with specialized teenage parent programs, all of the sites counted participation in parenting programs toward teenage parents' participation requirements.

C. ENGAGING PARENTS OF INFANTS IN WORK OR WORK-RELATED ACTIVITIES

After the three- or four-month work exemption period based on the age of the youngest child or on the period of leave allowed by the FMLA, parents of infants in our eight study sites were expected to engage in work-related activities at the same level as most other TANF recipients. As mentioned, the two Michigan sites required a lower level of work-related activity, at 20 hours per week, but this requirement applied to all single parents with a child under age 6.

Bringing clients into work-related activities is the responsibility of case managers. As soon as they were aware that the work exemption or leave period has ended, case managers were directed to engage parents of infants in work activities. This seemed to happen automatically in all of the sites. Case managers said that the automated client management system generates letters informing clients that their exemption or leave period is ending and requiring them to come into the TANF office for recertification of their grant or renegotiation of their self-sufficiency plan.

Case managers across the sites indicated that plans for individual client activities were developed in the same manner with parents of infants as they were with all other TANF clients. In general, the development of the self-sufficiency plan is an individualized process with each client, although all clients within a site have a similar array of approved activities from which to choose. In Waterloo and in both Michigan sites, new applicants attended mandatory orientation sessions even if they would initially be exempt from work requirements based on the age of their

infant or on their decision to take family leave. In all of the other sites, parents of infants did not have any requirements until the end of their exemption or leave period.

D. EXPERIENCES OF PARENTS OF INFANTS WITH WORK/SCHOOL REQUIREMENTS

We assessed parents' experiences with work and school requirements in terms of the four key dimensions of TANF work policy summarized in Table II.5: the number of work hours, the range of activities defined as work or work related, the ability to count participation in parenting activities toward the work requirement, and the use of individualized self-sufficiency plans for minor teenage parents that require their participation in specialized case management programs. In developing a picture of the parents' experience, we sought especially to highlight the interplay among these dimensions and the degree of flexibility parents of infants felt they had as they attempted to balance their new work responsibilities with the care of an infant. Below we review the work requirements in the study communities and the kind of flexibility they afford parents of infants. We also discuss what we can discern of participation levels of parents with infants based on the available state data. Finally, we discuss findings from focus groups of adult and teenage parents, presenting their views on the TANF work requirements in their community.

1. Review of Site Work Requirements

The number of required hours of work was directly connected to the breadth of activities included in the definition of work. Parents in the study sites faced a tradeoff between different combinations of requirements and the flexibility each offered in terms of balancing work and parenting responsibilities.

Parents of infants in the two Michigan sites faced the lowest requirement for the number of hours of work, at 20 hours per week. In the two Florida sites, the requirement was a few hours

TABLE II.5

SUMMARY OF TANF WORK REQUIREMENTS FOR PARENTS OF INFANTS

Site	Number of Required Hours	Definition of Work	Inclusion of Parenting Activities or Programs in Work Requirement	Individual Self-Sufficiency Plan for Teenage Parents That Includes Intensive Case Management Support
Bakersfield, California (Kern County)	32	Broad	Yes	Yes
New Port Richey, Florida (Pasco County)	25	Narrow	No	No
St. Petersburg, Florida (Pinellas County)	25	Narrow	No	Yes
Waterloo, Iowa (Blackhawk County)	Individualized; often between 32 and 40	Broad	Yes	Yes
Grand Rapids, Michigan (Kent County)	20	Narrow	No	Yes
Detroit, Michigan (Warren/Conner District)	20	Narrow	No	No
Nashville, Tennessee	40	Broad	Yes	Yes
Milwaukee, Wisconsin (Region 2)	40	Broad	Yes; actively promoted	No

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

higher, at 25 per week. In all four sites, fewer activities were counted toward the weekly hours requirement. However, what parents lost here in flexibility of choice, they gained in flexibility of time, since the lower weekly hours requirement gave them more time to care for their infants while meeting TANF requirements.

The other four sites required more hours of participation in work-related activities per week, but the range of activities that counted toward these hours was greater. In this combination of requirements, the loss of flexibility in time brought about by more required work hours was offset by a gain of flexibility in choice among possible activities. Parents not only had more activities through which they could meet work requirements, but the activities themselves were more flexible, relative to unsubsidized employment, in terms of giving parents time off, for example, to care for a sick child.

2. Work Participation by Parents of Infants

We were unable to obtain site-level administrative data on the participation of parents of infants in work and work-related activities because data are not reported at this level. However, state-level data were available from the National TANF Emergency Datafile (for the period of October 1, 1997-September 30, 1998), which is comprised of data that states report to the Administration for Children and Families on work participation activities by TANF recipients. The data indicate that participation rates in work or work-related activities among adult TANF recipients with infants varied widely across the six study states in Federal Fiscal Year 1998 (Table II.6). In Wisconsin, 71.4 percent of adult recipients with infants participated in at least one hour of work or work-related activity per week. Participation in work or work-related activities among parents of infants was lowest in California (24 percent).

TABLE II.6

PARTICIPATION IN WORK AND WORK-RELATED
ACTIVITIES BY ADULT TANF RECIPIENTS WITH AND
WITHOUT INFANTS, FISCAL YEAR 1998

State	Percentage of Adult Recipients with at Least One Hour of Participation Per Week	
	With Infants	Without Infants
California	24.0	37.5
Florida	33.0	42.5
Iowa	52.2	60.7
Michigan	37.2	52.2
Tennessee	30.0	43.0
Wisconsin	71.4	77.1

SOURCE: Special tabulations from the National TANF Emergency Datafile for Fiscal Year 1998, Administration for Children and Families, U.S. Department of Health and Human Services.

Notably, the participation rates for adult TANF recipients with and without infants did not differ substantially within each of the six states in this study (Table II.6). Because parents of infants are given a short work exemption period after the birth of their child, we would expect these parents to have lower participation rates than parents without infants (by about 25 to 30 percent, to take into account their exemption from work for one-quarter to one-third of the year), and this was the case in most of the states in this study. The greatest difference in participation rates between TANF recipients with and without infants is in California, where the participation rate among adult recipients with infants was 36 percent lower than the participation rate among adult recipients without infants. This substantial difference in participation rates is consistent with the fact that most counties in California had not implemented work requirements for parents of infants in FY 1998, and in fact, many California counties have chosen a 12-month exemption period for parents of infants. The difference in participation rates between TANF recipients with

and without infants is much smaller in Wisconsin and in Iowa (7 and 14 percent, respectively). The difference in participation levels between the two groups in Florida, Michigan, and Tennessee is within the range expected given the length of the young child exemption period (between 22 and 30 percent).

Earlier in this chapter, we discussed how the total hours of participation required per week under state TANF policies seemed to relate inversely to the breadth of activities that would “count” as work participation. Table II.7 shows the proportion of adult TANF recipients who are employed relative to the proportion participating in work or work-related activities more generally. As expected, the proportion of adult TANF recipients in work or work-related activities who are employed is lowest in Tennessee and Wisconsin, where hours of required work or work-related activity are highest and countable work activities are relatively broad (42 percent and 33 percent respectively for parents with infants). Similarly, in Michigan, with its relatively low number of required hours per week of activity and relatively narrow definition of countable activities, the proportion of active TANF recipients who are employed is relatively high (87 percent for parents with infants).

However, in California, Florida, and Iowa, the proportion of participating parents of infants who are working does not match what we would expect given these states’ policies regarding hours of activity and breadth of countable activities. In California and Iowa, required hours of participation are relatively high and work activities are defined broadly, yet relatively high proportions of parents with infants who are participating in work-related activities are employed (74 percent and 86 percent, respectively). In Florida, where the required hours of work are relatively low and work activities are defined relatively narrowly, a relatively low proportion of parents of infants who are participating in work or work-related activities are

TABLE II.7

WORK PARTICIPATION ACTIVITIES IN FY 1998: ADULT TANF RECIPIENTS WITH
AND WITHOUT INFANTS (UNDER 1 YEAR)

ADULT TANF RECIPIENTS WITH A CHILD UNDER 1 YEAR OF AGE							
State	Percentage of Adult Recipients with at Least One Hour of Participation Per Week (1)	Percentage of Adult Recipients with at Least One Hour of Work Per Week (2)	Percentage of Participants Working at Least One Hour Per Week (Col. 2 ÷ Col. 1) (3)	Percentage of Adult Recipients Working Specified Hours Per Week			
				1-10	11-20	21-30	>31
California	24.0	17.8	74	0.7	5.2	4.0	7.9
Florida	33.0	17.6	53	4.0	5.2	3.7	4.7
Iowa	52.2	44.7	86	3.6	10.3	13.5	17.3
Michigan	37.2	32.2	87	3.2	7.8	9.7	11.5
Tennessee	30.0	12.6	42	1.3	3.5	0.0	7.8
Wisconsin	71.4	23.3	33	7.8	4.3	4.4	6.8
ADULT TANF RECIPIENTS WITH NO CHILDREN UNDER 1 YEAR OF AGE							
State	Percentage of Adult Recipients with at Least One Hour of Participation Per Week (1)	Percentage of Adult Recipients with at Least One Hour of Work Per Week (2)	Percentage of Participants Working at Least One Hour Per Week (Col. 2 ÷ Col. 1) (3)	Percentage of Adult Recipients Working Specified Hours Per Week			
				1-10	11-20	21-30	>31
California	37.5	29.3	78	2.5	7.3	7.9	11.5
Florida	42.5	31.2	73	4.6	8.4	11.1	7.1
Iowa	60.7	53.8	89	2.9	10.5	14.9	25.5
Michigan	52.2	47.1	90	2.6	14.7	16.1	13.7
Tennessee	43.0	22.0	51	3.4	4.4	0.1	14.2
Wisconsin	77.1	23.3	30	8.1	5.1	4.0	6.0

SOURCE: Special tabulations from the National TANF Emergency Datafile for Fiscal Year 1998, Administration for Children and Families, U.S. Department of Health and Human Services.

employed (53 percent). These discrepancies may be explained by state TANF benefit levels and/or earnings disregard policies. In a low benefit state, such as Florida, working families may see little benefit to supplementing their income with a small cash grant and move off assistance quickly. In contrast, both California and Iowa provide larger grants and offer generous earnings disregards that can encourage working recipients to combine work and welfare.

In all but two of the states (Florida and Tennessee), the proportion of employed TANF recipients relative to all TANF recipients participating in work or work-related activities is very similar for recipients with and without infants. In Tennessee, where work-related activities are defined fairly broadly, the difference in these rates may reflect the possibility that parents of infants are offered and exercise greater flexibility in choosing among activities. In Florida, where the work requirements are defined fairly narrowly, the difference between families with and without infants in the proportion of active participants who are employed is more difficult to explain.

The distribution of TANF recipients by hours of work per week does not differ substantially between recipients with and without infants in the six states in this study. In four of the six states, the largest concentration of employed adult recipients with infants are working more than 31 hours per week, and a similar pattern is true for employed adult recipients without infants. Only in Wisconsin is the distribution of work hours bimodal, with relatively large proportions of employed recipients (with and without infants) working either 10 or fewer hours per week or more than 30 hours per week.

Thus, rates of participation in work-related activities and hours of employment suggest that TANF recipients' activities are affected in somewhat predictable ways by policies and practices in each state. Moreover, adult TANF recipients with infants are, for the most part, similar to other TANF recipients in their work and work-related participation decisions within each state.

3. Focus Group Findings: All Parents of Infants

Given the tradeoffs between narrowly defined work requirements and broader definitions of participation that can include parenting activities, we might expect that the experiences of parents of infants in balancing their work and parenting responsibilities would be similar across the sites; and they seem to be. We found that few focus group participants across the sites felt that it was particularly difficult to meet the required number of hours through the activities in their self-sufficiency plans, with the exception of participants in Iowa, whose self-sufficiency plans generally called for more than 30 hours per week. Focus group participants in Bakersfield and Milwaukee, sites that required comparable levels of activity, did not seem to feel that the number of required hours of activity was burdensome. Due to the fact that our focus groups included parents of infants who were organized enough to attend a voluntary early-evening function, we may have systematically omitted those parents feeling the greatest burden in meeting the work requirements.

Parents of infants, both teenagers and older parents, had a very clear overall understanding of the school attendance and/or work requirements. In all sites except Grand Rapids, focus group participants echoed what case managers and administrators reported as the required number of hours. A group of teenage parents in Grand Rapids indicated that they are required to participate for 25 hours per week in school or work activities, although state and local welfare officials said that Michigan requires parents with a child under age 6 to meet just a 20-hour-per-week requirement.

The parents participating in focus groups expressed divergent views about the fairness of work requirements. A few participants, both teenagers and adults, believed the work requirements were a fair exchange for cash assistance. And while many participants did not express an opinion one way or the other, many others did not have a favorable view of the work

requirements. In some cases, parents felt that they are being made to jump through hoops and that the required activities would not help them find good jobs (in particular, jobs paying a wage that would enable them to support their families, offering fringe benefits, and providing an opportunity for advancement). However, the greatest concern with the work requirements, which was expressed in focus groups in most of the sites, was the fact that participation in post-secondary education programs could not be counted toward the required weekly hours of work-related activity.¹⁶ In Michigan and Florida, where the required hours were less than full-time (20-25 hours per week), parents of infants (teenagers and adults alike) understood that they could pursue further education and training after their work requirement was met, but had found this too difficult to manage.

Parents did not always recognize the flexibility in allowable activities defined in policy. In Milwaukee and Waterloo, where clients could choose from a particularly broad range of activities and where individualized self-sufficiency plans were stressed, participants felt that the requirements needed to be more tailored to individual circumstances. In contrast, in Bakersfield, where clients could also choose from a broad range of activities, participants felt that their self-sufficiency plans were right for them and that they were individualized to meet their needs.

Required work-related activities caused some parents in Bakersfield to be concerned about their children and about their own role as parents. Several Bakersfield participants expressed a great deal of distress about leaving their children in order to go to work or training activities.

¹⁶In fact, Bakersfield, Waterloo, and Nashville do allow post-secondary education to count toward the participation requirement. However, clients in Bakersfield must be enrolled in an approved post-secondary education program prior to DHS appraisal in order for this activity to be approved, so post-secondary education is not a real option for many clients. We did not hear from parents of infants in Nashville because severe weather forced cancellation of the focus group in that site.

Participants expressed sadness about missing the milestones in their infants' lives and worry that their babies were more attached to their child care providers than to them. A few participants in several of the other focus groups indicated that they were initially wary of having to go to work and leave their infants, but these concerns appeared to have lessened over time.

Although the majority of parents in the other focus groups thought that they were managing to balance their work or school responsibilities with their parenting responsibilities, some parents in nearly all of these groups expressed concerns that their work and school activities left them with too little time and energy for their children. One of the parents in Milwaukee said that three months is not enough time to be at home with an infant before beginning work activities. Another parent in Milwaukee expressed concern that her premature infant's health is suffering because she cannot spend enough time with her. A parent in Waterloo said she believes that her child's behavioral problems might be alleviated if she could spend more time with him. Another parent said she thought that her work activities left her too tired to play with her children or to be patient with them.

4. Focus Group Findings: Teenage Parents of Infants

Intensive case management services appeared to be uniquely offered to teenage parents in the sites. Unlike parents of infants as a whole, teenage parents were viewed and treated as a group with special needs in learning to balance work/school with parenting. In five of the study sites, case managers worked specifically with teenage parents to develop their own self-sufficiency plans and to connect them with specialized case management and parenting services. We conducted focus groups with teenage parents of infants in two of these sites (St. Petersburg and Grand Rapids) and found that they were very aware of the requirement to remain in high school or a GED program. The teenage parent group in St. Petersburg, in particular, expressed

agreement with the goal of the WAGES Teen Program, which is to keep teenage parents in school. A number of the participants specifically mentioned the additional support they received from their specialized case managers in helping them to stay in school and to care for their infant (such as getting to doctor's appointments). Nearly half of all the participants in the teenage focus group discussions were living in a teenage parent facility, and they benefited from additional support with transportation and child care.

Similar to other parents, the teenage parents were also concerned about the time pressures created by dual responsibilities. They felt that they did not have enough time to study and to interact with their infants. A number of the participants across the groups noted that it is difficult to study, stay on top of schoolwork, and be the parent of an infant, particularly when the child is sick or does not sleep well through the night.

Notably, the parents in focus groups across the six sites had similar reactions to work requirements. This was true in spite of the fact that the sites vary in the number of required hours of work activity and in the range of activities that can meet the work requirement, as we have discussed in this chapter. In the next chapter, we turn to the policy tools the study sites use to encourage and enforce participation in TANF work requirements.

III. ENCOURAGING PARTICIPATION IN WORK: SANCTIONS AND TIME LIMITS IN POLICY AND LOCAL PRACTICE

In recent years, and particularly since the implementation of TANF, states have increasingly used sanctions to encourage recipients of cash assistance to comply with required work or work-related activities (Zedlweski 1998). In addition to using sanctions to convey the seriousness of the reciprocal responsibility agreement between TANF recipients and the program, the designers of TANF also sought to reduce dependence on cash assistance by limiting an individual's "tenure" on welfare. Benefits are now limited by Federal policy to 60 months over an individual's lifetime. Many states have specified even shorter lifetime limits (Gallagher et al. 1998).

Together, work requirements, sanctions, and time limits define the TANF policy environment in which parents of infants are expected to move into work. The in-depth study sought to clarify how state policies on sanctions and time limits play out at the local level, the messages conveyed to TANF recipients, and the flexibility allowed as they make the transition from welfare to work. As we found with respect to work requirements, sanction and time limit policies, for the most part, were not applied differently to parents of infants than to other TANF parents. This chapter details the local implementation of sanction and time limit policies and specifies how they were applied to parents of infants and to unmarried, minor teenage parents. We discuss the environment created in the study sites by these policies and how these policies were perceived by TANF recipients with infants.

We found that local offices varied in their philosophies regarding the use of sanctions, in the extent of any conciliation process to engage noncompliant TANF recipients, and in their ability to monitor recipient participation in required activities. Overall, sanction policies at the local

level appeared to be less stringent in practice than suggested at the state level. Nevertheless, despite differences in local approaches to sanctions, focus group participants reported similar experiences and concerns across the sites. Parents in the focus groups generally believed that sanctions are serious and, for the most part, fair, but they also believed that sanctions are applied more systematically and with less discretion than staff and administrators suggest.

Local offices believed they had little discretion in enforcing time limits, largely because the policy is well-defined, and the information on recipients' tenure on TANF seems to be readily accessible. Focus group participants believed that time limits are fair, leaving them ample time to engage in work and move off cash assistance. These parents of infants, however, expressed concern about a lifetime limit on benefits, particularly because educational opportunities that can boost long-term self-sufficiency are limited in the TANF program.

A. SANCTION POLICY AND PRACTICE

The severity of a sanction can be characterized by the extent of benefit reduction it entails—partial-benefit or full-benefit—and by the minimum duration of the sanction. Sanctions generally become progressively stronger either with the number of repeated incidents of noncompliance or, within a single incident of noncompliance, with the time it takes the individual to come into compliance.

The study sites had relatively strong sanctions. In each of the sites, with the exception of Bakersfield, TANF benefits could be completely terminated as a result of noncompliance, either on the first occasion of noncompliance or by the time multiple sanctions had been applied. The study sites generally did not have discretion over *the extent* of the benefit reduction, as this was largely defined by state policy. The sites did, however, have discretion over *when* to impose sanctions, and they varied slightly in their practices with respect to how long they were willing to

work with clients until they deemed a sanction necessary. Here we describe both sanction policies in the study sites and how those policies were actually applied.

1. Sanction Policies in the Study Sites

Sanction policies across the study sites reflected, for the most part, the policies adopted at the state level. However, in Grand Rapids, the sanction policy was different from the policy in the rest of the state because the county TANF administration sought and received a waiver from the state to adopt a stronger policy. Sanction policy set at the state level in Michigan called for a 25 percent reduction in the TANF and food stamp benefit for up to four months before benefits were completely terminated. The state also specified that the full-benefit sanction must remain in place for a minimum of one month. The Grand Rapids waiver changed the sanction in two ways: it allowed the county to impose a full-benefit sanction immediately by eliminating the four-month reduction period, and it allowed the full-benefit sanction to remain in place for a minimum of three months, as opposed to one month, for sanctions beyond the first occurrence.

Overall, five of the study sites, including Grand Rapids, could impose a full-benefit sanction at the first occurrence of noncompliance (Table III.1). In these five sites, TANF recipients could re-qualify for benefits if they complied with required activities within a couple of weeks or a month. In Waterloo and Detroit, noncompliant recipients received a partial-benefit sanction before a full sanction was imposed.¹ In these sites, compliance also led to reinstatement of full

¹In Iowa, state policy and philosophy maintain that sanctions are not imposed on noncompliant clients. Rather, TANF recipients elect to enter the state's Limited Benefit Plan (LBP) in lieu of full participation in work requirements. The LBP provides benefits at a level equal to the child portion of the FIP grant, without the adult portion. After 3 months of noncompliance, the LBP provides no benefit for a minimum of 6 months.

TABLE III.1

SANCTION POLICY BY STUDY SITE,
SPRING AND SUMMER 1999

Site	First Sanction	Repeated Instances of Noncompliance: Most Severe Sanction
Bakersfield, California (Kern County)	Partial TANF benefit reduction (adult portion is subtracted from the grant) until compliance with required activities	Partial TANF benefit reduction (adult portion is subtracted from the grant) for a minimum of 6 months ^a
New Port Richey, Florida (Pasco County)	Full TANF benefit termination sanction until 10 day compliance with required activities	Full TANF and food stamp benefit termination sanction until 90 day compliance with required activities ^b
St. Petersburg, Florida (Pinellas County)	Full TANF benefit termination sanction until 10 day compliance with required activities	Full TANF and food stamp benefit termination sanction until 90 day compliance with required activities ^b
Waterloo, Iowa (Blackhawk County)	Three months—or until compliance—reduced TANF cash benefits (primary adult removed from the grant) followed by full TANF benefit termination until compliance.	Full benefit termination for a minimum of 6 months ^c
Grand Rapids, Michigan (Kent County)	Full TANF benefit termination until compliance, but for a minimum of 1 month. Adult is removed from Medicaid and food stamps are terminated for the adult and children over 6. ^d	Full TANF benefit termination until compliance, but for a minimum of 3 months. Adult is removed from Medicaid and food stamps are terminated for the adult and children over 6. ^e
Detroit , Michigan (Warren/Conner District)	25 percent reduction in TANF and food stamp benefit for a minimum of 1 month. Reduction can continue for up to 4 months or until compliance. After 4 months, full TANF benefit termination until compliance, but for a minimum of 1 month. Adult is removed from Medicaid and food stamps are terminated for the adult and children over 6.	Same as defined for first sanction.

TABLE III.1 (continued)

Site	First Sanction	Repeated Instances of Noncompliance: Most Severe Sanction
Nashville, Tennessee	Full TANF benefit termination until compliant for 2 weeks	Same as defined for first sanction.
Milwaukee, Wisconsin (Region 2)	Reduction of \$5.15 for each hour of missed activity	Lifetime elimination of eligibility from the particular W-2 assistance category after 3 strikes

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aThe second sanction is applied for a minimum of 3 months. The most severe sanction—for a minimum of six months—is applied for the third and subsequent occurrences of noncompliance.

^bThe client can designate a protective payee who must come to an appointment each month to receive cash benefits for any children under 16.

^cAs of June 1, 1999, a sanctioned client will be able to come into compliance at any point during the sanctioned months for initial and subsequent sanctions and have full benefits reinstated. Clients will have to sign their self-sufficiency plans and take significant action (participation for 20 hours) before benefits will be reinstated.

^dKent County received a waiver to amend the state sanction policy for application in their county. While state policy defines a 4-month period of a 25 percent reduction in the cash and food stamp grant before full TANF benefit reduction, this reduction period has been eliminated in Kent County. The county terminates full TANF benefits immediately.

^eKent County received a waiver to amend the state sanction policy for application in their county. While state policy defines a minimum grant termination of 1 month, Kent County applies a 3-month minimum for recipients receiving a second sanction.

benefits (although recipients in Detroit will be sanctioned for a minimum of one month). Recipients were terminated from TANF assistance if noncompliance continued for over three months in Waterloo and for over four months in Detroit.

Sanctions are generally more severe for repeated noncompliance (Table III.1). In New Port Richey, St. Petersburg, Waterloo, and Grand Rapids, the full-benefit sanction for a second or subsequent noncompliance lasted for three to six months at a minimum. In Waterloo, sanctions became progressively more severe within the same episode of noncompliance and with the number of repeat incidents of noncompliance. A second incident of noncompliance in Waterloo resulted in an immediate full-benefit sanction.

Wisconsin had a “three strikes and you’re out” policy in effect at the time of our site visits. TANF recipients who received three strikes (as defined at the local level) can cease to be eligible—permanently—for the category of W-2 assistance in which they were placed when they received the third strike. Clients remained eligible for W-2 assistance outside of the particular category. For example, if a client received three strikes while in W-2 Transition, he or she lost eligibility for assistance under this category for a lifetime but could pursue assistance through Community Service Jobs, Trial Jobs, or Unsubsidized Employment. The local office we studied had not adopted the state “three strikes” policy, but it had not ruled out a full-benefit sanction.

Detroit and Nashville treat initial and subsequent noncompliance the same way. These sites progressively reduce and then terminate benefits for subsequent episodes of noncompliance. Although these sanctions do not become more severe for repeated instances of noncompliance, TANF recipients in both of these sites can receive a full-benefit sanction in the event of noncompliance with participation requirements. In contrast, Bakersfield was the only site that did not impose a full-benefit sanction. Even the most severe sanction was a partial-benefit reduction, although this reduction lasted for a minimum of six months.

2. How Sanction Policies Are Applied in the Study Sites

The discretion built into the sanction process at the local level is a function of three factors: (1) vague standards for participation in program-related activities, (2) the prevailing local office philosophy on penalizing clients for noncompliance, and (3) the ability of case managers to monitor a client's participation in required activities.

Except for the failure to participate in up-front activities, standards for a noncompliant, and therefore sanctionable, act are often vague in the study sites (Table III.2). For example, in Bakersfield, in the two Florida sites, and in Waterloo, new TANF recipients were required to attend an orientation session and to keep subsequent appointments with their case manager to develop their self-sufficiency plan shortly following this orientation. These activities were clearly mandatory, and if clients did not meet these obligations, case managers reported little recourse but to impose sanctions. Similarly, in Michigan, TANF applicants were required to attend an orientation and begin initial required activities (that is, show up for the first day of work or the Work First program) *before* their case was opened.

Participation standards for ongoing required activities were less straightforward. Only Tennessee specifically defined participation as attending at least 90 percent of scheduled activities. In Michigan, Work First programs were supposed to allow clients two days of nonparticipation without good cause before a sanction was applied. In most cases, a great deal of subjectivity entered into the sanction process because, in all of the sites, it was up to the case managers to interpret what was meant by noncompliance with, or nonparticipation in, ongoing activities (Table III.2).

TABLE III.2

SANCTION POLICY AND PRACTICE BY STUDY SITE

Site	Standard for Application of Sanction	Degree of Case Manager Discretion over Sanctions	Local Office Philosophy/ Practice	Conciliation Process
Bakersfield, California (Kern County)	Failure to attend mandatory orientation; missed scheduled appointments; non-participation in required work activities	Little discretion over sanctions due to non-attendance at mandatory orientation. Discretion is high after up-front activities are met.	Sanctions are applied as a last resort.	Clients must attend a specified appointment to sign a compliance plan. Written notices inform client that a sanction will be imposed after failure to attend the appointment or refusal to sign the compliance plan.
New Port Richey, Florida (Pasco County)	Failure to attend mandatory orientation; missed scheduled appointments; non-participation in required work activities	Little discretion over sanctions due to noncompliance with up-front activities. Discretion is high after up-front activities are met.	Sanctions are applied as a last resort. While first sanctions are more common, second sanctions are rare.	Minimal ^a
St. Petersburg, Florida (Pinellas County)	Failure to attend mandatory orientation; missed scheduled appointments; non-participation in required work activities	Little discretion over sanctions due to noncompliance with up-front activities. Discretion is high after up-front activities are met.	Sanctions are applied as a last resort.	A WAGES outreach worker attempts to contact client. Client is given 3 days to respond. ^a
Waterloo, Iowa (Blackhawk County)	Failure to attend mandatory orientation; missed scheduled appointments; non-participation in required work activities	Little discretion over sanctions due to non-attendance at mandatory orientation and initial case management appointments. Discretion is high after up-front activities are met.	Sanctions are not imposed on clients; clients make a choice between participation in required activities or a lower (or no) cash grant.	Clients receive multiple notices to come into compliance. Recommended sanctions are reviewed in the local DHS office and by the state DHS office before application.

TABLE III.2 (continued)

Site	Standard for Application of Sanction	Degree of Case Manager Discretion over Sanctions	Local Office Philosophy/ Practice	Conciliation Process
Grand Rapids, Michigan (Kent County)	Failure to attend mandatory orientation; non-participation in Work First job search activities for 2 days without good cause; quitting a job without good cause or not accepting a job offer	No discretion over grant opening for applicants who do not comply with up-front application requirements. ^b High discretion over sanctions applied to recipients.	Sanctions are the necessary sticks in the program and should be applied as needed to ensure compliance.	Client is notified of benefit termination and given 10 days to show good cause.
Detroit (Warren/Conner District), Michigan	Failure to attend mandatory orientation; non-participation in Work First job search activities for 2 days without good cause; quitting a job without good cause	No discretion over grant opening for applicants who do not comply with up-front application requirements. ^b High discretion over sanctions applied to recipients.	Sanctions are applied as a last resort. Sanctions will not move clients toward the goal of self-sufficiency. Greater stress placed on working with clients to overcome barriers to work.	Home visits by Family Independence Specialists (TANF case managers) to non-compliant clients are mandatory. Multiple visits are encouraged if necessary.
Nashville, Tennessee	Less than 90% participation in assigned activities	High	Sanctions are applied as a last resort. Every attempt is made to work with the client.	State defined 6-step conciliation process including a required home visit by a Customer Service Reviewer (not a TANF office staff member)
Milwaukee (Region 2), Wisconsin	At least one hour of assigned activity missed; or missed appointment with case worker	High	Office does not apply strikes. Sanctions are applied as a last resort.	Site has contracted with an independent organization to conduct home visits before any full benefit terminations are applied. Financial and Employment Planners (TANF case managers) may also conduct home visits.

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aRecent state legislation in Florida requires that as of October 1, 1999, all localities must notify a WAGES participant orally or in writing that they are subject to a sanction unless the participant complies with work activity requirements. The participant will be offered service referrals that will assist them in complying with work requirements. Participants will be given 10 days to present a good-cause reason for noncompliance or to respond to the WAGES career manager regarding further counseling or service needs.

^bIn Michigan, TANF applicants must attend a mandatory joint orientation of Work First and the Family Independence Program and begin participation in Work First job search activities *before* their grant is officially opened.

Two factors affected case managers' decisions to apply sanctions: local office philosophy and the effectiveness of systems for monitoring clients' activities. In the office philosophy of Grand Rapids and Waterloo, sanctions were a primary part of staff efforts to encourage work. Sanctions were viewed as tools to remind clients of their ongoing responsibilities and of their ultimate goal of employment and self-sufficiency. In Grand Rapids, part of the basis for this approach was the belief that the resources and necessary supports were in place to help clients gain and maintain employment to achieve compliance. In the other six sites, sanctions were viewed as a last resort for clients who persistently did not participate in required activities. These sites believed that it was important to work with clients to uncover the causes of nonparticipation and to try to encourage participation through increased contact.

Office philosophies as they relate to sanctions were also reflected in the extent of the conciliation process (Table III.2). Tennessee had defined a six-step conciliation process that included a mandatory home visit by an independent contracted worker before a sanction was applied. Similarly, Detroit and Milwaukee strongly believed in the importance of working with clients to solve the personal problems that might be the source of noncompliance before imposing a sanction. Both of these sites also required home visits to clients before a sanction was applied, and they had extended the requirements for conciliation beyond any state specifications.

In every site, at a minimum, offices notified clients of an impending sanction and set some limited timeframe in which clients could provide good cause for their noncompliance. In Waterloo and Grand Rapids, for instance, local offices believed that sanctions should be a known quantity to clients from the outset. And while the two Florida sites did not have extensive

conciliation processes, they indicated that sanctions are applied as a last resort.² The conciliation process in Bakersfield was also less formal, but clients had multiple opportunities to avoid a sanction before it was imposed. Notably, these five sites with less extensive conciliation processes had structured, up-front activities (orientation sessions) intended to engage clients in activities and to inform them of their responsibilities.

The second factor that affected case managers' use of sanctions was the effectiveness of systems to monitor required activities. In six of the sites, the primary case managers for TANF recipients who were required to participate in work or work-related activities were affiliated with the agency that connected and/or provided clients with these activities. In the two Florida sites, and in Bakersfield, Waterloo, and Milwaukee, case managers believed they were adequately aware of their clients' participation level in required activities. Even in Detroit, where the agency providing primary case management was separate from the Work First program, case managers indicated that there was strong reporting from the Work First program and that they were proactive in obtaining information on the activities of their clients.

In two sites, however, monitoring client participation in required activities was more difficult. In Grand Rapids, we heard conflicting reports about the extent and frequency of information-sharing between the Work First program and the Family Independence Agency (FIA) on client participation and needs. It was clear that case managers were not well-informed

²Following our site visit, policies in Florida were changed. As of October 1, 1999, all localities were required to notify a WAGES participant orally or in writing that they are subject to a sanction unless the participant complies with work activity requirements. The participant must be offered service referrals that will assist them in complying with work requirements. Participants must be given 10 days to present a good-cause reason for noncompliance or to respond to the WAGES career manager regarding further counseling or service needs.

about the status of their clients. This difficulty may have been due to a lack of systematic reporting, an inability to monitor activities even with available information because of high caseloads, or some combination of the two. In Nashville, contracted providers of job search, education, and training activities were required to submit attendance reports on a frequent and consistent basis, but case managers still found it difficult to stay on top of client activities because clients were rotated among case managers due to high caseloads.³

Office philosophies and monitoring systems may affect the application of sanctions in offsetting ways in some cases. For example, the two Project Zero sites in Michigan had significantly different philosophies about the use of sanctions. But while the Grand Rapids office philosophy may have suggested a greater use of sanctions than in the Detroit office, its lower monitoring ability in comparison with Detroit may actually have made the practice of applying sanctions similar across the offices.

Although representative data were unavailable, the sites reported very limited use of sanctions, particularly the more severe sanctions, for the whole TANF population. In New Port Richey, first sanctions that terminate the TANF benefit until clients comply with requirements were reportedly more common than subsequent sanctions that terminate benefits for a minimum of 90 days, which were rare. Administrators and case managers in New Port Richey believed that applying the initial sanction tended to have the necessary effect of sending a serious message and encouraging clients to improve their participation. In Milwaukee, the office decided against any application of strikes that could lead to full benefit termination within a particular W-2

³Nashville reorganized its TANF case management procedures in 2000, moving to an “assigned caseload” approach which provides consistent case management for families.

assistance category for a lifetime. Clients in Milwaukee were more likely to have their benefits reduced progressively with subsequent sanctions, rather than receive the \$5.15 grant reduction for each hour of nonparticipation as specified in state policy. State data from Wisconsin also suggest that partial sanctions were more common than full-benefit sanctions. In May 1999, nearly 1 of every 3 (30 percent) W-2 cases in Wisconsin received a partial-benefit sanction, while only 1 of every 20 cases (5 percent) received a full-benefit sanction.⁴

We were unable to obtain sanction data specific to each of the eight local sites to support the qualitative reports of case managers. However, recent state reports of partial-benefit and full-benefit sanctions in 1998 and 1999 provide some information about their level of sanction activity (Table III.3). According to data from the General Accounting Office (GAO 2000), in the four states that imposed partial grant reductions that could lead to full termination of benefits (California, Iowa, Michigan, and Wisconsin), the partial-benefit sanctions were more common. This appears to coincide with case managers' perceptions of the application of sanctions in these sites. Data reported by states to the Department of Health and Human Services (DHHS) corroborates the GAO report that partial-benefit sanctions were more common than full-benefit sanctions in California and Michigan, but it suggests that Iowa imposed far more full-benefit sanctions than partial-benefit sanctions. Wisconsin reported no sanctions of any type to DHHS for 1999. Florida and Tennessee reported only full-benefit sanctions, as this was the only type of sanction they imposed.

⁴Data provided by the Research and Statistics office, Division of Economic Support, Wisconsin Department of Workforce Development in June 1999.

TABLE III.3

USE OF SANCTIONS IN THE STUDY STATES, 1998 AND 1999

State	GAO				DHHS			
	Partial Sanction		Full Family Sanction		Number of Families Receiving Grant Reduction Due to Sanction (FY 1999)	Percentage of TANF Families Receiving Grant Reduction Due to Sanction (FY 1999)	Number of Cases Closed Due to Sanctions FY 1999	Percentage of Closed Cases for which Reason Was Sanction FY 1999
Number of Families Under Sanction in an Average Month in 1998 Due to Non-compliance with Work Requirements	Average Monthly Sanction Rate	Number of Families Under Sanction in an Average Month in 1998 Due to Non-compliance with Work Requirements	Average Monthly Sanction Rate					
California	6,527	0.91	228	0.03	38,694	6.2	1,422	0.3
Florida	0	0	4,705	5.06*	0	0	59,336	32.1
Iowa	594	2.44	195	0.80	1,054	4.8	14,007	37.7
Michigan	2,204	2.79*	437	0.42*	2,475	2.6	5,661	6.2
Tennessee	-	-	n.a.	n.a.	0	0	3,898	7.6
Wisconsin	1,899	18.18	477	4.57	0	0	0	0
U.S.		n.a.		n.a.	119,180	4.5	155,849	6.2

SOURCE: U.S. General Accounting Office, "State Sanction Policies and Number of Families Affected," March 2000; Administration for Children and Families, Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress, August 2000, Table 10:10 and Table 10:31. U.S. Department of Health and Human Services.

- Not reported. However, the state does not impose grant reductions, only full-benefit sanctions.

n.a. = Not available.

*Includes sanctions for reasons other than noncompliance with work requirements.

The proportion of closed cases attributable to full-benefit sanctions in 1999 varied substantially across the six states. Full-benefit sanctions were a relatively greater proportion of the reasons for case closure in Florida and Iowa than in the other four states in 1999 (32 percent and 38 percent of case closures, respectively), according to data reported by states to DHHS. California reported relatively low rates of full-benefit sanctions in 1999 (0.3 percent).

a. Application of Sanction Policies to Parents of Infants

Without exception, respondents in the study sites said that sanctions were not applied any differently to parents of infants than they were to any other portion of the TANF population that was required to participate in work or work-related activities. After the initial work exemption period ends for parents of infants, they would reportedly experience the same encouragement to participate in required activities and receive the same penalties for noncompliance. Administrative data on sanctions particular to parents of infants are not available to determine whether these perceptions of case managers played out in practice.

b. Application of Sanction Policies to Unmarried Minor Teenage Parents

Teenage parents were also held accountable for school and/or work requirements. As for older parents in the study sites, sanctions for teenage parents were defined by state policies. The majority of unmarried minor teenage parents across the sites were included in their parent's assistance grant. As a result, their failure to attend school or participate in other required activities could result in a decreased grant for the entire assistance unit, which includes their parent, their child, and often, other siblings.

Despite the fact that the entire assistance unit could be affected by the behavior of a minor teenage parent, sanctions for teenage parents could not result in full-benefit termination for the entire family in any of the eight study sites. However, the level of sanction had differential

impacts on the family grant across the sites. In four of the study sites—New Port Richey, St. Petersburg, Waterloo, and Nashville—sanctions for noncompliance by minor teenage parents were applied in the same way as sanctions for adult TANF recipients, as described in the previous section (Table III.4). However, the sanction applied only to the portion of the grant that was specific to the minor teenage parent and her child(ren). Sanctions for teenage parents in the two Michigan sites had a similar effect on the family grant. In these sites, the teenage parent and her child(ren) were removed from the family grant.

Lesser family sanctions were used in the two remaining sites (Table III.4). In Bakersfield and Milwaukee, a \$50 sanction was applied for noncompliance with school attendance or performance requirements. In Milwaukee, the sanction for a teenage parent who did not comply with the school attendance requirement was the same as it would be for any minor child in the household: the family's grant was reduced by \$50 per month per child not attending school. The total amount of a family's sanction per month because of failure to meet school attendance requirements could not exceed \$150. In Bakersfield, \$50 per month for two months was deducted from the family grant during each grading period that the teenage parent's grade point average fell below 1.0.

The actual application of sanctions for noncompliance on the part of unmarried minor teenage parents was influenced by the same local factors that affected the application of sanctions to all parents, but the lack of strong monitoring systems, in particular, contributed to a lower level of sanctioning. Monitoring school attendance continuously and effectively requires a partnership between the school district and the TANF office, which had not materialized to a great extent in any of the study sites. Monitoring was mostly achieved through checking report

TABLE III.4

SANCTIONS FOR MINOR TEENAGE PARENTS WHO DO NOT MEET SCHOOL ATTENDANCE REQUIREMENTS

Site	Sanctions are Different for Minor Teenage Parents	Description of Sanction
Bakersfield, California, (Kern County)	Yes	\$100 deduction from the family grant, divided over two months during each grading period that the teen falls below a 1.0 grade point average ^a
New Port Richey, Florida ^b (Pasco County)	No	Sanction only applies to teenage parent (and her child) portion of the family grant
St. Petersburg, Florida ^b (Pinellas County)	No	Sanction only applies to teenage parent (and her child) portion of the family grant
Waterloo, Iowa (Blackhawk County)	No	Sanction only applies to teenage parent (and her child) portion of the family grant
Grand Rapids, Michigan (Kent County)	Yes	Noncompliant teenage parent (and her child) removed from the family grant
Detroit (Warren/Conner District), Michigan	Yes	Noncompliant teenage parent (and her child) removed from the family grant
Nashville, Tennessee	No	Sanction only applies to teenage parent (and her child) portion of the family grant
Milwaukee (Region 2), Wisconsin	Yes	\$50 per month, per noncompliant child (including a teenage parent) is deducted from the family grant. Total sanction cannot exceed \$150 per household per month.

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

NOTE: Sanctions for minor teenage parents who are not embedded in their parent's cash assistance grant are not detailed here. Some states impose sanctions differently for teenage parents who are living independently with good cause and are receiving their own cash assistance grants. This population is small across the study sites (see Table II.3).

cards, either by requiring the adult parent to bring them to scheduled meetings with case managers or by requiring teenage parents to produce them for their specialized case managers (in sites where such case managers exist). The level of monitoring seemed highest in Bakersfield and Milwaukee. Both sites had an established statewide program to promote and monitor school attendance, called Cal-Learn and Learnfare, respectively. At the other end of the spectrum, in New Port Richey and in the Warren/Conner district of Detroit, case managers reported very little contact with teenage parents and very limited monitoring of school attendance. These sites did not have specialized case management services for teenage parents, nor did they have specialized programs in which teenage parents were required to participate, so it is reasonable to expect that the extent to which sanctions were applied was limited, if they were applied at all.

B. TIME LIMIT POLICY AND PRACTICE

Federal welfare reform legislation sought to make welfare receipt truly temporary by setting the maximum time limit on assistance funded by Federal TANF dollars at 60 months over an individual's lifetime. States have the option of following this Federal guideline without amendment, of setting shorter time limits on the receipt of cash assistance within this 60-month total, or of providing further assistance to families by using state, not Federal, dollars. The states in which our study sites are located made decisions that reflected the full range of options.

At the time of the site visits, it was too early to assess the effects of time limit policies in the sites, since clients had not begun to reach any limits in seven of the eight sites. However, it was clear that case managers believed they had less discretion over the application of time limits than they did over the application of sanctions, and that time limits would eventually affect some clients. Focus group participants largely believed that time limits were long enough to enable them to work their way off of welfare. Some participants did, however, express concerns about

the lifetime limits on assistance and the lack of educational opportunities that could help keep them off welfare over the long-term.

