THE MISSISSIPPI CHILD CARE POLICY IMPERATIVE: ASSURING POLICY IMPLEMENTATION MAXIMIZES POLICY INTENT

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SUBMITTED TO

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PREFACE

This research study was commissioned by the Mississippi Low Income Child Care Initiative (MLICCI). The organization recognizes the inextricable link between early childhood education, work supports, economic security, and the educational and overall well-being of all children. MLICCI, founded in 1998, is a state-wide nonprofit training, policy change and advocacy organization of childcare providers, parents and communities working collaboratively to address shared concerns regarding child care in Mississippi. MLICCI has 20 years of continuous experience working with Mississippi's low-income childcare sector to strengthen the Child Care and Development Block Grant (CCDBG) subsidy system, improve services to families and strengthen the financial viability of low-income childcare providers. To that end, the organizational focus is on improving childcare funding, quality, access, affordability and work support for low-income families and their children. Despite MLICCI's unwavering work and significant accomplishments in improving child care in Mississippi, there are still unmet needs.

The research was conducted by Professional Associates, Inc., a research, evaluation, training firm founded in 2002. The firm's mission is to provide cutting edge, culturally appropriate planning, evaluation, research and training which help organizations to be more accountable, make evidence-based decisions, build their organizational capacity and engage their constituents more meaningfully. PAI's understanding of the historical, cultural and social milieu of southern and rural life has proven to be a valued asset.

Professional Associates, Inc. was assisted by and is indebted to the research team for this study which included a cadre of professionals, namely: Fran Bridges, PhD, Vanessa Cavett, MA, Connie Dixon, EdD, and Rosie Honer. Further, special thanks is extended to the study participants, eighteen parents and twelve childcare providers, for their time and efforts in sharing their views, perceptions, and lived experiences with the research team.

INTRODUCTION AND BACKGROUND

Public policy is the primary pathway for the delivery of human services, assistance and supports to those in need. It is, therefore, imperative that the corresponding regulations and practices for implementation are designed to support rather than impede access to those services, while simultaneously maintaining organizational accountability. The inclusion of the collective voice of the public sector and community-based organizations can be a powerful tool in maximizing the purpose and intent of public policies.

Persistent poverty and a widening schism of economic inequity necessitate a willingness to explore solutions from multiple perspectives using multiple voices. This includes examining how systems, policies and practices foster or hinder movement toward economic security by vulnerable groups. Advocacy for social and economic policy changes can be a powerful catalytic tool for bridging the gap between the public sectors and marginalized groups. Giving voice to the voiceless is a critical part of social justice and policy change advocacy. Access to childcare by low-income families is a social justice issue.

The Mississippi Low-Income Childcare Initiative (MLICCI) seeks to strengthen the Mississippi subsidized childcare infrastructure in the State by including the voices of those served by this system. The organization does this by providing a venue for those who have no seat at the table, who have no part of the decision-making circle, who have no platform from which to speak, and who have no audience to listen to their views.

While recognizing and embracing the necessity of accountability and responsible stewardship over public resources, movement toward a fair and just society also requires empathy, trust, fairness and inclusion of alternate perspectives in addressing structural inequities that may exist in childcare policies and practices. In his seminal work, *Racing to Justice,* john a. powell said it best: **"**a fair society

requires us to put ourselves in the other person's situation when making policy decisions."

As a means of capturing the views of low-income parents and providers regarding the State implementation of regulatory changes in the childcare subsidy program, Professional Associates Inc. (PAI) was commissioned to conduct the study discussed herein. The explicit purpose is to shine a light on how these changes were experienced by parents needing quality and affordable early care for their children and the providers who are committed to serving these families.

THE NEED FOR CHILD CARE IN MISSISSIPPI

Nationally, there are three programs that offer free or subsidized early childhood services: the federal Head Start/ Early Head Start, state pre-K, and the Child Care Development Block Grant Fund (CCDF). The former two programs operate part-day, part-year. The latter allows parents to choose the child care services that support their work schedule. CCDF is the only program that is designed to support parental work. That is important because 62% of the state's working families qualify for CCDF.

The Mississippi Department of Human Services (MDHS) uses the CCDF to pay for the CCPP. States have considerable latitude in the development of guidelines, rules, and practices for the implementation of the CCPP. This includes the eligibility requirements for program participation. Parents who successfully complete the application process are provided a certificate/voucher, based on a sliding-fee scale, which allows them to purchase services at a childcare center of their choice. A relatively small proportion of eligible families receives childcare assistance. Currently 17,000 children are served by CCPP; however, more than 100,000 are eligible. It is estimated that 21,600 children are on the "pending funding" waiting list.

METHODOLOGY

Purpose – The aim of this qualitative study was to explore and capture the beliefs, feelings and lived experiences of low-income parents and childcare providers, in their own words, in responding to two major changes in the childcare subsidy system in Mississippi, as well as the corresponding impact.

Design – A mixed-method design was used, both quantitative and qualitative data were collected. The study is grounded in phenomenological inquiry as a means of capturing the lived experiences of low-income childcare providers and parents relative to the changes in the childcare subsidy system. For purposes herein, lived experiences refer to one's knowledge acquired about a phenomenon through first-hand direct involvement, and their ascribed meanings (Eastmond, 2007). This includes the meanings and understanding one derives from the experiences and specifically how the changes impacted their lives. Use of a phenomenological approach enabled the researcher to examine the experiences of the participants without preconceived notions and expectations. In the words of J. Hoerger (2016), this approach "allows everyone to be their own authority on their experiences." This research seeks to share the stories of their experiences, how they interpreted those experiences, and the impact on their lives. The research was guided by the following questions:

1) What has been the lived experiences (opportunities and barriers) of low-income parents and childcare providers relative to the local implementation of policy changes in the Mississippi childcare subsidy system?
2) How have parents and providers interpreted (perceptions and understanding) their experiences?
3) What has been the impact of these policy changes on the lives of low-income parents and providers?
4) How can these experiences be explained when viewed through a racial equity lens?
5) What can be learned from the experiences of parents and providers that can be instructive in improving the childcare subsidy system in Mississippi?