1. Time Limit Policies in the Study Sites

The sites had little discretion over state-determined time limits, and none of the sites had amended state-set policy in any way. The time-limit policies in the states in this study represent a range of approaches to reducing continued dependence on welfare (Table III.5). At one end of the spectrum, Michigan, a Work-First state, placed no time limit on the receipt of cash assistance but heavily emphasized quick attachment to the labor force. At the state level, the rationale in not setting a time limit was that if clients complied with work requirements, they would find a job and leave the welfare rolls, so the time limit would not become an issue for most families. At the local level, the two Michigan sites did track length of benefit receipt, but if and when clients reached the Federal five-year limit, the state would provide any necessary funding for future benefits to families. The state still encouraged localities to have discussions with TANF recipients to explain that Federal assistance is limited, and staff in both Michigan sites indicated that such discussions did occur. In Detroit, TANF program administrators and case managers were skeptical that assistance would continue for any clients beyond five years, and they indicated that they emphasized the five-year limit in their meetings with clients. Focus group participants in both Michigan sites, however, were largely unaware of any time limit.

At the other end of the spectrum is Florida, another Work-First state. Florida had made two amendments to the Federal approach that limit cash assistance further than the Federal legislation. First, the state had set a total lifetime limit on TANF assistance of 48, rather than 60,

TABLE III.5

TIME LIMIT POLICY BY STUDY SITE

Site	Lifetime Limit on TANF Assistance (in months)	Shorter Limit to TANF Assistance, if any (in months)
Bakersfield, California (Kern County)	60	None
New Port Richey, Florida (Pasco County)	48 ^b	<i>Applicants:</i> 24 out of 60 months ^b <i>Recipients who: 1) received assistance for 36 of the preceding 60 months, 2) are under 24 without a high school diploma, or 3) had little or no work experience in the preceding year:</i> 36 out of 72 ^b
St. Petersburg, Florida (Pinellas County)	48	<i>Applicants:</i> 24 out of 60 months ^b <i>Recipients who: 1) received assistance for 36 of the preceding 60 months, 2) are under 24 without a high school diploma, or 3) had little or no work experience in the preceding year:</i> 36 out of 72 ^b
Waterloo, Iowa (Blackhawk County)	60	Individualized by client
Grand Rapids, Michigan (Kent County)	No limit	None
Detroit, Michigan (Warren/Conner District)	No limit	None
Nashville, Tennessee	60	18 months; Reapplication after 3 months
Milwaukee, Wisconsin (Region 2)	60	24 months in any one rung on the W-2 employment ladder ^c

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aThose who do not find employment within the 18 or 24 months will be required to participate in a community service program or be removed from the cash grant. Children will continue to receive CalWORKS through a vendor/voucher payment.

^bEach month a client works at least 25 hours per week a month will be added to the time limit, up to a 12 month total extension.

^cThe employment ladder consists of W-2 Transition, Community Service Jobs, Trial Jobs (subsidized employment), and unsubsidized employment. The 24-month limit applies to each of the first three rungs in which clients are either receiving a cash grant or in which the W-2 agency is providing a subsidy to the client's employer.

months. Second, new applicants were eligible for TANF assistance for only 24 months in any 60-month period. Longer-term recipients with poor job skills and little experience were eligible for assistance for 36 months in any 72-month period. This higher limit also applied to recipients who were under age 24 and did not have a high school diploma or equivalency degree. The state did, however, offer extensions of the time limit for TANF recipients who were working. For each month that a client worked at least 25 hours per week, a month was added to that client's time limit, for a total extension of up to one year.

Like Florida, Tennessee and Wisconsin had shorter limits on assistance, although they had maintained the 60-month Federal lifetime limit (Table III.5). In Tennessee, recipients could receive TANF benefits for 18 consecutive months, at which point they were terminated from assistance for 3 months. After 3 months, they could reapply for benefits. Wisconsin specified a 24-month limit on the receipt of cash benefits for clients if they did not progress up the W-2 "employment ladder." In this state, all W-2 recipients were classified into one of four rungs on this employment ladder—W-2 Transition, Community Service Jobs, Trial Jobs, or unsubsidized employment. Only clients on the first two rungs officially received a cash grant, but the W-2 agency subsidized the wages of clients in Trial Jobs. Clients were limited to a 24-month period in any one of the first three rungs on the ladder, while lifetime assistance was still limited to 60 months in total.

Policy in Iowa and California most closely resembled the Federal legislation in that these states prescribed a 60-month total lifetime limit but no shorter period. However, localities in Iowa were encouraged to work with TANF recipients to develop self-sufficiency plans that reflected a shorter period for making the transition from welfare to work. Typically, self-sufficiency plans were written for a 24-month period. In Bakersfield, recipients who were already receiving a cash grant when CalWORKs was implemented in Kern County in April 1998

were given 24 months to find employment. New applicants were given 18 months. Adults who did not find employment within the 18- or 24-month period were required to either participate in a community service program or give up the cash grant. Those who participated in a community service program could remain on aid for up to five years, as specified in the Federal law.

2. How Time Limit Policies Are Applied in the Sites

According to study respondents, there was much less room for local discretion in the area of time limits than in other TANF policy areas. Unlike sanction policy, in which the standard for application could be vague, the standard for the application of time limits—the number of months for which a client can receive cash assistance—is quite clear and seems to be readily accessible from data systems in the study sites. However, the reality of time limits was not an immediate issue in most of the study sites. At the time of the site visits in the spring and summer of 1999, the sites had little direct experience with time limits because families had not yet run out their clocks on time-limited assistance.

Most of the case managers across the sites believed they would have little flexibility with regard to time limits. They also believed that they had discretion only insofar as they could seek official extensions for clients as appropriate, but not in letting the time limit slip (Table III.6). For example, in Milwaukee, clients began to reach the 24-month limit in one rung of the W-2 employment ladder in the fall of 1999 (implementation of W-2 began in October 1997). Many of these clients were in W-2 Transition, which is reserved for people facing significant barriers to employment. At the time of the site visit, case managers were helping some clients apply for a three-month extension, but it was a very complex and lengthy process. Many of these clients were waiting to receive approval for Supplemental Security Income (SSI) benefits and were

TABLE III.6

TIME LIMIT POLICY AND PRACTICE BY STUDY SITE

Site	Case Manager Discretion over Time Limit	Application of Time Limit to Parents of Infants
Bakersfield, California (Kern County)	Limited, if any	Includes work exemption period based on the age of the youngest child; No hold placed on time limit while infant is under 3 months
New Port Richey, Florida (Pasco County)	Limited, if any	Includes work exemption period based on the age of the youngest child; No hold placed on time limit while infant is under 3 months
St. Petersburg, Florida (Pinellas County)	Limited, if any	Includes work exemption period based on the age of the youngest child; No hold placed on time limit while infant is under 3 months
Waterloo, Iowa (Blackhawk County)	High for shorter limit that is individualized for the client. Limited, if any, for 60 month limit.	Includes work exemption during period covered by the Family Medical Leave Act (up to 3 months); No hold placed on time limit while infant is under 3 months
Grand Rapids, Michigan (Kent County)	N/A	N/A
Detroit, Michigan (Warren/Conner District)	N/A	N/A
Nashville, Tennessee	High	Time limit clock on hold while infant is under 4 months (16 weeks)
Milwaukee, Wisconsin (Region 2)	Limited, if any	Time limit clock on hold while infant is under 3 months

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

likely to need the additional three months of W-2 assistance to tide them over until SSI benefits came through.

A review of seven welfare waiver experiments that include time limits suggests that there is greater discretion around time limits and that case managers may not realize the degree of discretion they have until the time limit actually runs out for families (Bloom 1999).⁵ States are greatly varied in how they define and implement time limits, and each state has some kind of “safety valve” built into its time-limit policies. The safety valves—that include extensions or exemptions—often leave room for interpretation at the service delivery level. It may be that case managers only start to understand how to use these safety valves when the time limit is imminent for families.

The application of time limits, particularly the shorter, state-defined limits, can also be influenced by the degree of monitoring on the part of case managers. Case managers with high caseloads are less able to closely monitor participants and may, in turn, be more apt to make exceptions to time limit policies based on a client’s “good faith effort,” if allowed (Bloom 1999). Such was the case in Nashville, where case managers had discretion over the 18-month time limit because state policy regarding supportive services, combined with large caseloads, made it difficult for case managers to keep the clock ticking. The state maintained that the TANF program administration must hold up its end of the agreement with clients, just as clients must meet work requirements to hold up their end of the agreement. Building on this principle, state

⁵Prior to PRWORA, waivers were granted by ACF to states to run demonstration programs to test the state’s welfare reform program in comparison to the existing welfare program, Aid to Families with Dependent Children (AFDC). States were required to conduct experimental research to rigorously study the effects of the welfare reform programs, many of which anticipated most features of the federal welfare reform program enacted in 1996. The review of seven welfare waiver experiments cited here examines seven of these research studies for early clues about how TANF case managers might approach time limit policies when clients actually reach the limit.

policy stipulated that any month in which the TANF office had not adequately provided supportive services, such as transportation and child care, to clients could not be counted toward the time limit. Because of high caseloads and the frequent rotation of cases among case managers, it was difficult to monitor activities and provide supportive services. Case managers in Nashville, therefore, frequently omitted from the 18-month time limit months in which they could not prove that a client received supportive services. As a result, cash assistance had been terminated in only a few cases due to the 18-month time limit.

Case managers in Iowa also had greater discretion over the application of the time limit, but for a different reason. Although the 60-month total lifetime limit still held in Waterloo, case managers could adjust the shorter, individualized limit developed for clients because it was not specifically defined. While shorter-term goals were specified in self-sufficiency plans, clients were not terminated from assistance if they did not meet these goals.

a. Application of Time Limit Policies to Parents of Infants

The extent of discretion that each site exercised over the time limit applied equally across the caseload, including parents of infants. Two sites, however, made specific exemptions to the time limit for parents of infants (Table III.6). In Milwaukee and Nashville, the benefits clock for the state-specified shorter time limit did not tick while a parent was caring for an infant under three and four months, respectively. (These months cannot be excluded from the Federal 60-month limit on assistance.) These exemptions to the time limit mirror the exemptions to work requirements that are granted to parents of infants in these sites. In Wisconsin, parents of infants were in their own category—Custodial Parent of an Infant. Once their exemption period ended, they moved into one of the rungs of the employment ladder to which the 24-month state limit applied. In Nashville, the time clock started when a parent came into the TANF office to

renegotiate the self-sufficiency plan after the 4-month period of work exemption ended. In the other sites, the months of work exemption for parents of infants continued to count toward any specified time limits.

b. Application of Time Limit Policies to Unmarried Minor Teenage Parents

Across the sites, time limits did not apply to cash assistance received by unmarried teenage parents until they turned 18 or until they graduated from high school (up to age 19). In Milwaukee and Nashville, the same exemptions to the time limit that applied to all parents of infants during the three- to four-month work exemption period applied to teenage parents who were ages 18 and 19 and received their own grants.

C. COMMUNICATING TANF POLICY INFORMATION TO TANF RECIPIENTS

The policy environment in TANF offices is determined through local interpretation and implementation of work requirements, sanctions, and time limits. However, once administrators and case managers understand what is expected of TANF recipients, the next critical step is to relay these expectations to clients.

Six of the sites—Bakersfield, the two in Florida, the two in Michigan, and Waterloo—conducted orientation sessions to explain to clients, right up front, what is expected of them and the consequences of not meeting those expectations. These messages were reinforced in meetings between the case manager and the client.

Additionally, in Wisconsin, clients began their contact with the TANF program with the case manager who would be working with them until they left the cash assistance program. The case managers explained the W-2 program in full, including work activity requirements, sanctions, and time limits, during an initial in-depth meeting with each client.

It is less clear that clients in Nashville received early and consistent messages about their responsibilities, the consequences of noncompliance with required activities, and about the time limits on receipt of cash assistance.⁶ Clients met with an intake worker who determined eligibility and developed the initial self-sufficiency plan with each client. Although intake workers were directed to have detailed discussions with clients about work requirements, sanctions, and time limits, the workers said that they did not always have such discussions with clients. More detailed discussions typically occurred during the initial meeting with TANF case managers. However, since clients did not meet with their TANF case manager until their next recertification period, it could take three to six months for this conversation to occur, depending on the client's work status (new applicants with infants needed to recertify when their infant reached four months).

The focus group discussions suggested that the study sites have generally done an effective job of conveying basic program expectations to clients. Based on focus group discussions with a small number of parents of infants across six of our sites, it appears that the messages about the conditions under which sanctions will be used and the amount of the sanction for various infractions were coming across loud and clear. Participants in each focus group could explain their site's sanction policy just as it was described by administrators and case managers. While sites vary in terms of philosophy about and capacity to apply sanctions, each focus group received a similar message about the importance of compliance and the use of sanctions.

⁶We were unable to conduct a focus group in Nashville due to inclement weather so we do not have information from the client perspective on the timing and clarity of program information received.

Focus group participants were also well-informed about the time limits on TANF benefits, except in Michigan. A participant or two in each of the Michigan groups indicated that they had heard something about a five-year limit on assistance, but they were unclear as to whether it applied to them or not. This suggests that case managers may not have been discussing the Federal limit of 60 months with all clients, but this is consistent with the fact that Michigan does not have a strict five-year time limit.

Discussions with case managers in a number of the sites indicated that while clients are informed of program rules, consequences for noncompliance, and time-limited assistance, many clients did not take the rules and expectations seriously. This seemed to be particularly true of the time limit, which, according to case managers, clients did not believe would ever apply to them.

Some discussions we had with clients also suggested that, while they understand the basic rules, they may be less aware of the intricacies of certain policies. For example, focus group participants were not clear about when their time limit started and whether the period during which they were exempt from work because of the age of their infant was included in this calculation. Similarly, participants largely understood what they need to do to avoid a sanction, but for the most part, they seemed less knowledgeable about the methods for “curing” a sanction when they believe they have good cause.

D. FLEXIBILITY OF LOCAL PRACTICES AND PERCEPTIONS OF PARENTS OF INFANTS

Overall, the study sites appeared to offer greater flexibility to TANF recipients and to parents of infants than might be expected solely on the basis of state policies. We found that local office staff believed they have a great deal of discretion in the application of sanctions, but less so in the application of time limits (although the latter had yet to be applied in the study sites

at the time of our visits). The use of sanctions in the sites was guided in part by local philosophy, but it was also largely influenced by the ability to monitor client participation in required activities. Because time limits are well-defined and seem to be readily tracked, case managers perceived less room for local discretion in this area. Only two sites (Nashville and Milwaukee) had time-limit exemption periods that are specific to parents whose youngest child is a certain age.

1. The Policy Environment

Table III.7 defines the policy environment in the sites on the basis of four aspects of sanction and time limit policy and practice: required up-front activities, strong emphasis on sanctions as reported by case managers and administrators, shorter state time limits for receiving cash assistance within the Federal 60-month lifetime limit, and local discretion over the shorter limits. The overall policy picture here is that no site emphasized the use of sanctions *and* limited time on TANF assistance to periods shorter than 60 months (Table III.7). Rather, sites appear to have balanced the two measures to encourage clients to work, emphasizing one or the other.

The two sites that strongly emphasized sanctions in their office philosophies—Waterloo and Grand Rapids—did not have shorter time limits on assistance. In fact, there was no time limit on assistance in Grand Rapids. In contrast, the two Florida sites placed less emphasis on sanctions, especially the stronger ones, as a means of encouraging work participation, but limited TANF assistance to 18 or 24 months. However, TANF recipients in these sites were required to participate in up-front activities, typically an orientation or job search. Noncompliance with these activities undoubtedly resulted in a sanction.

TABLE III.7

POLICY ENVIRONMENT DETERMINED BY SANCTIONS
AND TIME LIMITS IN THE STUDY SITES

Site	Up-front Activities Are Required	Office Policy Emphasizes Sanctions	Shorter Time Limit within Federal 60-month Maximum	Limited Discretion over Shorter Time Limit
Bakersfield, California (Kern County)	√			
New Port Richey, Florida (Pasco County)	√		√	√
St. Petersburg, Florida (Pinellas County)	√		√	√
Waterloo, Iowa (Blackhawk County)	√	√		
Grand Rapids, Michigan (Kent County)	√	√		
Detroit, Michigan (Warren/Conner District)	√			
Nashville, Tennessee			√	
Milwaukee, Wisconsin (Region 2)			√	√

SOURCE: In-depth study phase of the Study of Infant Care Under Welfare Reform.

Three sites—Detroit, Milwaukee, and Nashville—appeared to be more flexible in their application of sanctions and time limits, based on case manager perceptions. In Detroit, TANF recipients were required to participate in an orientation session and conduct an up-front job search. There was little flexibility in these requirements, but on an on-going basis, staff and administrators indicated that there was a minimal emphasis on sanctions and a greater reliance on case management and home visits, which were designed to delve into client circumstances as a basis for resolving problems. In addition, there was no time limit on cash assistance in this site. In Milwaukee, the emphasis on sanctions was also light, but there was no policy flexibility

around the 24-month time limit in this site. Nevertheless, there was some overall flexibility in the time that families could remain on assistance because the clock stopped while infants were under three months old and because individuals had the opportunity to continue assistance beyond 24 months if they progressed up the W-2 employment ladder. TANF recipients in Nashville seemed to be least likely to face penalties for failing to comply with work requirements. The office emphasis on sanctions was minimal, and the lack of strong case management and monitoring structures meant that tracking and following-up on sanctions or time limits was difficult for case managers. This environment may offer families a certain kind of flexibility, but it may come at the expense of the accountability and effective case management that can assist clients in moving toward self-sufficiency.⁷

2. How Parents of Infants Perceive the Policy Environment

Despite the site-to-site variation in policy environment, parents of infants across all sites viewed their environment in much the same way and had similar concerns about the flexibility this environment allowed them. At least one member of each focus group—with the exception of the teenage parent group in St. Petersburg—had been sanctioned. The resounding wish from each focus group—whether it was composed of teenage or older parents of infants, and regardless of location—was for greater flexibility in how sanctions were applied. Although TANF program staff reported that case managers had a fair amount of discretion over the application of sanctions, focus group participants believed that case managers took a much more routine and unresponsive approach to applying sanctions.

⁷Case management practices in the sites are further discussed in Chapter VII.

Some focus group participants in Detroit and St. Petersburg believed that assistance was cut too quickly, without giving clients an opportunity to explain the circumstances. On the other hand, staff in both sites reported the use of home visits to reach noncompliant clients. Other focus group participants thought that it was difficult to prove “good cause” or comply with additional requirements. For example, some participants believe that producing a doctor’s excuse for each time a child is sick (Milwaukee) or complying with child support requirements within one week (Grand Rapids) is very difficult and, perhaps more important, discouraging to those who really need assistance and are willing to meet work requirements.

Parents within each group had mixed reactions about the degree to which the threat of sanctions affected their participation in required activities, but the reactions did not seem to vary across the sites. Parents who could rely on other sources of income if TANF benefits were unavailable and parents who received only a small amount of assistance because of earnings were not highly motivated by sanctions. In contrast, parents who were more reliant on cash assistance, especially teenage parents, felt more pressure from sanctions and indicated that they were trying to do what was necessary to avoid any sanction.

Without exception, each group believed that sanctions for noncompliance were fair for TANF recipients who consistently missed appointments, did not show up for assigned activities, and were obviously not trying to meet their responsibilities. But, each group also believed that there should be more flexibility in terms of considering the circumstances of TANF recipients, like themselves, who were really trying to comply with the requirements. Participants in Bakersfield expressed concern about the requirement that participants find employment or take a community service job after 24 months, or else lose their benefits. They felt it might take clients who have less education and no job history longer than 24 months to move into employment.

Focus group participants also believed time limits were generally fair. Teenage parents and older parents in four sites that had specific time limits or milestones to meet within specific time limits—Milwaukee (two focus groups), and St. Petersburg—believed that the expectations were fair. In these two sites, clients were aware of what was expected within the 24-month time frame, and indicated that this should be enough time for them, and others, to move off assistance.

Participants in many groups were more concerned about the lifetime limits, which close the door to further welfare assistance after the individual accumulates five years of benefits. The teenage parents in St. Petersburg thought that a lifetime limit on assistance is unfair because it is difficult to predict the future. Participants in Iowa, who are not subject to shorter time limits, echoed this view of the 60-month lifetime limit.

For the most part, focus group participants across all sites did not believe that they would have difficulty moving off cash assistance before they reached their two-year time limit (longer in some sites). However, in a couple of groups (Waterloo and Milwaukee), participants emphasized their desire to pursue more education and training opportunities. Participants believed that expanded educational opportunities would help them to become entirely and permanently self-sufficient, thus easing their concern about the lifetime limit on benefits.

The TANF policy environment emphasizes work and work requirements for families receiving cash assistance. The degree to which families are able to meet these new expectations depends, in part, on the support they receive from child care and other services. In the next three chapters, we discuss the adequacy of support for infant care, focusing on affordability, quality and supply, and the assistance that is available in arranging infant care. The seventh chapter discusses how families are linked with other supportive services they need in the transition to work.

IV. CHILD CARE SUBSIDIES FOR TANF AND LOW-INCOME FAMILIES: ACCESSIBILITY AND AFFORDABILITY

Child care subsidies can make infant care affordable to low-income families, and state policies governing eligibility and the level of child care subsidies can have an important effect on the infant care choices that facilitate parents' welfare-to-work transitions. As part of the in-depth study, we examined state policies and local practices governing the child care subsidy system to understand how they affect families with infants who must meet work requirements. Policy environments in which TANF and low-income families have broad access to child care assistance and in which such assistance makes child care affordable may favorably complement strong TANF work policies. However, child care subsidies that are difficult to access or are inadequate to cover child care costs can present additional stresses to families as they move into work.

State policy decisions regarding income eligibility, combined with state and local administrative structures, affect which families can access child care assistance and how families make transitions through the child care subsidy system as their welfare status and income change. Additional state policies setting provider reimbursement rates and required family copayments affect the affordability of child care. Together, accessibility and affordability help determine the extent to which families can rely on child care assistance to help them meet TANF work requirements and complete the transition from welfare to work. Child care subsidy policies and practices do not differ for families with infants compared with other families. Differences in eligibility policy, in particular, focus on the needs of the child or parent, rather than on the child's age. As a result, the information in this chapter is not unique to parents of infants, but encompasses the policies and practices that all families experience as they access and receive child care assistance.

Respondents in the sites maintained that access to and continued receipt of child care assistance is generally easier where states have created integrated child care subsidy systems based on income eligibility, without regard to welfare status. In the other sites, respondents said that access to assistance may be straightforward for TANF families, but presents obstacles for families leaving TANF or those who are not connected with the TANF program. We lack longitudinal data on child care subsidy program participation across welfare program transitions that would enable us to verify these observations, but future research should examine this expected benefit of integrated child care subsidy programs.

Child care assistance can bring the cost of child care within reach of families who receive subsidies, but in half of the sites, families still struggled with a lack of affordability of child care. In one site, family copayments were relatively high, while in three sites, reimbursement rates below the local market cost of most regulated child care potentially created additional out-of-pocket expenses for families. In this chapter, we first examine how income eligibility limits and administrative procedures enable TANF families access child care subsidies, and the ease with which families can continue receiving child care assistance as they transition off of TANF. We then discuss how the state subsidy program's co-payment rates and reimbursement rates for care interact with market prices to make child care affordable for parents receiving subsidy or to create higher out-of-pocket expenses for families.

A. ACCESSIBILITY OF CHILD CARE ASSISTANCE

The Child Care and Development Fund (CCDF), created as part of PRWORA, gave states great flexibility to overhaul their child care subsidy systems. Prior to CCDF, the existence of several categorical Federal funding streams for child care meant that most states' child care subsidy systems were divided into separate systems for families based on their welfare status. One access and funding mechanism was typically for families receiving welfare assistance,

another for families making the initial transition off welfare, and yet another for low-income working families not receiving cash assistance. These categorical streams were converted into a block grant under CCDF, which, when combined with a number of rules changes, gave states the opportunity to ease access and smooth transitions for families within the child care subsidy system. States now have the option to create integrated child care subsidy systems based on income eligibility, rather than income eligibility in combination with welfare status (Long et al. 1998).

This section discusses how state income eligibility limits and state and local administrative structures affect low-income families' access to child care subsidies. The degree of integration in a state's child care subsidy system may influence each of these factors. Respondents in the sites maintained that integrated child care systems provide relatively equal access to child care assistance to TANF and to non-TANF families and that integrated systems reduce the administrative complexity of programs. As a result, TANF families in sites with integrated child care systems were expected to continue to receive child care assistance as their income and welfare status changed, without disruption or interruption.

Three of the six states in which the eight study sites are located provided child care assistance to families based on family income without regard to welfare status. In Iowa, Michigan, and Wisconsin, families made one application for child care assistance, and assistance continued for as long as the family remained eligible based on family income.¹ In the other three states—California, Florida, and Tennessee—some distinctions were still made between TANF and non-TANF families in terms of access to subsidies.

¹The integrated Child Care Assistance Program in Iowa became effective July 1, 1999, which was after the site visit to Waterloo.

1. State Income Eligibility Criteria and Effects on Accessibility of Child Care Assistance

With CCDF dollars, states can provide child care assistance to families with incomes of up to 85 percent of the State Median Income (SMI); an increase from the cap of 75 percent of SMI prior to CCDF. None of the six study states had expanded income eligibility criteria in response to the increased allowable income limit at the Federal level. In fact, only California had set income eligibility for child care assistance as high as the previous limit of 75 percent of SMI (Table IV.1). The other five states' income eligibility limits were substantially lower. When assessed in terms of SMI, Iowa had the lowest income eligibility limit, at about 50 percent of SMI (equivalent to 140 percent of the Federal poverty level), followed by Florida, Michigan, and Wisconsin at 55 percent of SMI, and Tennessee at 60 percent of SMI. However, when income eligibility is standardized across the states and assessed in terms of the percent of the Federal poverty level (FPL), the states shifted slightly.²

Two states—Florida and Wisconsin—had an extended income eligibility limit for families who were already receiving child care assistance (Table IV.1). Once families entered the subsidy systems in Florida and Wisconsin, based on initial income eligibility limits, they could continue to receive assistance until their income exceeded 185 and 200 percent of the FPL, respectively. Iowa and Tennessee also had extended eligibility criteria, but these criteria applied only to certain families. In Iowa, families with children who had special needs were eligible for child care assistance until their income exceeded 175 percent of the FPL (Table IV.1). In Tennessee, extended eligibility up to 75 percent of SMI was granted to teenage parents and to families with children who were disabled or who had special needs.

²We use the 1999 Federal poverty level as established by the U.S. Department of Health and Human Services.

TABLE IV.1

INCOME ELIGIBILITY STANDARDS IN THE SIX STUDY STATES

State	Income Eligibility for a Family of Three			Extended Income Eligibility
	Income Level	As Percent of 1999 State Median Income (SMI)	As Percent of the 1999 Federal Poverty Level (FPL)	
California	\$33,899	75%*	245%	None
Florida	\$20,820	55%	150%*	185% of the FPL for all families receiving assistance
Iowa	\$19,432	50%	140%*	175% of the FPL for children with special needs
Michigan	\$25,678	55%	185%*	None
Tennessee	\$22,804	60%*	165%	75% of SMI for teenage parents, children with special needs, and disabled children
Wisconsin	\$25,678	55%	185% ^a	200% of the FPL for all families receiving assistance

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

*State income eligibility is determined using this standard.

^aInitial income eligibility in Wisconsin was 165 percent of the FPL at the time of the site visit. Since that time, legislation for the 1999-2001 budget increased income eligibility to the level shown.

States set income eligibility limits to meet different goals. For example, in Wisconsin and Iowa, income eligibility limits were set with the intention of serving all families who were eligible and who applied for assistance. Although the number of families at each income level who are likely to apply for child care assistance is difficult for states to predict, in spring and summer 1999, these states had been successful in choosing income eligibility limits and other program features that enabled them to serve all applicants with available funding. The subsidy programs in these states did not have lists of families waiting to access child care assistance (Table IV.2). In Iowa, child care assistance was focused on a smaller proportion of low-income families overall (income eligibility was relatively low) in an effort to serve all families who applied. Wisconsin, however, had higher income eligibility limits, suggesting that the state had directed additional resources to child care.

The other study states did not have the specific intent of creating universal access to child care subsidies for eligible families. Instead, these states set income eligibility limits at a higher level, which can provide continuous support as a family's income rises, but this income level defined an eligible population that was larger than the state was able to fund. The result was that some eligible applicants were turned away and waiting lists would form.³ For example, California's child care subsidy program had the highest income eligibility limit of the states we visited, suggesting broad access, but funding restricted the program's ability to serve all eligible

³The accuracy of waiting lists as an indicator of access to child care subsidies varies across communities. On the one hand, waiting lists may overstate need if families who have put their names on the waiting list become ineligible for child care or cease to need child care over time. In some communities, child care agency staff periodically call families on the waiting list to keep up with changes in eligibility status or need. In many other communities, the waiting list simply becomes a cumulative record of the number of eligible families ever turned away because of a lack of program funds. On the other hand, waiting lists may understate need if families are deterred from applying for assistance because they know that they would face a waiting list. Therefore, our discussion here is not intended to draw any conclusions based on the relative length of waiting lists across sites, but instead, to use the presence or absence of a waiting list for child care assistance as an indication of the accessibility of subsidies to low-income families in general.

TABLE IV.2

ACCESSIBILITY OF CHILD CARE SUBSIDIES FOR NON-TANF FAMILIES AND FAMILIES
TRANSITIONING OFF TANF

State	Availability of Subsidies for Low-Income (non-TANF) Families	Length of Transitional Child Care Assistance	Priority Given to Families Transitioning off Welfare in Income Eligible Child Care
California	Extensive waiting lists	24 months	Separate program for former TANF families, but dependent on available funding
Florida	Limited waiting lists	24 months	Yes
Iowa	Intention to serve all families who apply; no waiting list	Before 7/1/99: 24 months After 7/1/99: n.a.	Before 7/1/99: No After 7/1/99: n.a.
Michigan	No current waiting list	n.a.	n.a.
Tennessee	Extensive waiting lists	18 months	Yes
Wisconsin	Intention to serve all families who apply; no waiting list	n.a.	n.a.

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

n.a. = Not applicable because child care subsidy programs are integrated with no separate transitional child care assistance program and no priority given to families transitioning off welfare.

families who applied. Child care agency staff reported that California's subsidy program as a whole, and in the Bakersfield site specifically, had long lists of families waiting to receive assistance (Table IV.2). Thousands of families were also waiting for child care assistance in Tennessee, as was specifically observed in Nashville. The child care subsidy programs in Florida and Michigan, however, did not have extensive waiting lists in spring and summer 1999. In fact, Michigan's program had not had a waiting list for several years. According to child care agency staff in Florida, the waiting lists for child care assistance in that state tend to expand and contract. At the time of the site visits, waiting lists were considered manageable. St. Petersburg had not had a waiting list for three months, and New Port Richey reportedly had 76 families on the waiting list. Since that time, the list in St. Petersburg had grown to 1,000 families.⁴

Current and former TANF recipients generally had greater access to child care assistance than families who had never received TANF cash assistance. Under PRWORA, child care assistance is no longer an entitlement for families receiving cash assistance. Nevertheless, because child care assistance is a critical support for families who must meet work requirements, the states and sites examined still functioned as though child care assistance to TANF families were guaranteed. Even in the three states that had integrated subsidy systems based on income (Iowa, Michigan, and Wisconsin), TANF families were still guaranteed access to child care assistance because there were no waiting lists. If waiting lists were to develop in Michigan, TANF families would be given priority. TANF families in Michigan were still considered "categorically eligible" for child care assistance and would not be placed on a waiting list.

Thus, in the six states we visited, TANF families had ready access to or priority for child care assistance, so that regardless of whether the subsidy system was integrated, TANF families

⁴Updated information provided by the local Child Care Resource and Referral agency in December 1999 as part of the local review of the site visit narrative for St. Petersburg.

would be served, even if funds were limited. In the three states with integrated child care subsidy systems, TANF families received child care assistance for as long as their family income qualified them for it. Their experience would not be unlike that of any other income-eligible family. In the three states with separate child care eligibility for TANF and non-TANF families and where not all eligible families who applied for assistance could receive it, TANF families had a distinct advantage over non-TANF families.

Once families left the TANF program, however, it could be more difficult to continue receiving child care assistance, depending on state child care policies and local administration. The four separate federal child care funding streams that existed in the early 1990s were replaced by a single funding stream, the CCDF, when PRWORA was enacted in 1996. However, not all states have taken this opportunity to integrate their child care assistance programs so that eligibility would depend on income and need without regard to recent TANF status. As we have noted, many states give priority to TANF recipients. In addition, California, Florida, and Tennessee all continued to have some type of transitional child care program to assist families who left cash assistance (Table IV.2).⁵ The transitional child care programs in these states, which essentially continued by state policy and practice the Transitional Child Care program that existed before PRWORA, virtually guaranteed continued child care assistance to TANF families who were making the transition from welfare to work. (However, the degree to which families pursued transitional child care varied substantially, as we discuss in Section A.2.) In California and Florida, this transitional assistance was available for up to 24 months, as long as families continued to remain eligible based on family income. In Tennessee, transitional child care assistance could last up to 18 months.

⁵California does not have a program called transitional child care; however, rules governing the movement of TANF families through different stages of child care assistance closely resemble a transitional program.

Despite the examples of large states that have maintained a distinct transitional status for child care assistance, state policies are in flux in this and other important areas, and we found that states continue to move toward integrated child care systems. At the time of our site visits, Iowa also had a transitional child care program. Iowa's transitional child care program was unique in that it guaranteed 24 months of assistance to former TANF families, regardless of income. By July 1999, however, Iowa implemented an integrated system that ended the distinctions between AFDC, transitional, and income-eligible child care assistance.

Once the transitional assistance period ended, families in Florida and Tennessee received priority for continued child care assistance over other low-income working families when they applied for "income-eligible" child care (Table IV.2). Without this priority, these families would likely experience an interruption in their child care assistance because each of these states had waiting lists for new applicants (although waiting lists were less prevalent in Florida than in Tennessee). In California, specific funds were allocated to continue child care assistance to former TANF families after their 24-month transitional period.⁶ However, in the study site of Bakersfield, these funds were not sufficient to cover the need. As a result, families in Bakersfield who came to the end of their 24-month transitional period had to make a new application for "income-eligible" child care, but were unlikely to get assistance because of waiting lists.

Thus, based on the reports of site respondents, TANF families seem to have had the greatest access to child care subsidies in each of the sites. For low-income families not receiving TANF, state policies governing income eligibility, the overall level of funding for child care assistance,

⁶This funding was referred to as Stage Three Child Care, and was administered by the California Department of Education.

and the priority given to families transitioning from TANF influenced the degree of accessibility to subsidies for families at various income levels.

2. Administrative Structures and Application Processes for Child Care Assistance

A number of factors beyond income eligibility will influence who actually receives child care assistance. Two important initial factors are the ease with which eligible families can make an application for child care assistance and the ease with which they can receive ongoing child care assistance as their welfare and/or income status changes. The level of ease in these processes varied across the study sites, depending on local administrative structures and the location and specialization of workers who arrange child care assistance for TANF and low-income families.

Whether the child care subsidy programs were administered by the TANF agency or another agency varied across the sites. The sites in the three states that had integrated child care systems maintained administration of the child care subsidy system within the local agency that administered TANF or the TANF employment program. In the Michigan sites, the Family Independence Agency administered child care, and case managers within this agency determined eligibility, authorized child care, and processed payments to providers (Table IV.3). In Waterloo and Milwaukee, both the TANF agency and the TANF employment program administered child care, depending on the working status of a family. The four other sites, which had not integrated their child care programs—Bakersfield, New Port Richey, St. Petersburg, and Nashville—contracted administration of the child care subsidy system to other local agencies (Table IV.3). In three of these four sites (Nashville being the exception), the local administering agency was also the Child Care Resource and Referral (CCR&R) agency that assists families in locating care.

TABLE IV.3

AGENCIES ADMINISTERING CHILD CARE SUBSIDY PROGRAMS
AND TYPE OF STAFF LINKING TANF FAMILIES
WITH CHILD CARE SUBSIDIES

Site	State Administering Agency	Local Administering Agency (TANF Child Care)	Person Delivering Eligibility and Setting Up Subsidy with Provider Is:	
			Primary Case Manager	Specialized Child Care Worker
Bakersfield, California (Kern County)	Department of Social Services, California Department of Education	Community Connection for Child Care (contracted Stage One, Two, and Three agency, and Alternative Payment Program agency) ^a		✓
New Port Richey, Florida (Pasco County)	Department of Children and Families, Family Support and Preservation ^b	Youth and Family Alternatives (contracted Community Coordinating Agency)		✓
St. Petersburg, Florida (Pinellas County)	Department of Children and Families, Family Support and Preservation ^b	Coordinated Child Care (contracted Community Coordinating Agency)		✓
Waterloo, Iowa (Blackhawk County)	Department of Human Services, Division of Adult, Children, and Family Services	County Department of Human Services and PROMISE JOBS contractor	✓	
Grand Rapids, Michigan (Kent County)	Family Independence Agency, Child Development and Care	Family Independence Agency	✓	
Detroit, Michigan (Warren/Conner District)	Family Independence Agency, Child Development and Care	Family Independence Agency	✓	
Nashville, Tennessee	Department of Human Services, Division of Field and Community Services	Metro Social Services (contracted child care broker)		✓
Milwaukee, Wisconsin (Region 2)	Department of Workforce Development, Office of Child Care	County DWD determines eligibility; UMOS (contracted W-2 agency) provides authorization ^c		✓ (as of July 1, 1999)

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aStage One is administered by county welfare departments with funding passed through DSS, and generally serves TANF families for their first 6 months. Stages Two and Three are administered primarily by the California Department of Education. Stage Two provides assistance to TANF families that have a Welfare-to-Work plan and "stable" child care arrangements. Stage Three serves families who once received but have now left TANF cash assistance. The Alternative Payment Program serves working, low-income families.

^bAs of July 1, 1999, child care will become a separate office within the Department of Children and Families and will move out of Family Support and Preservation.

^cWithin UMOS, they have created specialized Financial and Employment Planners (FEPs) who will handle all child care authorizations. Eligibility must still be determined by the county case workers of the Department of Workforce Development.

If child care subsidy programs are administered outside the TANF agency, parents may have to go outside the TANF agency to obtain child care assistance. For TANF recipients, however, all eight sites had ensured that child care subsidies could be arranged with workers in the same office where the TANF eligibility determination is made and other support services are arranged, regardless of the local administering agency. Locating child care services with other TANF services is likely to contribute to a high rate of child care assistance among TANF recipients involved in work-related activities. However, it could serve as a deterrent to low-income families who are not connected with the TANF program. A recent study of Medicaid-eligible families found that 42 percent of parents of uninsured children would be more likely to enroll in Medicaid if it did not require a visit to a welfare office (Perry et al. 2000). Similarly, families may choose to avoid any stigma associated with welfare receipt, opting not to pursue child care assistance if it entails a visit to the TANF office.

Three steps are generally necessary for a family to receive a child care subsidy, and depending on the site, these steps could be completed by one or two different workers. The steps include authorizing subsidized care for specific activities and hours, determining eligibility for assistance, and setting up the subsidy with the specific provider selected by the family. In every site, primary case managers authorized the hours allowable for child care assistance. Another worker might complete the other two steps.

In six of the eight sites, a TANF family needed to see two different workers to complete all the steps necessary to receive child care assistance. In these sites, the offices made every effort to handle all child care needs during the same office visit. In five of these six sites, the second worker was a specialized child care worker who conducted eligibility determination and ensured that the subsidy was in place with the provider selected by the parent (Table IV.3). In general, staff in the sites with specialized child care workers said that child care assistance could be put

into place more quickly, and these workers could provide individualized attention around child care issues. In Waterloo, two workers were often needed to authorize child care for specific activities and hours; the primary case manager then handled the other two steps. Child care assistance for PROMISE JOBS participants was arranged through the PROMISE JOBS case manager, but child care assistance for employment was arranged through the income maintenance worker in the Department of Human Services. Clients who combined some paid employment with education and training activities--as was likely because of Iowa's generous earnings disregards—needed to receive child care authorizations from separate workers for these different activities. An integrated child care system implemented in Iowa after the site visits had not changed this arrangement.

To further streamline services and to strengthen the connection between welfare and child care assistance, Michigan moved to an “integrated worker” case management model. A single worker—the primary case manager—handled all the supportive services needs for a family, including arranging all aspects of the family's child care assistance. While such an approach limits the degree to which clients are shuffled between workers, the two Michigan sites experienced more difficulties with access and payment issues than sites with specialized child care workers did. In the two Michigan sites, various respondents indicated that arranging the initial payments for child care subsidies to providers could take up to 45 days. In Grand Rapids, staff were trying to reduce this period to 10 days, but they had not yet been successful. Multiple respondents suggested that these delays could be attributed to the high caseloads that case managers carried and the many duties required of a case manager under an integrated worker model.

Local administrative structures also determine the degree to which child care assistance can continue without interruption for TANF families as they make the transition from welfare to

work. Continued child care assistance during this transition was easy to maintain for families in Milwaukee and in the two Michigan sites. In these sites, which had integrated child care systems, families submitted one application for child care assistance (Table IV.4). Continued assistance was based on income, and recertification was conducted every six months, regardless of TANF status. Primary case managers in all three sites indicated that all their clients who received child care assistance while on TANF easily continued such assistance when they moved off cash assistance.

Iowa's recent move to an integrated child care system suggests that child care assistance would be seamless for TANF families as they moved into work because families would not have to reapply for assistance under different programs that were tied to welfare status. We were unable to gather details on family experiences under this new system because our site visit occurred just before it was implemented. At the time of the site visit, the subsidy system remained fragmented, and families were required to make a new application for transitional child care assistance and then again for income-eligible child care assistance when the transitional period ended. Case managers in Waterloo believed that only about 15 to 20 percent of TANF families pursued transitional child care under this system (Table IV.4).

The Bakersfield site came close to creating a seamless transition for families, even though the state did not have an integrated child care subsidy system. At the state level, administration of the child care subsidy program in California was split between two departments and funding was divided into numerous streams based on welfare status. However, Bakersfield's local administrative structure limited the effects of this state-level fragmentation by consolidating the programs within one agency. While there were many "behind the scenes"

TABLE IV.4

PROCEDURES FOR CONTINUING CHILD CARE
ASSISTANCE BEYOND TANF

Site	Sites with Seamless Systems	Sites with Multiple Child Care Programs Based on TANF Status				Take-Up Rate for Continued Assistance among Transitioning TANF Families
		Process for Obtaining Transitional Child Care Assistance			Reapplication for Income-Eligible Child Care	
	One Application Based on Income	Reauthorization with the Same Worker	Reauthorization with a Different Worker	Reapplication with a Different Worker		
Bakersfield, California (Kern County)					√	Very high
New Port Richey, Florida (Pasco County)			√		√	Low (~20%)
St. Petersburg, Florida (Pinellas County)			√		√	Low (~20%)
Waterloo, Iowa (Blackhawk County)	√ (Effective 7/1/99)			√ (Before 7/1/99)	√ (Before 7/1/99)	Low (15-20%) (Before 7/1/99)
Grand Rapids, Michigan (Kent County)	√					Very high
Detroit, Michigan (Warren/Conner District)	√					Very high
Nashville, Tennessee				√	√	Less than half
Milwaukee, Wisconsin (Region 2)	√					Very high

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

administrative procedures that moved families from one category of child care assistance to another, families were largely unaware of these changes. In many other counties in California, different agencies held the contracts for each different type of child care assistance, making service coordination much more difficult. Respondents in Bakersfield were concerned, however, that funding limitations might soon force former TANF families to make a new application for child care assistance under the Alternative Payment Program that provides subsidies for low-income, working families not connected with TANF, and they may have to go on a waiting list for this program.

Based on case managers' reports from the two Florida sites and Nashville, procedures for reauthorization (obtaining the case manager's approval to continue receiving child care assistance based on updated information) or reapplication (making a formal new application for child care) for transitional child care and income-eligible child care assistance seemed to deter their use by former TANF families. Case managers believed that the majority of families in these sites did not make the transition from TANF-related child care assistance to transitional child care. In all three areas, case managers explained that transitional child care was widely advertised and clients were informed of its availability in their TANF close-out letters. Nevertheless, take-up rates were perceived by case managers to be low (Table IV.4). In Nashville, case managers believed that less than half the families who received child care assistance while on TANF applied for transitional child care, while in the Florida sites, case managers believed that a smaller percentage, perhaps 20 percent, continued their child care assistance under transitional child care. We were not able to obtain administrative data on the actual take-up rate of child care assistance among families transitioning off welfare in the sites and, therefore, were not able to make any assessment of the accuracy of case managers' perceptions of the use of transitional child care assistance. In all three sites, families also needed

to reapply for income-eligible child care after the transitional period ended. Because case managers did not have contact with families at that point (and because administrative data are not available), there was no way of gauging the degree to which families continued to pursue child care assistance. However, families who did pursue continued assistance in these sites were likely to encounter waiting lists.

3. Subsidized Child Care for Families with Infants and TANF Families

The proportion of families receiving child care assistance who have infants ranges from about 9 percent to 16 percent across the sites (Table IV.5), a range that is consistent with the proportion of TANF families with infants in the corresponding states, as discussed in Chapter II. The table is based on data reported by states to the Department of Health and Human Services' Child Care Bureau on the characteristics of families receiving child care assistance in FY 1999 and provides information on child care assistance receipt for the counties in which our study sites are located except for Waterloo, Iowa (only statewide data are available) and Bakersfield, California (no data are available). Thus, families with infants appear to have the same access to child care subsidies as other families across the sites in this study.

The composition of families receiving child care assistance by their TANF receipt status varies quite widely across the sites (Table IV.5). The proportion of families receiving child care assistance who are also receiving TANF ranges from a low of about 15 percent in the two Florida sites and in Kent County, Michigan (Grand Rapids) to a high of about 40 percent in Iowa (Waterloo) and about 50 percent in Davidson County, Tennessee (Nashville).

The variation in the composition of families receiving child care assistance in these sites could reflect variation in policies and administrative practices. For example, lower income

TABLE IV.5

FAMILIES RECEIVING SUBSIDIES, BY TANF RECEIPT
AND PRESENCE OF INFANTS, 1999

Site	Area Covered by CCDF Administrative Data	Number of Families Receiving CCDF Subsidies	Percentage of Families Receiving Subsidies Who Are:		Parents of Infants
			Receiving TANF	Not Receiving TANF	
Bakersfield, California (Kern County)	n.a.	n.a.	n.a.	n.a.	n.a.
New Port Richey, Florida (Pasco County)	Pasco County, Florida	1,063	14.3	85.7	8.7
St. Petersburg, Florida (Pinellas County)	Pinellas County, Florida	4,328	17.8	82.2	9.0
Waterloo, Iowa (Blackhawk County)	Iowa	7,058	41.7	58.3	16.0
Grand Rapids, Michigan (Kent County)	Kent County, Michigan	3,886	15.2	84.8	12.7
Detroit, Michigan (Warren/Conner District)	Wayne County, Michigan	21,961	29.6	70.4	9.8
Nashville, Tennessee	Davidson County, Tennessee	2,816	52.2	47.8	12.3
Milwaukee, Wisconsin (Region 2)	Milwaukee County, Wisconsin	7,645	20.2	79.8	15.5

SOURCE: Special analysis of the FY 99 CCDF case level data submitted by states, conducted by Scott Spiegel, Anteon Corporation, for the Child Care Bureau.

NOTE: Numbers and percentages are average monthly values.

n.a. Not available.

eligibility limits (as in Iowa and Tennessee) would reduce the number of eligible families not receiving TANF. Administrative practices that make it easier for TANF families to enter the child care assistance program, or integrated child care assistance programs that make it easier to continue child care assistance beyond TANF, would affect the relative proportions of eligible TANF and non-TANF families receiving child care assistance. However, without information comparing the number of families receiving child care assistance to the number eligible in these sites, we cannot evaluate whether the relative proportion of TANF and non-TANF families receiving child care assistance reflects any policy emphasis on either group.

Our qualitative interviews suggest that the sites with integrated child care subsidy systems (Milwaukee, the two Michigan sites, and, presumably now, Waterloo) eased access for TANF families to continued child care assistance as their welfare and income status changed. The seamless process in place in Bakersfield also seemed to make continued access to child care assistance after the transition from welfare relatively easy for TANF families, particularly during the first few years following TANF receipt. Child care assistance may have been more difficult for families to retain as they left welfare if they needed to take additional steps to retain eligibility at the same time as other changes in welfare status were occurring. Nevertheless, former TANF families in the sites with integrated child care programs may, at some point, need to re-certify eligibility for child care assistance after they have been off TANF and working for some time, and this could also deter families from continuing to receive assistance. Stronger evidence on whether integrated child care systems improve the stability of child care assistance past the transition from TANF to employment could be provided by longitudinal data on families' child care program participation before and after transitions off of TANF.

B. AFFORDABILITY OF CHILD CARE

Infant care tends to be more expensive than care for older children, given the intensive care needs of infants, and we indeed found that the market cost of infant care in the eight sites was high, making it necessary for most low-income families to obtain assistance. Respondents reported weekly costs of infant care in center-based settings ranging from a minimum of \$90 in Nashville to almost \$170 in Milwaukee, amounts that are well beyond the reach of low-income families. Even less-costly care in a home-based setting was likely to consume a larger proportion of income than TANF recipients can afford. Child care subsidies can help make child care affordable to low-income families, but whether these subsidies actually do so depends on state policies governing required family copayments in the child care subsidy program and reimbursement rates to providers.

In this section, we discuss state copayment and reimbursement rate policies that affect low-income families in each of the study sites. We found that in four sites, low-income families who received child care assistance may still face difficulties affording child care. In Milwaukee, families with income above the poverty line faced relatively high copayments, while in St. Petersburg, Nashville, and Grand Rapids, reimbursement rates were well below market rates, and providers were able to charge parents an extra fee in addition to the co-payments, which left families responsible for a substantial child care cost.

1. Family Copayment Policies for Subsidized Child Care

Parent copayments toward the cost of child care are generally assessed on a sliding scale based on income and family size. Families with higher income levels and those with more children receiving care are expected to pay higher copayments for child care. A number of considerations enter into a state's decision in setting family copayments. One is the cost of

providing subsidies to low-income families. Another is the goal of making child care affordable to low-income families.

Nevertheless, the affordability of child care depends, in part, on the degree to which copayments rise as a family moves from welfare to work. If a state sets low family copayments to make child care affordable to families while they receive child care assistance, families are likely to experience a large increase in child care costs relative to earnings—often referred to as a cliff effect—when their income rises beyond the eligibility limit and they have to make the transition from subsidized care to paying market prices for care. This increased cost functions as an implicit tax on higher earnings and can lead families with less attachment to the labor force to refrain from increasing their work hours or to cut back work hours in order to continue to receive the subsidy (Ross 1998). A cliff effect may also occur before a family reaches the income eligibility limit in states where required copayments are minimal for TANF families and/or those below the poverty line but increase rapidly as family income rises beyond that point. Thus, a third consideration in setting copayment rates is to avoid creating disincentives to work. The states included in this study have made policy choices that reflect a range of views about these considerations.

Welfare recipients did not make copayments toward the cost of child care prior to CCDF, but many states have since extended their copayment policies to cover TANF recipients. Under the CCDF final rule, states are still able to waive contributions from families whose income is less than the Federal poverty level for their family size, which would include most TANF recipients. Two states in this study (California and Iowa) have chosen to do so. The level of copayments required of TANF families varies across the study states, but in general, they are low if copayments are required at all (Table IV.6). In two states—Florida and Wisconsin—all, or nearly all families, regardless of income level, were required to make some

TABLE IV.6

REQUIRED MONTHLY FAMILY COPAYMENTS TOWARD
COSTS OF CENTER-BASED CHILD CARE

State	Exemption of TANF Families from Copayments	Required Copayment When Family Income Is 50% of the FPL		Required Copayment When Family Income Is 100% of the FPL		Required Copayment When Family Income Is 150% of the FPL		Required Copayment When Family Income Is 175% of the FPL	
		In Dollars	As % of Income	In Dollars	As % of Income	In Dollars	As % of Income	In Dollars	As % of Income
California	Families under 50% of SMI ^a	0	0	0	0	0	0	54	3
Florida	None	17	3	69	6	103	6	189 ^c	9
Iowa	Families at or under 100% of the FPL	0	0	22 ^b	2	172 ^c	10	237 ^c	12
Michigan	All TANF families are exempt	25	4	25	2	25	1.5	200	10
Tennessee	All TANF families are exempt	22	4	39	3	112	6.5	138 ^c	7
Wisconsin	Minor teenage parents in school and in the Learnfare program; families participating in the Food Stamp Employment & Training program	22	4	77	7	194	11	232	11.5

SOURCE: State copayment schedules collected as part of the in-depth study phase of the Study of Infant Care under Welfare Reform.

NOTE: This table reflects monthly costs for a 3-person household for the care of one child (an infant where fees vary by age of the child) in full-time center-based care. Full-time care is defined as care for 8 hours or full-day, 5 days a week, 4.3 weeks per month. Fees in other forms of care are lower across the states.

^aIn California, 50 percent of SMI is equivalent to about 165 percent of poverty under the current fee schedule.

^bFee shown is for families with incomes of 101 percent of poverty. Families are exempt if their income is 100 percent of poverty or below.

^cOnly families with extended eligibility receive subsidized child care at this level.

contribution toward the cost of child care.⁷ The lowest monthly copayment required of a family of three for the full-time care of one child in Florida amounted to \$17, which was about 6 percent of the \$303 monthly cash grant for TANF families. In Wisconsin, families of three were required to pay, at minimum, \$22 toward the cost of child care for one child. This amounted to about 3 percent of the \$673 monthly cash grant in the state.⁸ In Iowa, all families, regardless of TANF status, had a required copayment when their monthly income exceeded 100 percent of poverty (\$1,157 for a family of three). This meant that copayments would only apply to TANF families who were working, and that other TANF families were unlikely to have income levels that would require a copayment. Similarly, in California, families incurred copayments only when their income exceeded a threshold level, but this level was particularly high in California, at 50 percent of SMI, or roughly equivalent to 165 percent of poverty. Therefore, TANF families did not incur copayments for child care in this state. The final two study states—Michigan and Tennessee—exempted TANF families from making any copayment.

Given the tradeoff in costs with subsidy systems, a state with limited eligibility may choose to offer a high degree of affordability to families who receive assistance. Such was the case in Tennessee, where income eligibility limits were relatively low, and families were required to contribute a proportion of their income toward child care costs over a broad income range, but copayments were low to moderate relative to the other study states. In Iowa, in contrast, income eligibility limits were relatively low, and copayments were very low when family income was below the poverty line, but copayments escalated quickly beyond that income level. Families at

⁷In Wisconsin, minor teenage parents who were in school and enrolled in Wisconsin's Learnfare program, and families participating in the Food Stamp Employment and Training program were exempt from making child care copayments.

⁸Some families in Wisconsin received a cash grant of \$628. These families were in the category of W-2 Transition and generally had less intense work requirements (and therefore less need for child care) as discussed in Chapter II.

the upper limits of income eligibility in the state (140 percent of the FPL for most families, 175 percent of the FPL for children with special needs) would pay about 9 to 10 percent of their income toward child care (Table IV.6). Such an escalation in the copayment schedule may minimize the cliff effect that families experience when they reach the income eligibility limit, but could create an earlier cliff effect before families reach the income eligibility limit. On the other hand, while child care subsidies could make child care affordable to families in Tennessee, families would experience a greater cliff effect when their income exceeded the eligibility limit, and, therefore, could face a disincentive to increase earnings when they moved closer to the income eligibility limit.

Other states with broader, but not the highest, income eligibility standards also made child care affordable, particularly for families with income below 150 percent of poverty. In Florida, families with income below 150 percent of poverty were not required to pay more than 6 percent of their income toward child care costs, and in Michigan, the proportion was substantially lower, about 2 percent. When family income reached 175 percent of poverty in these states, however, families would experience a jump in child care costs relative to their incomes, to 9 percent of income in Florida and to 10 percent in Michigan.⁹ This increase was particularly pronounced in Michigan, where an additional dollar of earnings (at around 160 percent of poverty) increased the proportion of child care costs relative to income from 1.5 percent to 10 percent. When this cliff effect occurred within the subsidy program rather than in the transition from subsidy to market prices, families might have been better off leaving the subsidy program and paying for less expensive child care on their own, even before they reached the income eligibility limit on child care assistance (Ross 1998).

⁹Only families who qualified for child care assistance when their incomes were under 150 percent of poverty can continue receiving assistance at this income level in Florida.

Wisconsin had higher income eligibility limits than many of the other states, but the state required parents to assume a greater share in the costs of child care. Family copayments in Wisconsin rose to 11 percent of income for families earning 150 percent of poverty (Table IV.6). Various welfare and child care staff in Milwaukee (Region 2) reported that many families struggled with the high required copayments, but these higher copayments may have reduced the cliff effect disincentives that participants face when they reach the income eligibility cutoff. State legislation that passed in the fall of 1999 included a new copayment schedule that was expected to lower payments slightly for all families receiving child care assistance. In addition, the new schedule limited copayments to less than 12 percent of income for all families in the subsidy system.

At the opposite end of the spectrum from Iowa, California had both high income eligibility limits and low required copayments for families. Even at 175 percent of poverty, required family copayments amounted to only 3 percent of income—a level far lower than that seen in the other study states. California's copayment schedule made a substantial effort to make child care affordable to low-income families, but overall child care program funding was insufficient to assist all eligible families.

2. Average Family Copayments Under CCDF Subsidy Programs

Case-level data provided by states to the Child Care Bureau indicate the range of copayments paid by families receiving CCDF child care assistance in the sites on an average monthly basis in FY 1999 (Table IV.7). (Data for California were not available.) Average copayments paid by families reflect both the actual policies regarding the amount families at each income level are required to pay and the relative composition of the families

TABLE IV.7

CHILD CARE COPAYMENTS BY FAMILIES WITH INFANTS, 1999

Site	Area Covered by CCDF Administrative Data	Average Monthly Nonzero Copayment ^a				Average Monthly Copayment, Including Zero, All Families with Infants		Number of Families with Infants
		TANF Families with Infants		All Families with Infants		Amount	Percentage of Income	
		Amount	Percentage of Income	Amount	Percentage of Income			
Bakersfield, California (Kern County)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
New Port Richey, Florida (Pasco County)	Pasco County, Florida	\$33	5	\$62	6	\$59	6	92
St. Petersburg, Florida (Pinellas County)	Pinellas County, Florida	\$37	1	\$66	2	\$66	2	389
Waterloo, Iowa (Blackhawk County)	Iowa	\$120	8	\$101	7	\$34	3	1,129
Grand Rapids, Michigan (Kent County)	Kent County, Michigan	\$32	3	\$52	4	\$39	3	495
Detroit, Michigan (Warren/Conner District)	Wayne County, Michigan	\$30	3	\$44	4	\$26	3	2,142
Nashville, Tennessee	Davidson County, Tennessee	\$16	1	\$18	1	\$6	1	347
Milwaukee, Wisconsin (Region 2),	Milwaukee County, Wisconsin	\$47	7	\$92	8	\$91	8	1,187

SOURCE: Special analysis of the FY 99 CCDF case level data submitted by states, conducted by Scott Spiegel, Anteon Corporation, for the Child Care Bureau.

NOTE: Numbers and percentages are average monthly values.

n.a. = Not available.

receiving child care assistance by income level. Thus, if relatively more families with low income levels are participating, then the average copayment rate shown in Table IV.7 will be lower. The first four columns of the table show the average copayment and the copayment relative to family income for TANF families with infants and all families with infants. Averages in these four columns are computed for families with nonzero copayments. The last two columns show the average copayment and copayment relative to income for all families with infants, including the zero copayments.

For TANF families with infants in most of the sites, the copayment is in the \$30 to \$50 range for families required to pay. The average copayment is lower in Nashville (\$16) and much higher in Iowa (\$120). The substantially higher average copayment in Iowa reflects the fact that, in Iowa, families have no copayment liability until income reaches the poverty line, but after that point, copayments rise quickly.¹⁰ Copayments for TANF families required to pay for child care range from 1 percent of income in St. Petersburg and Nashville to 7 percent in Milwaukee, and 8 percent in Iowa.

For all families with infants who have a copayment, the average copayments are generally higher than for TANF families, ranging from \$18 in Nashville to \$101 in Iowa. Clearly, copayments are relatively low for families receiving child care assistance in Nashville, regardless of income. Copayments are at moderate levels in the two Florida sites and the two Michigan sites, where they range from \$44 per month to \$66 per month on average. Since the required copayments in these states rise sharply when family income is near 150 percent of the poverty line (Table IV.6), many families may be leaving the child care program when their income

¹⁰ Iowa's average copayment rate is also high for TANF families because it is based on a very small sample. Only a very small number of TANF families have income above the poverty line and thus have a copayment liability.

reaches these levels. Average copayments for all families with infants are relatively high in Milwaukee (\$92, or 8 percent of income) and in Iowa (\$101, or 7 percent of income).

When the average copayment includes families with infants who are not required to pay a copayment, the averages change considerably in some of the sites, reflecting the variation in copayment policies for lower income families (as discussed in Section B.1). The average copayment for all families with infants is lower in Iowa, the two Michigan sites, and Nashville when we include families who are not required to pay a copayment. These sites either universally exempt TANF families from making copayments or require copayments only when family income reaches the poverty level. As may be expected, the average copayment including zero payments is not much different from the average copayment excluding zero payments in the two Florida sites and in Milwaukee because these sites require some copayment of virtually all families. Copayments range from \$6 in Nashville to \$91 in Milwaukee. Notably, the average copayment in Iowa drops to levels comparable to the states with moderate copayment levels when the zero copayments are included. Milwaukee's copayment rates are high relative to the other sites in this study, which is consistent with the perception of respondents in that site who commented that copayments seemed high for families receiving subsidies.

3. Reimbursement Rates to Child Care Providers and Affordability for Parents

Provider reimbursement rates affect providers' decisions about whether to accept children whose care is subsidized and whether to charge their parents more to cover their costs beyond the state's reimbursement rate. Thus, provider reimbursement rates also affect parents' choices of care and the affordability of care. All of the states in which the study sites are located set

reimbursement rates to providers at or near the 75th percentile of market rates (Table IV.8).¹¹ This rate level is intended to make at least 75 percent of the available child care in an area affordable to low-income families. Rates differ by age, with higher rates for infant care.

States set rates based on market rate surveys that are conducted at various frequencies and at different geographic levels (Table IV.8). CCDF regulations require states to conduct a market rate survey no earlier than two years prior to the effective date of its currently approved CCDF plan. While states must conduct market rate surveys on a regular basis, they may decide not to adjust reimbursement rates to reflect changes in the market cost of child care. Such a decision may be due to the lack of available funding needed to implement rate increases. We found that in five of the six states, market rate surveys were conducted annually and rate adjustments were made with similar frequency. Michigan conducted its last market rate survey in February 1999, but subsidy rates were still based on a survey that was completed in 1994.¹²

Even if market rates are updated, they may not reflect the cost of child care in the market relevant to a family if the geographic area over which rates are defined is too large and diverse. For example, we found that in St. Petersburg and New Port Richey, Florida, which are in the same district with respect to defining market rates, the child care rates were considered insufficient in St. Petersburg but very generous in New Port Richey.¹³ St. Petersburg is an urban area, and child care licensing standards are higher in Pinellas County (which includes St.

¹¹In Tennessee, the provider reimbursement rate is set at the 70th percentile of the market rate; in California, the reimbursement rate cannot exceed 1.5 standard deviations from the mean market rate.

¹²At the time of the site visit, legislation was pending in Michigan that would incrementally increase provider reimbursement rates based on the results of a February 1999 market rate survey.

¹³Effective July 1, 2000, Florida moved to county, rather than district, market rates that were expected to more accurately reflect local child care markets.

TABLE IV.8

**PROVIDER REIMBURSEMENT RATES AND
FAMILY EXPENSES IN THE STUDY SITES**

Site	Maximum Provider Reimbursement	Market Rate Survey Used to Set Current Rates	Geographic Area for Market Rate Survey	Additional Out-of-Pocket Expenses for Families Receiving Subsidies	
				Legal	Incurred
Bakersfield, California (Kern County)	1.5 standard deviations from the mean market rate	Most recent annual survey	Regional	Yes	No
New Port Richey, Florida (Pasco County)	75 th percentile of market rate	Most recent annual survey	District	Yes	No
St. Petersburg, Florida (Pinellas County)	75 th percentile of market rate	Most recent annual survey	District	Yes	Yes
Waterloo, Iowa (Blackhawk County)	75 th percentile of market rate	Most recent annual survey	State	No	No
Grand Rapids, Michigan (Kent County)	75 th percentile of market rate	1994	Regional	Yes	Yes
Detroit, Michigan (Warren/Conner District)	75 th percentile of market rate	1994	Regional	Yes	No
Nashville, Tennessee	70 th percentile of market rate	Most recent annual survey	Urban	Yes	Yes
Milwaukee, Wisconsin (Region 2),	75 th percentile of market rate	Most recent annual survey	County	Yes	No

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aAt the time of the site visit, legislation was pending in Michigan that would adjust provider reimbursement rates based on the results of a February 1999 market rate survey.

Petersburg) than in the surrounding parts of the market area.¹⁴ These factors may have contributed, in part, to the discrepancy in the sufficiency of rates between the two sites.

Other states defining broad market areas included Iowa (statewide), California (regional), and Michigan (regional). Still, none of the study sites located in these states reported significant difficulties in having local child care providers accept state subsidies. For example, in Grand Rapids, respondents estimated that approximately 90 percent of child care providers accepted children with subsidies; in Waterloo, the state market rates tended to be higher than the local private pay rates, and, therefore, many providers welcomed the subsidies.

Tennessee and Wisconsin used different approaches to ensure that child care rates reflected costs in the relevant geographic area. Tennessee defined one of its child care markets to include all urban areas in the state, which may have helped to avoid Florida's problem by including all of the higher-cost urban child care providers in the same rate pool. Wisconsin defined Milwaukee County as a single market, which based its rate on an area that is largely urban (Table IV.8).

If provider reimbursement rates are lower than providers' customary charges, providers have two or three options, depending on state policies. One option is to agree to the lower rate. In Iowa, providers signed a contract with the Department of Human Services in which they agreed to accept the state's reimbursement rate as full payment for children receiving subsidized care. Another option is to refuse to care for a child receiving a subsidy. Some higher-cost providers in a market area can be expected to do this if the rates are set at the 75th percentile.

Finally, some providers may charge parents the difference between their cost and the reimbursement rate, a cost to parents that goes beyond the required copayment. This was a legal option across the study sites except in Iowa (Table IV.8). A number of states, including

¹⁴See Chapter V, Section A for further information on quality standards.

Tennessee and Wisconsin, had contracts with providers that encouraged them to accept the state rate and that discouraged them from charging subsidized families more than they charge other families.

The adequacy of states' market rates in the particular communities we studied varied. Many of the welfare and child care staff and administrators in Bakersfield, New Port Richey, Waterloo, Detroit, (Warren/Connor district), and Milwaukee (Region 2) reported that subsidy rates were adequate and that parents were rarely charged an additional amount beyond their sliding fee. However, it appears that reimbursement rates either constrained child care choices or increased costs for families receiving child care subsidies in St. Petersburg, Grand Rapids, and Nashville. In these sites, it was not unusual for families to have additional expenses, beyond required copayments, in order to meet provider costs (Table IV.8). Respondents in Grand Rapids, in particular, repeatedly reported that the lack of affordability was the greatest child care challenge they faced, and affordability was the greatest influence on parental choice of child care. TANF and other low-income families in Grand Rapids could not afford most center-based care.

4. Child Care Coverage

Another important aspect of the affordability offered by child care subsidies is whether or not the length of time over which families can be authorized to receive child care assistance during the week actually covers the time their activities require. In all eight sites, families could receive child care assistance for the same work activities that counted toward their weekly work requirement. In addition, all sites would approve child care for periods that went beyond the individual's weekly work requirement if the activities were "approved," even if they did not count toward the work requirement. (Rules governing the types and hours of activities for which child care assistance could be provided mirrored the rules for work requirements specified in Chapter II.) For example, in Milwaukee, post-secondary education could not count toward the

weekly activity requirement, but child care could be authorized if the client pursued post-secondary education beyond his or her work hours. Teenage parents attending school need to study when they are not in school. While we did not systematically obtain information on child care assistance during study time for all of the study states, we learned that Michigan, Tennessee, and Wisconsin approved child care to cover study time outside school hours for teenage parents, but that Florida did not. Finally, child care can become more affordable if authorizations for child care subsidies cover travel time between work and the child care provider. For example, in Detroit, we found that parents could receive authorization for extra child care coverage for up to one hour, both before and after work, to accommodate travel time. Coverage for specific travel time was not specifically defined in Nashville.

In seven of the eight sites, child care assistance was provided to parents of infants who voluntarily participated in work or work-related activities during their exemption period based on the age of their youngest child. In New Port Richey, however, parents could not receive child care assistance during their 3-month exemption period, nor could they continue any child care assistance that was in place for older children during this period, as it was expected that they were home caring for their children.

Data provided by states to the Child Care Bureau on the number of hours of child care for infants paid for by CCDF in the sites in Fiscal Year 1999 shows patterns of child care use that reinforce the TANF policy information we obtained from the sites (Table IV.9). (Data for California were unavailable.) The table shows hours of paid child care for an average month in Fiscal Year 1999 separately for TANF and for all families with infants. While infants in all families are more likely than infants in TANF families to receive subsidies for full-time child care, the pattern is striking for Grand Rapids and Detroit, where the proportion of infants in TANF families receiving full-time child care assistance is much lower than the proportion of all

TABLE IV.9

PERCENTAGE OF INFANTS WITH CCDF SUBSIDY
BY MONTHLY HOURS OF CHILD CARE, 1999

Site	Area Covered by CCDF Administrative Data	Percentage of Infants in TANF Families Receiving CCDF Subsidies for Specified Hours per Month			Average Monthly Number	Percentage of Infants in All Families Receiving CCDF Subsidies for Specified Hours Per Month			Average Monthly Number of Infants
		Less Than Half Time (0 – 79 hours)	Half Time to Full Time (80 – 159 hours)	More Than Full Time (160 or more hours)		Less Than Half Time (0 – 79 hours)	Half Time to Full Time (80 – 159 hours)	More Than Full Time (160 or more hours)	
Bakersfield, California (Kern County)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
New Port Richey, Florida (Pasco County)	Pasco County, Florida	16.7	19.4	64.0	22	11.4	14.3	74.4	94
St. Petersburg, Florida (Pinellas County)	Pinellas County, Florida	10.6	18.8	70.7	110	8.3	13.0	78.7	397
Waterloo, Iowa (Blackhawk County)	Iowa	31.1	17.4	51.5	574	25.3	17.4	57.2	1,141
Grand Rapids, Michigan (Kent County)	Kent County, Michigan	30.9	44.7	24.3	136	21.5	31.6	46.9	515
Detroit, Michigan (Warren/ Conner District)	Wayne County, Michigan	23.4	38.1	38.5	987	18.2	27.2	54.1	2,191
Nashville, Tennessee	Davidson County, Tennessee	88.4	11.6	0	248	86.8	13.2	0	388
Milwaukee, Wisconsin (Region 2)	Milwaukee County, Wisconsin	23.2	31.6	45.2	365	19.5	30.6	49.8	1,205

SOURCE: Special analysis of the FY 99 CCDF case level data submitted by states, conducted by Scott Spiegel, Anteon Corporation, for the Child Care Bureau.

NOTE: Numbers and percentages are average monthly values.

n.a. = Not available.

infants receiving full-time child care assistance. This likely reflects policies in Michigan requiring TANF families with a child under 6 years to participate in work or related activities for 20 hours per week, rather than 30 hours or more as in other sites. The proportion of all families receiving subsidies for full-time or more hours of infant care is highest in the two Florida sites.

The table also provides an indication of the number of hours infants in TANF families receiving child care subsidies are spending in child care. We caution that the table shows only families receiving assistance from CCDF to pay for infant care, so it does not necessarily reflect the distribution of hours of infant care for low-income families in the sites. In fact, families who need more hours of infant care may be more likely to seek assistance in paying for child care, so the distribution of hours for infants covered by CCDF subsidies shown here may overstate the distribution of hours for all infants in TANF families in the site. Child care subsidies for infants in TANF families are most often covering care for full-time or more hours in the two Florida sites and in Iowa. Child care subsidies for infants in TANF families are predominantly covering care for less than half-time in Nashville. In the two Michigan sites and in Milwaukee, there is greater use of the middle-range hours of care (30 to 45 percent of infants in these sites receive child care assistance for half- to full-time care), and correspondingly less use of care for more than full-time.

C. SUMMARY OF ACCESSIBILITY AND ADEQUACY OF ASSISTANCE

Information on state policies and local implementation and practices builds a picture of the child care subsidy system and the ability of TANF families in each of the sites to access assistance and afford child care at the time of our site visits. The opinions and experiences of TANF families with infants also contributed to an understanding of the adequacy of the system. It is clear that no two sites were alike and no system was without its limitations. A summary of

the accessibility of subsidies and the level of affordability that subsidies offered TANF families is presented in Table IV.10.

In general, focus group participants across the sites were satisfied with the subsidy amounts and felt that it would be difficult, if not impossible, to pay for child care without assistance. Without the child care subsidy system, participants believed that they would be forced to leave work and/or school, or they would be working only to pay their child care provider. A few participants did, however, have complaints about payment amounts. One participant in Bakersfield did not feel that she was authorized for enough travel time to pick up her children from day care. In Waterloo, two different and unequal payment systems operated side-by-side, one (paying hourly, and therefore lower amounts) for TANF clients in education or training activities and the other (paying for half- and full-time blocks of care, and therefore higher amounts) for working parents. Participants who received the lesser child care amount often had difficulty finding a provider who would accept the subsidy. With the creation of an integrated child care delivery system (as of July 1, 1999) providers were reimbursed uniformly regardless of the welfare status of parents. Interestingly, the groups in the two states that required copayments from TANF families (Florida and Wisconsin) did not specifically mention any difficulties in making these payments. We also did not hear about financial strains that any additional out-of-pocket expenses were creating for families, although in some sites, other respondents suggested this was a problem.

Most issues having to do with the subsidy system that arose during focus group discussions centered on accessibility of assistance rather than affordability. While the subsidy system was viewed as essential to the focus group participants, many encountered problems navigating the system. Participants in Waterloo found the process of accessing subsidies to be very

TABLE IV.10
ACCESSIBILITY AND AFFORDABILITY OF CHILD CARE ASSISTANCE
FOR TANF FAMILIES IN THE STUDY SITES

Site	Accessibility	Affordability
Bakersfield, California (Kern County)	High income eligibility limits and relatively seamless system for TANF families as welfare status changes.	Limited fees for TANF recipients, required or otherwise.
New Port Richey, Florida (Pasco County)	Moderate extended income eligibility limits, but some administrative complexity in the system as welfare status changes.	TANF families are required to contribute to the cost of care, but are unlikely to encounter additional out-of-pocket expenses for care.
St. Petersburg, Florida (Pinellas County)	Moderate extended income eligibility limits, but some administrative complexity in the system as welfare status changes.	TANF families are required to contribute to the cost of care and are likely to encounter additional out-of-pocket expenses for care.
Waterloo, Iowa (Blackhawk County)	Low income eligibility limits; child care assistance can end quickly as income increases. Administrative complexity in the system as welfare status changes could be resolved with move to an integrated system.	Limited fees for TANF recipients, required or otherwise.
Grand Rapids, Michigan (Kent County)	Moderate income eligibility limits and seamless system for TANF families as welfare status changes. Some delays in initial subsidy receipt due to time constraints of integrated workers.	No required fees for TANF families, but families are likely to encounter additional out-of-pocket expenses for care.
Detroit, Michigan (Warren/Conner District)	Moderate income eligibility limits and seamless system for TANF families as welfare status changes. Some delays in initial subsidy receipt due to time constraints of integrated workers.	No required fees for TANF families and families are unlikely to encounter additional out-of-pocket expenses for care.
Nashville, Tennessee	Low income eligibility limits and administrative complexity in the system as welfare status changes.	No required fees for TANF families, but families are likely to encounter additional out-of-pocket expenses for care.
Milwaukee, Wisconsin (Region 2),	High extended eligibility limits and seamless system for TANF families as welfare status changes. Some complexity in initial application due to involvement of multiple agencies.	TANF families are required to contribute to the cost of care, but are unlikely to encounter additional out-of-pocket expenses for care.

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

complicated, and many expressed confusion about the system. It was often difficult for participants to identify the proper case manager for their child care assistance needs. (Parents should have less difficulty with the newly integrated child care system.) Teenage parents in St. Petersburg found it most difficult to get referrals to appropriate child care workers. Participants in Detroit and Milwaukee found the initial application process particularly challenging, but felt that once their child care was arranged, recertification was not complicated. In contrast, most teenage parents in the Grand Rapids group felt it was relatively easy to receive assistance in that they only had to send in forms verifying attendance every three months.

Clearly, child care assistance is an important resource for TANF families. Nevertheless, administrative systems could still be improved. Affordability issues were more likely to arise with families who were making the transition from welfare to work. Because the majority of focus group participants still received TANF, it was difficult to gauge family experiences with maintaining child care assistance as welfare status changed and as income increased.

V. THE PERCEIVED ADEQUACY OF INFANT CARE QUALITY AND SUPPLY

Infant care is costly to provide because of the substantial amount of attention and care that infants need to support their health, safety, and development. Most states require more adults to care for a group of infants than for the same number of older children (The Children’s Foundation 1998a, 1998b). The resulting high cost of providing infant care relative to care for older children generates pressures that reduce the quality and supply of infant care. Studies of the quality of infant care in centers and home-based arrangements have found that large proportions offer poor-quality care, and very few settings provide high-quality infant care (Cost, Quality, and Child Outcomes Study Team 1995; Galinsky et al. 1994; Kontos et al. 1995). In addition, many providers will choose to care for older children over infants if the difference in fees between age groups does not reflect enough of the difference in the cost of care. Studies in various areas of the United States have concluded that there is a substantially lower supply of regulated care for infants than for older children (GAO 1997; Fuller and Liang 1995; and Fuller et al. 1997).

Yet, an adequate supply of infant care and an acceptable level of quality may be critical for low-income mothers to pursue work or school activities. According to TANF program regulations, parents who cannot find child care for their infants cannot be sanctioned for failing to participate in work-related activities, although states vary in their definitions of accessible and available child care.¹ Research suggests that there is a floor for quality—involving basic safety

¹Most states would consider child care to be available if the parent has access to a subsidy and a licensed provider has an opening; some states would limit the total job and child care commute to 3 hours per day round trip; a few require informal care to be deemed “suitable” by the parent; but many states leave the determination of child care availability to case manager discretion. For further discussion of policy in this area, see Chapter VI, Section B.

and trust--below which parents will refuse to continue their work activities (Meyers 1993), although this research predates PRWORA, and with a greater imperative to work, the floor for acceptable quality might be lower. At the same time, high-quality infant care may provide the support parents need for higher levels of work activity (Brooks-Gunn et al. 1994).

The appropriate level of child care quality that should be provided to infants whose parents are working because of TANF requirements is a matter of debate. At a minimum, infant care should be safe, healthy, and provide a reasonable substitute for the care a parent would provide. On the other hand, providing high-quality infant care might offer an opportunity to intervene in the lives of economically disadvantaged infants. Nevertheless, such an investment would be costly to provide on a broad scale, so policymakers usually focus their attention on minimum standards to ensure health and safety, and incentives and targeted investment to encourage higher levels of quality where possible.

In our site visits, we tried to assess the quality and supply of infant care for low-income families leaving welfare for work or school, although a full assessment was beyond the scope of this study. To fully assess the supply of infant care would require surveying a representative sample of parents and child care providers in each site to gauge the number of infant care slots relative to the number of infants needing care. We would then need to observe at least a representative subsample of infant care settings to assess the quality of care. Instead, in our two-day site visits, we spoke with staff of child care agencies, welfare case managers, and parents of infants about their experiences locating infant care and their impressions of the quality of available infant care.

Every site was working on an initiative to expand the supply and improve the quality of infant care. These efforts were given great urgency as the growing economy and the new

welfare program's work and schooling requirements combined to pull more parents of young children into the labor force and, thereby, increase the demand for child care. Moreover, the Child Care and Development Fund has allocated a portion of each state's funds to activities to enhance the supply and quality of child care, with a special set-aside for infant/toddler care quality, so states had a ready source of funding for such initiatives. Finally, research emphasizing the importance of early support and stimulation for infant brain development has led many states and communities to place a priority on improving the availability and quality of infant and toddler care.

In this chapter, we discuss the quality and supply of infant care in the eight sites. To assess quality, we gathered information on the extent to which child care settings were regulated and the strength of those regulations as indicators of states' efforts to protect children from very low-quality care. We discuss the perceptions of the quality of infant care obtained from local agency staff and parents of infants. We use respondents' perceptions as a basis for describing the adequacy of infant care supply.

A. CHILD CARE QUALITY

Quality in child care encompasses children's experiences in the child care environment and features of this environment that are believed to affect children's development. Professionals use a combination of research and good-practice standards to define and measure quality child care (Love et al. 1996). Several multisite studies of child care indicate that the quality of care for infants and toddlers in a large proportion of centers and home-based settings is poor (Cost, Quality, and Child Outcomes Study Team 1995; Galinsky et al. 1994; Kontos et al. 1995; NICHD Early Child

Care Research Network 1997).² These studies have found that the average quality of care is lower for infants and toddlers than for preschool-age children and lower for poor children than for other income groups.

Regulatory standards for child care and the level of oversight of regulated child care settings provide information on the minimum standards that states are trying to establish for the quality of child care in center-based and home-based settings. Regulatory standards varied for centers and family child care homes across states, and these variations suggest that at the low end, actual quality may also have varied. Regulatory standards and the level of oversight only provided information on efforts to increase quality at the lower end of the continuum. Above the floor for quality set by regulations and oversight, we have no information about average quality levels in the sites. In this section, we discuss the state and local standards that influence the minimum level of quality for infant care in the sites.

1. Licensing Standards, Regulations, and Requirements for Unregulated Providers

Child care regulations, generally established at the state level, set minimum standards for quality, and, together with the frequency of inspections, can provide a reasonable basis for expectations about the minimum quality of licensed care in the state. Many regulations apply equally to all child care settings of a particular type (for example, the frequency of inspections for center-based care), but some vary by the age of child (for example, the number of infants who can be cared for by one adult), and in these cases, we have focused on the regulations that apply to infant care. In this section, we discuss the extent of licensing, the frequency of

²The Cost, Quality, and Child Outcomes in Child Care Centers study found that 40 percent of center classrooms serving infants or toddlers scored lower than 3.0 on the 7-point Infant-Toddler Environmental Rating Scale, which the researchers said indicated that the care failed to meet many health and safety standards. The Study of Children in Family Child Care and Relative Care found that 35 percent of the homes scored less than 3.0 on the 7-point Family Day Care Rating Scale, meaning that the settings offered unsafe and unstimulating care for children.

inspections, and minimum quality standards established in state (and local) regulations for both hcenter- and home-based care. When we discuss child care regulations in this section, we will, for the most part, discuss state-level decisions. However, Pinellas County, Florida, (which includes St. Petersburg) is one of 10 counties in Florida that the state had permitted to take over licensing responsibilities because the county's standards were higher than the state's. In fact, Pinellas County's licensing standards for infants were stricter than in any of the other states in this study. Therefore, we will usually discuss different regulations that applied to the two Florida sites, St. Petersburg and New Port Richey.

a. Extent of Licensing and Frequency of Inspections for Center-Based Care

Licensing standards do not define quality; rather, they define a threshold for basic health, safety, and quality features of child care settings to reduce the risk of harm to children. Child care programs must meet the minimum standards to obtain a license. In most states, center-based child care providers were required to obtain a license to operate. While the demand for higher-quality care will motivate many child care providers to exceed the minimum standards, still others will just meet these standards because of cost concerns.

Center licensing regulations were backed up by periodic, unannounced inspections in all states but Michigan, and these inspections were conducted most frequently (twice per year) in Florida, Tennessee, and Wisconsin (Table V.1). Pinellas County's inspection schedule was among the most frequent, with two to four unannounced inspections of child care centers each year.

b. Minimum Standards

Some features of child care that help provide a foundation for quality are structural indicators such as caregiver qualifications and training, staff-child ratios, and group size. While

TABLE V.1

REQUIREMENTS FOR LICENSED CENTER-BASED CARE

Site	License Renewal Period (in years)	Inspections ^a	Staff-to-Infant Ratio	Maximum Group Size for Infants	Training Required For Teachers	
					Pre-Service Training	In-Service Training (in hours)
Bakersfield, California (Kern County)	1 ^b	1 unannounced inspection per year	1:4	None	12 semester hours in early childhood education or child development	Centers are required to provide personnel with on-the-job training
New Port Richey, Florida (Pasco County)	1	3 inspections per year; 2 are unannounced	1:4	None	30 clock hours of training in early childhood education	8
St. Petersburg, Florida (Pinellas County)	1	2-4 inspections per year; all are unannounced	1:3	6	30 clock hours of training in early childhood education	8
Waterloo, Iowa (Blackhawk County)	1	20% of centers receive announced inspection each year	1:4	None	None	10 in the first year; 6 in subsequent years
Grand Rapids, Michigan (Kent County)	2	Announced inspection for license renewal	1:4	None	None	None
Detroit, Michigan (Warren/Conner District)	2	Announced inspection for license renewal	1:4	None	None	None
Nashville, Tennessee	1	3 inspections per year; 2 are unannounced	1:5	10	None	6
Milwaukee, Wisconsin (Region 2)	2	2 unannounced inspections per year; announced inspections for license renewal	1:4	8	2 non-credit department-approved courses in early childhood education and 80 days experience	25

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aThis category does not include unannounced visits that are conducted in response to complaints. All the sites conduct unannounced visits in these cases.

^bChild care centers pay an annual license fee and are inspected annually. A license remains in effect until it is forfeited, surrendered, suspended or revoked.

the relationship between these structural features and the quality of the setting has not been consistently demonstrated, these features can provide the foundation for a supportive environment that enables caregivers to establish positive interactions with children (NICHD Early Child Care Research Network 1996; Ross and Paulsell 1998). States that set more stringent licensing standards for structural components of quality may promote more responsive and stimulating environments that extend beyond custodial care.

Caregivers responsible for a greater number of infants may not be able to provide the appropriate level of attention to each child that will ensure the child's safety and encourage development. Fewer children per caregiver can increase the potential for positive interactions between staff and children. The National Association for the Education of Young Children (NAEYC) has published a set of professional standards for developmentally appropriate care in center-based settings (Bredekamp 1997). These standards would be consistent with the policy objective of using the opportunity to promote the health and development of infants who are in child care because their mothers are required to work. The NAEYC recommends that one caregiver attend to no more than three or four infants (birth to 18 months), depending on the overall group size. In five of the six states, the regulations for center-based care require one adult for every four infants, consistent with professionally recommended ratios; in Tennessee, the standard is one adult to five infants (Table V.1). Only two states—Tennessee and Wisconsin—had set a maximum group size for infants, and only Wisconsin's standard met the NAEYC recommendation (from six to eight, depending on the number of caregivers). Pinellas County's group size and ratio requirements were the most stringent of any of the sites; it required centers to maintain ratios of three infants per staff member and a maximum group size of six infants.

A caregiver's level of formal education and professional preparation in child development and/or early childhood education is related to more positive, responsive, and stimulating behavior toward children and, in turn, to more positive outcomes for children, such as improved language and cognitive development (Whitebook et al. 1989; Howes et al. 1995). State licensing standards can include minimum requirements for preservice and in-service training for child care providers, although not all states choose to do so. Again, higher training standards can help ensure that infant care goes beyond basic safety and health to also promote the development of infants from economically disadvantaged families. California and Wisconsin required the greatest level of preservice training, as providers must have completed two to three courses in early childhood education before providing center-based care. Florida also had a significant requirement of 30 hours of early childhood training before providing care in a center. Wisconsin also required a substantial amount of annual in-service training (25 hours), while most of the other states required modest amounts (6 to 8 hours per year). Michigan was alone in having no training requirements either for preservice or in-service training.

c. Extent of Licensing and Frequency of Inspection of Home-Based Care

Unlike centers, not all states required licensing of family child care homes, but many required registration or certification. Licensing is a more stringent form of regulation, involving more standards to promote the quality of care than registration or certification. Registration or certification often involve provider self-study and no state inspection, although states varied widely in the specific requirements of these levels of oversight. Generally, states allowed home-based providers to care for a small number of children without a license, but some required registration or certification instead. For example, in Wisconsin, providers who cared for one to three children were required to be certified, but those caring for four or more children were

required to be licensed. States varied in the type of regulation they required for family child care homes and the group size to which the most stringent regulations applied (Table V.2). In most cases, licensing standards and inspection practices for home-based child care became stronger as the number of unrelated children in care increased, but two states—California and Florida—required licensing for any number of children.

Florida had a number of other policies and programs that were notable because they served to raise the floor for quality standards in child care that low-income parents use. Although home-based child care providers in Florida generally had the option to be licensed or registered, a provider was required to be licensed in order to receive a subsidy for any child in care. In addition, throughout the state of Florida (including in our two study sites), families could choose to use contracted or non-contracted providers for subsidized child care. Providers with contracts with the local child care administering agency were monitored for quality through periodic assessments, were given training and technical assistance, and were paid for holidays and full-time care even when children were absent. In New Port Richey, where quality standards were not as high as in St. Petersburg, respondents believed that contracted care had helped to raise the quality of care for low-income families.

Finally, the state’s decision to let local governments administer child care licensing when their standards were higher had enabled Pinellas County (St. Petersburg) to set higher quality standards. As part of these higher standards, family child care homes were required to obtain a license; registration was not an option.

Two of the states—Michigan and Wisconsin—required registration or certification when a family child care provider cared for at least one unrelated child (Table V.2). Notably, Wisconsin’s certification requirements were relatively high, given that the state did not license

TABLE V.2

REQUIREMENTS FOR FAMILY CHILD CARE HOMES

Site	Number of Children in Care When Regulation Is Required	Type of Regulation	Frequency of Inspections for All Regulated Home Providers	Maximum Group Size (Children Under 6 Years)	Maximum Number of Infants
Bakersfield, California (Kern County)	1	Licensing	1 unannounced inspection every 3 years	6	3
New Port Richey, Florida (Pasco County)	1	Provider may choose registration or licensing, but licensing is required to receive child care subsidies	1 unannounced inspection per year	5	2
St. Petersburg, Florida (Pinellas County)	1	Licensing ^a	2-3 inspections per year; all are unannounced		
Waterloo, Iowa (Blackhawk County)	7	Registration	Announced visits to 20% of all homes each year	6	4
Grand Rapids, Michigan (Kent County)	1 7	Registration Licensing	1 announced inspection every two years	6	2
Detroit, Michigan (Warren/Conner District)	1 7	Registration Licensing	Announced visits to 10% of all homes each year		
Nashville, Tennessee	1 5	Voluntary registration Licensing	Periodic inspections; contracted agencies to provide support and training on an on-going basis	7	3
Milwaukee, Wisconsin (Region 2)	1 4	Certification Licensing	Initial inspection then once every two years	*	**

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform, and “The 1998 Family Child Care Licensing Study.” The Children’s Foundation, 1998.

^aRegistration of family child care homes is not an option in St. Petersburg. The county sets its own quality standards that exceed state standards.

*If 3 children under the age of 2 are in care, the number of other children is reduced, but the state does not specify a maximum number of children in care or by how many children the group size is reduced with the presence of infants.

**State does not specify a maximum number of infants.

the provider at this stage. The certification requirements included 15 hours of preservice training, an initial home inspection, and bi-annual home inspections thereafter. Licensing was ultimately required for Michigan providers caring for seven or more children and Wisconsin providers caring for four or more. Inspections were once every two years for all regulated providers in Grand Rapids and Milwaukee, but in Detroit, only 10 percent of the providers were inspected each year.

In contrast, Iowa and Tennessee did not require any oversight, licensing or otherwise, of smaller child care homes. Iowa required home-based providers to be registered when they cared for seven or more children, while Tennessee required home-based providers to obtain a license when they cared for five or more children.

Family child care regulations do not usually specify a maximum child-staff ratio. Instead, licensing standards in most states specify a maximum overall group size for one provider in a family child care home when infants are cared for, as well as the maximum number of infants allowed in the home at this group size. (States often also have a complex set of ratio requirements by age of child that apply to larger family child care homes with more than one caregiver, often called group child care homes and treated more like centers.) Many states limit the maximum group size in family child care when infants are present in consideration of the intense caregiving needs of infants, as well as practical limits on the number of infants who can be carried by an adult in the event of a fire. Five of the six study states limited the number of infants per group to two or three, but Iowa allowed up to four infants in the home (Table V.2). In all but Tennessee, the states limited the group size when infants were present to six or under, making it likely that caregivers would be able to devote more attention to each child.

2. Requirements for Subsidized Child Care

Relatives and unrelated providers who care for a child in the child's own home are generally not licensed. However, when child care is paid for by Federally financed subsidies, states set minimal requirements that "legally unregulated" providers must meet. The regulations for the Child Care and Development Fund (CCDF) require states to ensure a minimum level of health and safety in all child care settings receiving CCDF payment. Since legally unregulated child care arrangements are not required to follow any basic regulations or be inspected, such a basic standard can help ensure that all providers participating in the child care subsidy system are at least aware of a minimum set of health and safety standards.

The CCDF requirement for basic health and safety standards does not extend beyond child care settings that receive a subsidy. Thus, low-income parents who do not receive a subsidy do not receive a minimum level of health and safety protection in unregulated care settings (unless they choose a provider who is also caring for a child who is receiving a subsidy). A recent analysis of participation rates in child care subsidy programs across the states indicates that, on average, about 15 percent of eligible families receive subsidies (U.S. Department of Health and Human Services, December 2000). Thus, the health and safety protection offered by CCDF may not cover a very large portion of the low-income children in child care. Nevertheless, TANF recipients' high levels of participation in child care subsidy programs means that a high proportion of TANF children may receive this protection, at least temporarily.

a. Basic Health and Safety Standards

The standards for unregulated child care varied across the sites. In each site, unregulated child care providers could receive child care subsidies as long as they met the requirements shown in Table V.3. In all of the sites, unregulated providers were required to self-certify that

they met basic health and safety standards. Criminal background and child abuse registry checks were required of all unregulated providers receiving a subsidy in California, Florida, Iowa, Michigan, and Wisconsin. Tennessee conducted no background checks.

In Iowa and Michigan, the minimum requirements for unregulated providers to receive a subsidy did not extend beyond the self-certification and the background check. Respondents in the three sites in these states stressed that unregulated arrangements that were subsidized were agreements between the parent and the provider, and the parent held the ultimate responsibility for ascertaining the suitability of such arrangements. In the remaining four states, however, some training was required, which we discuss below.

b. Training Requirements

In five study sites in California, Florida, Tennessee, and Wisconsin, unregulated providers were required to meet some minimal training requirements. In Bakersfield, unregulated providers were required to attend a two-hour orientation in order to receive a subsidy. In St. Petersburg and New Port Richey, unregulated providers were required to complete three hours of training within the first 90 days of providing care. In Nashville, unregulated providers were required to attend a quarterly training to receive child care subsidies. The training focused on billing procedures; however, some issues concerning quality were also addressed, and providers were encouraged to become licensed.

In Wisconsin, all providers of subsidized care were originally required to obtain certification, but close to the time of the site visit, a new category, called provisionally certified care, was created. This category of providers, largely comprised of friends and relatives, did not have to meet the training requirement for regularly certified care (15 hours). The state added this

TABLE V.3

REQUIREMENTS FOR UNREGULATED CHILD CARE PROVIDERS^a

Site	Self-certification of Basic Health and Safety Standards	Criminal Background Check / Child Abuse Registry Check	Required Training	In-person Meeting with Child Care Worker	Home Inspection
Bakersfield, California (Kern County)	✓	✓	Required to attend a 2-hour orientation		†
New Port Richey, Florida (Pasco County)	✓	✓	3 hours within the first 90 days of providing care		**
St. Petersburg, Florida (Pinellas County)	✓	✓	3 hours within the first 90 days of providing care		*
Waterloo, Iowa (Blackhawk County)	✓	✓			Prior to registration, but not required for informal providers
Grand Rapids, Michigan (Kent County)	✓	✓			
Detroit, Michigan (Warren/Conner District)	✓	✓			
Nashville, Tennessee	✓		Quarterly training focused on billing procedures	✓	
Milwaukee, Wisconsin (Region 2)	✓	✓	Provisionally certified providers are required to attend a 2-hour orientation session ^b		An initial inspection and then once every 2 years

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aUnregulated providers can include in-home care or relative care, but varies by state requirements for regulating family child care homes (see Table V.2).

^bRegularly certified providers must receive 15 hours of training.

†Providers are asked if they would be interested in receiving home visits, but none are required. These visits are not home inspections for health and safety standards.

*One spot check is conducted to registered providers to verify that children are in care. This is not a home inspection for health and safety standards.

**Two spot checks are conducted to registered providers to verify that children are in care. This is not a home inspection for health and safety standards.

category of care in order to accommodate families who wanted to choose relative care and who could benefit from a subsidy that covered this type of care. There were concerns that the training requirement discouraged relatives from seeking certification and essentially closed off this child care option. These homes still received an initial inspection for health and safety requirements. In Milwaukee County, specifically, providers who were interested in becoming provisionally certified were required to attend a two-hour orientation, which included information on the Child and Adult Care Food Program and requirements for becoming regularly certified. In addition, these homes were required to be visited once every two years, the same as regularly certified providers.

c. In-Home Care

The states (and sites) also varied in the degree to which unregulated care that was subsidized could include in-home care (care in the child's home). In-home care was most limited in Wisconsin. In Wisconsin, for the most part, provisionally certified providers had to provide care outside of a child's home. Care provided in a child's home by an individual who did not reside in that home could be reimbursed only in certain circumstances, including when three or more children were in care, when the child had a special need, or when other child care was not available in the area or for the hours care is needed. A resident of a home could provide care when a child had special needs.

Other states limited in-home care in order to ensure that Federal minimum wage laws were met. For example in California and Iowa, in-home care was limited to cases in which there were a sufficient number of children to ensure that the child care provider received the minimum wage (typically three or more children). In Florida, where in-home providers were paid at half the rate

of family child care homes, it was the parents' responsibility to ensure that minimum wage laws were met. The states of Michigan and Tennessee did not place any limits on in-home care.

d. Use of Unregulated Care

A large proportion of TANF parents of infants used unregulated care (usually paid for by CCDF) in all of the sites except Milwaukee, according to respondents. Staff of the TANF agency and TANF parents in Milwaukee all reported that child care providers must be certified in order to receive a subsidy. These groups did not know that relative providers could be provisionally certified. Statewide, only 4 percent of parents receiving a child care subsidy used provisionally certified providers. Thus, in Milwaukee, families may have been making decisions about child care without knowing the full range of options. In contrast, in Michigan, a state that did not limit in-home care and that had limited requirements for other unregulated providers to access state subsidies, the rate of use of unregulated care (care by a relative outside the child's home or care by an in-home aide) was 63 percent.

3. Staff and Parent Perceptions of the Quality of Infant Care

Staff and parent perceptions of the quality of infant care reflected the strength and coverage of state regulations as well as local norms and expectations for child care quality. Respondents in four of the sites mentioned quality as a substantial concern, particularly for the care available to low income families. In the two more rural sites of New Port Richey and Waterloo, in particular, respondents felt that quality was the biggest child care challenge in serving low-income families. In New Port Richey, some respondents considered the licensing standards to be minimal, and many centers to be doing little more than "warehousing" infants (although this site has regulations that fall in about the middle of the range of the sites we visited). In Waterloo, respondents felt that the level of quality varied enormously, especially for unregulated care.

These concerns were consistent with the fact that most home-based providers were outside any regulatory system. Respondents in Detroit and Grand Rapids thought that state licensing standards were minimal and were concerned that these standards did not ensure a safe environment or promote the healthy development of infants. Quality was also a concern in Nashville, but respondents generally believed that the quality of child care available to a low-income family was the same level as that available to any family. Regulations in both the Michigan and Tennessee sites were somewhat lower than in other states, but local perceptions of whether or not quality is a concern appeared to be related to local norms and expectations for quality.

In contrast, various respondents in Bakersfield and Milwaukee felt that there were reliable sources of good-quality child care in their sites. In particular, these respondents said that the quality of licensed care was good. However, they did express concerns about the consistency of quality in license-exempt care (relative and in-home providers). In St. Petersburg, respondents thought that the quality of child care was generally high but believed that family child care homes, even when regulated, could vary widely in quality. In these three sites, regulation of family child care homes was the strongest among the eight sites, but clearly, local norms and expectations for quality were high.

Good-quality child care was available on site at schools for teenage parents in all of the sites except Detroit (Warren/Conner district), but the extent to which this service met the needs of teenage parents receiving TANF varied. Most minor teenage parents receiving TANF in Bakersfield, New Port Richey, and Grand Rapids had access to schools with on-site child care. In the other sites, only a fraction of the teenage parents could attend schools with on-site child care. Where on-site child care existed at school, teenage parents had the advantage of closer

proximity to their infants, parenting classes and mentoring during the school day, and good-quality child care while they were attending classes.

4. Initiatives to Improve the Quality of Child Care

Higher-quality child care is generally more costly to provide, as it may require more education and training for teachers, higher wages to retain an educated and stable child care work force, safety improvements to facilities, and interesting, stimulating materials for children. Because funding from parents, the government, and private sector sources is limited, providers who may want to improve quality may nevertheless decide that they cannot afford to make improvements. The CCDF funding, through set-asides for quality and supply enhancement generally and for infant/toddler care quality in particular, has given states a source of funding to encourage and support improvements in quality and expansions in supply. Some recent quality initiatives that appear to be promising combine higher standards, incentives to meet those standards, and financial and other support to make necessary changes. At the time of our site visits, all of the sites were implementing initiatives that research suggests can help to improve the quality of child care such as increasing licensing and training opportunities through technical assistance and/or financial incentives.

As part of our site visits, we gathered information from state and local welfare and child care administrators on initiatives that focused on improving the quality of child care (Table V.4). We could not conduct a comprehensive survey of all the quality-related initiatives in each site, but we gathered information on the major initiatives. Of the four sites in which respondents had concerns about low-quality care, only Waterloo had developed initiatives specific to the area. The two sites making the most apparent efforts at improving quality—St. Petersburg and Milwaukee—were using these efforts to improve upon the already strong standards in place.

TABLE V.4

INITIATIVES TO IMPROVE CHILD CARE QUALITY IN THE STUDY SITES

Site	Assistance in Obtaining Licensing / Training for all Providers	Higher Reimbursement Rates for Accredited Providers	Targeted Training Opportunities	Grants to Providers Seeking National Accreditation	Collaborative Planning Efforts in Early Childhood Care and Education
Bakersfield, California (Kern County)	√				√ (local)
New Port Richey, Florida (Pasco County)	√	√ (state)			
St. Petersburg, Florida (Pinellas County)	√	√ (state)		√ (local)	√ (local)
Waterloo, Iowa (Blackhawk County)	√			√ (local)	√ (local)
Grand Rapids, Michigan (Kent County)	√		√ (state)		
Detroit, Michigan (Warren/Conner District)	√		√ (state)		
Nashville, Tennessee	√				
Milwaukee, Wisconsin (Region 2)	√	√ (state)	√ (state)	√ (state)	

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

Many of these initiatives were focused generally on all child care providers, but Wisconsin has developed a specific Infant/Toddler Credential program.

In all of the sites, CCR&R agencies help providers through the licensing process. In addition, these agencies all provide training opportunities to child care providers across child care settings--center-based care, and regulated or unregulated home-based care. Other initiatives to improve the quality of child care were mentioned by subsets of the sites. For example, three sites offered higher reimbursement rates through the subsidized child care system to providers who achieve accreditation. Some sites have made use of available state funds to promote training opportunities. In the two Michigan sites, this effort is focused on increasing the quality of unregulated care, which is heavily used by families receiving subsidized care in Michigan. In Milwaukee the training is targeted to providers of infant and toddler care. In three of the sites, additional funding and assistance is given to providers who seek accreditation from a national organization such as the NAEYC. Funds typically support the purchase of equipment, materials, and necessary facility upgrades to meet accreditation standards. While a number of sites have collaborative planning and service delivery efforts in place around family and children's services in general, three sites have planning initiatives specifically focused on early care and education.

B. CHILD CARE SUPPLY

In this section, we describe respondents' perceptions of the adequacy of infant care supply. We relied on the perceptions of agency staff and parents of infants for information about the adequacy of the local supply of child care, because a full survey of infant care supply and need was beyond the scope of this study.

1. Staff and Parent Perceptions of the Supply of Infant Care

Across the sites, TANF administrators and case managers expressed concerns about the supply of child care in general and of infant care in particular. Many noted the general lack of child care providers that had resulted from a strong economy. Respondents in Waterloo and Grand Rapids, in particular, noted an overall shortage of workers in child care because of increased employment opportunities that paid better wages.

In several sites, there were almost no infant care slots in centers, although this lack of supply in two of the three sites was counterbalanced by a relatively plentiful supply of infant care in other (home-based) arrangements. While overall the supply of infant care appears adequate, the shortage of center-based care restricted the range of parents' choices. While many parents prefer a home-based child care setting for their infants, some parents prefer center-based care, and thus, parents in sites with very limited center-based infant care slots had a narrower range of choices. In Bakersfield, St. Petersburg, and Detroit, we learned that the supply of center care, particularly for infants, was very low. Only 31 child care centers in Bakersfield and Kern County offered care to infants, and only 40 child care centers throughout St. Petersburg and all of Pinellas County accepted infants and toddlers. At the same time, the supply of family child care homes in these areas was relatively plentiful. Moreover, respondents in St. Petersburg believed more family child care homes existed in lower-income neighborhoods because individuals in these areas were more likely to accept the low wages that a child care provider receives. In the Warren/Conner district of Detroit, child care centers that serve infants were also in short supply. However, in this district of Detroit, it appeared that the overall supply of child care—including family child care homes—was low in comparison to the rest of the city.

a. Nonstandard Hours, Sick Children and Children with Special Needs

Special concerns about child care supply focused on care during nonstandard hours, for sick children, and for children with special needs. For example, in Waterloo, respondents were not aware of any child care centers that provided care past 6 p.m. or on weekends. Child care for sick children in Waterloo was available only at Cedar Falls Hospital, but it was costly and not affordable for most low-income families. In Nashville, respondents consistently mentioned that only two or three centers provided evening and weekend child care, and only one center cared for moderately sick children. In New Port Richey, several centers provided child care until midnight, but center-based care in the very late evening and early morning hours was still not available. Only one center in New Port Richey offered care for moderately sick children. In Grand Rapids, the CCR&R agency indicated that nonstandard hours care was available, but families may have had to travel across town to use it. This was a significant problem for families without transportation because the public bus system ended service at 5:45 p.m.

Shortages of care can constrain parents' employment choices in ways that can keep them from meeting welfare-to-work requirements. Focus group discussions revealed that the lack of care that accommodated nonstandard hours, sick children, shift work and changing schedules could influence the child care and employment choices of low-income families. The participants in the focus groups who worked in the evenings or on weekends indicated that their child care choices were limited by the scarcity of center-based and even many regulated home-based infant care options at nonstandard hours. Most participants relied on relatives or friends to care for their infants during nonstandard hours, or if their work schedule was subject to many changes. This care was often difficult for parents to arrange, and it tended to be unreliable in both the short- and long-term.

If flexible child care of acceptable quality is difficult to find, however, parents may need to find jobs that fit better with their child care options. One focus group participant in Milwaukee said she had quit a job that required work at nonstandard hours because she could not find acceptable child care. Another cut back her hours to avoid evening shifts because she could not find child care during those hours. Three participants said they had to turn down higher-paying jobs because they required evening or weekend hours and they could not find acceptable child care at those times.

While respondents in the child care agencies in nearly every site mentioned the need for more care during nonstandard hours, they also indicated that this care was very difficult to develop. For a child care center to offer care during nonstandard hours, the demand must be high and ongoing. In a number of the sites, respondents indicated that some centers had tried to expand their hours, but they had had difficulty attracting enough families. Across the sites, respondents believed that families with infants were more likely to turn to family child care homes for care during nonstandard hours. One long-term center-based provider in Milwaukee successfully established care for families working the second shift (3 p.m. to 11 p.m.). However, it took a great deal of effort over nearly two years to attract a sufficient number of children into care during those hours to make it financially feasible.

The significant child care gap that various respondents in Milwaukee identified was care for children with special needs, either those who are physically disabled or those with chronic health problems. Once again, we heard about this concern from one or two respondents in most of the other sites, but in Milwaukee, Detroit, and St. Petersburg, several respondents in each site mentioned this concern specifically.

b. Transportation Issues

While a supply of child care in general, and infant care in particular, may exist in each site, it was not always accessible via public transportation. In sites such as Detroit and Milwaukee, respondents believed that parents faced long days, often having to wake up at 4 or 5 a.m. to get their children to child care and themselves to work or required activities on public transportation. In a number of sites, the challenge came in locating child care for multiple children in the same location or at least nearby. This was particularly noted as a concern in New Port Richey, the most rural of the study sites, which had very limited public transportation.

2. Initiatives to Increase the Supply of Infant Care

Studies of the infant care supply, focusing on a few selected communities where supply and demand data can be carefully compared, have nearly all concluded that there is not enough licensed or regulated center-based and home-based infant care in areas where such care is needed in order for low-income parents to meet welfare-related work requirements (Fuller and Liang 1995; Fuller et al. 1997; GAO 1997). Yet, parents needing child care in order to work do find it, often from friends, relatives, and other unregulated providers who can easily become child care providers. Nevertheless, policymakers, child care organizations, and parents themselves are often concerned about the reliability and quality of unregulated care, and about the lack of acceptable choices these parents may face. Thus, the “child care shortage” is actually a shortage of regulated child care that is subject to public oversight and meets basic standards. Efforts to expand the supply of child care, therefore, have focused on increasing the regulated child care options parents have. In Table V.5, we present efforts across the sites that could help to increase the supply of regulated infant care for low-income families by providing funding for child care slots, by targeting provider recruitment efforts or developing networks for family home

TABLE V.5

INITIATIVES TO INCREASE CHILD CARE SUPPLY IN THE STUDY SITES

Site	Funding for Child Care Slots	Targeted Provider Recruitment or Development of Provider Networks	Collaborative Efforts with Employers
Bakersfield, California (Kern County)		√ (local)	
New Port Richey, Florida (Pasco County)	√ (state)		
St. Petersburg, Florida (Pinellas County)	√ (state and local)		√ (local)
Waterloo, Iowa (Blackhawk County)		√ (local)	
Grand Rapids, Michigan (Kent County)	√ (state)	√ (local)	
Detroit, Michigan (Warren/Conner District)	√ (state)	√ (local)	
Nashville, Tennessee			√ (state)
Milwaukee, Wisconsin (Region 2)	√ (state)	√ (local)	√ (local)

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

providers, or by working collaboratively with employers. For the most part, these initiatives tended to be more locally-based than were initiatives that focused solely on improving the quality of care. Many of these initiatives were funded by the CCDF's special set-aside for child care supply expansion and quality enhancement.

The most obvious method of increasing the availability of child care is to provide direct funding to increase the capacity of existing providers or to attract new child care providers. The funding can be used to increase the number of slots for infant care, but is not designed exclusively for the expansion of infant care. Infant care slots are created through these grants by, for example, covering the one-time expenses of renovating and opening up an infant care room or funding the changes necessary to meet regulatory standards for providing infant care.

The CCR&R in nearly every site is involved with ongoing recruitment efforts to expand the supply of child care in their area. These efforts may be funded through state contracts or through local arrangements. Most of these efforts are directed toward family child care providers. Family child care home providers can typically provide more flexible care around nonstandard hours, and they can start up a child care business more quickly than centers.

In three other sites, the CCR&R agencies have developed or are working on developing provider networks. These networks are designed to provide support to family child care providers who are often isolated from other providers, to build the resources available to these providers, and to address the needs for emergency back-up care for parents through the network of providers. These efforts are largely focused on improving the quality of child care in homes by increasing the information and resources these providers receive. The networks offer opportunities to share toys, equipment, and books to increase the resources available for the care and stimulation of children in family child care. The CCR&R agencies leading these efforts also

view them as a means of widening the options available to families for emergency and back-up care. Outreach to providers typically focuses on encouraging providers to expand slots or to expand the available hours of care.

Another avenue for expanding the child care capacity of an area is through collaboration with local employers. Many of the sites reported limited, if any, efforts in this area. Respondents across the sites believed that employers' interest in addressing the child care needs of their employees has generally increased with the greater competition for workers in this strong economy. However, the TANF and CCR&R agencies have also found employers reluctant to make long-term commitments to invest in child care for their employees.

C. SUMMARY

In general, the low-income parents of infants who participated in focus groups in the study sites were finding child care for their infants while they worked or attended school, and most were reasonably satisfied with the quality of care. However, the parents participating in the focus groups cannot be considered a fully representative sample of all low-income TANF parents. In particular, our focus groups may have systematically missed parents who were having the greatest difficulty meeting work requirements and family responsibilities.

Our discussions with staff of local child care agencies indicated that initiatives were under way in each of the sites, often using the CCDF set-aside funds for supply expansion and quality improvement and infant-toddler care, to improve the quality and supply of infant care. State initiatives were guided by available research on the factors affecting the quality of child care (for example, a well-trained and better-compensated work force) and the barriers to expanding the supply of care. Nevertheless, the CCDF funding is limited, and as a result, the initiatives could only make incremental progress toward the goals of expanding quality and supply. If a policy

goal is to offer child care that seizes an opportunity to promote the health and development of infants whose mothers are now required to work, then the incremental steps toward quality and the general sense that quality needed to be improved in most sites suggest that further investment may be needed. Respondents indicated that the quality of the available infant care options varied and not all of the settings could be expected to promote development, although most sites could be expected to provide a basically healthy and safe environment.

The supply, quality, and affordability of child care affect the child care choices parents have. In the next chapter, we discuss parents' preferences for child care and the level of assistance they received finding and evaluating infant care options.

VI. CHOOSING INFANT CARE

Several factors make arranging infant care particularly challenging for parents who are required to work or attend school as a condition of receiving TANF. The jobs TANF recipients obtain may give them little in the way of flexibility to respond to child care or family emergencies, so parents must find the necessary flexibility in a child care arrangement. In addition, because these jobs typically pay low wages, parents do not have the resources to cover the cost of infant care, and if child care subsidy programs do not make all types of infant care affordable, parents have fewer options from which to choose. They also may never have looked for regular child care before, so they may not know how to evaluate an infant care setting for its fit with their work activities and its suitability for their infants.

Yet, the child care arrangements parents make are important, not just in making work possible, but in ensuring the health and development of infants. Unreliable child care, or child care that makes parents concerned about their infant's safety or well-being, is likely to disrupt their work or school activities. Parents who cannot locate acceptable child care may essentially be deferred from work participation requirements (because they are exempt from penalties), but the deferral does not stop their five-year benefit clock. Welfare and child care agencies thereby have a greater stake in helping parents find care.

In this chapter, we explore the issue of choosing infant care from the point of view of low-income parents and welfare agencies. We begin with a review of research on factors affecting the child care choices of low-income parents of infants in order to identify the major issues facing parents and welfare agencies in arranging infant care that supports the transition to work and school. We then discuss the degree of difficulty parents of infants in the sites were experiencing in arranging child care to cover their work or school activities. We also discuss the

assistance parents received in identifying, locating, and evaluating child care options in the eight sites. Finally, we review comments made by local agency staff and parents of infants about parents' choices of infant care and the factors that influenced these choices in the eight sites.

A. ISSUES FACING PARENTS AS THEY ARRANGE CHILD CARE

The child care choices made by TANF parents of infants are complex because child care must serve several purposes under difficult and unique conditions. While the goals of TANF parents in finding child care are shared by all parents who must spend time away from their children, their financial and other personal circumstances make these goals more elusive than they might be for higher-income parents.

1. Shared Child Care Goals

Like all parents, TANF parents seek a safe, nurturing environment for their infants while they must be away. One of the most important qualities low-income parents seek in a child care arrangement is a safe environment in which the caregiver can be trusted (Larner and Phillips 1994; Phillips 1995; Siegel and Loman 1991). For infants especially, parents also seek a nurturing, or “warm and loving” environment that will be similar to parental care (Larner and Phillips 1994). In a study of AFDC mothers who were asked about quality, mothers of infants were most concerned about child-caregiver ratios, indicating a concern for the level of individual attention and nurturing their children would receive (Sonenstein and Wolf 1991).

2. Factors That Limit the Child Care Choices of TANF Parents

To a great extent, the child care choices of TANF parents are limited in unique ways. The need to comply with TANF work requirements, a lack of transportation, the cost of infant care,

and inexperience seeking care complicate the process of choosing infant care, often by narrowing the child care options available to low-income parents.

TANF parents must find infant care that fits the special circumstances related to their work activities. For instance, the jobs that TANF recipients are likely to obtain often have few or no fringe benefits, inflexible schedules, and sometimes, nonstandard or changing work hours (Presser and Cox 1997). Emlen et al. (1999) suggest that, if parents are to work, they need to find the flexibility necessary to balance work and family responsibilities, and that this flexibility must come from their jobs, their family, their child care, or from a combination of the three. If parents leaving welfare for work have very inflexible jobs, and there is no other adult in the household who can help with child care responsibilities, then they will need to find the necessary flexibility in their infant care arrangement.

Transportation difficulties can further limit low-income parents' options for child care. The lack of a reliable car and inconvenient public transportation can seriously complicate the two-part commute from home to child care to work unless child care is located very close to one or the other.

Aside from transportation problems, the cost of infant care can inhibit the efforts of TANF parents to find care for their infants. Infant care is costly in regulated child care settings because of the substantial care needs of infants (Cost, Quality, and Child Outcomes Study Team 1995). If child care subsidies do not make infant care in regulated settings affordable (either because of high co-payments or low reimbursement rates, discussed in Chapter IV), parents will have fewer infant care options to choose from. Although child care subsidies can theoretically bring regulated infant care settings within the financial reach of low-income families, few families actually realize that goal. Only about 15 percent of eligible families receive child care subsidies funded by CCDF (Child Care Bureau 2000). A recent study of child care for low-income

families in 17 states found that when all public sources for child care assistance are combined (Federal and state), no more than 25 percent of eligible families receive this assistance (Collins et al. 2000). If these subsidies are too dispersed across the community, the high cost of infant care in regulated child care settings, coupled with a general lack of purchasing power in low-income communities, may lead to a shortage of regulated care in that community (Fuller and Liang 1995; Fuller et al. 1997).

In addition to cost constraints, parents of infants who are leaving welfare for work may be limited by their own inexperience in arranging child care. They may not know the range of infant care options available to them or how to even begin a search for care. They may need help in identifying the features of care they need to look for in order to support their work activities over time and to promote their infant's health and development.

Thus, the research to date would suggest that parents of infants may have a difficult time arranging child care to cover their work or school activities. In the next section, we discuss the experiences parents of infants have had arranging child care in the eight communities included in this study.

B. TANF AGENCY RESPONSES TO PARENT DIFFICULTIES FINDING CHILD CARE

A persistent concern related to TANF work and school attendance requirements for parents of young children is the difficulty of arranging good-quality child care on fairly short notice. Recognizing this concern, the designers of PRWORA incorporated a protection against sanctions for noncompliance with work requirements for parents who are unable to arrange adequate child care for any child under 6 years old. Under PRWORA, TANF recipients may receive a penalty exception if they are unable to find child care for one of the following reasons: (1) unavailability of appropriate child care within a reasonable distance from the individual's home or work site,

(2) unavailability or unsuitability of informal child care by a relative or under other arrangements, or (3) unavailability of appropriate and affordable formal child care arrangements.

Parents do not have total discretion over the decision as to what constitutes accessible or appropriate care for their children in order to qualify for the penalty exception. Rather, states define terms such as a reasonable distance and appropriate care to determine the circumstances under which the exception can apply. In large measure, however, the state definitions are also vague and the decisions around penalty exceptions are left for negotiation between the case manager and client.

Although Federal regulations instruct TANF and CCDF agencies to inform parents about the penalty exception to the TANF work requirement and associated policies, this was not yet common practice in the sites we visited. Section 98.33 of the final CCDF rule of July 1998 requires CCDF administering agencies to inform parents about the penalty exception to the TANF work requirement, and Section 261.56 of the final TANF rule released April 1999 and effective October 1999 requires the same of TANF administering agencies. In half the study sites, the TANF and CCDF administering agencies are the same. In the other sites, it is probable that TANF case managers were not yet aware of their responsibility to inform parents of the penalty exception given that the site visits occurred only shortly after the final TANF rule was released.

With the exception of case managers in Detroit, case managers in the study sites reported that they did not discuss this policy with TANF recipients before the need arose.¹ Parents had to come to the case manager and say that they could not find child care. As reported in many sites, case managers withheld information about the exception, because they felt that parents otherwise might not be as resourceful as possible in finding child care.

Welfare administrators and staff reported that difficulties arranging adequate child care were rare, and that when there were problems, they were very short lived. Welfare administrators and staff had attempted to make child care subsidies more accessible and to provide parents with child care consumer information. While TANF administrators, case managers, and child care workers indicated that it was not easy to arrange child care, especially infant care, very few had encountered any families with a need for child care that could not be met within a relatively short period.

It appears likely, however, that parents of infants were responding to the pressure of work requirements and arranging child care as necessary, but possibly not with the ease suggested by staff and not necessarily in the child care arrangement of their first or second choice. Approximately half of the participants in each of the seven focus groups felt that it was difficult to arrange care for their infants. The reasons for this difficulty varied. One teenage parent in St. Petersburg visited 26 family child care homes until she found one that she believed would provide the appropriate care for her infant. She thought many were dirty and of questionable quality. Another teenage parent in Grand Rapids had difficulty finding a provider who would care for her multiple children. The problem of placing three or more siblings had limited the child care choices of several parents in the focus groups. Unable to find a center that could accommodate all three of her children, one participant in Milwaukee was forced to select a family child care home, even though her preference was for center-based care. In Bakersfield, participants had difficulty finding child care if they had no family or friends in the area to provide license-exempt care.

¹Detroit is a site in which the CCDF and TANF administering agency are the same.

The limited availability of infant care, and especially of certain kinds of care, also made it difficult for participants to arrange care. A parent in Milwaukee visited six child care centers before finding an opening for her infant. One teenage parent in Milwaukee stayed home with her asthmatic infant because she could not find a center that could handle her infant's special health care needs. She preferred a friend or relative, but she was aware that her options were restricted by Wisconsin's subsidy policies that limited in-home care.

Subsidy policy also restricted choices in Waterloo at the time of our site visits. At that time, two child care subsidy programs with different reimbursement rates led providers to turn down children whose care was funded through the one program that pays hourly rates, rather than half- or full-day rates. This practice changed with the state's move to an integrated child care subsidy delivery system, effective July 1, 1999.

The choices open to parents who worked in the evenings or on weekends were severely limited by the availability of care at nonstandard hours. As a result, most focus group participants relied on informal care arrangements for their infants during nonstandard hours. But it can sometimes be difficult to make even informal arrangements, and some parents may not have acceptable informal care options.

All of the sites reported that difficulty in arranging child care would be considered good cause for not participating in required activities. In the Florida sites, clients were placed in a "non-sanction" status that excused them from activities until child care could be arranged. With the exception of Tennessee, all sites indicated that a client's time clock on benefits continued to run during any period of good-cause deferral or non-sanction. However, case managers reported that such cases could typically be resolved within a month, so there was no need for any long-term exemption from work requirements or from the time limit because of an inability to secure child care. In Tennessee, state regulations stipulated that any month in which a client did not

have access to supportive services, including transportation and child care, must be removed from the calculation of the state's 18-month time limit.

Agency respondents in Milwaukee indicated that some short-term deferrals from required activities were made. Administrators believed that more of these deferrals were granted in the early period of W-2 implementation, which began in October 1997, but that at the time of the site visit, there were very few. Case managers in Milwaukee said that these deferrals typically involved families with two kinds of unique circumstances: special needs children (in particular, children with Down's Syndrome or children who were chronically ill), or three or more siblings who needed to be placed in the same child care arrangement or in close proximity to each other. Respondents in Bakersfield also stated that work deferrals due to difficulties in arranging child care were rare, and when granted, deferrals involved a child with disabilities.

In Grand Rapids, deferrals from work requirements for good cause were granted as necessary, but agency respondents felt that clients were provided with a great deal of assistance in locating child care through the enhanced services of the CCR&R agency at the TANF office. TANF administrators and case managers believed that these services should provide parents with enough assistance to locate acceptable child care that no client should need a deferral because of an inability to locate child care.

C. ASSISTANCE PROVIDED TO TANF FAMILIES IN ARRANGING CHILD CARE

To ensure that parents who need help finding child care can get assistance quickly, states and localities had put in place two types of assistance. One was information about choosing child care, which ranged from checklists of what to look for in a child care arrangement to lists of providers who met certain criteria and who had verified openings. Another type of assistance was to actually provide child care on a short-term basis to parents who were having trouble

locating a regular arrangement or to those whose regular arrangement had broken down temporarily.

1. Information on Choosing a Regular Child Care Arrangement

Focus group participants in most sites reported receiving little help in selecting a child care provider for their infant. Two participants in Bakersfield said they had been told by case managers that if they did not choose a child care provider, one would be chosen for them. In Waterloo, none of the focus group participants had ever heard of or used the available CCR&R services. Some participants in St. Petersburg and Milwaukee had received lists of providers but reported getting very limited direct help in finding and arranging child care. Only participants in Grand Rapids talked about receiving guidelines on how to judge the quality of a child care arrangement, along with lists of providers from the CCR&R.

Despite this somewhat uniform response from parents in focus groups, the extent to which parents were informed about child care choices and given assistance in locating care varied across the eight sites. In some sites, parents were provided with minimal information on the providers that accepted state subsidies; other sites made an effort to provide families with information that would help them to make informed child care decisions; still others took additional steps to help families select care that met their specific needs and that they could feel good about. In general, sites varied in two main areas related to assisting parents in finding care: first, the extent to which they provided information to all TANF parents seeking child care assistance and when; and second, the extent to which they provided assistance in locating care for particular needs.

a. Variation in the Breadth of the TANF Caseload Receiving Information

Each state CCDF administering agency is required under CCDF rules to “certify that it will collect and disseminate to parents and the general public consumer education information that will promote informed child care choices including, at a minimum, information about (1) the full range of providers available, and (2) health and safety requirements (CCDF Final Rule, Section 98.33).” Nonetheless, the extent to which TANF recipients received even basic child care consumer information varied across the study sites. CCR&R agencies in each site produced information for the general public on different types of child care arrangements and on what to look for in seeking good-quality child care. These materials were generally available from information displays in the TANF offices at each site.

In two sites (Nashville and Grand Rapids), this general child care consumer information was likely to reach a relatively broad audience. In Nashville, every TANF recipient who applied for child care assistance received information on what to look for when selecting a provider (Table VI.1), including a brightly colored flyer that listed things to avoid when selecting a provider (e.g., parents not being asked to visit, children found unsupervised, caregivers who do not respond to the children, or broken toys or inappropriate objects within the children’s reach). The information also covered immunization schedules, the Earned Income Tax Credit, and child support. In Grand Rapids, many TANF recipients received comprehensive information regarding child care choices and decisions because staff of the CCR&R were on site at the TANF office and at the Work First program every day, actively distributing information to TANF recipients.

In the other six sites, clients received child care consumer information only if they sought assistance in locating child care from the local CCR&R. Many clients, however, never reached the CCR&R. Case managers and child care workers across the sites reported that the majority of

TABLE VI.1

INFORMATION ON AND ASSISTANCE IN SELECTING CARE PROVIDED TO TANF RECIPIENTS

	Child Care Consumer Information Provided to:		Role of the Resource and Referral Agency	
	All TANF Families Who Seek Child Care Assistance	Only Families Who Seek Additional Resource and Referral Services	Enhanced Resource and Referral Services to TANF Clients on Site	Enhanced Resource and Referral Services to TANF Clients off Site or over the Phone
Bakersfield, California (Kern County)		√	√	
New Port Richey, Florida (Pasco County)		√		√
St. Petersburg, Florida (Pinellas County)		√		√
Waterloo, Iowa (Blackhawk County)		√	No enhanced services available	
Grand Rapids, Michigan (Kent County)	√		√	
Detroit, Michigan (Warren/Conner District)		√	√	
Nashville, Tennessee	√		No enhanced services available	
Milwaukee, Wisconsin (Region II)		√		√

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

TANF clients who sought child care assistance had already identified a provider when they applied for a subsidy. As a result, these families were unlikely to ask for additional information that would help them in selecting a quality child care arrangement. When clients did look for assistance from the CCR&R, they typically received a quality checklist that included items such as observing the relationship between the provider and the children, the age appropriateness of activities, and the physical environment. A number of the sites also provided information on what to ask certain types of providers, such as centers or family child care homes. In St. Petersburg and Milwaukee, the CCR&Rs also gave parents seeking infant care specific questions to ask providers such as: is the infant/toddler encouraged in movement (crawling, walking, etc.)? how much time do babies spend in cribs or playpens? do you hold the babies when you feed them?

b. Variation in the Availability of Assistance for Particular Needs

Sites varied in the extent to which they helped TANF recipients locate child care that would fit their particular needs. In some sites—such as New Port Richey, Nashville, and Milwaukee—case managers provided clients with a list of providers in the area that accepted child care subsidies. The lists were updated on a regular basis with the CCR&R, but they may not have accurately indicated which had openings. TANF clients in the other sites were generally referred to the CCR&R agency to obtain lists of providers, but the degree of additional assistance they may have received in selecting care varied.

Six of the eight sites provided free enhanced resource and referral services to TANF recipients who sought such assistance (Table VI.1). These services included not only consumer information about choosing child care, but also a list of four or five providers that met the parent’s criteria for location and type of care as well as other features of providers who were

likely to have openings. This information could help parents focus their search for suitable child care.

Enhanced child care resource and referral services are most intensive and were co-located with TANF services in Grand Rapids and Detroit (Table VI.1). In Michigan, the on-site presence of CCR&R services originated with Project Zero sites, but at the time of the site visits, every TANF office had a CCR&R representative on site for at least a few hours each week. In Grand Rapids, staff from the local CCR&R agency came to the TANF office and to the Work First Program each morning to accept requests for assistance from TANF families. Families specified the type of care they were interested in, the hours during which they needed care, the desired location, and any other needs. The CCR&R staff examined their lists of providers and made calls to identify available slots that met the client's needs. Clients were then sent a list of four to five providers with verified openings and that met their criteria. Like staff from CCR&R agencies across the sites, staff in Grand Rapids strongly encouraged clients to visit several providers before making their selection. However, CCR&R staff in Grand Rapids also accompanied clients, on occasion, on their first visit to a child care provider. They did this because, like TANF administrators, they believed that clients were going through many transitions, and that these transitions would be easier if clients' fears of entering another "system" (i.e., choosing a formal child care provider) could be eased. Similar enhanced CCR&R services were available in Detroit, but staff there had greater time constraints and so they did not accompany clients on visits to providers.

Four other sites (Bakersfield, New Port Richey, St. Petersburg, and Milwaukee) had contracts with CCR&R agencies for enhanced referral services for TANF families. But unlike the sites in Michigan, in none of these four sites did CCR&R staff make calls to providers to ensure current openings. However, the information on provider openings was kept current

(within two to three weeks). In Bakersfield, these enhanced services were co-located with TANF services, as they were in the two Michigan sites. In the three other sites, enhanced resource and referral services could be obtained by telephone or by visiting the CCR&R, an extra step that may have deterred some parents from seeking assistance and additional information. In New Port Richey and St. Petersburg, the CCR&R was involved in the direct administration of the child care subsidy program, but resource and referral services were handled by other units, typically over the phone. TANF clients could call the service and specify their preferences for type of care, hours, and location in order to receive a tailored list that met their criteria. The TANF agency in Milwaukee (Region 2) also contracted with the local CCR&R agency to provide similar assistance to their clients. Clients received individualized lists of providers in addition to more detailed information on provider services and level of training.

In two sites, enhanced resource and referral services were not contracted by the TANF agency, and individualized CCR&R services were not consistently available to clients. In Waterloo, PROMISE JOBS case managers were likely to refer clients to the CCR&R, but workers in the TANF agency, who assisted employed clients with child care, were not familiar with the CCR&R at the time of the site visit. In Nashville, individualized resource and referral services were not available. Clients could seek assistance by calling a statewide toll-free number to locate care for children with special needs and to obtain provider histories.

2. Short-Term Child Care Assistance

Finding child care quickly before required work activities begin can be difficult for parents, especially if they have never used child care before. Half of the sites had taken steps to ease this process by providing parents with a back-up source of child care while they made their longer-term arrangements.

In Michigan, child care was provided on site at the Work First Program for the first week of participation. This ensured that families participated in required activities by providing an alternative source of child care to families who could not arrange care quickly. The Work First programs in both sites also worked with families during the first week of participation to ensure that they were able to identify a primary child care provider and to help them plan back-up child care arrangements.

In Milwaukee, the one-stop service center, which included the TANF office, job search facilities, and many classroom and training activities, also had child care available on site. Parents could use this facility when their primary arrangements fell through or when they were coming into the center for short periods, such as for an appointment or group meeting. The TANF agency had also contracted with a local child care provider for emergency child care slots that TANF parents could use for short periods (up to three or four days).

In Detroit, the CCR&R agency would cover 10 days of child care payment up front. This period of payment typically covered care that was needed until the child care subsidy took effect, easing parents' concerns about the availability of care and provider concerns over delayed payments.

D. CHILD CARE CHOICES AND THE FACTORS THAT INFLUENCE THESE CHOICES

All sites emphasized the parents' viewpoint in selecting infant care as well as care for older children. No TANF or CCR&R agency tried to sway parents toward any particular type of child care. In the two Florida sites, families were informed about the advantages of selecting care from providers who had contracts with the state compared with providers who did not because the former received training and technical assistance and were monitored more closely for quality.

We questioned multiple respondents in the TANF and CCR&R agencies, as well as TANF parents of infants to obtain some qualitative information on parents' selection of infant care. In addition, we present some limited data on the types of arrangements used by parents of infants who received child care subsidies in our sites.

1. Local Agency Staff Perceptions of the Arrangements for Infant Care Selected by TANF Parents

With the exception of local staff in Milwaukee, agency respondents across the sites believed that parents of infants were more likely than parents of older children to choose informal arrangements with friends or relatives for the care of their infants. Staff of the TANF and CCR&R agencies believed that parents of infants chose friends or relatives because they trusted them more than they did providers who were part of a more formal system. However, staff in several sites identified some external influences that could alter this trend in the future. For example, many respondents across the sites indicated that teenagers were more likely than older mothers to place their infants in center care because of the availability of centers on site in their schools or in alternative living facilities. In addition, teenage parents were now less likely to have mothers or relatives who were not working or who were not required to participate in work or work-related activities. In Waterloo, respondents felt that the recent introduction of background checks of relatives and friends could lead to more infants being placed in center care or in family child care homes, because some relatives and friends would not clear the background checks.

Local staff across the sites largely believed that parents selecting licensed or regulated arrangements for the care of their infants were equally likely to select centers or family child care homes. However, in Waterloo, the CCR&R agency indicated that 80 to 90 percent of all parents

of infants (not just TANF parents of infants) who sought agency services in locating care requested referrals to family child care homes rather than to child care centers.

Factors that affected parents' choices of care varied to some extent across the sites and seemed to reflect the particular child care difficulties or constraints that predominated in each site. For example, in Grand Rapids and Milwaukee, local staff said that cost, including the additional charges imposed by providers (Grand Rapids) and relatively high sliding fees (Milwaukee) were the most important factors in choosing child care. In St. Petersburg, the lack of center-based providers who would accept the subsidized care reimbursement rates led many parents to choose home-based care. In Detroit, the general shortage of center-based care led to the same outcome. In New Port Richey, Waterloo, Detroit, and Nashville, respondents said that convenience—location, hours of care, and ease of transportation—was the greatest influence on choice. In all of the sites, respondents said that if quality (beyond basic health and safety concerns) entered the decision, it was secondary to other factors.

TANF case managers and child care workers believed that TANF parents were generally satisfied with the arrangements they had in place for the care of their infants. However, in only two sites did the workers involved with the administration of child care actually ask families routinely if they were satisfied with their care. In New Port Richey and Nashville, dedicated child care workers asked parents at the time of each contact about their level of satisfaction. The answer, almost uniformly, was that they were very satisfied with their care. In other sites, child care and TANF workers said they believed parents were satisfied because they would hear about more changes in providers if there were a high level of dissatisfaction. Nevertheless, Emlen (1999) finds that a sample of parents who report high levels of satisfaction with their child care arrangements is consistent with much lower levels of agreement with the statement, “this child care arrangement is just what my child needs,” suggesting that some parents reporting high

levels of satisfaction are not completely comfortable with their child care arrangements. Parents may be satisfied that they have made the best choice given available options and the constraints on transportation, hours of care needed, and other factors, but they may still believe that the care situation is not best for their child in the absence of constraints

2. Infant Care Choices Made by Parents Receiving CCDF Subsidies

Data provided by states to the Child Care Bureau showed differences in infant care choices in the sites that reflect comments we heard about the supply and cost of child care (Table VI.2). (Data from California were not available.) The table shows the proportion of parents of infants receiving a CCDF subsidy who are using one of four types of child care: (1) care in the child's home by a relative or nonrelative; (2) care in a licensed family or group home by a relative or nonrelative; (3) care in a non-regulated family or group home by a relative or nonrelative; and (4) center-based care.

Choices of infant care varied widely across the sites. Center-based care was the most-frequently chosen type of care in New Port Richey (by 74 percent of families with infants), but in St. Petersburg, licensed family or group home care was most frequently chosen (by 73 percent of families with infants). The very low proportion of infants cared for in centers in St. Petersburg (10 percent) seems to confirm local respondents' comments that inadequate payment rates led many center-based providers in that site to refuse to accept families receiving a subsidy, while the payment rates for centers in New Port Richey were more than adequate. Similarly, the use of center-based care is relatively low in Grand Rapids, where respondents said that low payment rates led providers to refuse to accept subsidies.

TABLE VI.2

PERCENTAGE OF INFANTS WITH CCDF SUBSIDY
BY TYPE OF CHILD CARE, 1999

Site	Area Covered by CCDF Administrative Data	Type of Care				Average Monthly Number of Infants
		Child's Home	Licensed Family or Group Home	Non- regulated Family or Group Home	Center	
Bakersfield, CA (Kern County)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
New Port Richey, FL (Pasco County)	Pasco County, Florida	3.1	19.1	3.4	74.4	94
St. Petersburg, FL (Pinellas County)	Pinellas County, Florida	16.7	73.2	0	10.1	397
Waterloo, IA (Blackhawk County)	Iowa	0.6	32.5	40.9	25.9	1,141
Grand Rapids, MI (Kent County)	Kent County, Michigan	19.4	31.3	32.3	17.1	515
Detroit, Michigan (Warren/Conner District)	Wayne County, Michigan	32.9	9.1	44.1	14.0	2,191
Nashville, TN	Davidson County, Tennessee	6.1	17.5	12.5	63.9	388
Milwaukee, Wisconsin (Region 2)	Milwaukee County, Wisconsin	0	34.1	0	65.9	1,206

SOURCE: Special analysis of the FY 99 CCDF case level data submitted by states, conducted by Scott Spiegel, Anteon Corporation, for the Child Care Bureau.

NOTE: Numbers and percentages are average monthly values.

n.a. Not applicable.

Care in the child's own home is relatively common in the two Michigan sites, reflecting the state's policy to use subsidies for such care without restrictions. Florida and Tennessee also pay for subsidized care in the child's home, but we find only 17 percent of families with infants using this type of care in St. Petersburg, and smaller proportions doing so in Nashville and New Port Richey. In Milwaukee and Iowa, where in-home care is limited, no families (or very few families) are using such care.

The relative proportions of infants in licensed and unlicensed home-based care in the sites reflects regulations governing the availability of the two types of care in the sites. In Florida and Wisconsin, home-based providers must be licensed or registered, and we find that in New Port Richey, St. Petersburg, and Milwaukee, few if any families are using unregulated home-based care. In contrast, home-based providers can care for several children without regulatory supervision in Iowa, Michigan, and Tennessee, and we do find that among families with infants using home-based care in Waterloo, Grand Rapids, and Nashville, similar proportions report using nonregulated and regulated care. In Detroit, a small proportion of families with infants is using licensed home-based care in comparison to care in the child's home and non-regulated home-based care, which may reflect the lack of supply of licensed home-based care in the site.

3. Circumstances Surrounding Infant Care Choices by TANF Parents

Parents in the focus groups chose a variety of types of child care providers for their infants, and provided some of the contexts and rationales for these decisions. The child care choices of parents in the focus groups may be unrepresentative of the choices of all TANF parents of infants in these sites because child care resource and referral agencies helped to recruit parents for the focus groups in most sites. These agencies may be most familiar with parents who needed help finding child care, and in particular, parents who chose regulated child care. Nevertheless, while we cannot generalize from these choices to patterns of child care use among all welfare-reliant

parents of infants, their discussion provides information about the job and child care realities that help shape the child care choices of TANF parents of infants, whether or not they received subsidized child care.

Adult parents of infants chose informal providers (relatives or friends) more often than licensed child care centers or family child care homes. Of the 12 families in the Bakersfield focus group, for example, 7 used license-exempt providers. Teenage parents, in contrast, selected mainly licensed arrangements available at school or in assisted living arrangements. In Grand Rapids, all eight teenage participants selected child care centers; in St. Petersburg, one teenage participant chose a center while the other four chose family child care homes; and in Milwaukee, three of the four teenage participants used center-based care.

Many focus group participants identified location and convenience as their primary selection criteria. Since transportation was a major issue for many participants, finding a provider close to home or work was essential. Parents who chose center-based care considered staff-to-child ratios and the age and experience of staff. Some parents wanted their infants exposed to developmental/learning opportunities and a structured schedule of activities, and they selected center-based care for this reason. Other participants chose family child care homes because they believed that their infants would receive more individualized attention there than they would in a child care center. Parents who chose informal providers did so primarily because of issues of trust and the fear of leaving their children with people they did not know. At the same time, some parents who chose centers also did so for reasons of trust and safety, as they felt that providers in their own homes are unsupervised and “could do anything.” In centers, however, providers can monitor one another. In fact, one parent said that in the center she uses, “people were always walking around and parents were making unannounced visits.” Parents had specific concerns about leaving infants because they could not tell them if something was wrong. Nearly

all parents who worked in the evenings or on weekends used informal providers to care for their infants.

The degree to which focus group participants felt that their jobs provided some flexibility varied. Some participants felt that their employers understood their children's needs and would excuse absences, although in some cases, only with a note from the doctor. One focus group participant felt that she was in a relatively strong bargaining position relative to her employer, and said, "I just tell my job that they have to be flexible or else I have to go." Nevertheless, other parents had less flexible employers. One parent of a disabled child felt that her employer made her uncomfortable about taking time off to tend to her child's health needs. Many parents said that they had searched for and found child care providers that could be flexible about care hours (within standard working hours) from day to day, or week to week, presumably because their job and family situations necessitated more flexibility in child care.

E. SUMMARY OF FINDINGS ON CHOOSING INFANT CARE

Many factors contribute to any parent's choices of child care. However, TANF and low-income families may encounter less choice in child care due to such factors as cost or location. While enhanced assistance in locating child care is available to TANF families in most of the study sites, it is not clear that many families seek out such assistance. Questions remain about the quality of infant care arrangements and the level of parents' satisfaction with the process for arranging care and the care itself.

We found that the difficulties in arranging child care tended to involve special needs children, placing multiple children in the same arrangement (or within close proximity), and care during nonstandard hours. The need for infant care can exacerbate these difficulties, but infant care in and of itself was not often the cause of the difficulty. We also learned that parents were not consistently informed about the penalty exception to work requirements that was available to

families who were unable to arrange child care. Nor did parents receive the same degree of assistance across the sites in their efforts to arrange child care. TANF families in six sites can access enhanced resource and referral services to help them locate child care based on their particular needs and specifications, although parents in only one site seemed to be uniformly aware of the service. In two sites, the enhanced service included verification of current openings with providers that met a parent's criteria. Last, we found that the patterns of child care chosen by parents of infants receiving subsidized care varied widely across the sites, and generally reflected what we heard about regulations, the level of subsidized payment rates, and requirements for unregulated providers of subsidized care. Notably, teenage parents often chose center-based infant care that was available on-site at their high school or within their living facility.

VII. SUPPORTIVE SERVICE ENVIRONMENTS

At a time when TANF recipients face greater expectations for work or work-related activities, states also have greater resources available for their TANF programs (U.S. General Accounting Office 1998). With such resources, states have the opportunity to improve the services and supports available to TANF recipients as they make the transition from welfare to work. The sites in this study all emphasize the transition to work through their TANF policies. As part of the in-depth study, we examined the extent to which this emphasis on work is reinforced with supports that assist families with work-related costs (beyond child care as discussed in Chapters IV through VI) and that address special service needs such as mental health and substance abuse problems and parenting issues.

In this chapter, we describe the service environment for parents of infants in the study sites by examining the resources inside the TANF office and outside in the broader community. We begin with a discussion of the case management structures in the different sites that may help create individually tailored packages of services to support work or may miss opportunities to link families with necessary services. We discuss the work and family supports that were available through the welfare program, either provided directly by the welfare agency or work program or through connections those agencies have with other community service providers. We then discuss other support services that were available in the community but not specifically linked with the welfare agency or work program. Finally, we discuss the perceptions that TANF recipients with infants had of the availability and usefulness of supportive services.

A. CASE MANAGEMENT SERVICES

We found that service and case management structures varied across the sites, but in general, caseloads were high and prohibited effective individualized case management for TANF recipients. Nevertheless, the sites had created intensive case management programs for select populations of the TANF population. Five sites had intensive case management programs for teenage parents (Bakersfield, St. Petersburg, Waterloo, Grand Rapids, and Nashville), and one site (Milwaukee) had a program targeted to parents of infants under 10 months. In general, the sites did a better job of assisting clients with income supports, work-related needs including transportation, and emergency financial needs than in connecting families with specialized services in the community such as mental health and substance abuse treatment programs and parenting and early intervention programs.

1. Service Structures and Case Management Models

Welfare reform was designed not only to emphasize work expectations and limit cash assistance, but also to change the culture in welfare offices, in part, by transforming workers from eligibility and benefit accountants to case managers. For this transformation to occur, workers must make the leap from simply filling out the necessary paperwork to arrange services to a proactive effort to understand client needs and assist clients in addressing those needs. The desire to make this culture change existed in each site, but the degree to which this transformation was actually accomplished varied. The structure of services and the level of resources available for case management affect how successfully this transition is made.

All the study sites have struggled with how to organize case management and connect parents with the services they need to make a successful transition to employment and self-sufficiency. These struggles have yielded different strategies for case management and office

organization that may affect the extent to which families receive the services they need during the TANF period and beyond.

a. Integrated Services Model vs. Specialized Worker Model

One strategy for case management is an integrated services worker model in which a single case manager serves as the gatekeeper for a relatively wide range of services. An integrated services case manager handles all of the core service needs for a family, including determining eligibility and/or providing authorizations for food stamps, Medicaid, supportive services, and child care assistance. Three of the study sites—Grand Rapids, Detroit, and Milwaukee—used this case management model. This model has several advantages, including that it promotes an ongoing relationship between the client and case manager and allows a more comprehensive assessment of client needs. If this approach is to be successful, however, caseloads must decrease and staff must receive adequate training. Otherwise, case managers could be overwhelmed with the paperwork involved in addressing the needs of clients, and they may give less attention to providing information clients need in the welfare-to-work transition.

Another case management strategy is a specialized worker model, in which each worker is responsible for a narrower range of services. In Bakersfield, New Port Richey, St. Petersburg, Waterloo, and Nashville, TANF recipients generally had to visit three different workers to access and/or to resolve issues concerning TANF, other income supports (such as food stamps and Medicaid), child care, and other supportive services (Table VII.1). The specialized worker model can provide clients with more intensive information and services around specific issues (e.g., child care), and it is helpful in an environment in which high caseloads are the norm and time for staff training is limited. However, clients are more likely to become confused about

TABLE VII.1

STAFF AND SERVICE LOCATIONS FOR ACCESSING CORE SERVICES

Site	Responsible Staff	Location	TANF Eligibility	Food Stamps/Medicaid	Development/Oversight of Self-Sufficiency Plan	Coordination of Work-Related Activities	Supportive Services ¹	TANF Child Care	Transitional Child Care	Number of Workers	Number of Locations
Bakersfield, California (Kern County)	TANF Case Manager	TANF Agency	√	√			√	√	√	3	2
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency									
	Non-TANF Agency Staff	Off-Site			√	√	√	√			
New Port Richey, Florida (Pasco County)	TANF Case Manager	TANF Agency	√	√						3	1
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency			√	√	√	√	√		
	Non-TANF Agency Staff	Off-Site									
St. Petersburg, Florida (Pinellas County)	TANF Case Manager	TANF Agency	√	√						3	1
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency			√	√	√	√	√		
	Non-TANF Agency Staff	Off-Site									

TABLE VIII (continued)

Site	Responsible Staff	Location	TANF Eligibility	Food Stamps/ Medicaid	Development/ Oversight of Self-Sufficiency Plan	Coordination of Work-Related Activities	Supportive Services ^a	TANF Child Care	Transitional Child Care	Number of Workers	Number of Locations
Waterloo, Iowa (Blackhawk County)	TANF Case Manager	TANF Agency	√	√			√	√	√	3	2
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency									
	Non-TANF Agency Staff	Off-Site			√	√	√	√			
Grand Rapids, Michigan (Kent County)	TANF Case Manager	TANF Agency	√	√	√		√	√	√	2	2
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency									
	Non-TANF Agency Staff	Off-Site				√	√				
Detroit, Michigan (Warren/Conner District)	TANF Case Manager	TANF Agency	√	√	√		√	√	√	2	2
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency									
	Non-TANF Agency Staff	Off-Site				√	√				

TABLE VII.1 (continued)

Site	Responsible Staff	Location	TANF Eligibility	Food Stamps/Medicaid	Development/Oversight of Self-Sufficiency Plan	Coordination of Work-Related Activities	Supportive Services ^a	TANF Child Care	Transitional Child Care	Number of Workers	Number of Locations
Nashville, Tennessee	TANF Case Manager	TANF Agency		√	√					4	3 ^b
	Other TANF Staff	TANF Agency	√								
	Non-TANF Agency Staff	TANF Agency						√			
	Non-TANF Agency Staff	Off-Site				√	√		√		
Milwaukee, Wisconsin (Region 2)	TANF Case Manager	TANF Agency	√		√	√	√	√		2	1
	Other TANF Staff	TANF Agency									
	Non-TANF Agency Staff	TANF Agency		√				√	√		
	Non-TANF Agency Staff	Off-Site									

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aSupportive services refers to transportation and work-related supports.

^bSupportive service needs can typically be handled over the phone or through the mail, decreasing the number of service locations to 2.

^cIn Milwaukee, county workers of the Department of Workforce Development determine eligibility for food stamps, Medicaid, and child care assistance.

where to go for services under this model, and workers with a more narrow focus may be less able to ensure that each family receives the most useful and comprehensive set of services possible.

b. Contracted Services

The degree to which responsibility for services was contracted to private agencies varied across sites. At one extreme, Nashville and the two Michigan sites kept most of the case management functions within the local social services agency but contracted out for employment-related services. At the other extreme, a private, community-based agency administered the TANF program in Region 2 of Milwaukee. That agency, in turn, contracted out various services for TANF families to other local social service agencies. However, the Milwaukee County Department of Workforce Development continued to conduct eligibility determination for programs other than TANF. The practice of welfare agencies contracting for employment-related services goes back to the early years of the JOBS program, when many welfare agencies contracted with local employment-related agencies for job-related services. In the current welfare environment, in which employment activity takes top priority, the role of private agencies in some of the sites seems to have expanded to include providing supportive services, making eligibility determinations, and initiating sanctions for noncompliant clients.

When a number of entities provide core services and case management to TANF recipients, providing these services in a single location increases the likelihood that clients will receive all of the services needed to smooth their transition to employment. All of the study sites tried to minimize the number of locations clients must travel to in order to access services. Three sites—New Port Richey, St. Petersburg, and Milwaukee—had one-stop centers where clients could receive TANF, food stamps, Medicaid, employment supports, and child care assistance (Table

VII.1). In many cases, work-related activities such as job search and classroom instruction also occurred in the same place. The consolidation of service locations can assist clients whose time on any given day is largely consumed by work-related and parenting responsibilities or who have limited access to transportation.

c. Caseloads

The sites linked each TANF recipient with a primary case manager who assessed family needs, guided the development of a self-sufficiency plan, and monitored the client's progress (Table VII.2). In four sites—Grand Rapids, Detroit, Nashville, and Milwaukee—the TANF case manager was the primary case manager for clients as they moved into work and work-related activities. Clients required to participate in work activities in Bakersfield, the two Florida sites, and Waterloo were transferred to the contracted employment-focused program for primary case management. Once transferred, TANF recipients maintained contact with these case managers to discuss progress in self-sufficiency plans and needs for supportive services.

The number of clients in a caseload can affect the amount of time the case manager can spend with each client, which inevitably affects the level of service clients receive. Milwaukee had the lowest caseloads, at 50 to 70 clients per case manager (25 to 35 if clients had substantial barriers to work). In this site, with an integrated worker model, administrators decided to direct their resources toward case management. Similarly, when Michigan initiated the Family Independence Specialist (FIS) as an integrated worker in 1997, the goal for the caseload size was 65 clients per FIS. Case managers in the two Michigan sites reported that, officially, their caseloads in the Family Independence Program (FIP) ranged from 60 to 80 in Detroit to about 100 in Grand Rapids. However, the FIS must also handle the needs of any family members connected with their FIP clients (e.g., adult food stamp or Medicaid only clients not included in

TABLE VII.2

PRIMARY CASE MANAGER, CASELOAD SIZES AND
FREQUENCY OF CONTACT WITH TANF RECIPIENTS

Site	Primary Case Manager for Clients Engaged in Work-Related Activities	Caseload Size	Consistent or Rotating Caseload	Frequency of Contact with Clients
Bakersfield, California (Kern County)	Curtis and Associates Case Manager	100-200	Consistent	Monthly
New Port Richey, Florida (Pasco County)	WAGES Case Manager	80-120	Consistent	Once every 3-6 months
St. Petersburg, Florida (Pinellas County)	WAGES Case Manager	90-100	Consistent	Once every 3-6 months
Waterloo, Iowa (Blackhawk County)	PROMISE JOBS Case Manager	110	Consistent	Once every 3-6 months
Grand Rapids, Michigan (Kent County)	Family Independence Specialist (FIS)	100 FIP cases 130-172 total cases ^a	Consistent	Once every 1-3 months
Detroit, Michigan (Warren/Conner District)	Family Independence Specialist (FIS)	60-80 FIP cases 120-150 total cases ^a	Consistent	Once every 2 months
Nashville, Tennessee	Families First Worker	200-300 (50-80 per month)	Rotating	Once every 3-6 months
Milwaukee, Wisconsin (Region 2)	Financial and Employment Planner (FEP)	25-35 W-2 ^b 35 CSJ 50-70 total ^c	Consistent	Once every 2-4 weeks

SOURCE: In-depth study phase of a Study of Infant Care under Welfare Reform.

^a Family Independence Specialists must meet the service needs of all members of the family in which a FIP client is present. In some cases, this may mean handling food stamps and Medicaid only for some family members.

^b Case managers who handle clients in W-2 Transition do not carry other cases.

^c This total includes clients in Community Service Jobs (CSJ) who receive W-2 cash assistance as well as clients in subsidized and unsubsidized employment who only receive case management services.

the assistance unit). In reality, this increased their caseloads to well over 100. Nashville had the highest caseloads, at between 200 and 300 clients per case worker. The other six sites had caseloads ranging from 80 to 200 clients (Table VII.2).

In general, we heard concerns in all sites except Milwaukee that caseload size was a deterrent to strong case management. It appears that caseloads approaching 100 are too high to allow case managers to spend enough time with individual clients to feel they are being effective. Case managers in Nashville and Grand Rapids, two sites with the highest caseloads, were particularly concerned with the negative effect of high caseloads. In Nashville, clients rotated among Families First units and/or among workers in each unit to equalize the number of clients a worker saw in a month.¹ Families First workers often knew little or nothing about a client until a few minutes before a scheduled meeting. This practice seemed to exacerbate the problems posed by high caseloads, as workers could not be certain that they would ever see a particular client again for follow-up. Rotating cases among workers also appeared to have made it more difficult for workers to monitor whether the client had received the necessary supportive services and whether she was following through on her self-sufficiency activities.

The frequency of contact between clients and case managers varied across the study sites and was closely related to caseload size (Table VII.2). Case managers in both Florida sites, Waterloo, and Nashville reported contact with clients every three to six months, typically for recertification or to update the self-sufficiency plan if necessary. The frequency of contact was greater in the three sites with integrated workers (Grand Rapids, Detroit, and Milwaukee). Case managers in Milwaukee, where caseloads were the smallest, reported the highest frequency of

¹Nashville changed from a rotating to a dedicated Families First worker in mid-2000.

contact with clients. However, in Bakersfield, where the caseloads were relatively high, workers still reported monthly contact with clients.

Case managers in Bakersfield, the two Michigan sites, and Milwaukee also indicated that they conduct home visits. Quarterly home visits were required in Michigan, although neither site met this requirement in full. In Grand Rapids, FIS workers had a difficult time managing their caseloads and did not often find the opportunity to do home visits, although they indicated an interest in doing so. In Detroit, FIS workers prioritized home visits by client needs. If clients were in stable work, the FIS was less likely to conduct a home visit. Home visits to noncompliant clients were mandatory in Detroit, and FIS workers did complete these visits. In Bakersfield and Milwaukee, there was no standard for the frequency with which case managers conducted home visits. Home visits were done as needed. Case managers in both sites reported, however, that much of their contact with clients typically occurred over the phone.

2. Case Management for Teenage Parents

Teenage parents were assigned to a specialized case manager within the TANF agency or employment-focused program in St. Petersburg and Grand Rapids (Table VII.3). In these sites, primary case managers carried a caseload made up only of teenage parents (and, in Grand Rapids, their larger family), in order to ensure that their particular needs were addressed. These sites, along with three others (Bakersfield, Waterloo, and Nashville), also referred teenage parents to contracted programs that provide intensive, specialized case management for these young parents (Table VII.3). In Bakersfield and St. Petersburg, the TANF agencies contracted with the Department of Health to provide these case management services to teenage parents through the Adolescent Family Life Program and the WAGES Teen Program, respectively. Community-based agencies provided these services in Waterloo, Grand Rapids, and Nashville.

TABLE VII.3

SPECIALIZED CASE MANAGEMENT FOR TEENAGE PARENTS

Site	Specialized Primary Case Manager in the TANF Agency or Employment-Focused Program	Contracted Intensive Case Management
Bakersfield, California (Kern County)	No	Yes Adolescent Family Life Program
New Port Richey, Florida (Pasco County)	No	No
St. Petersburg, Florida (Pinellas County)	Yes	Yes WAGES Teen Program
Waterloo, Iowa (Blackhawk County)	No	Yes Operation Threshold
Grand Rapids, Michigan (Kent County)	Yes	Yes Salvation Army
Detroit, Michigan (Warren/Conner District)	No	No
Nashville, Tennessee	No	Yes Crittenton Services
Milwaukee, Wisconsin (Region 2)	No	Possible ^a

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aTeenage parents with infants may be referred to a contracted community service provider for intensive case management and parenting services just as all other parents with infants under 10 months. In addition, teenage parents may also be referred to a Learnfare case manager if they are having problems with school attendance, just as any other minor child. However, there are no contracted case management services specific to all teenage parents.

The specialized case management programs emphasized school completion and helped teenage parents address barriers to regular school attendance. Services typically included parenting classes, support group sessions, and/or one-on-one meetings. These activities occurred at least monthly, and as often as weekly. Child care and transportation were generally provided. These programs also made an effort to connect teenage parents with services such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), maternal and infant health programs, family planning, and other community resources. Typically, minor teenage parents (under 18) were required to participate in these programs as part of their self-sufficiency plans, but all teenage parents (under 20) were able to participate. In some sites, initial referrals could only be made for minor teenage parents, but services could continue until the parent reached age 20.

Case managers in the three other sites—New Port Richey, Detroit, and Milwaukee—reported little to no contact with teenage parents who were embedded in their parent’s assistance grant. The absence of specialized case managers within the TANF agency or contracted case management services for teenage parents indicates that the particular service needs of teenage parents were less likely to be identified or addressed.²

3. Case Management for Parents of Infants

In one site—Milwaukee—all parents of infants could receive specialized, intensive case management services. The TANF agency in Milwaukee contracted with La Causa, a well-known and longstanding service provider in the community, for services through the Family

²In Detroit, minor teenage parents who lived independently from their parents were referred to the Teen Parent Program, a citywide program. There were no specialized case management services for teenage parents within the Warren/Conner district office.

Development Program (FDP). The FDP was initiated in the fall of 1998. Case managers in the TANF office were supposed to refer any pregnant woman or mother with an infant under 10 months old to the FDP. One TANF case manager handled all referrals into the program. The program was not mandatory for clients, but suggested. Because parents of infants under three months were not required to participate in any activities, early engagement was difficult. When infants reach three months and parents are required to participate in activities, the FDP could be incorporated as an approved activity in a parent's self-sufficiency plan.

The FDP provided intensive case management to parents of infants to prepare and assist them with the transition from welfare to work. Two case managers at La Causa worked with families. At the time of the site visit in July 1999, the program had 38 participants and had just received 36 new referrals. During orientation meetings with families, case managers assessed family needs and provided information on various services and programs available from La Causa and within the community. Case managers then worked with parents to address their needs for child care, transportation, housing, training, and education (such as adult basic education or ESL classes). The FDP case managers also connected parents with early intervention programs, some of which are offered by La Causa. The case managers were in frequent contact with parents and conducted weekly or bi-weekly home visits. According to the case managers, these home visits were helpful in establishing relationships with clients and identifying additional family needs.

TANF case managers believed that the parents who had participated in the FDP during their three-month work exemption period generally had an easier time handling the transition into required activities because of the personalized assistance they received. However, the program was still relatively new and fairly small, making any assessment of the value of such services to parents of infants indeterminable at this time.

4. Additional Case Management Services in the Community

In five of the eight sites, other community-based programs provided intensive case management for at-risk families with infants. Three of these programs operated independently of the TANF program, although they began providing services at around the same time as welfare reform efforts were initiated in the site. Staff of these programs indicated that with the new emphasis on work and self-sufficiency, some families needed intensive services that were not necessarily available, or feasible to obtain, through the TANF program.

In Detroit, the Warren/Conner Development Coalition had developed the Partnership for Economic Independence (PEI), a comprehensive work force development program. PEI worked with 200 families a year, 90 percent of whom received some type of means-tested assistance. Each client had a self-sufficiency coach who helped address personal and family development needs and helped improve workplace skills. The Warren/Conner district TANF office was a partner in this effort, and, in general, any TANF recipient enrolled in PEI was assigned to a specific case manager in the TANF agency who was responsible for strengthening coordination between the programs.

In Nashville, the Metro Action Commission (the local community action agency) had initiated a similar program, the Fragile Families Self-Sufficiency Program, which provided case management and skill development services to 80 clients. The program did not collaborate with the local TANF office.

At the time of the site visits, Goodwill in Grand Rapids was organizing with a number of community-based organizations to launch an intensive case management program with 35 clients in October 1999. The program's goal was to provide clients with longer-term case management services that could remain in place as they move from welfare to work. Case managers would be

“work therapists” who address the home and work needs of families to help them achieve long-term family self-sufficiency.

In two sites, the TANF office contracted with community-based providers to offer intensive case management for a segment of the TANF population. As discussed, in Milwaukee, the Family Development Program provided intensive case management services to parents of infants. In Waterloo, the TANF program contracted with Operation Threshold (the community action agency) to operate the Family Development and Self-Sufficiency (FaDSS) program. FaDSS is a voluntary, intensive case management program targeted toward TANF recipients who have significant barriers to employment, such as teenage parents, substance abusers, victims of domestic violence, and recipients who lack work experience. FaDSS case managers each carried a caseload of 20 clients and met with them at least twice per month. They conducted home visits and were on call 24 hours a day. The program was serving 84 families at the time of the site visit in May 1999.

5. Perceptions of Case Management Among Parents of Infants

Focus group participants in two sites (Bakersfield and Milwaukee) described their relationships with their primary case managers in positive terms. Notably, in both of these sites, private agencies were largely, if not fully, responsible for administering the welfare program and for providing primary case management services to TANF recipients. The participants in these sites did not have any substantive complaints about their case managers, and some parents viewed their case managers as supportive. The frequency of contact between the focus group participants in Milwaukee—both teenage and older parents—and their case managers ranged from once every week or two to once every three months. One teenage parent in Milwaukee indicated that the frequency of contact was excessive because it was difficult for her to make

appointments when she had required activities to attend during the day. Participants in Bakersfield reported monthly contact with their case managers.

Parents of infants who participated in focus groups in two of the sites (Detroit and Waterloo) did not view their primary case managers as supportive. They indicated that their contact with case managers was very infrequent, as little as once every six months in one site. These parents said that their primary case managers treated them with little respect and generally did not care about them as people, but instead wanted to know what they are going to do to meet work requirements. In each group, the participants acknowledged, however, that the benefits received and the way clients are treated most likely varies by case manager. We were unable to conduct focus group discussions with parents of infants in Nashville or New Port Richey and, therefore, do not have client views on case management in these two sites.

We conducted focus groups with teenage parents in two of the sites with special teenage parent programs. In St. Petersburg and Grand Rapids, the teenage parents were very positive about the services and support they received from their case managers. In St. Petersburg, some of the focus group participants expressed concern about the transition into the adult WAGES program. “There is so much stuff you can get if you’re going to school. They don’t help you at all if you’re working.” In Grand Rapids, specialized case managers had provided the teenage mothers with transportation to doctor’s visits and assistance finding supportive services.

B. SERVICE SUPPORTS AND SERVICE CONNECTIONS THROUGH THE TANF PROGRAM

As recipients of cash assistance are required to begin work and work-related activities, they may need supportive services to help with such challenges as transportation and work-related expenses, balancing family and work responsibilities, and improving parenting skills. The

breadth of the services available from the welfare program and the degree of service connections between the welfare office and other programs can shape how supportive an environment is for parents as they transition from welfare to work.

In this section, we consider three categories of services. The first category includes basic support for self-sufficiency activities and assistance with work-related expenses. Families need sufficient income support and assistance to make work pay so that their efforts to become self-sufficient do not leave them worse off economically (Hershey and Pavetti 1997). The second category includes more intensive services. For instance, parents with more serious barriers to employment—depression or other mental health conditions, substance abuse, very low literacy, or domestic violence—may need intensive services to address these issues before they can make real progress toward finding a job or finishing school (Olson and Pavetti 1996). The last category of services addresses the needs of parents and their very young children. These services offer more comprehensive assistance to help parents develop parenting skills and balance work and family demands. Below, we discuss these three types of supportive services and the strategies sites have used to meet families' needs in these areas.

1. Support for Self-Sufficiency Activities

TANF recipients who do gain employment often obtain jobs with relatively low wages and few benefits (Loprest 1999; Parrott 1998). To provide necessary economic support for clients who are working, in training, or in school, case managers can help link families with cash and in-kind benefits and services for which they qualify. All of the sites conducted eligibility determination for food stamps along with TANF, as has historically been the case. Eligibility for Medicaid was also addressed when the family applied for or was recertified for TANF benefits

(Table VII.4). Other programs ranged from tax credits to transportation assistance and employment support.

a. Earned Income Tax Credit and WIC

Families with low-wage earners may also benefit from the Earned Income Tax Credit (EITC), a program administered by the Internal Revenue Service that can provide an income supplement that varies with earnings level and the number of children in the family. Workers must apply for these benefits either by completing a form with their employer (which provides a portion of the benefits throughout the year through their paycheck) or by completing their tax return at the end of the year (which provides a lump-sum check for the annual amount). Although this program is potentially one of the most substantial sources of income support for low-wage earners, only Bakersfield and New Port Richey systematically informed TANF clients of this program as part of mandatory orientation sessions (Table VII.4).

WIC provides infant formula and nutritious food to low-income pregnant and lactating women and to children under age 5. Only staff in Bakersfield, Waterloo, and Milwaukee reported that TANF recipients with young children were systematically informed about this program, generally as part of the initial information that was distributed to clients (Table VII.4). Nevertheless, we found that parents of young children in all of the sites knew about this program, and it is the one they were most enthusiastic about.

b. Transportation

Transportation was cited as a major challenge to employment in every site, although each addressed this issue in a different way. All of the sites provided some type of transportation

TABLE VII.4

SERVICE CONNECTIONS TO INCOME SUPPORT PROGRAMS
THROUGH THE TANF PROGRAM

Site	Information / Referral Type	Food Stamps	Medicaid	EITC	WIC
Bakersfield, California (Kern County)	Information Provided to All TANF Clients	√	√	√	√
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager				
New Port Richey, Florida (Pasco County)	Information Provided to All TANF Clients	√	√	√	
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager				√
St. Petersburg, Florida (Pinellas County)	Information Provided to All TANF Clients	√	√		
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager				
Waterloo, Iowa (Blackhawk County)	Information Provided to All TANF Clients	√	√		√
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager				

TABLE VII.4 (continued)

Site	Information / Referral Type	Food Stamps	Medicaid	EITC	WIC
Grand Rapids, Michigan (Kent County)	Information Provided to All TANF Clients	√	√		
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager			√	
Detroit, Michigan (Warren/Conner District)	Information Provided to All TANF Clients	√	√		
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager			√	
Nashville, Tennessee	Information Provided to All TANF Clients	√	√		
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager				
Milwaukee, Wisconsin (Region 2)	Information Provided to All TANF Clients	√	√		√
	Formal Referrals to Services (Contracts)				
	Informal Referrals – Varies by Case Manager			√	

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

assistance while clients were receiving cash assistance and participating in required activities and often, for a limited period after they gained employment. Transportation assistance included bus passes; reimbursement or vouchers for public transportation expenses; gas vouchers; money to purchase a used car, pay for car maintenance, register a vehicle, or obtain a driver's license; cab fare; or access to van pools or other private transportation.

The extent to which these services were offered and the duration of assistance, however, varied substantially by site (Table VII.5). At the time of the site visit, transportation assistance could continue for 30 days after a client left cash assistance in Nashville. Since then, the time has been extended to four months. The two sites in Michigan provided transportation assistance for the first 90 days of employment regardless of whether the individual was still receiving cash assistance. Work First case managers in each Michigan site worked with clients to develop long-term transportation plans during this period. In Grand Rapids, the county provided additional discretionary funding for transportation assistance so that this support could continue beyond the 90 days, if necessary. In Milwaukee, bus passes were discontinued after a client received the first paycheck. However, the Job Ride program, a contracted van service, could continue to assist clients who did not have access to public transportation, either because of location or work hours, for up to one year (six months was typical). In Bakersfield, employed clients could continue to receive transportation assistance after TANF receipt ended if it was necessary to prevent job loss.

Six of the eight sites also offered some financial assistance to cover the cost of car repairs. In Nashville and the two Detroit sites, funding up to a specified annual limit was available to pay for car repairs. In Bakersfield, costs for auto repair were covered if they were less than

TABLE VII.5

TRANSPORTATION ASSISTANCE TO TANF AND
FORMER TANF RECIPIENTS

Site	Transportation Assistance	Auto Repair	Auto Purchase
Bakersfield, California (Kern County)	Bus passes, gas vouchers up to \$25 per month, cab service and Dial-A-Ride	If costs will be less than providing a bus pass for the given time	
New Port Richey, Florida (Pasco County)	Bus passes, gas vouchers or cab service		
St. Petersburg, Florida (Pinellas County)	Bus passes, gas vouchers or cab service		Referred to Charity Cars for donated vehicles
Waterloo, Iowa (Blackhawk County)	Bus passes or gas vouchers for \$.16 per mile based on round trip mileage for clients participating in PROMISE JOBS activities who are not employed.	Family Self-Sufficiency Grants (FSSG) are available to employed clients or those close to employment to assist with expenses that enable a client to accept a job or maintain a job. FSSG can be used for car repair or purchase.	Family Self-Sufficiency Grants (FSSG) are available to employed clients or those close to employment to assist with expenses that enable a client to accept a job or maintain a job. FSSG can be used for car repair or purchase.
Grand Rapids, Michigan (Kent County)	Monthly bus pass or cash stipend of up to \$10 per week available for up to 90 days in employment Specialized van service available within first 90 days of employment	\$900 per year	\$1,200 one-time grant
Detroit, Michigan (Warren/Conner District)	Monthly bus pass or cash stipend of up to \$10 per week available for up to 90 days in employment Van service also available to specific job locations	\$900 per year	\$1,200 one-time grant

TABLE VII.5 (continued)

Site	Transportation Assistance	Auto Repair	Auto Purchase
Nashville, Tennessee	<p>Monthly bus pass or \$5 a day stipend available for up to 30 days after leaving cash assistance^a</p> <p>Reimbursement for child care transportation up to \$10 per week</p>	\$500 yearly limit	
Milwaukee, Wisconsin (Region 2)	<p>\$10 per week bus pass available until first paycheck</p> <p>Employed clients can access Job Ride for \$2 a day; available up to 6 months in employment with the possibility of an additional 6 months after that</p> <p>Child care transportation for children of employed clients also available</p>	Job Access Loans (no interest loans) that average \$800 are available to clients to assist with immediate needs to obtain or support employment. Loans can be used for car repair or purchase.	Job Access Loans (no interest loans) that average \$800 are available to clients to assist with immediate needs to obtain or support employment. Loans can be used for car repair or purchase.

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aIn Nashville, transportation assistance can now continue for up to four months after a client leaves cash assistance. This policy became effective since the time of the site visit.

providing a bus pass for a specified time. In Milwaukee and Waterloo, special assistance funds were available to cover a number of job-related expenses, including car repairs or car purchase. As Project Zero sites in Michigan, Detroit and Grand Rapids also had funds available for car purchase above and beyond the amount specified for car repairs. In 1998, the TANF program in Grand Rapids assisted 130 clients with the purchase of a car.

Beyond direct financial assistance to clients, three sites had also developed special contracts to extend transportation services to TANF recipients. The TANF agency in Grand Rapids had a contract with the Grand Rapids Area Transportation Authority (GRATA) to provide emergency transportation for clients during the first 90 days of employment. In Detroit, the Work First program had developed van services with a number of employers who employed at least four TANF clients. Similarly, the TANF agency in Milwaukee also had arrangements with some employers to provide transportation for clients.

Two sites had expanded assistance to help clients transport their children to child care. If a child care provider had a transportation service for which parents had to pay in Nashville, the TANF agency would reimburse the provider at a rate of up to \$10 per week per child. In Milwaukee, a contracted van service would transport children to and from child care to save parents time on public transportation. This was a citywide pilot program that was scheduled to end in December 1999.

Overall, three sites provided limited transportation assistance to TANF recipients. In New Port Richey, St. Petersburg, and Waterloo, transportation assistance was limited to the period of TANF receipt, and we did not learn of any other special initiatives in the area of transportation (Table VII.5). This presents a particular problem in New Port Richey and in Waterloo, both of which are largely rural areas with very limited public transportation. The level of assistance to

TANF recipients in these areas was not likely to adequately meet the needs of working parents living in low-income neighborhoods, particularly those who worked nonstandard hours.

c. Work-Related Support

A new job or educational program may require one-time expenditures for professional clothing, uniforms, tools, books, documents (such as a birth certificate), and other materials. In six of the eight study sites, relatively flexible funding was available to help meet TANF recipients' work-related needs (Table VII.6). Some sites had specific maximum amounts set for certain categories of assistance (Grand Rapids, Detroit, Nashville, and Milwaukee), but these sites still provided flexibility in other categories. Nashville and the two Michigan sites also provided financial assistance to pay driver's license fees, car registration fees, or fees needed to obtain a birth certificate or state identification card. In Nashville, clients could also be reimbursed up to \$50 a year for registration fees paid to a child care provider. These three sites would also assist clients with dental and optical expenses.

Two sites—Waterloo and Milwaukee—made funds available to meet a variety of needs intended to help clients obtain or maintain employment. These funds could be used for direct work-related expenses or they could be used to assist with other emergency needs to prevent job loss (e.g. short-term child care expenses, housing expenses, etc.). In Waterloo, the funding was provided through an outright grant, while in Milwaukee these funds were zero-interest loans that had to be repaid. In Waterloo, there was also a one-time emergency cash payment available to clients who had left cash assistance within the last year. These “post-TANF” diversion funds were intended to help families through a brief period of financial crisis so that they would not need to return to cash assistance.

TABLE VII.6

ASSISTANCE WITH WORK RELATED EXPENSES AND
EMERGENCY FINANCIAL NEEDS

Site	Uniforms, Tools, Books	Fees and Registration ^a	Dental / Optical Expenses	Emergency Financial Assistance	Housing Assistance
Bakersfield, California (Kern County)	Assistance provided based on employment needs (no maximum amount)	Assistance provided based on employment needs (no maximum amount)			
New Port Richey, Florida (Pasco County)					One time assistance with relocation expenses or assistance with one month's rent in emergencies
St. Petersburg, Florida (Pinellas County)					One time assistance with relocation expenses or assistance with one month's rent in emergencies
Waterloo, Iowa (Blackhawk County)	Family Self-Sufficiency Grants (FSSG) are available to employed clients or those close to employment to assist with expenses that enable a client to accept a job or maintain a job	FSSGs are available to employed clients or those close to employment to assist with expenses that enable a client to accept a job or maintain a job		Post-FIP diversion funds available to families that have been off cash assistance for less than 12 months	

TABLE VII.6 (continued)

Site	Uniforms, Tools, Books	Fees and Registration ^a	Dental / Optical Expenses	Emergency Financial Assistance	Housing Assistance
Grand Rapids, Michigan (Kent County)	\$500	At cost	Case-by-case basis	Transitional funds of \$200 available in increments of \$100 within first 30 days of employment ^b Emergency funds also available through the State Emergency Relief (SER) program	
Detroit, Michigan (Warren/Conner District)	\$500 for professional clothing; \$200 for tools or other work-related materials	At cost	\$200	Transitional funds of \$200 available in increments of \$100 within first 30 days of employment ^b Emergency funds also available through the State Emergency Relief (SER) program	Security deposit and/or first month's rent if on the verge of homelessness
Nashville, Tennessee	No maximum; based on job or class requirements	At cost for driver's license and car registration Reimbursement of up to \$50 a year for child care registration fees	\$500/ \$200	One-time grant of \$500 ^c	
Milwaukee, Wisconsin (Region 2)	\$75			Job Access Loans (no interest loans) that average \$800 are available to clients to assist with immediate needs to obtain or support employment	

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

^aMay apply to driver's license and car registration, special training certificate programs, or child care provider registration fees as noted.

^bThese transitional funds have been discontinued since the time of the site visits.

^cThe \$500 one-time grant is available through the Opportunity Fund, which is funded by the City of Nashville.

Three additional sites also provided emergency financial assistance--Nashville, Detroit, and Grand Rapids. In the two Michigan sites, clients could apply through the TANF office for funds from a state-funded emergency assistance program. In Nashville, \$500 per client was available to assist with expenses that would increase their ability to accept or maintain employment.

In New Port Richey and St. Petersburg the level of work-related and emergency financial assistance was relatively low (Table VII.6). In these areas, emergency assistance was only for housing expenses. The WAGES program would assist clients with rent for one month or with one-time relocation expenses to improve access to employment.

The two Project Zero sites in Michigan also had additional flexible funding available through Family Support Services (FSS) dollars. At the time of the site visits, this was a relatively new funding source and neither site had fully educated case managers about this funding source or worked out the details of how these dollars would be used. Nevertheless, this funding source, in conjunction with others, led administrators and managers in these sites to believe that if there was a client need that could be addressed with money, they would address it. From the perspective of administrators, they were not constrained by resources for supportive services, but by staff and client abilities to be innovative. Case managers also did not feel limited by resources for supportive services, but by time. Case managers said they did not have time to meet all the requests, much less be proactive in sharing information with clients.

Finally, two of the sites, Bakersfield and Milwaukee, provided post-employment services to promote job retention beyond the TANF period. Case managers continued relationships with clients who had left TANF for jobs, to identify and address problems that could lead to job loss. The duration of post-employment services varied, lasting from three months to a year after a client left TANF. In most models of post-employment services, including the program in

Bakersfield, case managers worked directly with clients to identify and address challenges to job retention as they arose. Participation in these programs can be a problem, as clients who do not actually make the effort to obtain these services will not receive them. In Milwaukee, however, the job retention services model appeared to be stronger because case managers worked with both a group of clients and a group of employers. Linkages with employers was cited as one innovation that might strengthen post-employment services programs in a recent evaluation in four sites (Rangarajan and Novak 1999). In the Milwaukee program, clients continued to have access to a primary case manager after leaving TANF. In addition, special retention case managers were given caseloads of employers, with whom they could develop the kinds of relationships that would make it easier to identify and address employee-related problems early on. By working with both the employers and the clients, retention specialists tried to address problems before they lead to job loss, thereby helping clients who might otherwise not have participated in the post-employment program. Retention specialists also conducted training on-site at job locations for TANF clients in such areas as work skills, GED preparation, or ESL. These sessions typically occurred during lunch hours. The specialists also conducted home visits to clients who were absent from work.

2. Services to Address More Serious Barriers to Employment

In some of the sites, welfare office staff expressed concerns that they had already helped large numbers of “job ready” parents move into the labor force or work-related activities, leaving a relatively sizable group of parents who have more serious barriers to employment. Welfare recipients who have very low levels of literacy, problems with substance abuse, mental health conditions, or who are victims of domestic violence may have greater difficulty obtaining or keeping a job. Most welfare recipients face at least one potential barrier, and many experience

multiple barriers that can affect employment (Johnson and Meckstroth 1998; Olson and Pavetti 1996). TANF recipients with significant and/or multiple barriers to employment are likely to need more intensive services to address these personal challenges before they are able to focus on employment goals.

Case managers in all of the sites reported that they refer clients to mental health services and substance abuse treatment providers, although knowledge of available programs and consistency of referrals varied substantially from case manager to case manager (Table VII.7). Early identification of clients who need more intensive services to address mental health conditions or substance abuse problems was a challenge for case managers. Recognizing this problem, four sites—Bakersfield, New Port Richey, St. Petersburg, and Milwaukee—had hired or contracted with mental health and substance abuse professionals for on-site services. These sites, with the exception of Bakersfield, are the sites that had created one-stop service centers to meet many of the needs of their TANF clients.

The intensity of contracted services for mental health and substance-abuse problems was greatest in New Port Richey, where contracted counselors screened all clients entering the TANF system. If a mental health or substance abuse problem was suspected from these screens, clients could access intensive case management, day treatment, or residential services with the assistance of the on-site clinical staff. In the other three sites, case managers could make referrals to on-site clinical staff. These staff members generally made assessments, provided referrals to community treatment agencies, and monitored a client's progress in any treatment program.

TABLE VII.7

SERVICE CONNECTIONS TO SPECIALIZED SERVICES THROUGH THE TANF PROGRAM

Site	Information / Referral Type	Mental Health Services	Substance Abuse Services	Parenting Programs / Case Management Support
Bakersfield, California (Kern County)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)	✓ (on-site staff)	✓ (on-site staff)	✓ (teen parents only)
	Informal Referrals—Varies by Case Manager			✓ (other parents)
New Port Richey, Florida (Pasco County)	Information Provided to All TANF Clients	✓ (all clients screened)	✓ (all clients screened)	
	Formal Referrals to Services (Contracts)	✓ (on-site staff)	✓ (on-site staff)	
	Informal Referrals—Varies by Case Manager			✓
St. Petersburg, Florida (Pinellas County)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)	✓ (on-site staff)	✓ (on-site staff)	✓ (teen parents only)
	Informal Referrals—Varies by Case Manager			✓ (other parents)
Waterloo, Iowa (Blackhawk County)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)			✓ (teen parents only)
	Informal Referrals—Varies by Case Manager	✓	✓	✓ (other parents)

TABLE VII.7 (continued)

Site	Information / Referral Type	Mental Health Services	Substance Abuse Services	Parenting Programs / Case Management Support
Grand Rapids, Michigan (Kent County)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)			✓ (teen parents only)
	Informal Referrals—Varies by Case Manager	✓	✓	
Detroit, Michigan (Warren/Conner District)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)			
	Informal Referrals—Varies by Case Manager	✓	✓	
Nashville, Tennessee	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)			✓ (teen parents only)
	Informal Referrals—Varies by Case Manager	✓	✓	
Milwaukee, Wisconsin (Region 2)	Information Provided to All TANF Clients			
	Formal Referrals to Services (Contracts)	✓ (on-site staff)	✓ (on-site staff)	✓ (off-site agency)
	Informal Referrals—Varies by Case Manager			

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

3. Comprehensive Services to Promote Parenting and Child Development

Parents of infants and young children have intensive parenting responsibilities that should not be neglected if we are concerned with children's well-being. Parents with substantial work- or school-related responsibilities may have difficulty finding time to care for their children. At the same time, family emergencies, such as a child's illness, may disrupt work attendance and make it difficult to progress toward self-sufficiency. Parents of infants may need additional support to help them balance their work and family responsibilities.

As was true of other supportive service areas, the referrals and/or connections to parenting programs and supports varied across the sites (Table VII.7). Teenage parents were referred directly to parenting programs in five sites (Bakersfield, St. Petersburg, Waterloo, Grand Rapids, and Nashville). Each of these sites had intensive case management services in place for teenage parents that typically included referrals to parenting support services (refer to Section A.2 for further information). In four sites—Bakersfield, New Port Richey, St. Petersburg, and Waterloo—older parents could receive an informal referral to a parenting program if they requested it. The quality of these referrals varied with the case managers' knowledge of available programs. Only the Milwaukee site provided formal referrals to a parenting and family service program to all TANF parents of infants (under 10 months old), as discussed in Section A.3. However, at the time of our site visits in both Detroit and Grand Rapids, TANF administrators were in the preliminary stages of contracting with local service providers to offer parenting programs to TANF clients.

C. COMMUNITY SERVICES FOR PARENTS OF INFANTS

As part of the site visits, we gathered information to develop a preliminary picture of the availability of services in the communities, the coordination of those services, and the prevalence

of early intervention and parenting programs. Our two-day site visits were not long enough to obtain a complete picture of the range of services available to low-income parents of infants. However, we asked TANF agency and child care agency staff for the names of programs in their area that provided supportive services to low-income families, as well as programs that focused specifically on parenting and child development services for parents of infants. We also contacted a local community service organization in each site to ask the same questions. We then selected one or two supportive services programs, including programs that focused on parenting and child development, to include in our site visits. This approach should have uncovered the significant programs or services (in terms of size or quality) in each site.

1. General Availability and Coordination of Supportive Services for Low-income Families

In five of the eight study sites—St. Petersburg, Grand Rapids, Nashville, Milwaukee, and Bakersfield—various respondents reported a broad range of services available to low-income families. Respondents in Waterloo felt the community could not quite be classified as service-rich, but it was far from service-poor. In these six sites, the greater problem was not a significant lack of services but a lack of strong connections between families in need and the available services. In contrast, respondents in Detroit and New Port Richey felt their areas still faced significant service gaps for low-income families, particularly those with young children.

All of the sites reported increasing coordination between the TANF program and community service providers and among the service providers themselves. A number of the sites had collaborative planning entities, of which the TANF program was a part, that had the goal of improving service collaboration and connections with families. For example, the Cedar Valley Promise (CVP) in Waterloo was initiated in 1998 to mobilize community resources to address

the county's concerns about the well-being and healthy development of its children. CVP was a collaborative effort between various government agencies, including the Department of Human Services and nonprofit community service providers. Due to the efforts of the CVP, the state designated Black Hawk County, in which Waterloo is located, as a community empowerment area. As such, the area was given greater flexibility to integrate funding for education, health, and human services programs focused on young children and families in the county. CVP's goal was to increase by at least 10 percent the number of children and youth who access the fundamental resources needed for successful development.

In Milwaukee, a Community Services Network (CSN) advised the TANF agency, as required by the state. The CSN was made up of multiple service providers, both public and private, that worked to identify significant service gaps or issues in the community and to develop solutions that would address these gaps. Another CSN goal was to clarify service channels for families by coordinating, and not duplicating, services. Similarly, in both Michigan sites (as was true throughout the state), multi-purpose collaborative bodies focused on service coordination, particularly for low-income families. In each site, the collaboratives had subcommittees that focused on welfare reform, and the TANF agency, the child care resource and referral agency, and many service providers were involved.

In two sites, case managers indicated that they often directed clients to the First Call for Help telephone service provided through the local United Way office. This service, which was available in New Port Richey and Grand Rapids, provided callers with referrals to Federal, state, county, city, and nonprofit agency programs to meet their needs. The service was helpful in directing clients to agencies such as local food programs, health screening providers, and job

training programs, as well as in identifying alternative funding sources for families when the typical channels of assistance were not be available.

2. Early Intervention and Parenting Programs

Programs that provided parenting support and early intervention services to low-income families existed in all of the study sites, but the degree to which these programs were viewed as part of the service network for TANF families with infants varied. The programs in Table VII.8 constitute a set of programs that TANF program administrators and representatives of the child care resource and referral agencies viewed as significant. They are not necessarily the full range of services that were available.

All of the sites had at least one high school that accommodated teenage parents in some fashion. At a minimum, this included offering on-site child care and parenting classes during the school day. In Nashville, counselors from Crittenton Services (a program for teenage parents) conducted parenting classes and held office hours throughout the city's 11 high schools. Two of the high schools also offered on-site child care, where parents could not only have their children close by, but also participate in their children's care and learn about child development and caregiving.

In Bakersfield and the two Florida sites, the public school systems offered programs for pregnant and parenting teens. Through these programs, teenage parents were entitled to social services, child care, transportation, health services, and classes in parenting and child development, regardless of family income. In each Florida site, teenage parents had three options. One option was to attend a traditional high school, the second was to attend a vocational/technical school, and the third was to attend classes at an adult education center. All of these sites provided child care. In New Port Richey, the Teen Parent Program was called the

TABLE VII.8

COMMUNITY PROGRAMS FOR TEENAGE PARENTS
AND PARENTS WITH INFANTS

Site	Schools for Teenage Parents with On-Site Child Care and Parenting Classes	Healthy Start and/or Home Visiting Program Serving Families with Children Ages 0-3	Healthy Families or Similar Program for Families with Children Ages 0-5	Neighborhood Family Centers / Family Resource Centers
Bakersfield, California (Kern County)	SAPID Program, run through the public school system	Early Head Start Adolescent Family Life Program		
New Port Richey, Florida (Pasco County)	Cyesis Program, run through the public school system	Healthy Start	Healthy Families	Neighborhood Family Centers; three in county
St. Petersburg, Florida (Pinellas County)	Teen Parent Program, run through the public school system	Healthy Start Home Visitation 2000	Healthy Families	Neighborhood Family Centers; nine in county
Waterloo, Iowa (Blackhawk County)	One high school with child care on-site	Tri County Hand-in-Hand Early Head Start Young Parents Together	HOPES / Healthy Families Parent Connection	
Grand Rapids, Michigan (Kent County)	Park School, alternative school exclusively for teenage parents	Healthy Start		
Detroit, Michigan (Warren/Conner District)	Available in the city, but not in direct service area	HIPPY Program		
Nashville, Tennessee	On-site child care at 2 of city's 11 high schools	Healthy Start		
Milwaukee, Wisconsin (Region 2)	On-site child care at 1 high school in service area	Birth to 3	Family-to-Family	Family Resource Center

SOURCE: In-depth study phase of the Study of Infant Care under Welfare Reform.

Cyesis Program, and the vast majority of the teenage parents served by the program received cash assistance. In contrast, in St. Petersburg, the Teen Parent Program was offered under the auspices of different organizations that worked with teenage parents, including the TANF agency (WAGES) and the local school district. These programs varied in the number of participating teenage parents who also received welfare. Respondents indicated that in St. Petersburg teenage parents connected with TANF tended to receive services through the WAGES Teen Program, while teenage parents not connected with TANF were served through the school system's Teen Parent Program. In one Teen Parent Program in the city, only 8 of 60 teenage parents received welfare assistance at the time of the site visit in July 1999.

In Bakersfield, the public school system offered the School-Age Parenting and Infant Development (SAPID) program. There were five SAPID sites in the Kern County High School District that served teenage parents and their children by providing parenting education and child care and development services while parents completed secondary education. Teenage parents attended school in a regular high school and were required to spend one class period per day in the SAPID child care laboratory. Another class period each day was spent in a child growth and development theory class. The Kern County High School District also offered a nutritional support program for pregnant and lactating students and an independent study program for pregnant teenagers.

Grand Rapids was the only site that had a school, Park School, that exclusively served teenage parents from the 7th through the 12th grade. Any pregnant or parenting teen in the city could be transferred into this school. The school always accepts new students. In the 1998-99 school year, the Park School accommodated a total of 300 students, with approximately 170 in attendance at any given time, and with 150 infants and children under age 5 receiving child care.

The percentage of students at the school who received cash assistance ranged from 50 to 75 percent throughout the year. The school operated on regular school hours, but used block scheduling. Rather than offering seven or eight classes per day, the school offered four classes, each one and one-half hours long. These longer classes allowed for a multi-modality approach, incorporating lecture time, lab time, and study time within each session. Ideally, this helps teenage parents take care of much of their schooling during school hours, leaving time for parenting their infants and/or children outside of school hours. The curriculum included specific parenting and child care classes and, as much as possible, interwove parenting development activities into the academic exercises (for example, keeping a journal for English class about the infant's development).

Early intervention and parenting support programs were also available in the communities. These specialized programs tended to be small, and they conducted their own outreach to families. There were few linkages between these services and the TANF program offices. However, because of the targeting criteria for many early intervention programs (for example, income below the poverty line), many clients served by these programs also received cash assistance. In Grand Rapids, the Healthy Start program estimated that 90 percent of its clients were TANF recipients at the time of the site visit, and the Early Head Start program in Bakersfield estimated that 50 percent of those served at the time of the site visit were CalWORKs clients. In contrast, the Tri-County Hand-in-Hand Early Head Start program in Waterloo indicated that relatively few of its clients in home-based services and the child development center received cash assistance. In fact, a significant number of the 120 families enrolled in their programs were former TANF recipients who had had their benefits terminated either due to increased earnings or to sanctions. Program staff reported that the Early Head Start

program was one of the few that continued to serve these families, and they noted that these families' needs—for child care assistance and for other services--were extensive.

Similarly, the Neighborhood Family Center in Shady Hills, an extremely poor and rural area of Pasco County in Florida, was one of the few supports available to low-income families in the area. Many families are without transportation and are isolated from services and from jobs. The Neighborhood Family Center provided traditional services, such as child care and transportation assistance, as well as recreational and community building activities. The center offered support groups for single parents, sponsored weekly health clinics, and provided WIC services on-site.

Overall, St. Petersburg appeared to have the richest array of programs available to parents of infants. The Healthy Families program in St. Petersburg was the largest in the nation at the time of the site visit, serving 800 families throughout the city. In addition, the city had a number of home visiting programs, including the Healthy Start program and Home Visitation 2000. The latter program entailed home visits by skilled nurses to first-time, single mothers.

One consequence of welfare reform for early intervention programs is that low-income families have much less time available to participate in these programs because of their work and related activities. Time constraints for working single parents who have young children are severe, and service providers reported difficulties in arranging services, including home visits. With less free time, parents are more likely to opt out of voluntary programs, even if they want the services.

D. HOW PARENTS OF INFANTS PERCEIVE SUPPORTIVE SERVICES

When asked what services are particularly helpful, parents of infants in focus groups generally put the WIC program at the top of their lists. In two sites (Waterloo and St.

Petersburg), participants felt that food stamps and Medicaid were more important supports than TANF assistance, in part because food stamps do not have time limits and in part because they had some earnings and their cash assistance grants were small. For example, in Iowa, a family of four with monthly earnings of about \$1,000 would be eligible for about \$100 per month in cash assistance and between \$150 and \$200 per month in food stamps, depending on circumstances.

In Detroit, Grand Rapids, and St. Petersburg, participants indicated that the supports offered through the TANF program, such as transportation assistance, uniforms, car repairs and registration fees, were particularly helpful. However, difficulties with transportation and the various strategies used to address transportation problems in the sites received the most attention from focus group participants. In Grand Rapids, participants said transportation can be a huge problem because buses stop running at 5:45 p.m., but they felt the TANF program had sufficiently addressed their transportation needs. Participants had taken advantage of TANF assistance to repair their cars and to arrange specialized cab services to get to and from work and child care. In Waterloo, focus group participants also noted that buses stop running at 5:30 p.m., and they indicated that this restricted their ability to accept jobs at nonstandard hours. No special efforts had been made in Waterloo to address transportation barriers. In St. Petersburg, participants complained that the public bus system was inadequate and unreliable. The bus schedules were inconsistent and certain routes stopped running earlier than others.

Owning a car seemed to make a big difference in managing the work and child care commute. In Milwaukee, the group of adult parents with infants all had cars, and they felt they would not be able to get to child care and work or required activities without a car. The group of teenage parents in Milwaukee did not have cars, and they indicated that transportation was their biggest difficulty. The bus routes in the city were adequate, but the bus schedules caused them

to have very long waits. All participants mentioned that this was a significant problem in the winter, when they worried about their infants and young children waiting in the cold for so long. One participant in Milwaukee started using the child care transportation offered through the TANF program and found this helpful.

In Detroit, participants said that the lack of jobs and the threat of violence in their neighborhoods were significant problems that made using public transportation difficult. Many jobs were located outside of the city, and the bus routes either did not run that far or took too long. The women also feared violence waiting for buses in the dark with their infants.

Parenting supports, such as child development education and parenting skills training, were provided most systematically and comprehensively for teenage parents. Some teenage parents received these services through contracted specialized case managers, residential programs for pregnant and parenting teenagers, and the public schools. In Milwaukee and Grand Rapids, teenage parents mentioned specific local programs with which they had been involved. In Grand Rapids, a few participants specifically mentioned Healthy Start as helpful in assisting them with rides to appointments, obtaining cribs and car seats, and getting health examinations for their infants. Nevertheless, not all teenage parents were enthusiastic about these services. Some of the teenage focus group participants said that parenting programs were only “sometimes helpful,” and some said it was difficult to find the time for parenting classes because of the demands of homework and the desire to spend the remaining time with their infants.

Some of the participants in the adult groups had taken parenting classes or had been involved with an early childhood intervention program. Participants in Bakersfield viewed parenting classes as sources of valuable information and support. One parent learned about brain development, and another parent was helped to understand her son’s aggressive behavior and

relate to him in more supportive ways. One participant in Waterloo enjoyed attending a parenting class because she was able to relate to and bond with other mothers in similar circumstances. Participants in a few of the focus groups who had not known about parenting classes thought they would have been valuable, and some asked other members of the focus group for more information.

The availability of support from family members was mixed within the groups of focus group participants. In most sites, about half the participants could rely on family members for emotional and financial support. The other half often had other friends or their infant's father who could help them with child care and financial assistance on occasion. Participants who did have some family support often felt that it was integral to helping them "make ends meet," meeting their child care needs, and/or supporting them emotionally or financially. A couple of teenage parents in each of three groups (St. Petersburg, Grand Rapids, and Milwaukee) were living in specialized facilities for teenage parents and felt particularly connected with services and programs through the program managers or social workers at these facilities.

In several sites, the focus groups included one or two parents who lived alone or had no additional family support. These parents expressed feelings of isolation and described the stress and difficulty of having no one to help when parenting an infant.

VIII. STUDY FINDINGS AND DIRECTIONS FOR FUTURE RESEARCH

The in-depth study of eight communities in six states that require TANF parents of infants to work or to attend school provides important information about what is involved in the transition from welfare to work and/or school. Indeed, our findings from the study extend beyond what can be discerned from information on state policies alone. We discovered what it means, from the perspective of local agency staff and some parents of infants, to put these policies into practice. Through the site visits, we developed insight into how TANF work requirements, child care subsidy program rules, the supply and quality of infant care, and the supportive services in communities interact to affect the support given to parents as they make the transition from welfare to work. The purpose of the study was to provide such a qualitative picture in order to inform research designs that, in turn, could provide a stronger foundation for policies in this area.

Nevertheless, our findings are based primarily on information from qualitative interviews with non-representative samples of various respondents in each site—program administrators, TANF case managers, child care workers, community agencies, and small groups of TANF parents with infants. Where possible, we have tried to verify the qualitative information with comparative policy information and administrative data, but limitations on the available data meant that not every finding could be checked in this way.

In this concluding chapter, we summarize our findings on TANF policy, child care options and choices, and supportive services in the eight sites we visited, creating a picture of the environment in which parents of infants are expected to move from welfare to work. We also discuss future research directions that are suggested by the study findings. The research we propose would build a greater understanding of the impact of work requirements for parents of

infants on employment, child care, family decisions and well-being, and the health and development of infants.

A. SUMMARY OF STUDY FINDINGS

The findings from the in-depth study fall into four categories. The first category includes general issues that cut across policy areas or that involve differences we found between sites with particular characteristics. The second category includes findings on TANF policy and practice as related to parents of infants. The third category includes evidence on the child care information, assistance, and choices available to TANF parents of infants. The last category of findings includes information on case management structures and supportive services.

1. General Findings

Four specific findings cut across the various policy areas we examined and provide a context for interpreting the more specific study findings. The first two findings concern the degree to which parents of infants are viewed as a distinct group within the welfare population and whether they have different experiences receiving welfare. The second two findings have to do with intrastate and urban-rural differences in policies and experiences.

- **Parents of infants are not generally viewed by case managers in the study sites as a group with categorical needs that are substantially different from the broader TANF population.**

Welfare administrators and staff generally did not think of parents of infants as a distinct group with unique needs in making the transition from welfare to work. Although welfare program staff recognized that infants have more intensive care needs, they did not believe that parents of infants shared a set of difficulties that were distinct from those of other welfare parents. The parents identified by welfare program staff as truly having special needs were those

with a mental health or substance abuse problem, a child (especially an infant) with chronic health problems or a disability, and teenage parents. Parents of infants (and parents of older children) can fall into any these categories, but the presence of an infant was not in itself a criterion for special attention. The one exception was the specialized case management program offered to parents of infants in Milwaukee. However, this program was still small and was not yet an integral component of the case management and service structure in place for parents of infants.

- **Parents of infants face greater challenges than parents of older children.**

When welfare program staff and families in the study sites were asked about the challenges posed by work requirements, their standard response was, unequivocally, transportation and child care.

Across the sites, relatively few TANF families owned a car. If they did, it was typically old and frequently in need of repair, and/or families had a difficult time paying for gas and insurance--all of which can force families to rely on public transportation. Unfortunately, the public transportation systems in each study site had significant weaknesses.

Among the public transportation shortcomings mentioned by staff and parents were inadequate bus routes between families' homes and their jobs, inconsistent bus schedules, and short hours. In a number of the sites, public bus service ended before 6:00 p.m., severely limiting job opportunities for parents who must leave work, pick up their children at a child care location, and return home before bus service ends. In the larger cities (Milwaukee and Detroit), the problem related not so much to the hours of service, but to the infrequency of service. Parents in these sites reported waiting a long time for buses in their community. In every site,

we heard about how long it takes to get children to child care and get to work on public transportation. Families often had to rise at 4:00 or 5:00 a.m. to get to work on time.

These circumstances are difficult for all families but can be particularly burdensome for parents of infants, who expressed concern for their infant's health because of long waits for buses in the winter en route to child care. In addition, a long commute and many hours of work leave parents with less time to spend developing a relationship with their babies. In addition, parents with babies who do not yet sleep through the night have difficulty maintaining early hours and long days.

Aside from transportation, child care was a standard challenge cited by welfare program staff and families in the study sites. Many families had difficulty arranging child care, especially for multiple children and those with special needs (which includes both chronic health problems and disability), and when care is needed during nonstandard hours. When these circumstances are combined with the more intensive care needs of infants, the difficulty of arranging care increases substantially. In addition, if there is an inadequate supply of child care or if child care is largely unaffordable, parents of infants face even greater challenges. All of these difficulties stem from the facts that infant care is generally less available, less flexible, and more expensive than care for older children.

In addition to these practical challenges, parents of infants may feel greater strains in their efforts to balance work and family. Other issues may pose a greater challenge to them than to parents of older children. Infants have more intensive care needs than do older children. They must be held more often and for longer periods of time than older children, and parents must spend time with them to develop the early close relationships that support their growth and development. Single parents of infants in particular may feel as if they are "running on empty"

as they attempt to balance work responsibilities with the care of an infant. Although many of the parents we spoke with benefited from the support of family and friends, the few who lived alone and who had no additional family support felt isolated and described the stress they felt as the sole caregiver.

- **Families in different communities within the same state may be subject to different policies and have different supports available to them as they make the transition from welfare to work.**

Two of the six states we visited (California and Wisconsin) have county-administered TANF programs. Differences in local policy implementation can be expected, to some degree, in these states. For example, in California, we found that each county had some flexibility to set the period during which parents can be exempt from work requirements based on the age of the youngest child.¹ Kern County (which includes the study site of Bakersfield) was one of five counties that had lowered the age limit for the exemption to anywhere from 12 weeks to 6 months (California DSS 1998). In Wisconsin, the state had contracted the administration of the TANF program to local agencies. In most counties, the county office of the Department of Workforce Development administered the TANF program, however, in Milwaukee five independent, private agencies administered the program. These agencies had some latitude in their approach to work requirements and sanctions, but they were required to meet performance standards that the state prescribed.

The four other states in the in-depth study (Florida, Iowa, Michigan, and Tennessee) have state-administered TANF programs. While many TANF, child care, and supportive services policies are set at the state level, particularly in these states, local discretion is allowed in many program areas. Local deviations from state policy in addition to other community-specific

¹California state policy specified that counties must set the age for the work exemption period between 12 weeks and 12 months and has set a statutory standard of 6 months.

factors can influence family experiences in the TANF program even in state-administered systems. These local differences appeared in three policy and/or program areas: sanction policy and case management, child care assistance policy and licensing standards, and case management and services to teenage parents.

For example, sanction policies and case management approaches were slightly different in the two Michigan sites. In Grand Rapids, sanctions were viewed as a first-line tool in encouraging TANF recipients to work, as program officials in that site took a stricter approach to sanctions for noncompliance. The site had received a waiver from the state to eliminate a period of reduced benefits and enforce full-benefit sanctions on the first occasion of noncompliance. In contrast, the Warren/Conner district office in Detroit maintained the state policy that allowed a period of reduced benefits, reflecting a local office philosophy that placed less of an emphasis on the use of sanctions. Case managers in this district office seemed more likely to address noncompliance by conducting home visits to understand a client's circumstances and reasons for noncompliance. (Home visits were required in both sites for noncompliant clients, but they did not occur in Grand Rapids due to high caseloads.)

We observed two child care policy differences between the two Florida sites. In New Port Richey, TANF parents were unable to access child care assistance during the three-month work exemption period that is based on the age of their infant. During this period, they were expected to be home caring for their infant, and therefore, assumed to be able to care also for their other children during this time. Even if a parent chose to participate in work activities during their exemption period, she would not be given child care assistance. This policy was problematic for parents in that it breaks the continuity of child care. That is, once a family lost its slots in a child care facility for its older children, that family might be unable to reclaim the slots after the

exemption period ends. Welfare and child care program staff in St. Petersburg reported that child care assistance was available to parents to support approved activities, whenever such activities occur.

Differences between the two sites in Florida were most apparent in child care licensing standards. Pasco County (where New Port Richey is located) had adopted the state licensing standards. However, Pinellas County (St. Petersburg) exceeded the state standards and, therefore, had jurisdiction over child care licensing. Pinellas County had set lower infant-to-staff ratios, had defined a maximum group size for providers that care for infants, and required family child care homes to be licensed, eliminating the option of simply registering in that county. In addition, the level of enforcement was higher in Pinellas County than in Pasco County because the former required more frequent unannounced inspections of licensed child care providers.

Another difference between sites in the same state took the form of differences in approaches to case management and services for teenage parents. In Grand Rapids and in St. Petersburg, minor teenage parents (under 18) were required to participate in specialized programs that provided intensive case management services and additional supports. Each of these sites also had TANF case managers who carried a caseload solely made up of teenage parents and their families. In contrast, there were no such programs for teenage parents in the Warren/Conner district in Michigan or in New Port Richey, Florida. In addition, case managers in these sites reported very little, if any, contact with teenage parents overall.

Many of the intra-state differences we observed may be attributed to resource differences in the sites. Grand Rapids and St. Petersburg were generally described as service-rich areas, and parents who participated in focus group discussions in these areas reported a general satisfaction with the level of transportation and work supports available to them. Welfare program staff in

Grand Rapids believed they could take a strict approach to sanctions because the program could address the supportive service needs of TANF recipients that might otherwise hinder their ability to meet work requirements. In contrast, respondents in the Warren/Conner district and in New Port Richey believed their communities suffered from a lack of resources, leaving the programs less able to respond to client needs and to build innovative partnerships with community-based organizations.

- **The more rural sites face the issues also faced by urban sites in moving TANF recipients, including parents of infants, into work activities, but the issues tend to be more difficult for rural sites to address.**

Providing transportation, child care, and other supportive services, challenges all communities as they move TANF recipients into work activities. In rural sites with typically limited resources, these challenges are particularly pronounced. Even the presence of a viable job market that TANF recipients can enter is negligible.

Waterloo, Iowa and New Port Richey, Florida are very small cities situated in largely rural counties. These sites had particularly limited transportation services available to low-income families. Public transportation systems, minimal in Waterloo and New Port Richey, were virtually nonexistent in outlying areas. Neither site had initiated special efforts to address the transportation needs of TANF recipients who must meet work requirements. In fact, among the eight sites, these two had the weakest transportation supports in place. The level of transportation assistance to TANF recipients in these areas was not likely to adequately meet the needs of working parents living in low-income neighborhoods, particularly those who worked nonstandard hours.

These smaller, rural sites also found it more challenging to provide supportive services. For instance, the lack of adequate and affordable housing was cited by numerous respondents as a

significant problem for low-income families. In New Port Richey, respondents said that there was a one-year waiting list to receive Section 8 housing subsidies, and in Waterloo, the wait was up to three years. The lack of other services, such as health services and parenting supports, was also a concern in New Port Richey, but less so in Waterloo. Waterloo had created a collaborative planning and service delivery network that had greatly improved the coordination and level of services offered to low-income families through both public and nonprofit agencies.

Of greatest concern in these areas was the difficulty in helping families out of poverty and onto firm ground that can support a move toward self-sufficiency. Respondents in both sites believed that the jobs available to TANF recipients were not jobs that would provide stable employment and decent wages. In Waterloo, there were many jobs, but most paid minimum wage, did not offer benefits, and required nonstandard hours. New Port Richey did not have many large industries, so few jobs there paid well. Because the area was dominated mostly by small employers that tended to have limited resources and little flexibility themselves, TANF and child care program staff in New Port Richey had been reluctant to press for more supportive work environments.

2. Findings on TANF Policies and Practices

This section presents four study findings that are specific to the TANF policies in the six study states and to the implementation of these policies in the eight study sites. Our findings pertain to the application of TANF policies to parents of infants, the relationship between required hours and the breadth of countable activities, and perceptions about the fairness and flexibility of the system.

- **With the exception of short work exemption periods, TANF policies in the study sites were generally not tailored for parents of infants.**

In an effort to simulate an environment for cash assistance that closely resembles the working world, the study sites provided a period of exemption from work requirements that mirrors Federal policy for family and medical leave. The sites generally allowed parents to remain at home for 12 weeks, or 3 months, to care for a newborn child (Tennessee allowed four months). When this period of leave ended, parents of infants were no longer exempt from work requirements.

State TANF policy for work requirements, sanctions, and time limits are applied similarly across the entire TANF population that is nonexempt from work, including parents of infants. While it can be difficult for policymakers to cater to the specific needs of the many segments of the TANF population without encountering arguments over equity, the study states were not taking advantage of the policy flexibility for parents of young children that is provided through Federal rules. The Federally required work participation rate for TANF recipients in fiscal year 2000 and thereafter is 30 hours per week. However, Federal rules allow fewer hours of participation, 20 hours per week, for any single parent with a child under the age of 6. Michigan was the only state among the six that had implemented this lower requirement.

In addition, only two states (Tennessee and Wisconsin) exempted parents of infants from time-limit calculations during the period of work exemption based on the age of the youngest child. None of the sites appeared to alter sanction policies in their application to parents of infants.

- **There appears to be a positive relationship between the number of required hours of activity per week and the range of activities that can count toward these hours.**

We found that the states that required more hours per week of approved activity accepted a broader range of activities to meet this requirement. States requiring fewer hours (20 or 25) of approved work activity per week accepted only work or other activities very closely related to work (such as job search). The sites that required more hours per week of activity accepted such additional activities as education and participation in specialized services, like mental health or substance abuse treatment programs or parenting/early intervention activities.

- **TANF policies were applied differently to unmarried minor teenage parents in the study sites.**

Unlike parents of infants, unmarried minor teenage parents were viewed as a salient group for which special policies had been developed. These policies were intended to achieve two basic goals: to keep minor teenage parents in high school until they graduate and to reduce the extent to which minor teenage parents establish their own households. According to Federal policy, the school attendance and live-at-home requirements must be met by all unmarried minor teenage parents (under 18) receiving Federal assistance. Some states, including California, Florida, and Tennessee extended both of these requirements to 18-year-old parents, and Michigan extended the school attendance requirement to all teenage parents under 20 who had not completed high school. Iowa and Wisconsin followed the Federal requirement. Sanctions imposed on teenage parents for noncompliance tended to be somewhat less severe than those applied to adults. However, because minor teenage parents living at home were included in their parents' cash grant, any sanction applied to teenage parents (and their child) decreased the cash grant to the entire assistance unit. In all study states, minor teenage parents were not subject to time limits.

According to state policies, teenage parents of infants were exempt from school attendance requirements for the same period of exemption specified for all parents of infants (three months in five of the states and four months in Tennessee). More typically, however, it was local school district policy that dictated the amount of time a teenage parent could be excused from school due to the birth of a child. From what we learned in the study sites, this period was generally less than three months and was closer to six weeks.

- **Parents of infants who participated in focus groups generally believed that TANF policies were fair but would have liked to see more flexibility in the way self-sufficiency plans are developed and sanctions are applied. They would also have liked more of an opportunity to participate in activities that would help them achieve long-term self-sufficiency.**

The parents of infants in the focus groups conveyed a fundamental belief in the fairness of a welfare system that requires recipients to take steps toward self-sufficiency and in the importance of education in taking them toward this goal. These parents did not simply want to work in exchange for welfare benefits. They wanted to work toward financial independence. Parents were concerned about a lack of flexibility in imposing sanctions, insufficient support for higher education as an approved activity, and the possibility that time limits may be too short for welfare recipients with relatively low levels of education. Some parents were also concerned about being able to balance school or work responsibilities with parenting. They were disappointed about missing their infant's day-to-day progress, and they were disheartened about being too tired to parent well, in their own estimation.

3. Findings on Child Care Information, Assistance, and Choices

In this section, we discuss six study findings in the following areas: the information parents of infants are likely to receive about penalty exceptions to work requirements and about selecting

child care, the difficulties parents have in arranging infant care, the factors that can restrict and otherwise influence the type of care that parents of infants choose, and the factors that affect the ease with which TANF recipients can continue to receive child care assistance as their welfare status changes.

- **Parents of infants in the study sites were not uniformly informed that they can receive a penalty exception to the work requirement due to the inability to arrange child care.**

Final rules governing the TANF and CCDF programs require administering agencies to inform parents with children under the age of 6 who are subject to work requirements that they cannot receive a sanction for noncompliance with work requirements for any period during which they are unable to arrange child care. Inability to arrange child care is an appropriate reason for this penalty exception if the following are true: child care cannot be arranged within a reasonable distance from home or work, the formal child care arrangements available are either inappropriate or unaffordable, and/or the informal care available from a friend or relative is unsuitable.

Only in one study site (the Warren/Conner district office in Detroit) did TANF case managers report that they discuss the inability to arrange child care as a legitimate reason for not participating in work activities. This site was one of four of the study sites in which the lead administering agency for CCDF and for TANF were the same. This is noteworthy because while the final CCDF rule became effective in July 1998, the final TANF rule requiring such information to parents was released in April 1999, just as the site visits for this study began, but did not take effect until October 1999. Therefore, in four of the remaining seven sites, TANF case managers were probably not yet informed of their responsibility to discuss the penalty exception with parents.

At the time of the site visits, case managers in the other seven sites did not inform parents of the penalty exception up-front but generally waited until the need arose (e.g., when a parent indicated that she was having trouble arranging child care and must miss required activities). Case managers in these sites believed that because such up-front discussions may provide parents with a ready excuse for not participating in required activities, knowledge of the penalty exception can act as a disincentive to participation.

- **Case managers reported that they rarely encounter families who have difficulties in arranging child care to the extent that a work exemption is warranted, yet half the families in the focus groups reported that child care is difficult to arrange.**

Across the sites, case managers reported that parents rarely, if ever, receive an official exemption from work activities while they arrange appropriate child care. Moreover, although good cause deferrals had been granted, they were limited. For the most part, case managers in the study sites reported hearing from few families that they were having significant difficulties arranging child care.

The parents we spoke with, however, felt differently. We learned that about half the families in each focus group had experienced difficulty arranging care for their infant. Obstacles to finding acceptable infant care included a limited supply of formal child care, concerns about the health and safety of arrangements, and the inability to find a care arrangement that can accommodate multiple children. Parents should be credited for dealing with difficulties and taking the necessary steps to arrange appropriate care. However, if parents were unaware of penalty exemptions from work requirements, it is possible that they were responding to the seriousness of work requirements and the pressure of sanctions in arranging care even if they had concerns about the child care arrangement.

- **Parents could receive enhanced services in locating child care in the majority of study sites, but many never received even basic child care consumer information.**

Six of the eight sites made enhanced resource and referral services available to TANF recipients. The local TANF program offices contracted with the local CCR&R agencies to provide these services free of charge. TANF recipients could contact the CCR&R agency and specify their preferences for type, location, and hours of care, and receive lists of providers that met their needs. In four sites, these lists included providers with recent openings (within the past two to three weeks). In the two Michigan sites, the lists indicated providers whose openings had been confirmed by the CCR&R agency at the time of the parent's request for assistance. Information on selecting quality care typically accompanied any lists sent to parents by the CCR&R agencies.

Despite the availability of these services, many TANF recipients never sought them out. On the other hand, they may not have been told that these services were available if, as was often the case, they had identified a provider before they even applied for a child care subsidy. Case managers in every site reported that the majority of their clients came to the office having already identified a provider. When this happened, parents were unlikely to receive even basic consumer information on selecting child care and assessing quality in child care arrangements.

Only two sites provided general consumer information to all, or most, families who applied for child care assistance. In Nashville, this information was systematically distributed to parents when they met with a child care worker to apply for a subsidy. In Grand Rapids, CCR&R staff were on site at the TANF office every day, actively distributing child care consumer information to TANF clients. All the other sites made brochures on child care available in application and intake areas, but they were not systematically or proactively distributed to families.

- **In half the sites, child care choices were reportedly restricted because formal child care arrangements were not affordable.**

Affordability and access to child care for low-income families is determined, in part, by family copayments and state reimbursement rates to child care providers. In five sites, respondents reported that reimbursement rates seemed to provide sufficient access to formal child care providers for subsidized families. Respondents in these sites (Bakersfield, California; New Port Richey, Florida; Waterloo, Iowa; Detroit, Michigan; and Milwaukee, Wisconsin) did not believe that families were charged out-of-pocket expenses in addition to required copayments in order to make up the difference between the provider's cost of care and the level of reimbursement. But only in Waterloo was this practice prohibited by law among providers that agreed to accept the state reimbursement rate as full compensation for care. In three sites (St. Petersburg, Grand Rapids, and Nashville), inadequate reimbursement rates, as perceived by respondents, meant that parents could incur out-of-pocket expenses, beyond required copayments, to access some types of care, generally center-based care. In Grand Rapids, especially, respondents reported that the prohibitive cost of center-based care put it virtually out of reach for low-income families, and in both Grand Rapids and St. Petersburg, very few infants in subsidized care used centers. In Nashville, however, nearly two-thirds of the infants in subsidized care used centers, so many parents must routinely have paid the additional out-of-pocket expense to providers. In Milwaukee, families were generally not required to incur expenses beyond required copayments, but respondents universally agreed that even the copayments placed a strain on many families. TANF recipients were required to make minimal copayments toward the cost of child care, but other low-income working families could incur child care costs that amounted to 12 percent of their income based on copayment schedules.

- **Child care arrangements chosen most frequently by families receiving subsidies for infant care varied widely across the sites. Parents of infants said that convenience and location most strongly influenced their child care decisions. Parents appeared to face substantial difficulty finding care for multiple children, children with chronic health problems or a disability, and to cover nonstandard or variable work schedules. Teenage parents seemed to select center care that was conveniently located in their high schools.²**

Child care arrangements chosen by families receiving subsidies for infant care varied substantially across the sites, with some sites showing very high use of center-based care; other sites high use of home-based care; and varying proportions of families using care in the child's home, based on state- and site-level child care program administrative data from 1999. The observed patterns generally confirmed the observations of local agency staff regarding low payment rates that deterred use of center-based care in St. Petersburg and Grand Rapids; policies that eased use of care in the child's home in Grand Rapids and Detroit; and policies requiring home-based providers to have a license in St. Petersburg and New Port Richey and be certified in Milwaukee, which reduced or eliminated use of nonregulated family or group home care in these sites.

Child care agency staff in the sites and parents of infants themselves reported that convenience and location were primary considerations in selecting child care. TANF parents often faced difficulties in arranging transportation, and they did not often have flexible work schedules. As a result, their child care arrangements needed to make up for the convenience and flexibility absent from their work or family life. Informants in the sites said that parents with nonstandard or variable work schedules, multiple children, and children with a chronic health condition or disability all faced substantial difficulty finding child care. While parents were

²Findings from the focus groups are based on small, nonrepresentative samples of parents of infants. Therefore, while their choices of care can illuminate the constraints and factors influencing choice, the overall patterns of child care used by focus group participants cannot be generalized to understand patterns of child care use among all welfare-reliant parents of infants.

undoubtedly concerned with the basic health and safety of their infants, the quality of the child's daily experiences in child care tended to be secondary to other factors in selecting care.

Convenience and location led many parents of infants in the focus groups who were not teenage parents to place their infants in the care of a friend or relative. Local agency staff in all sites except Milwaukee said that parents of infants were more likely than parents of older children to use care by friends and relatives. In contrast, the teenage parents who participated in the focus groups mainly selected licensed child care arrangements that were available on site at their school or in assisted living arrangements, choices which also reflect the importance of convenience and location.

- **Based on case manager reports, maintaining child care assistance as family circumstances change with regard to welfare receipt and income appeared to be easier in sites that had integrated child care subsidy systems.**

Three of the study states (Michigan, Wisconsin, and most recently, Iowa) had integrated child care subsidy systems. In the sites within these states, all families made one application for child care assistance, and if they qualified, they could maintain assistance for as long as they remained income-eligible despite changes in their welfare status. Even though California does not have an integrated child care subsidy system, the local arrangements in Bakersfield made the system seamless for TANF families as they transitioned off cash assistance. In all these sites, families were required to recertify for assistance and report any income changes, but they generally dealt with the same child care worker, and there was no need to reapply for assistance as their income and welfare status changed. Case managers in these sites believed that families who left TANF continued to use child care assistance at a high rate.

In contrast to the integrated systems in these five sites, separate child care systems in the other sites required families to take additional steps to maintain child care assistance as they

transitioned off of welfare. In the view of case managers, parents seemed less likely to continue to use assistance after leaving TANF as a result. For example, in the Florida sites, the child care worker who initially authorized assistance was not the same one who reauthorized it when a parent's TANF status changed. And in Nashville, families were required to reapply for transitional child care assistance once they left TANF. Case managers in the Florida sites estimated that about 20 percent of the families who received child care assistance while they were on TANF continued this assistance when they left TANF. In Nashville, this estimate was higher, but case managers still believed that less than half the TANF families continued their child care assistance after they left TANF.

4. Findings on Case Management Structures and Supportive Services

This last set of four findings involves the system of supports, beyond child care, that were in place to assist parents of infants in their transition from welfare to work in the study sites. We discuss the level and intensity of case management generally and specifically for parents of infants compared with teenage parents. We also discuss the extent to which TANF offices could connect parents of young children with parenting support available in the communities.

- **TANF primary case managers in the study sites had high caseloads that seemed to inhibit their ability to understand the needs and circumstances of individual families and, therefore, limited effective case management.**

The number of clients in a caseload can affect the amount of time the case manager can spend with each client, which inevitably affects the level of service clients receive. Caseloads for primary case managers in the study sites typically hovered around 100, which appeared to be too high to allow these case managers to provide individualized services. We heard concerns in all sites (except Milwaukee) that caseload size was a deterrent to strong case management. Case

managers in two sites with the highest caseloads (Nashville and Grand Rapids) were particularly concerned with the negative effect of high caseloads on the quality of services. The smaller caseloads in Milwaukee, on the other hand, appeared to have made it easier for case managers to make service connections in the community.

- **Case management structures and supportive services in the study sites were not tailored specifically to the needs of parents of infants who must meet work requirements.**

Because the needs of parents of infants were not viewed as distinct from the needs of other parents, few service strategies in the study sites were specific to parents of infants. Parents of infants received case management services and were referred to supportive services in the same manner as the broader TANF population. There were no case managers within the TANF office in any study site who specialized in or worked specifically with parents of infants. In addition, there had been little effort made by the local TANF offices to strengthen the connections with community-based programs that offer parenting services and supports to parents of young children.

Only one site customized services for parents of infants who must meet TANF work requirements. In Milwaukee, all TANF parents of infants under 10 months were referred for specialized case management and services to a contracted community-based service provider. Case managers in this agency assessed the particular needs of each family and linked the families with services that corresponded to these needs, such as employment programs, emergency financial assistance, and perhaps most important, parenting supports. Parents participated in this

specialized case management program voluntarily. At the time of the site visit, fewer than 40 TANF recipients were enrolled, out of a potential of approximately 290 families.³

- **Case management structures and supportive services were specifically tailored to teenage parents in the majority of study sites.**

Teenage parents were viewed as a group in need of specialized services. Research over the past decade has shown that teenage parents are likely to drop out of school, to have chronically low skills, and to have longer durations of welfare receipt. The evidence also shows that, as parents, they are inexperienced and immature, and are more likely than other parents to be referred to child welfare agencies.

To address these particular needs, five of the eight study sites required teenage parents to have their own self-sufficiency plan (even while they were included in their parents' cash grant). These sites also referred teenage parents to intensive case management programs. Participation in these programs was mandatory for minor teenage parents (under 18). Other teenage parents (ages 18 and 19) could generally participate voluntarily. These programs typically focused on helping teenage parents to stay in school and improve their parenting skills. Two of the five sites also had specialized case managers within the TANF office whose caseload was exclusively made up of teenage parents and their families.

In the three other sites, however, case managers reported little to no contact with teenage parents. The absence of both specialized case managers within the TANF agency and contracted case management services for teenage parents suggests that the particular service needs of

³The 290 families is an estimate based on the total site caseload of 1,228 provided by the site and the percentage of TANF families with a youngest child under age 1 in Wisconsin (24%) as presented in the *Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress*.

teenage parents were less likely to be identified or addressed through the TANF program in these sites.

- **Work-related supportive services provided through the local TANF offices studied were generally strong, but the connections between the local TANF offices and specialized services, including early intervention and parenting programs, appeared weak.**

The local TANF programs we studied offered a relatively wide range of supportive services to individuals as they made the transition into work. For example, each site provided TANF recipients with some form of transportation assistance (e.g., bus passes, reimbursement or vouchers, funds for car repair or purchase). In five of the eight sites, some transportation assistance was available to individuals for a limited period after they gained employment and moved off cash assistance. In addition, the sites generally provided some level of assistance for work-related expenses such as the purchase of uniforms, books, tools, or necessary registrations or certifications. With the exception of the two Florida sites, these supports were widely available. Last, five of the eight sites offered assistance with emergency financial needs in order to help an individual maintain employment, and potentially, stay off cash assistance. Case managers reported that TANF recipients are routinely informed about available work-related supports.

In contrast to transportation and financial assistance, only half the sites systematically referred TANF recipients for mental health and substance abuse services. In these sites, on-site clinical staff provided assessments and counseling services, and referred clients to community treatment programs. Case managers in only one site systematically referred parents of infants to an intensive case management and parenting support program. While all sites had an early intervention or parenting program, and while the targeting criteria for many early intervention

programs are based on low income levels, these programs were not well-connected with the TANF office and typically conducted their own outreach efforts directly with families. The likelihood that a TANF recipient received any referral for a specialized service in the community appeared to depend on the knowledge, interest, and time of their TANF primary case manager rather than on any standardized connections or agreements with the TANF office.

B. RESEARCH DIRECTIONS

The Study of Infant Care under Welfare Reform was intended to provide a preliminary look at how states were dealing with the challenge of moving parents of very young children into work and how parents were balancing their new responsibilities with the care of an infant. The in-depth study has identified the characteristics of the TANF, child care, and supportive service environments that affect parents of infants as they make the transition from welfare to work. However, there are a number of areas that this study could not adequately address. Two in particular are worthy of further study.

First, this study focused on the experience of TANF parents of infants who must meet work requirements. Given the scope of the study, we could not gather sufficient information on the child care experiences of families who had moved off cash assistance or on the experiences of low-income working families who had never received cash assistance. Family experiences of the extent and stability of child care subsidy program assistance and the reliability and stability of child care choices are important in understanding how child care continues to play a role in work and family decisions through the complete transition from welfare to work, and should be a focus of further study.

Second, we could not ascertain the level of quality, from a developmental perspective, or even systematically from a parent's perspective, of the arrangements that parents use for the care

of their infants. We visited with only a handful of child care providers across the sites, and we could not systematically gather information on the quality of care available to low-income families in each of the study sites within the scope and resources of this study. Nor could we gather information about the frequency of changes in child care providers. There is still much to be learned about the level of quality of infant-toddler care and about strategies for improving quality on a community-wide basis, and future research should tackle these questions.

Beyond these areas, it may be useful to look more broadly at initiatives that address not only infant care but also toddler care. Some states, or areas, may have innovative approaches to improving access and quality in toddler care in a way that could support low-income working parents and that could be expanded and/or replicated to assist parents with infants.

In addition to these broader research concerns, there are three specific avenues for future research that are suggested by this initial qualitative study. The first is to study how work requirements and infant care arrangements affect parents and their infants. A study that would examine the impact of requiring parents of infants to work could do so by comparing a group of families who face a work exemption until the child is 3 months of age with another group that faces a work exemption until the child is 12 months of age. Follow-up research would contrast the effects of the different work exemptions on employment, child care choices, and infant development. For families facing a work requirement when their children are very young, a demonstration study that examines different levels of required work for parents of infants would prove useful in understanding the effects of policies on work and family life. Most states do not set a 20-hour-per-week work requirement for single parents of children under 6; instead, they apply the same requirement, typically a higher minimum number of hours, to all adults who are required to work. Among the states in this study, only Michigan adopted the lower hours

requirement for parents with young children. Relaxing the work requirement for single parents of young children could give them more time for parenting responsibilities and so may improve parent-child relationships and child well-being while keeping parents on the path toward self-sufficiency.

The second avenue is to gather the general data that can help policy-makers and program administrators better understand the work experiences and child care choices of parents of infants. This qualitative study was limited in its ability to collect and analyze data on work participation rates, sanction rates, utilization rates of subsidized child care, and types of child care arrangements specific to TANF parents of infants. Although data on some of these issues and corresponding to most of the sites were available, it did not always address the specific issue. For example, we lack longitudinal data to examine the extent to which parents leaving TANF retained child care subsidies in sites with different child care program structures. Such data would go one step further in identifying the circumstances, challenges, and needs of parents of infants that are suggested by the qualitative findings presented in this report.

The third research avenue is to study strategies suggested by our study to have the potential to support parents of infants in balancing their work and family responsibilities. In general, the sites we visited have used a number of innovative strategies that other states and communities could consider in their efforts to improve the functioning of and the relationship between their TANF and child care programs. We also identified promising models of supportive services and policies that can both facilitate the transition parents make to work or school activities and promote the health and development of their infants. However, we found only a few such programs during our site visits. Few sites had gone very far beyond the task of getting parents into work-related activities or school to, for example, shore up support for managing parenting

and work responsibilities and for making the child care experiences of young children developmentally enhancing. Such “extended” initiatives may very well exist outside the eight sites in our study. The research ideas bulleted below focus on strategies that were either already used in some fashion in at least one of the study sites, or that are suggested by the findings from the in-depth study:

- Study the effects of requiring parents of young children to participate in early intervention services or parenting programs as all or part of the work requirement.
- Study the effectiveness of reducing caseloads to approximately 50 TANF recipients to provide greater individualized case management and stronger service connections.
- Study the effects of linking TANF programs with early intervention services or parenting supports in the community that focus on the well-being of infants, toddlers, and their parents.
- Study the effects of providing specialized case workers and comprehensive services, including quality child care on-site at school and parenting classes, for teenage parents.
- Study the effectiveness of child care strategies that address the availability and affordability of certain types of child care.

C. CONCLUSION

Overall, parents of infants in the study sites appeared to be handling the dual responsibilities of work and parenting. However, the degree to which these parents were handling the pressures of work and family life well varied according to their individual circumstances, which often compounded the already difficult problem of working while attending to the unique and intensive child care needs of infants. In many ways, TANF, child care, and supportive service policies, along with service delivery structures were not focused on the needs of parents of infants, largely because the system did not view them as a group with categorical and unique needs. And, while it may be true that parents of infants did not face unique difficulties in the

transition from welfare to work, the difficulties they did face were intensified by the presence of a very young child with intensive care needs.

A number of strategies specific to helping parents of infants with their transition into work could focus on improving connections between TANF agencies, and parenting and early intervention services. Other broader strategies that address not only the transition to work, *per se*, but also specific supportive services needs such as transportation or child care, could benefit a broader population of parents *and* greatly relieve the pressure felt particularly strongly by parents of infants. The next report in the series, produced as part of the Study of Infant Care under Welfare Reform, will further discuss the options for future research that can help test the effectiveness of strategies to support parents in their transition to work or school and promote the health and development of infants.

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APPENDICES

APPENDICES

The information presented in the following appendices was compiled in 1998 as part of the initial information-gathering phase (Phase 1) of the Study of Infant Care under Welfare Reform. In the initial phase of the study, we summarized information on TANF policies, child care support, and other supportive services that would affect parents of infants in the 22 states that require these parents to meet TANF work requirements. Wherever possible, we sought information that would describe the policy environment specifically for parents of infants—for example, the licensing regulations for infant care and child care subsidy rates for infant care. This information was gathered in order to gain a basic understanding of the policy environment in place in the 22 states and to inform site selection for the in-depth study (Phase 2).

The information in these appendices is drawn from a comprehensive review of information reported by national research organizations and associations, including the Urban Institute, the Children’s Defense Fund, the National Governors’ Association, the Center for Law and Social Policy, and the Children’s Foundation, among others. At the time of this study, several surveys of states had been conducted by these organizations to learn about welfare and child care policies. Nevertheless, there are limitations on the information presented:

- (1) The information was gathered in the fall of 1998 in order to select sites for study in the spring and summer of 1999. Because of this timing, much of the information presented in these appendices is older and represents the state of programs, policies, and other indicators at a relatively early point in the TANF process.
- (2) The states were not contacted to verify the information presented here, including TANF and child care policies. Information on the six states included in the in-depth study has been updated, as possible, based on the review and comments of state-level respondents as part of the in-depth study.

The reader should bear in mind that in this changing policy environment and given the passage of some time since this information was collected, it is possible that current state policies may differ somewhat from those presented throughout these appendices.

Updated information on the primary data elements discussed in these appendices can be obtained from the following sources:

- The State Policy Documentation Project of the Center for Law and Social Policy and the Center on Budget and Policy Priorities. <http://www.spdp.org>
- “Temporary Assistance for Needy Families (TANF) Program Third Annual Report to Congress.” Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. August 2000. <http://www.acf.dhhs.gov/programs/opre/director.htm>

- The Children's Defense Fund at <http://www.childrensdefensefund.org>
- The Children's Foundation at <http://www.childrensfoundation.net>

APPENDIX A

WORK EXEMPTIONS AND WORK REQUIREMENTS FOR PARENTS OF INFANTS

Prior to PRWORA, states could not require recipients who were single parents of infants (under 12 months) to participate in work-related activities, except through an approved waiver of Federal policies. While PRWORA does not require states to exempt parents of infants from work requirements, it provides states with an incentive to do so. In particular, states may omit these families from the calculation of the work participation rate. The omission of parents with infants from the rate calculation allows states to provide work exemptions to these families without diminishing their ability to meet the Federally mandated work requirements.

Within these Federal guidelines, states in fall 1998 had made varying policy decisions about work exemptions for parents of infants.

A. WORK EXEMPTIONS FOR PARENTS OF INFANTS (TABLE A.1)

In Fall 1998, twenty-eight states exempted parents with children under one year from work requirements (Table A.1). The omission of parents of infants from the work participation calculation may encourage states to provide the work exemption for this group; however, it provides no incentive to extend the exemption beyond the child's first birthday. Only four states had broader exemptions for parents at that time.¹

PRWORA stipulates a 12-month total lifetime exemption from the work participation rate calculation for an adult who must care for an infant. Thus, many states have eliminated or limited exemptions for subsequent children. Of the 28 states providing a work exemption for parents of infants, 13 states put a limit of 12 months on the total time a parent can be exempt from work based on the need to care for their young child, following the Federal lead.

Six of the 28 states had shorter work exemptions for specified groups of parents, based on whether the child was conceived while the parent received public assistance, or based on the age of the mother. The nine remaining states had not established any conditions under which parents of infants would be required to work.

¹Because TANF policies were still in flux during the period of this study, the list of states that currently require parents of infants to work is somewhat different than it was in Spring 1999. Three states included in our list of 22 states now exempt parents of infants from work (Indiana, Vermont, and Wyoming). Four other states not on our list of 22 states now require parents of infants to work (Alabama, New York, West Virginia, and Washington) (CLASP, State Policy Documentation Project, June 2000 [www.spdp.org]).

B. WORK REQUIREMENTS FOR PARENTS OF INFANTS (TABLE A.2)

Twenty-two states in Fall 1998 had broader requirements that parents of infants (under age 1) work, and these states are the major focus of the rest of the appendices.

Table A.2 specifies the age at which the parent's work exemption expire in these states. The most common cutoff point for the work exemption was about three months, which is consistent with the amount of unpaid leave certain employers are required to provide new parents under the Family and Medical Leave Act (FMLA).

We estimate that 87,806 TANF families in the 22 states would have an adult member who would be required to work while his or her child is under 1 year old (see the last column of Table A.2). The number of families with infants subject to work requirements is particularly substantial in the larger states of California, Florida, and Michigan. In many of the states, however, the number of families potentially affected is small. Unless the distribution of children under age 1 in families on welfare has changed significantly, we estimate that the work requirements for parents of infants in these 22 states will potentially affect 7 percent of the total caseload.

C. EXEMPTIONS FOR TEENAGE PARENTS (TABLE A.3)

PRWORA requires unmarried minor teenage parents who have not completed high school to attend school or GED preparation in order to receive Federal cash assistance. If the minor teenage parent gives birth to a child, she is allowed some absence from school before she must resume her education. Short (three months or less) exemption periods from school or GED preparation are common for teenage parents of infants across all of the states (Table A.3).

TABLE A.1

STATES THAT EXEMPT PARENTS OF INFANTS FROM
WORK REQUIREMENTS, BY VARIATION IN
ADDITIONAL STATE POLICIES, FALL 1998

States That Limit Exemption to 12 Total Months but Exempt Parents While Child is Under Age One		
Alaska	Minnesota	Ohio
Arizona	Mississippi	Pennsylvania
Kentucky	Nevada	Washington ^a
Louisiana	New Mexico	
Maine	New York	
States that Have Lower Child Exemption Ages for Children Conceived While on Public Assistance or for Other Specified Groups With Period of Exemption		
Connecticut: No Exemption	Massachusetts: 3 Months	Virginia: 6 Weeks
Maryland: No Exemption	South Carolina: No Exemption ^b	West Virginia: 3-6 Months ^c
States that Exempt Parents with Infants from Work With No Other Restrictions		
Alabama	Kansas	North Carolina
Georgia	Missouri	Rhode Island
Illinois	New Hampshire	Texas

SOURCE: Gallagher, L. Jerome, et. al. "One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997." The Urban Institute: Washington, D.C. June 1998; and, "Selected Provisions of State TANF Plans," U.S. Department of Health and Human Services, June 19, 1998.

^aEffective June 30, 1999, the age of the youngest child under which parents will be exempt from work activities will be reduced from one year to three months.

^bParents under age 25 who have not completed their high school education are required to comply with activities regardless of the age of the youngest child.

^cFor children conceived while the family is on assistance, West Virginia provides a total six month work exemption for the mother between the beginning of the last trimester of pregnancy and when the newborn reaches six months of age. Therefore, the exemption can end when an infant is three months old. The state does not have a family cap provision over welfare receipt.

TABLE A.2

STATES WITH WORK REQUIREMENTS FOR MOTHERS OF INFANTS
(UNDER AGE 1) BY EXEMPTION BASED ON INFANT AGE
AND ESTIMATED NUMBER OF FAMILIES AFFECTED, FALL 1998

State	No Exemption	About 3 Months ^a	Four Months	Six Months	Estimated Number of Families with Infants that Must Meet Work Requirements ^b
Arkansas		✓			997
California				6 months set by state, with lower or higher exemption at county option ^c	31,111 ^d
Colorado	Exemption set at county level				3,137 ^e
Delaware		✓			795
Florida		✓			10,920
Hawaii				✓	945
Idaho	✓				283
Indiana				✓ ^f	2,916
Iowa		✓			2,303
Michigan		✓			12,246
Montana	✓				1,055
Nebraska		✓ ^g			1,675
New Jersey		✓			5,978
North Dakota			✓		347
Oklahoma		✓			1,611
Oregon		✓			2,395
South Dakota		✓			306
Tennessee			✓		4,308
Utah	✓				1,895
Vermont				✓ ^h	420
Wisconsin		✓			2,055
Wyoming		✓			109
Total					87,806

SOURCE: Gallagher, L. Jerome, et. al. *One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997*. The Urban Institute: Washington, D.C. June 1998; and, Selected Provisions of State TANF Plans, U.S. Department of Health and Human Services, June 19, 1998; Estimates derived from the National Emergency TANF Data File as of 5/28/99 as provided by the Administration for Children and Families, U.S. Department of Health and Human Services.

TABLE A.2 (continued)

^aStates vary in their specification of this time frame. Language may state 3 months, 12 weeks, 13 weeks, or 90 days.

^bEstimates are derived using the percentages of TANF families with infants (under 1) applied to TANF family caseloads for the period of October 1997-September 1998. These figures were then adjusted according to the timeframe for exemption under the assumption that births are evenly distributed throughout the year. Families that must meet work requirements are all those whose infants are older than the specified exemption period.

^cCounties have the flexibility to set the exemption anywhere from 12 weeks to 12 months.

^dBased on 6-month exemption throughout the state, which may overstate the number of families affected.

^eThis represents the maximum number of families affected if there were no exemption for parents of infants. County variation is unknown so the maximum population potentially affected is presented.

^fEffective 12/98, the age of the youngest child under which parents will be exempt from work activities will be reduced from 6 months to 12 weeks.

^gAll mothers are exempt from work requirements until their youngest child reaches 12 weeks. When infants are between 12 weeks and 6 months, mothers are strongly encouraged to participate in parenting classes, job readiness, preemployment, and job search activities on at least a part-time basis. When infants reach 6 months, mothers are mandated to participate in full-time work.

^hMothers are exempt from work requirements until their youngest child is 18 months old, however, once an infant reaches 6 months in age, mothers are required to participate in welfare-to-work activities. In addition, parents who have received assistance for at least 28 months are subject to the work requirements when their youngest child reaches 6 months old.

TABLE A.3

EXEMPTION FOR TEENAGE PARENTS FROM SCHOOL OR TRAINING
 REQUIREMENTS BASED ON YOUNGEST CHILD'S AGE
 (As of December 31, 1997)

State	No Young Child Exemption	Exempt Until Youngest Child is Age:					Young Child Age Not Specified	Other
		4-6 Weeks	About 3 Months	4 Months	6 Months	1 Year		
Alabama			√					
Alaska*								
Arizona			√					
Arkansas			√					
California								√ ^a
Colorado	√							
Connecticut						√		
Delaware			√					
District of Columbia							√	
Florida			√					
Georgia			√					
Hawaii							√	
Idaho	√							
Illinois			√					
Indiana	√							
Iowa	√							
Kansas			√					
Kentucky	√							
Louisiana	√							
Maine	√							
Maryland			√					
Massachusetts			√					
Michigan			√					
Minnesota		√						
Mississippi			√					
Missouri	√							
Montana	√							
Nebraska			√					
Nevada			√					
New Hampshire			√ ^b		√ ^b			
New Jersey			√					
New Mexico			√					
New York			√					
North Carolina	√							
North Dakota				√				
Ohio		√						

TABLE A.3 (continued)

State	No Young Child Exemption	Exempt Until Youngest Child is Age:					Young Child Age Not Specified	Other
		4-6 Weeks	About 3 Months	Four Months	Six Months	One Year		
Oklahoma	√							
Oregon			√					
Pennsylvania						√		
Rhode Island			√					
South Carolina						√		
South Dakota			√					
Tennessee				√				
Texas	√							
Utah	√							
Vermont	√							
Virginia	√							
Washington			√					
West Virginia			√					
Wisconsin		√						
Wyoming		√						

SOURCE: Center for Law and Social Policy, State Policy Documentation Project, March 1999.

*Not available. The State Policy Documentation Project does not yet have information regarding teen requirements from Alaska.

^aPostpartum period as prescribed by physician.

^bBoth time periods are specified; may indicate minimum and maximum exemption period.

APPENDIX B

GENERAL STATE CHARACTERISTICS

The general characteristics of a state can provide context for understanding the factors that may influence the priorities established and the strategies adopted in addressing the needs of mothers with infants in the transition into work.

A. POPULATION AND DIVERSITY (TABLE B.1)

The implementation of state policies governing means-tested programs can be influenced in part by the size and composition of the population. Larger states face implementation issues that stem from the sheer number of recipients. States that are more racially and economically diverse may allow greater local-level discretion in order to adjust policy implementation to be responsive to community needs.

B. INCOME, UNEMPLOYMENT, AND POVERTY (TABLES B.2, B.3, AND B.4)

A state's fiscal capacity and economic vitality has implications for state policy decisions about programs that benefit low-income families. Higher-income states, for example, may be able to afford to extend coverage beyond suggested Federal levels for means-tested programs or may include a broader mix of services and supports within existing programs. Lower-income states, and particularly those that also have higher proportions of people in poverty, may need to stretch their financial resources either by limiting entry into income support programs or by limiting the services provided through such programs.

Median incomes in the 22 states vary widely (Table B.2). Low levels of unemployment in all the states indicate that jobs are not in short supply (Table B.3). Poverty rates vary across the 22 states, suggesting that the degree to which poverty is seen as a pressing problem may also vary (Table B.4).

C. SOCIAL INDICATORS (TABLES B.5 AND B.6)

1. Teenage Birth Rate

Teenage parenthood has social implications for the teen and her child as well as economic implications for the family and for the state. Seven states had higher-than-average birth rates to teenage mothers in 1996. Fifteen states had teenage birth rates that were lower than the national average of 54.4 by 5 to 25 births per 1,000 teens (Table B.5).

2. Indicators of Child Well-Being

Poor infant health makes it more difficult for parents to work and exacerbates child care challenges. Four states ranked unfavorably in comparison to the national average on three key

early indicators of child well-being in 1996, including Arkansas, Colorado, Indiana, and New Jersey. In contrast, four of the 22 study states had more favorable measures than the national average on these same indicators of child well-being, including Hawaii, Iowa, North Dakota, and Utah (Table B.6).

TABLE B.1
STATE POPULATION, JULY 1997

State	Total Population			Population Under Age 1	Percentage of Population Under Age 1	Population Under Age 6	Percentage of Population Under Age 6	
	Total	Percentage Hispanic	Percentage White					Percentage Black
Arkansas	2,522,819	2%	83%	16%	35,551	1%	213,062	8%
California	32,268,301	31%	80%	7%	522,748	2%	3,230,830	10%
Colorado	3,892,644	14%	92%	4%	54,900	1%	330,091	8%
Delaware	731,581	3%	79%	19%	9,845	1%	59,504	8%
Florida	14,653,945	14%	83%	15%	185,643	1%	1,152,128	8%
Hawaii	1,186,602	8%	33%	3%	17,671	1%	106,993	9%
Idaho	1,210,232	7%	97%	1%	18,315	2%	110,351	9%
Indiana	5,864,108	2%	91%	8%	81,205	1%	491,194	8%
Iowa	2,852,423	2%	96%	2%	36,446	1%	222,368	8%
Michigan	9,773,892	3%	84%	14%	129,533	1%	792,969	8%
Montana	878,810	2%	93%	0%	10,630	1%	66,174	8%
Nebraska	1,656,870	4%	94%	4%	22,823	1%	137,674	8%
New Jersey	8,052,849	12%	80%	15%	108,543	1%	676,117	8%
North Dakota	640,883	1%	94%	1%	8,141	1%	49,021	8%
Oklahoma	3,317,091	4%	83%	8%	45,120	1%	274,181	8%
Oregon	3,243,487	6%	94%	2%	42,693	1%	256,349	8%
South Dakota	737,973	1%	91%	1%	10,122	1%	59,840	8%
Tennessee	5,368,198	1%	82%	16%	71,925	1%	437,486	8%
Utah	2,059,148	6%	95%	1%	41,216	2%	233,141	11%
Vermont	588,978	1%	98%	1%	6,637	1%	42,210	7%
Wisconsin	5,169,677	2%	92%	6%	65,860	1%	406,722	8%
Wyoming	479,743	6%	96%	1%	6,154	1%	37,661	8%
US	267,636,061	11%	83%	13%	3,796,593	1%	23,171,254	9%

SOURCE: Population Estimates, July 1, 1997. Population Estimates Program, Population Division, U.S. Bureau of the Census.

TABLE B.2

STATE MEDIAN INCOME FOR A FAMILY OF THREE, 1997

State	Median Income for Family of Three
Arkansas	\$30,668
California	\$40,954
Colorado	\$40,993
Delaware	\$46,241
Florida	\$36,434
Hawaii	\$47,873
Idaho	\$34,615
Indiana	\$39,658
Iowa	\$37,852
Michigan	\$43,127
Montana	\$32,944
Nebraska	\$38,217
New Jersey	\$50,985
North Dakota	\$35,466
Oklahoma	\$32,581
Oregon	\$37,323
South Dakota	\$36,090
Tennessee	\$35,391
Utah	\$37,692
Vermont	\$38,909
Wisconsin	\$41,145
Wyoming	\$40,287
United States	\$39,490

SOURCE: Low Income Home Energy Assistance Program (LIHEAP) information memorandum, March 19, 1997. Administration for Children and Families, U.S. Department of Health and Human Services.

TABLE B.3

STATE UNEMPLOYMENT RATES, SEPTEMBER 1998

State	Rate
Arkansas	4.7
California	5.7
Colorado	3.3
Delaware	3.4
Florida	4.5
Hawaii	6.2
Idaho	4.1
Indiana	2.8
Iowa	2.4
Michigan	3.2
Montana	4.3
Nebraska	1.8
New Jersey	4.6
North Dakota	2.0
Oklahoma	4.2
Oregon	5.0
South Dakota	1.9
Tennessee	3.9
Utah	3.2
Vermont	2.8
Wisconsin	2.7
Wyoming	3.6

SOURCE: Civilian Labor Force and Unemployment by State and Metropolitan Area, Table 1. U.S. Bureau of Labor Statistics, September 1998.

TABLE B.4

STATE POVERTY LEVELS, MID 1990's

STATE	Percentage of People in Poverty 1995-1997	Children Under Age 6 in Poverty 1992-1996	
		Rate	Number
Arkansas	17.2	27.0	59,990
California	16.7	29.0	950,269
Colorado	9.2	17.2	55,659
Delaware	9.5	15.3	8,750
Florida	14.9	26.6	313,231
Hawaii	12.1	18.4	19,015
Idaho	13.7	21.7	22,397
Indiana	8.6	21.5	118,010
Iowa	10.5	17.1	45,228
Michigan	11.2	25.8	225,755
Montana	16.0	26.0	20,019
Nebraska	9.9	18.7	29,478
New Jersey	8.8	15.4	107,412
North Dakota	12.2	17.3	8,613
Oklahoma	15.8	32.0	92,384
Oregon	11.5	20.1	51,635
South Dakota	14.2	21.9	13,437
Tennessee	15.2	27.8	123,466
Utah	8.3	11.4	26,338
Vermont	10.7	13.3	7,521
Wisconsin	8.5	16.2	73,080
Wyoming	12.5	19.4	7,710
United States	13.6	24.7	5,877,075

SOURCE: Current Population Reports, Series P60-201. "Poverty in the United States: 1997", U.S. Bureau of the Census, 1998; "Young Child Poverty in the States-Wide Variation and Significant Change." Research Brief 1, Early Childhood Poverty. National Center for Children in Poverty, 1998.

TABLE B.5

STATE TEENAGE BIRTH RATES, 1996

State	Births per 1,000 Women Ages 15-19
Arkansas	75.4
California	62.6
Colorado	49.5
Delaware	56.9
Florida	58.9
Hawaii	48.1
Idaho	47.2
Indiana	56.1
Iowa	37.8
Michigan	46.5
Montana	38.6
Nebraska	38.7
New Jersey	35.4
North Dakota	32.3
Oklahoma	63.4
Oregon	50.8
South Dakota	39.5
Tennessee	66.1
Utah	42.8
Vermont	30.1
Wisconsin	36.8
Wyoming	44.0
United States	54.4

SOURCE: "Teenage Births in the United States: State Trends, 1991-1996, an Update," Monthly Vital Statistics Report, Vol. 46 (11), Supp 2. National Center for Health Statistics, 1998.

TABLE B.6

EARLY INDICATORS OF CHILD WELL-BEING, 1996

State	Percentage of Mothers Beginning Care in First Trimester	Percentage of Births at Low Birthweight	Infant Mortality Rate*
Arkansas	74.8	8.5	8.5
California	80.6	6.1	6.0
Colorado	81.4	8.8	7.6
Delaware	83.6	8.5	6.8
Florida	83.3	7.9	7.6
Hawaii	84.2	7.3	5.6
Idaho	78.9	5.8	7.2
Indiana	80.4	7.6	8.3
Iowa	87.1	6.4	5.8
Michigan	84.2	7.7	7.8
Montana	82.7	6.4	7.9
Nebraska	84.5	6.3	8.8
New Jersey	81.8	7.7	8.0
North Dakota	84.7	5.7	4.1
Oklahoma	78.7	7.4	9.0
Oregon	79.9	5.3	5.4
South Dakota	81.7	5.8	5.3
Tennessee	83.3	8.8	8.3
Utah	83.8	6.8	5.7
Vermont	87.4	6.2	8.0
Wisconsin	84.1	6.3	7.6
Wyoming	81.9	8.4	6.5
United States	81.9	7.4	7.2

SOURCE: "Report of Final Natality Statistics, 1996." Monthly Vital Statistics Report, vol. 46 (11), Supplement. National Center for Health Statistics, 1998; "Births, Marriages, Divorces, and Deaths for November 1996." Monthly Vital Statistics Report, vol. 45 (11), National Center for Health Statistics, 1997.

*Preliminary Data. Infant mortality rates are deaths under 1 year per 1,000 live births.

APPENDIX C

TANF POLICIES

The composition of state welfare policies and their interaction determine the environment in which parents with infants will be subject to work requirements. Among the 22 states, welfare policies vary considerably, and may influence the application of work requirements for parents of infants. For example, in states with immediate work requirements, high-intensity sanctions and shorter time limits, welfare workers may have less flexibility in applying work requirements to parents with infants, and parents themselves may be more likely to feel the pressure to initiate work effort early. In contrast, in states that have broader time frames for initiating work activity, have less intensive sanctions, and longer time limits, caseworkers may be able to exercise greater flexibility in how work requirements are applied to parents with infants.

A. IMMEDIACY AND HOURS OF WORK ACTIVITY (TABLE C.1)

The strictness and comprehensiveness of a state's work requirements and the extent of required work effort is the policy foundation for understanding the requirements that parents of infants will face.

1. Timing of Work Activities

States are placing a heavy emphasis on labor force attachment as early in the assistance period as possible. Table C.1 shows that all but seven of the 22 states specified an immediate time frame for work in 1997 and 1998, either in their statutory language, in their state TANF plan, or both.

2. Required Hours

States also define the number of hours per week that work is required. Eleven of the 22 states maintain language in their TANF programs that mirrors the Federally defined hours of work (25 hours per week for single-parent families in FY 1999, increasing to 30 hours per week in FY 2000). The other states range from setting no minimum number of hours of required work activity per week (Iowa, Oregon, and Utah) to 40 hours required per week (Idaho, Tennessee, Wisconsin, and Wyoming).

B. ENCOURAGING AND ENFORCING WORK REQUIREMENTS (TABLES C.2, C.3, AND C.4)

Mechanisms that foster work behavior can take the form of incentives, such as benefit levels (Table C.2) and earnings disregards (Table C.3), or of penalties, such as sanctions for noncompliance (Table C.4). States take different approaches to fostering work: Most states seem to view incentives and penalties as substitutes for each other, emphasizing either one or the other although some use both to a moderate degree.

C. TIME LIMITS ON WELFARE RECEIPT (TABLE C.5)

Time limits are a tool states use to send the message that assistance is temporary. In addition, some states use time limit policy as another method to encourage early work effort. In states with shorter time limits families may feel the pressure to pursue work activities despite their period of exemption from work requirements in order to meet, for example, a two-year time limit on assistance. In contrast, the states with longer time limits may provide greater flexibility in the manner in which work requirements are enforced for families with infants.

D. REQUIREMENTS FOR TEENAGE PARENTS RECEIVING TANF (TABLES C.6 AND C.7)

1. School Attendance Requirement

Federal TANF assistance cannot be used to support an unmarried, custodial minor (under 18) parent who has not completed high school (or its equivalent), unless the teenage parent participates in educational activities toward a high school diploma or a state-approved alternative educational program, which can include training. About half of the 22 states have set the age at which teenage parents are subject to school and training requirements at 18 years, as required by PRWORA, while the others have gone beyond this to extend the age upward to 19 years (five states) or 20 years (six states) (Table C.6).

2. Live-At-Home Requirement

Under PRWORA, unmarried minor parents (under age 18) are also required to live with a parent, legal guardian, or other adult relative in order to receive Federal TANF benefits. The law allows states to make certain limited exceptions to this rule in situations when these adults are not available or when the placement could result in harm of the minor parent and/or her child. Table C.7 shows that nearly all of the 22 states allow minor teenage parents to live in adult-supervised settings if there is no suitable living arrangement available with an adult relative or guardian. Only Wisconsin makes no exceptions. About half of the 22 states allow minor teenage parents to live independently in an approved arrangement under a variety of conditions as shown.

TABLE C.1

STATES BY TIMEFRAME FOR BEGINNING WORK ACTIVITIES
AND REQUIRED HOURS OF WORK ACTIVITY, 1997 AND 1998

Time Frame for Work Requirement	Required Hours of Work Activity	
	Greater than 25 Hours per Week	Less than or Equal to Federal Requirements; or Based on the Individual
Immediate Time Frame	Idaho Tennessee Wisconsin Wyoming	Arkansas California (26 hours) ^a Florida Hawaii Indiana Iowa Michigan Montana Oklahoma Oregon Utah
Broader Time Frame	New Jersey North Dakota Vermont	Colorado Delaware Nebraska South Dakota

SOURCES: "1997 State Legislative Summary: Children, Youth and Family Issue," National Conference of State Legislatures; "Round Two Summary of Selected Elements of State Programs for Temporary Assistance For Needy Families," National Governor's Association Center for Best Practices, 1998; "Selected Provisions of State TANF Plans," Administration for Children and Families, Department of Health and Human Services.

^aThe majority (36) of California's 58 counties have set required work hours at either 20 or 26 hours per week. Twenty-six counties require 20 hours per week; 10 counties require 26 hours per week; 1 county requires 30 hours per week; 20 counties require 32 hours per week; and, 1 county has not specified the required hours.

TABLE C.2
MAXIMUM BENEFIT LEVELS BY PERCENTAGE OF POVERTY, 1997

State	1997 TANF Monthly Benefit (in dollars)	1997 TANF Benefit Level as a Percentage of Poverty [†]
Arkansas	204	18%
California	565 ^{a*}	51%
Colorado	356 ^b	32%
Delaware	338	30%
Florida	303 ^c	27%
Hawaii	712	56%
Idaho	276	25%
Indiana	288	26%
Iowa	426	38%
Michigan	459 [*]	41%
Montana	450	41%
Nebraska	364	33%
New Jersey	424	38%
North Dakota	740 ^{**}	N/A
Oklahoma	307	28%
Oregon	460	41%
South Dakota	430	39%
Tennessee	185	17%
Utah	426	38%
Vermont	611 [*]	55%
Wisconsin	628 ^d	57%
Wyoming	340 ^e	31%

SOURCE: Gallagher, L. Jerome, et. al. "One Year after Federal Welfare Reform: A Description of State Temporary Assistance or Needy Families (TANF) Decisions as of October 1997." The Urban Institute: Washington, D.C. June 1998.

[†]Percentages were calculated by dividing the monthly benefit level for a single parent with two children and no income, by the 1997 HHS poverty guidelines for a 3-person household.

*Benefit varies by county or city within state. The benefit level used is the level for the area containing the largest portion of the state population.

** TANF and Food Stamps are issued as a combined benefit.

N/A = Not Applicable.

^aBenefit level is for nonexempt families.

^bBenefit used is basic benefit. Counties have the option to provide supplemental cash or noncash assistance in addition to the benefit level used.

^cBenefit level is for families with shelter costs of at least \$50. Families with lower shelter expenses receive a lower benefit.

^dFamilies participating in a community service job receive \$45 more per month than the 1997 benefit level.

^eBenefit level amount used is for families with shelter expenses.

TABLE C.3

STATE WORK INCENTIVES UNDER TANF: EARNINGS DISREGARDS, 1997

State	Disregard	Percentage of Recipients' Earnings Beyond Amount of Disregard	Maximum Amount of Earnings ^a	Maximum Earnings as a Percentage of Minimum Wage Income
Arkansas	20%	50	\$647	73
California	\$225	50	\$1,335	150
Colorado	\$120	33.3	\$734*	82
Delaware	\$120	33.3	\$612*	69
Florida	\$200	50	\$786	88
Hawaii	\$200	36	\$1,795	197
Idaho	0	40	\$443	50
Indiana	\$120	33.3	\$537*	60
Iowa	20%	50	\$1,387	155
Michigan	\$200	20	\$761	85
Montana	\$200	25	\$950	107
Nebraska	0	20	\$443	50
New Jersey	0	50	\$866	97
North Dakota	0	27	\$1,000	112
Oklahoma	\$120	50	\$714	80
Oregon	0	50	\$900	94
South Dakota	\$90	20	\$709	79
Tennessee	\$150	0	\$723	81
Utah	\$100	50	\$1,209	136
Vermont	\$150	25	\$951	105
Wisconsin ^b	N/A	N/A	N/A	N/A
Wyoming	\$200	0	\$747	84

SOURCE: Zedlewski, S. "States' New TANF Policies: Is the Emphasis on Carrots or Sticks?" *Policy & Practice*. August 1998.

NOTE: This table refers to earnings disregard policies for TANF recipients; earnings disregard policies may be different for applicant families. Child care expense deductions are not included in this table. All disregards are without time limit unless otherwise indicated.

*States where the maximum amount of earnings that can be retained decreases over time. These states have retained the AFDC structure for the earned income credit.

N/A = Not Available.

^aMaximum amount of earnings allowed while still qualifying for a minimum TANF benefit (\$10/month) for a family of 3 persons.

^bWisconsin provides a flat TANF grant that does not vary with income or family size. Typically, once a TANF recipient obtains unsubsidized employment, he or she no longer receives TANF.

TABLE C.4

STATES PENALTIES UNDER TANF: SANCTIONS POLICIES IN 1997

State	Sanction Policies for Noncompliance with Work Activities Requirements			
	Initial Sanction ^a		Most Severe Sanction ^b	
	Amount of Sanction (Partial or Full Benefit)	Minimum Length of Sanction (No. of Months) ^c	Amount of Sanction (Partial or Full Benefit)	Minimum Length of Sanction (No. of Months) ^c
Arkansas	Full ^d	Until Compliance	Full ^d	3
California	Partial	Until Compliance	Partial	6
Colorado	Partial	1-3 ^e	Full	3-6 ^e
Delaware	Partial	Until Compliance	Full	Lifetime
Florida	Full	Until Compliance	Full	3
Hawaii	Partial	Until Compliance	Partial	6
Idaho	Full	1	Full	Lifetime
Indiana	Partial	2	Partial	36
Iowa	Partial	3 ^f	Full	6 ^f
Michigan	Partial	1	Full	1
Montana	Partial	1	Partial	12
Nebraska	Full	1	Full	12 ^g
New Jersey	Partial	1	Full	3
North Dakota	Partial	1	Full	Until Compliance
Oklahoma	Full	Until Compliance	Full	Until Compliance
Oregon	Partial	Until Compliance	Full	Until Compliance
South Dakota	Partial	1	Full	1
Tennessee	Full	Until Compliance	Full	Until Compliance
Utah	Partial	Until Compliance	Full	Until Compliance
Vermont	Partial	Until Compliance	Full	Until Compliance
Wisconsin	Partial/Full ^h	Until Compliance	Full	Lifetime
Wyoming	Full	1	Full	1

SOURCE: Gallagher, J.L., et al. "One Year After Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997." The Urban Institute, June 1998; Zedlewski, S. "States' New TANF Policies: Is the Emphasis on Carrots or Sticks?" *Policy & Practice*. August 1998.

^aFor comparison purposes, the initial sanction refers to the sanction a TANF recipient would receive if the recipient were noncompliant with work requirements for the first time and subsequently complied with work requirement at the earliest possible time.

^bThe most severe sanction may go into effect after a subsequent instance of noncompliance or as a result of continual noncompliance after a specified length of time, depending on the state.

^cThe length of each sanction, unless otherwise specified, is the number of months stated or until the sanctioned recipient complies with the work requirements, whichever is longer.

TABLE C.4 (continued)

^dIf the imposition of the sanction would result in the children in the home being removed to foster care, then the sanction for both first and subsequent instances of noncompliance is partial.

^eCounties have the option to set the length of the sanction period at between one and three months for the initial and between three and six months for the most severe sanction. Also, although the state has set the initial sanction as a partial-benefit reduction, it has given counties the option of increasing this to a full-benefit sanction.

^fAs of June 1, 1999, a sanctioned client will be able to come into compliance at any point during the sanctioned months for initial and subsequent sanctions and have full benefits reinstated. Clients will have to sign their self-sufficiency plans and take significant action (participation for 20 hours) before benefits will be reinstated.

^gThe length of the sanction is 12 months or until the end of the 48-month Nebraska time limit period, whichever is shorter.

^hThere is a reduction of \$5.15 for each hour of missed action. This reduction may only be partial or amount to the full grant, depending on the number of hours of required activity that are missed.

TABLE C.5

STATE TIME LIMITS: EXEMPTIONS AND EXTENSIONS IN 1997

State	Time Limit	Benefit Termination or Reduction	Exemption for Caring for Young Child (Age)	Criteria for Extension	Time Limit Implementation Dates
Arkansas	24 months	Termination*		Adult has been exempted or deferred from work activities according to work exemption criteria; child needs protection from the risk of neglect	7/98
California	60 months ^a	Termination*		No extensions	1/98
Colorado	60 months	Termination		No extensions	
Delaware	48 months	Termination		(1) Agency failed to provide services specified in personal contract; (2) no suitable employment available or other unique circumstances	10/95 ^b
Florida	24 out of 60 months ^c 48 months	Termination Termination		No extensions	2/94; 10/96 ^d
Hawaii	60 months	Termination	6 months	Making a good faith effort to find a job and fulfillment of work requirements	2/97
Idaho	24 months	Termination		Disability/illness or need to care for disabled/ill family member	7/97
Indiana	24 months 60 months	Reduction* Termination	6 months ^e	Inability to find employment and compliance with program requirements, or unique circumstances beyond family's control	5/95; 6/97 ^f
Iowa	Individualized Limit ^g Total of 60 months	Termination	3 months	Making effort and satisfactory progress but unable to achieve self sufficiency	10/93
Michigan	None	Not applicable		Not applicable	
Montana	60 months	Termination	1 year ^h	No extensions	2/97

TABLE C.5 (continued)

State	Time Limit	Benefit Termination or Reduction	Exemption for Caring for Young Child (Age)	Criteria for Extension	Time Limit Implementation Dates
Nebraska	24 out of 48 months ⁱ	Termination	6 months	No job available that would provide more income than cash assistance, termination would result in hardship, adults unable to meet conditions of self sufficiency	11/95 ^j
New Jersey	60 months	Termination		Extreme hardship, working full time or lacked opportunity for participation in work activities	4/97
North Dakota	60 months	Termination		No extensions	7/97
Oklahoma	60 months	Termination	12 weeks	No extensions	10/97
Oregon	24 out of 84 months	Termination		Making a good faith effort to find employment	7/96
South Dakota	60 months	Termination	12 weeks	No extensions	12/96
Tennessee	18 months ^k	Termination	4 months	(1) High county unemployment rates; (2) cooperation with program requirements but job not available	10/96 ^l
	60 months	Termination		(1) Good cause; (2) economic hardship county (twice the unadjusted unemployment rate of the state's average)	
Utah	36 months	Termination		(1) Employed 80 hours last month and during 6 of the previous 24 months of assistance, (2) incapacitated or victim of domestic violence	
Vermont	None	Not applicable		Not applicable	
Wisconsin	60 months ^m	Termination		(1) Local labor market conditions preclude job opportunities, (2) participant has significant barriers that prevent employment	10/96
Wyoming	60 months ⁿ	Termination		(1) Abandonment, (2) continuation of education leading to postsecondary degree	1/97

TABLE C.5 (continued)

SOURCE: Gallagher, L. Jerome, et al. "One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997." The Urban Institute: Washington, D.C. June 1998; and, U.S. Department of Health and Human Services, "Selected Provisions of State TANF Plans," June 19, 1998

*After family reaches the time limit, the adult portion of the benefit is eliminated, but cash assistance is continued for the children in the unit.

^aAfter 18 months (for applicants; 24 months for families already receiving welfare), adults who do not find employment will be required to participate in a community service job program or be removed from the cash grant. Children will continue to receive CalWORKS payments through a vendor/voucher payment.

^bImplementation of the time limit policy began with a small number of cases. The time limit for all cases in the state began 10/96.

^cFor long-term recipients with poor job skills and little experience, the time limit is increased to 36 out of 72 months.

^dThe 24-out-of-60 months (or 36-out-of-72-months) time limit began in just eight counties 2/94. This was expanded to statewide and the 48-month lifetime limit was added 10/96.

^eThe age that qualifies a parent for exemption had been two years prior to December 1997. The age for exemption will be lowered to 12 weeks in December 1998. The current 6-month exemption became effective June 1998. For a child subject to the family cap, however, the age for exemption has been and will remain 12 weeks.

^fThe 24-month time limit began 5/95 for nonexempt cases that were determined to be job-ready. Beginning 6/97, the 60-month time limit was added and the 24-month time limit was applied to all nonexempt cases.

^gThe time is individualized based on what is specified in the Family Investment Agreement.

^hExemption also applies to families with older children who lack access to child care.

ⁱTime limit begins when the individual signs a self-sufficiency agreement or after 90 days, whichever is earlier.

^jThe time limit began 11/95 in eight counties and expanded to the entire state by 7/97.

^kAfter 18 months of assistance, a family must wait at least three months before becoming re-eligible for assistance. At that point, the 18 month limit applies again.

^lThe time limit was phased in over a six-month period beginning 10/96.

^mThere are shorter time limits for various components within the W-2 program. The time limit for any given component is 24 months.

ⁿRecipients who have received assistance for three or more years as of January 1997 are eligible for only two additional years of assistance.

TABLE C.6
SCHOOL AND TRAINING REQUIREMENTS FOR TEENAGE PARENTS
(As of December 31, 1997)

State	School/Training Requirements Apply		Participation is Measured By:			
	Under Age	Even if Married	Attendance	GPA	Grade Completion	Other
Arkansas	18	✓	✓			
California	19	✓	✓	✓		
Colorado	18		✓			
Delaware	20	✓	✓			
Florida	19	✓	✓			
Hawaii	20	✓	✓			
Idaho	18	✓	✓			
Indiana	20	✓ ^a	✓			✓ ^b
Iowa	18		✓			
Michigan	18		✓			
Montana	19	✓	✓			
Nebraska	19	✓	✓			
New Jersey	20	✓	✓			✓ ^c
North Dakota	18		✓			
Oklahoma	18	✓	✓			
Oregon	20	✓	✓		✓	✓ ^d
South Dakota	18		✓			
Tennessee	18	✓	✓			
Utah	18		✓			
Vermont	20	✓	✓			
Wisconsin	18	✓	✓			
Wyoming	19	✓	✓	✓	✓	

SOURCE: Center for Law and Social Policy (CLASP), State Policy Documentation Project, March 1999.

^aSchool attendance required of minor parent under age 18 who is a dependent child in an assistance group. Participation in IMPACT (welfare-to-work program) required for minor parent who heads an assistance unit.

^bParticipation in IMPACT is required for teen parents who are heads of household.

^cAll teens ages 16 to 18 years must maintain satisfactory school participation.

^dGraduation/GED

TABLE C.7

REQUIREMENTS FOR TEENAGE PARENT LIVING ARRANGEMENTS
(As of December 31, 1997)

State	Teenage Parent is Eligible for TANF If Living with Parent or:			State Defines "Best Interest" Exemptions	Exemptions from Adult Supervision Rule			
	With Adult Relative or Guardian	With Supervisory Adult	"Independently" in Approved Arrangement		No Supervised Slot Available	Successfully Living on Own	About to Turn 18	Other
Arkansas	✓	✓	✓	Yes				✓ ^b
California	✓	✓	✓	Yes		✓		✓ ^c
Colorado	✓	✓	✓	No				
Delaware	✓	✓		No				
Florida	✓	✓	✓	Yes		✓		
Hawaii	✓	✓	✓	No				
Idaho	✓	✓	✓	No				
Indiana	✓	✓	✓	No				
Iowa	✓	✓	✓	Yes				✓ ^d
Michigan	✓	✓	^a	Yes			✓	
Montana	✓	✓	✓	Yes	✓			✓ ^e
Nebraska	✓	✓	✓	No				
New Jersey	✓	✓		No				
North Dakota	✓	✓	^a	Yes		✓		✓ ^f
Oklahoma	✓	✓	^a	No				✓ ^g
Oregon	✓	✓	✓	No				
South Dakota	✓	✓	✓	No				
Tennessee	✓	✓	^a	Yes				✓ ^h
Utah	✓	✓	✓	Yes	✓	✓		
Vermont	✓	✓	^a	Yes	✓	✓	✓	✓ ⁱ
Wisconsin	✓			No				
Wyoming	✓	✓		No				

Source: Center for Law and Social Policy (CLASP), State Policy Documentation Project, February 1999.

TABLE C.7 (continued)

^aNot explicit.

^bMinor parent's current living situation is deemed appropriate; minor parent has no parent, legal guardian, or other appropriate adult relative of his or her own or whose whereabouts are known.

^cMinor has no living parent or legal guardian; minor's parent/guardian's whereabouts are unknown; parent/guardian will not allow the minor to live in the home; Child Protective Services worker determines it is not safe for the minor parent and child(ren) to live with parent/guardian; minor parent has lived away from parent/guardian for 12 months prior to the birth of minor's youngest dependent child; minor is legally emancipated.

^dParent or guardian of the minor parent is deceased, missing, or living in another state; minor parent's health or safety would be jeopardized if s/he lived with the parent or guardian; minor parent is in an independent foster care arrangement; minor parent is participating in the Job Corps solo parent program or independent living program; other good cause exists for the minor parent to receive TANF assistance while living apart from the minor parent's parent or guardian.

^eNo available adult supervised slot; concern about or reported abuse/neglect by current caretaker; alcohol/drug abuse by current caretaker; no caretaker willing to be responsible for the minor.

^fMinor parent has no living parent or guardian; no parent or guardian will allow the minor parent to live there; physical or mental health of the minor parent or child would be jeopardized; minor has earned a high school diploma or GED or is in postsecondary education under an employability plan; whereabouts of the minor's parents or guardian are unknown. In order to live independently, the minor parent must live apart from their parent or guardian for at least one year before the earlier of the birth of the child or the minor parent's application for TANF.

^gMinor has been emancipated; minor lived on own for some time before the birth of the child.

^hNo caretaker is willing to be responsible for the minor parent; housing overcrowding; caretaker abuses drugs/alcohol. The Department determines after investigation that there is good cause for the separate living arrangement and the health or safety of the applicant or the dependent children would be jeopardized.

ⁱEmancipated by court order; 17 years old and living on own and self-supporting for 6 months prior to either birth of child or date of application; lives with minor father and his family and both teens are age 16 or older.

APPENDIX D

CHILD CARE COSTS, SUBSIDY POLICIES, AND QUALITY

Working parents of infants need child care, a fact that raises a host of issues for states who require work or school activities for TANF parents of infants. Because of the high cost of infant care, parents will need financial assistance to help pay for child care while they are receiving TANF and for some time afterward, while their earnings are at low to moderate levels and they continue to face the high cost of full-time child care. States' decisions about income eligibility limits, parent co-payments, and provider reimbursement rates will help determine how affordable infant care is, how long assistance can continue, and how broadly parents can choose from the child care options that exist in the community. Finally, the quality of infant care is critical to parents who must work or attend school, and it can also make a positive contribution to the health and development of infants. State decisions about the scope of child care licensing and the standards reflected in licensing regulations help to set a minimum level of quality for child care.

A. CHILD CARE COSTS (TABLE D.1)

The cost of child care is prohibitive for many families and can erase the economic benefits of full-time work. For infant care especially, costs of formal care arrangements in child care centers and family child care homes can place severe strains on a family's financial resources. For families at the poverty level, child care costs in the 22 states that require parents of infants to work could absorb one-quarter to two-thirds of income (Table D.1). In urban areas, these costs approach half of poverty level income.

B. CCDF SUBSIDY POLICIES (TABLES D.2, D.3, AND D.4)

Child care subsidies can bring the cost of infant care within reach of low-income families. But, subsidized child care systems have capacity constraints. Three interrelated components of subsidized child care systems enable states to control either the demand for child care assistance or the cost of providing such assistance.

1. Income Eligibility

A state's level of income eligibility determines how many families are potentially able to enter into the subsidized child care system and dictates when families must exit the system. The Federal ceiling on income eligibility was raised under the new CCDF, from its prior level of 75 percent of a state's median income to 85 percent of the median income. Three of the 22 states increased their eligibility levels to the maximum allowed under Federal law in the period 1997-99 (Table D.2).

2. Reimbursement Rates

Reimbursement rates can influence the range of child care options available to low-income families. Current CCDF regulations require states to conduct a market rate survey no earlier than two years prior to the effective date of the currently approved plan. Under the old Title IV-A child

care program, states were required to set reimbursement rates based on the 75th percentile of local market prices for child care or a statewide limit (that could be lower). In the period 1997-99, eleven of the 22 states set their reimbursement rates equal to the 75th percentile of market rates based on a market survey conducted since 1996 (Table D.3). The other half of the states based their rates on an older survey or set them lower than the 75th percentile.

3. Family Copayments

Families can be required to make co-payments to child care providers to share the cost of child care with the state. Family co-payment schedules rise with family income, so that as families earn more, they assume a larger share of the cost of care. The manner in which these schedules rise with income varies from state to state (Table D.4). Under current CCDF rules, states may waive contributions from families whose incomes are at or below the poverty level. In the period 1997-99, five of the 22 states waived fees for such families.

C. CHILD CARE STANDARDS (TABLES D.5 THROUGH D.12)

The quality of infant care could be important to the success of welfare-to-work policies. Because there are no state-level estimates of the quality of child care, we examine the extent of licensing, the frequency of inspections, and minimum quality standards established in state regulations. These decisions provide information on the extent of state efforts to establish a higher floor for quality in the state and to protect low-income parents from poorer-quality child care in the child care market. Higher quality standards for center based and home-based care are expressed in professional accreditation standards. States may encourage providers to voluntarily seek accreditation by paying higher subsidy rates for accredited care or by providing help in meeting higher standards.

1. Licensing and Oversight

Licensing standards define a threshold for basic health, safety, and quality features of child care settings to reduce the risk of harm to children. While many child care providers will elect to exceed the minimum standards based on the demand for higher-quality care, still others will adopt practices that just meet these standards because of cost concerns.

a. Child care centers

The frequency of licensing and the type and frequency of inspections for child care centers provide an indication of the level of expected compliance of centers with basic health, safety, and quality standards across the 22 states. The 11 states with (1) annual license renewal requirements and at least one unannounced inspection per year; or (2) more infrequent licensing but two or more unannounced inspections per year have more opportunities to monitor centers and identify problems (Table D.5).

b. Family child care homes

Unlike child care centers, not all family child care homes must be formally licensed. Licensing is a more stringent form of regulation, typically involving more standards for the

quality of care than registration or certification. Registration or certification often involve provider self-study and no state inspection, although states vary widely in the specific requirements of these levels of oversight. States also vary in the type of regulation they require for family child care homes and the number of children a home-based provider may care for without a license or other formal oversight (Table D.6).

c. Relative and in-home providers

Relatives and providers who care for a child in the child's own home are not generally licensed, but many states do set minimum health and safety requirements for some of these providers when care is paid for by Federally-financed child care subsidies. State plans to ensure health and safety in unregulated child care settings sometimes exempt relative care providers and sometimes require different standards of these providers. Twelve of the 22 states did not allow exemptions or different health and safety requirements for relative caregivers in the period 1997-99 (Table D.7).

2. Structural Indicators of Quality

Some features of child care that help provide a foundation for quality are structural indicators such as caregiver qualifications and training, staff-child ratios and group size. While the relationship between these structural features and the quality of the setting has not been consistently demonstrated, these features can provide the foundation for a supportive environment that enables caregivers to establish positive classroom interactions (Ross & Paulsell 1998). States that set more stringent licensing standards for structural components of quality may help to promote more responsive, stimulating environments for children that extend beyond custodial care.

a. Caregiver qualifications and training

A caregiver's level of formal education and professional preparation in child development and/or early childhood education is related to more positive, responsive, and stimulating behavior toward children and in turn, to more positive outcomes for children, such as improved language and cognitive development (Whitebook et al. 1989). A majority of the 22 study states (14) do not require any pre-service training for staff in child care centers (Table D.8). Fewer states have included significant training requirements in their licensing standards for family child care providers (Table D.9).

b. Child-to-staff ratios and maximum group size

States also set licensing standards for the maximum ratio of the number of children to the number of staff in a child care center or family child care home. Caregivers responsible for a greater number of children, especially infants, may be unable to provide the appropriate level of attention to each child that will ensure the child's safety and encourage development. The National Association for the Education of Young Children (NAEYC) recommends that one caregiver attend to either 3 or 4 infants (birth to 18 months), depending on the overall group size. Sixteen of the 22 states met these recommendations in their licensing standards for child care centers in 1998 (Table D.10).

Group size measures the number of children assigned to a team of caregivers for a particular class. A group occupies an individual classroom, or a well-defined space with clear physical barriers. Research has demonstrated that limited group size is related to positive outcomes for children, such as more frequent interaction between children and adults and greater child involvement in activities. The maximum group size recommended by the NAEYC for infants in child care centers ranges from six to eight, depending upon the number of caregivers per child. Six states met this recommended standard in 1998 (Table D.10).

Family child care regulations do not usually specify a maximum child-staff ratio. Instead, licensing standards in most of the 22 states specify a maximum group size for one provider in a family child care home when infants are cared for, as well as the maximum number of infants allowed in the home at this group size. Many states limit the maximum group size when infants are present in consideration of the intense caregiving needs of infants, as well as practical limits on the number of infants who can be carried by an adult in the event of a fire. Nearly all of the states limit the number of infants per group to 2 or 3 (Table D.11). The 22 states mainly differ in the maximum group size.

3. Accreditation

Since the Federal role in regulating child care is limited, and states are responsible for the oversight of child care providers that operate in their state, there are no mandated standards for quality across states. In the absence of Federal standards, organizations such as the NAEYC and the National Association for Family Child Care have established recommended quality standards. Child care centers and family child care providers that meet these recommendations can receive accreditation from these organizations. While voluntary, accreditation serves as a tool for parents in assessing quality by singling out the providers who have exhibited a commitment to high quality in child care. In 11 of the 22 states, accredited programs comprise less than 5 percent of all child care centers (Table D.12). In four states, accredited programs comprise more than 10 percent of child care centers in the state.

To increase access to accredited programs for low-income families, some states offer higher reimbursement rates through their subsidized child care systems to providers that meet accreditation standards. Six of the 22 states that require parents of infants to work use tiered reimbursement rates to providers as a method of improving parents' access to higher quality care (Table D.12).

TABLE D.1

AVERAGE MONTHLY CHILD CARE COSTS IN CHILD CARE CENTERS
AND FAMILY CHILD CARE HOMES, 1997

	Average Monthly Child Care Costs for Infants (Under Age 1)			
	Child Care Centers	As a Percentage of 1997 Poverty Level Income	Family Child Care Homes	As a Percentage of 1997 Poverty Level Income
Arkansas	-		-	
Fayetteville, Rogers, Bentonville	\$368	33%	\$368	33%
Arkansas' rural counties	\$303	27%	\$325	29%
California	\$585	53%		
Alameda County	\$572	51%	\$472	43%
Fresno County	\$546	49%	\$409	37%
Colorado	-		-	
Denver	\$425	38%	\$425	38%
Southeastern Rural Counties	\$290	26%	\$287	26%
Delaware	\$458	41%	\$365	33%
Wilmington	\$482	43%	\$362	33%
Sussex County	\$360	32%	\$297	27%
Florida	\$397	36%	-	
Florida's urban counties	\$366	33%	-	
Florida's rural counties	\$319	29%	-	
Hawaii	\$542	42%	\$409	32%
Honolulu	\$606	47%	\$435	34%
Waianae	-		\$388	30%
Idaho	-		-	
Boise City/Ada County	\$408	37%	\$352	32%
Rural Counties	\$274	25%	\$269	24%
Indiana*	-		-	
North/Northwest Indiana	\$325-\$390	29%-35%	-	
Central Indiana	\$329-\$715	30%-64%	-	
Southern Indiana	\$542	49%	-	
Iowa	\$434	39%	\$342	31%
Fort Madison	\$282	25%	-	
Davenport	-		\$330	30%
Oskaloosa	-		\$348	31%
Michigan	\$524	47%	\$400	36%
Wayne County/Detroit	\$505	45%	\$433	39%
Muskegon County	\$399	36%	\$380	45%

TABLE D.1 (continued)

State	Average Monthly Child Care Costs for Infants (Under Age 1)			
	Child Care Centers	As a Percentage of 1997 Poverty Level Income	Family Child Care Homes	As a Percentage of 1997 Poverty Level Income
Montana	-		-	
Missoula	\$390	35%	\$368	33%
Ravalli County	-		\$325	29%
Nebraska	-		-	
Omaha	\$433	39%	\$390	35%
Fremont	\$379	34%	\$325	29%
New Jersey	-		-	
Mercer, Middlesex, Monmouth and Trenton	\$594	53%	\$598	54%
Somerset County	\$485	44%	\$386	35%
North Dakota	\$680	61%	\$706	64%
Urban Areas	\$385	35%	\$340	31%
Rural Areas	\$407	37%	\$346	31%
Oklahoma	\$348	31%	\$329	30%
Rural Counties	\$329	30%	\$286	26%
Urban Counties	\$256	23%	\$256	23%
Oregon	\$386	35%	\$295	27%
Salem	-		-	
Hood River/Wasco Counties	\$488	44%	\$357	32%
South Dakota	\$400	36%	\$341	31%
Sioux Falls	\$390	35%	\$293	26%
Brookings	\$368	33%	-	
Minnehaha	-		\$260	23%
Tennessee	-		\$314	28%
Knoxville	-		-	
Utah	\$303	27%	\$286	26%
Provo	\$363	33%	\$300	27%
Richfield	\$403	36%	\$320	29%
Vermont	\$368	33%	\$285	26%
Burlington	-		\$400	36%
Hinesburg	\$550	50%	\$433	39%
Wisconsin	-		\$386	35%
Dane County	-		-	
Calumet County	\$641	58%	\$563	51%
Wyoming	\$469	42%	\$429	39%
Casper	-		-	
	\$399	36%	\$325	29%

SOURCE: Adams, G., Schulman, K. "Child Care Challenges." Children's Defense Fund, May 1998.

*Information is based on the cost for child care centers and family child care homes.

NOTE: Data gathered through a joint survey conducted by the Children's Defense Fund and the National Association of Child Care and Resource and Referral Agencies in February 1998.

TABLE D.2

STATE INCOME ELIGIBILITY LEVELS FOR CHILD CARE
ASSISTANCE, FY 1997 - FY 1999

State	Income Eligibility Level for Family Of Three	State Median Income (1997)	Eligibility as a Percentage of State Median Income	Eligibility as a Percentage of Poverty (1997)
Arkansas	\$18,401	\$30,668	60%	138%
California	\$30,036	\$40,954	75%	225%
Colorado ^a	\$24,658	\$40,993	60%	185%
Delaware	\$20,124	\$46,241	44%	151%
Florida ^b	\$19,995	\$36,434	55%	150%
Hawaii	\$34,488	\$47,873	72%	225%
Idaho	\$19,476	\$34,615	56%	150%
Indiana ^c	\$19,995	\$39,658	50%	150%
Iowa ^{d,e}	\$16,668	\$37,852	44%	125%
Michigan ^f	\$26,064	\$43,127	60%	196%
Montana	\$24,660	\$32,944	75%	185%
Nebraska	\$23,292	\$38,217	61%	175%
New Jersey ^b	\$26,660	\$50,985	52%	200%
North Dakota	\$29,340	\$35,466	83%	220%
Oklahoma	\$27,696	\$32,581	85%	208%
Oregon	\$33,012	\$37,323	85%	248%
South Dakota	\$20,004	\$36,090	55%	150%
Tennessee ^e	\$19,464	\$35,391	55%	150%
Utah	\$21,108	\$37,692	56%	158%
Vermont	\$25,920	\$38,909	67%	194%
Wisconsin ^{b,e}	\$21,996	\$41,145	53%	165%
Wyoming	\$17,736	\$40,287	44%	133%

SOURCE: "Child Care and Development Block Grant, Report of State Plans for the period 10/01/97 to 9/30/99." Administration for Children and Families, U.S. Department of Health and Human Services; Adams, G., Schulman, K., and Ebb, N., "Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families." Children's Defense Fund, March 1998.

^aIn Colorado, counties have the option to set the eligibility limit anywhere between 130% and 185% of poverty.

^bFlorida, New Jersey and Wisconsin have extended eligibility for families already receiving child care assistance. The respective extended income eligibility limits for these states are: \$26,661 (FL), \$33,325 (NJ), and \$26,532 (WI).

^cIn Indiana, counties have the option to extend eligibility up to \$25,327 (190% of poverty).

^dIn Iowa, eligibility is extended to \$20,662 (155% of poverty) for special needs families and families whose transitional year of child care is ending.

^eThese states increased their eligibility limits since 1997. The higher limits are reflected in the body of this report. The higher income eligibility limits in 1999 for Iowa are 140 percent of poverty and 50 percent of SMI; for Wisconsin, they are 185 percent of poverty and 55 percent of SMI; and for Tennessee, they are 165 percent of poverty and 60 percent of SMI.

^fMichigan lowered its income eligibility limit since 1997. The lower limit (185 percent of poverty and 55 percent of SMI) was used in the text of this report.

TABLE D.3

STATE PROVIDER REIMBURSEMENT RATES, FY 1997 - FY 1999

State	Age Range for Reimbursement Rates	Monthly Rates for Infant Care			Reimbursement Rates Vary by County or Other Local Area
		Center-Based Care	Small Family Day Care Home	In-Home or Relative Care	
Oklahoma*	0-24 months	\$303	\$281	\$151	
Reimbursement rates set at least equal to the 75th percentile of a current market survey (1996 or later)					
Arkansas	Infant	\$344	\$280	---	Y
California	Under 2 years	\$796	\$567	\$510	Y
Florida	0-12 months	\$495	\$430	---	Y
Indiana	Infant	\$621	\$398	---	Y
Iowa	Infants/Toddler	\$495	\$387	\$352	
Montana	Infant	\$344	\$323	---	
South Dakota	Under age 3	\$452	\$355	---	Y
Utah	0-24 months	\$387	\$301	\$178	Y
Wisconsin	0-2 years	\$658	\$581	\$290	Y
Wyoming ^a	0-2 years	\$538	\$325	\$325	
Reimbursement rates set equal to the 75th percentile of an older market survey (1995 or earlier)					
Colorado**	Under 2 years	\$497	\$387	\$290	Y
Michigan	0-30 months	\$645	\$484	\$484	Y
New Jersey**	Infants/Toddlers	\$534	\$422	\$253	
Idaho	0-12 months	\$400	\$345	---	Y
Nebraska	Infant	\$484	\$366	\$280	Y
Oregon	0-12 months	\$495	\$371	---	Y
Reimbursement rates set below the 75th Percentile of a current market rate survey (1996 or later)					
Delaware	0-12 months	\$390	\$319	\$319	Y
Hawaii	Regular	\$350	\$350	\$300	
North Dakota	Infant	\$462	\$462	\$462	
Tennessee	Infant	\$310	\$254	\$172	Y
Vermont	Under age 3	\$405	\$335	\$304	

SOURCES: "Child Care and Development Block Grant, Report of State Plans for the period 10/01/97 to 9/30/99." Administration for Children and Families, U.S. Department of Health and Human Services; and, individual state Child Care and Development Fund plans.

*No information is available about the level of Oklahoma's reimbursement rates in relation to the 75th percentile of the market rate.

**These states have made adjustments to their rates, but have not conducted a recent market survey.

^aIn Wyoming, the hourly rate for family day care is \$1.75 and the hourly rate for informal care is \$1.50; however, a monthly maximum of \$325 is set for both types of care.

TABLE D.4

STATE SLIDING FEE SCALES FOR FAMILIES OF THREE, FY1997-FY1999

State	Families Receiving TANF			Families with Income at 75% of Poverty		Families With Income at 100% of Poverty		Families With Income at 150% of poverty	
	Different Fees than Families Not Receiving TANF	Family Copayment	As a Percentage of Income	Family Copayment	As a Percentage of Income	Family Copayment	As a Percentage of Income	Family Copayment	As a Percentage Of Income
No Family Copayments when Income Falls Below 100% Poverty									
California		\$0	0%	\$0	0%	\$0	0%	\$0	0%
Vermont		\$0	0%	\$0	0%	\$0	0%	\$0	0%
Nebraska		Not eligible for TANF		\$0	0%	\$0	0%	\$107	6%
Hawaii		\$0	0%	\$0	0%	\$0	0%	\$146	9%
South Dakota ^a		\$0	0%	\$0	0%	\$0	0%	\$500	30%
No Family Copayments when Income Falls Below 75% of Poverty									
Indiana		\$0	0%	\$0	0%	\$22	2%	\$130	8%
Oklahoma		\$0	0%	\$0	0%	\$54	5%	\$154	9%
Iowa		\$0	0%	\$0	0%	\$22	2%	Not eligible	
Arkansas		\$0	0%	\$0	0%	\$65	6%	Not eligible	
Family Copayments at Every Income Level									
Michigan	Y	\$0	0%	\$26	3%	\$26	2%	\$26	2%
Tennessee ^b	Y	\$0	0%	\$33	4%	\$33	3%	\$10	7%
Florida		\$52	6%	\$52	6%	\$69	6%	\$104	6%
New Jersey		\$57	7%	\$57	7%	\$71	6%	\$133	8%
Montana		\$5	1%	\$5	1%	\$5	0%	\$167	10%
Wyoming		\$11	1%	\$11	1%	\$11	1%	Not eligible	
Idaho		\$16	2%	\$16	2%	\$48	4%	\$192	12%
Wisconsin		\$22	3%	\$22	3%	\$78	7%	\$195	12%
Utah	Y	\$0	0%	\$15	2%	\$15	1%	\$220	13%
Delaware	Y	\$0	0%	\$53	6%	\$74	7%	\$242	15%
Oregon	Y	\$0	0%	\$36	4%	\$120	11%	\$365	22%
Colorado		\$74	9%	\$74	9%	\$119	11%	\$172	10%
North Dakota	Disregard	Unknown		\$94	11%	\$132	12%	\$207	12%

SOURCE: Adams, G., Schulman, K., and Ebb, N. "Locked Doors: States Struggling to meet the Child Care Needs of Low-Income Working Families." Children's Defense Fund, March 1998.

^aAt 150% of poverty, only families with more than one child would seek a subsidy in South Dakota, as the level of copayment exceeds the maximum reimbursement rate for one child in care.

^bFigures revised slightly based on information collected as part of site visits to six states for the in-depth study in Summer 1999.

TABLE D.5
 FREQUENCY OF LICENSING AND INSPECTIONS
 FOR CHILD CARE CENTERS, 1998

State	Timing of License Renewal			Inspections	
	Annually	Every 2 Years	Every 3 Years	Pre-approval Inspection Required	Frequency of Unannounced Inspections
Arkansas		X		X	3-4 per year
California	X**			X	Once per year
Colorado			X**	X	Once per year or Less Often
Delaware	X			X	Complaints Only
Florida	X			X	2 per year
Hawaii	X			X	Complaints Only
Idaho		X		X	None
Indiana		X		X	2-3 per year
Iowa	X			X	Once per year
Michigan		X		X	Complaints Only
Montana	X			X	Once per year
Nebraska		X		X	Once per year
New Jersey			X	X	Renewal
North Dakota		X*		X	Occasional
Oklahoma		X		X	3-4 per year
Oregon	X			X	Once per year
South Dakota	X			X	Complaints Only
Tennessee	X			X	Once per year
Utah		X*			Once per year
Vermont	X			X	2 per year
Wisconsin		X		X	1-2 per year
Wyoming	X			X	Once per year

SOURCE: "The 1998 Child Care Center Licensing Study." The Children's Foundation, 1998.

*1- and 2- year licenses available

**Perpetual, non-expiring licenses.

TABLE D.6
REGULATION OF FAMILY CHILD CARE HOMES, 1998

State	Type of Regulation	Number of Children in Care When Regulation is Required
Require Licensing For 1 Or 2 Children		
California	Licensing	1
Colorado	Licensing	2
Oklahoma	Licensing	1
Require Licensing for 3 to 6 Children		
Arkansas	Licensing	6
Indiana	Licensing	6
New Jersey	Voluntary Registration	1
	License as Center	6
North Dakota	Licensing	6 or 4 children under 24 months
Tennessee	Voluntary Registration	1
	Licensing	5
Wisconsin	Certification ^a	1
	Licensing	4
Wyoming	Licensing	3
Require Registration or Certification for Small Family Child Care Homes (1 to 6 Children)		
Delaware	Self-Certification with Inspection	1
Florida ^b	Licensing or Registration	1
Hawaii	Registration	3
	Licensing	7
Michigan	Registration	1
	Licensing	7
Montana	Registration	3
Nebraska	Self-Certification with Inspection	4
	Licensing	9
Utah	Certification	5
	Licensing	9
Vermont	Registration	3
	Licensing	7
Require No Formal Oversight of Small Family Child Care Homes (1 to 6 Children)		
Idaho ^b	Voluntary Licensing	1
	Certification	7
Iowa	Registration	7
Oregon	Registration without Inspection	3
	Certification	7
South Dakota	Registration	1
	Licensing	13

SOURCE: "The 1998 Family Child Care Licensing Study." The Children's Foundation, 1998.

^aRegistration/certification is only required if provider is receiving public funds.

^bCities have the option to require more stringent registration or licensing and to require inspections.

TABLE D.7

HEALTH AND SAFETY STANDARDS FOR RELATIVE PROVIDERS, FY 1997-FY 1999

State	No Exemptions or Different Requirements for Health and Safety	Relative Providers are Exempt from All Health and Safety Requirements	Different Health and Safety Standards Required
Arkansas	X		
California			X
Colorado	X		
Delaware			X
Florida			X
Hawaii		X	
Idaho		X	
Indiana		X	
Iowa		X	
Michigan		X	
Montana	X		
Nebraska	X		
New Jersey	X		
North Dakota		X	
Oklahoma	X		
Oregon	X		
South Dakota			X
Tennessee	X		
Utah	X		
Vermont	X		
Wisconsin	X		
Wyoming	X		

SOURCE: "Child Care and Development Block Grant, Report of State Plans for the period 10/10/97 to 9/30/99."
Administration for Children and Families. U.S. Department of Health and Human Services.

TABLE D.8
STAFF TRAINING REQUIREMENTS FOR CHILD CARE CENTERS, 1998

State	Pre-Service Training	Annual In-Service Training (Hours)
Arkansas	None	10
California	12 semester hours in early childhood education or child development	0
Colorado	None	6
Delaware	60 hours of training in child development or early childhood education and 1 year experience	15
Florida	30 clock hours of training in early childhood education	8
Hawaii	Bachelor's degree in any field with 12 credits in early childhood education and 6 months experience	0
Idaho	None	4
Indiana	None	12
Iowa	None	6 ^a
Michigan	None	0
Montana	8 hours of training in early childhood in the first year	0
Nebraska	None	12
New Jersey	15 child-related college credits	*
North Dakota	None	10
Oklahoma	None	12
Oregon	None	15
South Dakota	None	20
Tennessee	None	6
Utah	None	20 ^b
Vermont	1 course in early childhood education and 1 year experience	6
Wisconsin	2 non-credit department-approved courses in early childhood education and 80 days experience	25
Wyoming	None	8

SOURCE: Azer, S. and Eldred, D. "Training Requirements in Child Care Licensing Regulations: 1998." The Center for Career Development in Early Care and Education, Wheelock College, 1998; "The 1998 Child Care Licensing Study." The Children's Foundation, 1998.

TABLE D.8 (continued)

NOTE: States often list a set of required pre-service training alternatives. If a state has requirements for experience, high school completion, age or training not specified in early childhood, it is counted as “none.”

*Unspecified number of hours required.

^a10 hours required for the first year of employment, then 6 hours annually thereafter.

^bNew staff must have an additional 20 hours of training in their first year.

TABLE D.9

REQUIRED TRAINING FOR FAMILY CHILD CARE PROVIDERS, 1998

State	Pre-Service Training	Annual In-Service Training (Hours)
Arkansas	None	10
California	15 hours in preventive health practices, including pediatric CPR and pediatric first aid	0
Colorado	12 hours of approved orientation training in topics like child care, discipline, nutrition, and first aid prior to or within three months after being licensed	6
Delaware	15 hours of approved training during first year of licensure	12
Florida	3 hours of basic training within 60 days	0
Hawaii	None	0
Idaho	*	*
Indiana	None	0
Iowa	*	*
Michigan	None	0
Montana	None	0
Nebraska	12 hours of training during the first year	10 ^a
New Jersey	*	*
North Dakota	None	9
Oklahoma	None	10
Oregon	None	15
South Dakota	*	*
Tennessee	None	2 ^b
Utah	2 hours of state-provided training before receiving a license for the first time	12

TABLE D.9 (continued)

State	Pre-Service Training	Annual In-Service Training (Hours)
Vermont	None	6
Wisconsin	40 hours of approved early childhood training within 6 months of becoming licensed ^c	15
Wyoming	None	8

SOURCE: Azer, S. and Eldred, D. "Training Requirements in Child Care Licensing Regulations: 1998." The Center for Career Development in Early Care And Education, Wheelock College, 1998; "The 1998 Child Care Licensing Study." The Children's Foundation, 1998.

NOTE: States often list a set of required pre-service training alternatives. If a state has requirements for experience, high school completion, age or training not specified in early childhood, it is counted as "none."

*Unspecified number of hours required.

^aOngoing hours of training for providers is 10-12 hours annually depending on the date of licensure. Assistants who work 20 hours or less must have 6 hours of training annually.

^bPrimary caregiver must complete an additional 4 hours of workshops or other training, or present evidence of 4 hours of consultation in child care or related field.

^cIf the provider is licensed to care for infants/toddlers, 10 additional hours must be in infant/toddler care.

TABLE D.10

CHILD TO STAFF RATIOS AND MAXIMUM GROUP SIZE
FOR INFANTS IN CHILD CENTERS, 1998

State	Child to Staff Ratios for Infants	Meets NAEYC Standards	Maximum Group Size for Infants	Meets NAEYC Standard
Arkansas	6:1		None	
California	4:1	X	None	
Colorado	5:1		10	
Delaware	4:1	X	None	
Florida	4:1	X	None	
Hawaii	3:1	X	6-8	X
Idaho	12:1 ^a		None	
Indiana	4:1	X	8	X
Iowa	4:1	X	None	
Michigan	4:1	X	None	
Montana	4:1	X	None	
Nebraska	4:1	X	None	
New Jersey	4:1	X	20	
North Dakota	4:1	X	None	
Oklahoma	4:1	X	8	X
Oregon	4:1	X	8	X
South Dakota	5:1		20	
Tennessee	5:1		10	
Utah	4:1	X	8	X
Vermont	4:1	X	None	
Wisconsin	4:1	X	8	X
Wyoming	5:1		None	

SOURCE: "The 1998 Child Care Center Licensing Study." The Children's Foundation, 1998.

^aNo age delineation for child-staff ratios in Idaho.

TABLE D.11

MAXIMUM GROUP SIZE AND NUMBER OF INFANTS IN CARE,
FAMILY CHILD CARE HOMES WITH A SINGLE PROVIDER, 1998

State	Maximum Group Size (Children Under 6 Years)	Maximum Number of Infants
Arkansas	7	2
California	6	3 ^a
Colorado	6	2-3 ^b
Delaware	6	2
Florida	5	2
Hawaii	6	2
Idaho	6	6
Indiana	4 ^c	4
Iowa	6	4
Michigan	6	2
Montana	4 ^c	4
Nebraska	8	2
New Jersey	5	3
North Dakota	4 ^c	4
Oklahoma	7	2
Oregon	6	*
South Dakota	12	2
Tennessee	7	3
Utah	6	2
Vermont	6	2
Wisconsin	**	*
Wyoming	6	2

SOURCE: The 1998 Child Care Center Licensing Study.” The Children’s Foundation. 1998.

*Does not specify a maximum number of infants.

**If 3 or 4 children under the age of 2 are in care, the number of other children is reduced, but the states does not specify a maximum number of children in care or by how many children group size is reduced with the presence of infants.

^aA family child care provider may care for 4 infants only, or if they care for up to 6 children then they can care for 3 infants only.

^bProviders who have been licensed for 2 consecutive years with no substantiated complaints may care for 3 children under age 2.

^cStates specify child to staff ratios for infants of 4:1. We assumed that for one caregiver, if four infants are in care then there are no other children present.

TABLE D.12

ACCREDITED CHILD CARE PROGRAMS, 1998

State	Number of Regulated Child Care Centers	Percentage of Centers That Are Accredited	State Offers Higher Reimbursement to Accredited Programs
Arkansas	1,935	2%	
California	12,885	4%	
Colorado	2,396	5%	Yes
Delaware	262	8%	
Florida	5,971	7%	Yes
Hawaii	494	11%	
Idaho	511	3%	
Indiana	659	12%	
Iowa	1,555	11%	
Michigan	4,619	2%	
Montana	251	4%	
Nebraska	743	3%	
New Jersey	3,200	4%	Yes
North Dakota	98	8%	
Oklahoma	1,818	2%	Yes
Oregon	930	4%	
South Dakota	153	2%	
Tennessee	2,693	5%	
Utah	320	4%	
Vermont	500	6%	Yes
Wisconsin	2,269	8%	Yes
Wyoming	210	18%	

SOURCE: "The 1998 Child Care Center Licensing Study," The Children's Foundation; 1998; "Summary of Accredited Programs/Programs Pursuing Accreditation." National Academy of Early Childhood Programs, National Association for the Education of Young Children. September 1998.