Sampling – A multi-stage purposive sampling procedure was used. First, in January 2018, an eight-item questionnaire was developed and mailed out to the 900 centers in the MLICCI database. A total of 223 centers participated in the survey. The data were used to select a smaller pool of childcare centers to participate in the qualitative study using focus groups. Sample criteria included center capacity and enrollment, density and loss of enrollees through the redetermination process.

Secondly and consistent with phenomenological inquiry, focus groups were used to collect qualitative data. Geographically, the participating centers were in three regions of the State, namely, the coastal, central and Delta regions. Separate focus groups for parents and childcare providers were conducted over a three-week period in March 2018 in the three regions.

Instrumentation – The purpose of the survey was to gain insight through quantitative data on the nature and scope of parents' and providers' experiences with the CCPP eligibility redetermination and the online standard center registration processes. The questionnaire included select center descriptive data, including ethnicity of enrollees, licensed capacity, current enrollment, CCPP enrollment, and the number of children on the childcare subsidy waiting list. Further analysis focused on the State childcare redetermination process, the number of parents who were redetermined, the number of children who had lost their childcare subsidy assistance, and the reasons for ineligibility. The centers' status in the CCPP registration process was also queried. A total of 223 completed instruments were returned, yielding a return rate of 25%.

Data Collection – Through the power of triangulation, data presented herein are derived from multiple sources. Findings from a survey of centers serving low-income families, focus groups with parents and childcare providers, as well as limited data acquired from MDHS are included. As aforementioned, data on 223

low-income centers were collected through the initial survey. The primary focus, however, was on the lived experiences of low-income parents and childcare providers as shared during the focus groups. A total of 18 parents and 12 providers were recruited for the six focus groups which lasted approximately sixty minutes. These group conversations were conducted by a team of education and research professionals. In acknowledgement of their time and effort, focus group participants were given a participation gratuity as a "thank you."

Data Analysis – A frequently used qualitative analytical tool is inductive thematic analysis (Braun and Clarke, 2006). Use of this procedure enabled the examination of themes and patterns. The goal herein is to provide a rich contextual understanding of how low-income African American parents and providers have experienced the childcare subsidy system in Mississippi and the resultant impacts, perceptions and understandings.

With integrity and probity, the researchers have sought to capture the respondents' "truth telling" based on their lived experiences and corresponding understanding using tested qualitative methods. The value of this inductive approach is to extrapolate learnings from these experiences which can be used to improve the childcare subsidy system in Mississippi. This is the framework used to prepare this report.

Framework – A policy framework is used to examine the two changes implemented at the state level in the childcare subsidy program, specifically:

1) Childcare assistance eligibility redetermination, and
2) Online registration as a Standard Center.

This framework is used because the ultimate impact of a policy is not only shaped by its formulation, but by its implementation. While CCDF was developed at the federal level and includes federally-defined mandates, it also allows the state latitude in implementation. Frequently, policies are implemented in ways which

do not maximize the policy intent. Through implementation, the policy becomes misaligned with the explicit policy purpose. This frequently occurs by using local rules, regulations, and practices which distort and sometimes counter the primary and desired policy goals.
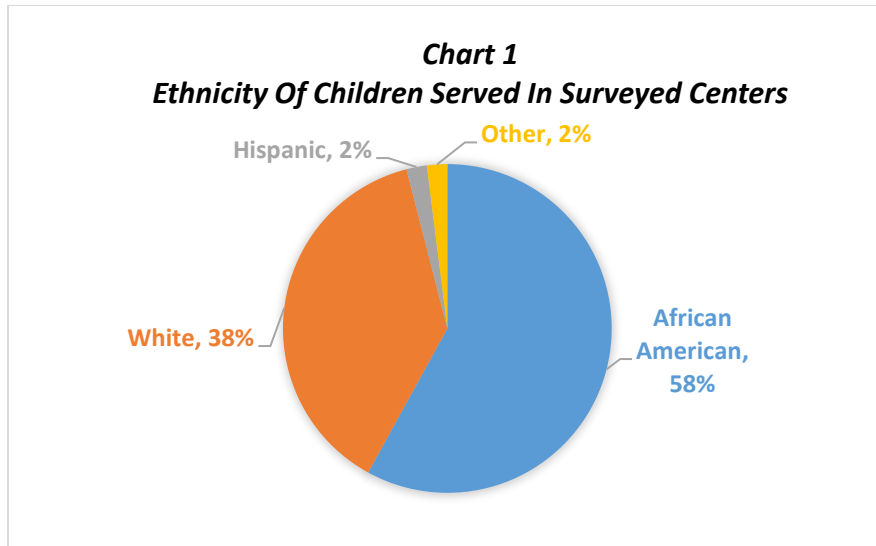
Policy outcomes are influenced by the context in which the policy is implemented. These influences include an array of historical, political, financial, social, racial and organizational factors. Once the policy has been sifted through this array of filters, often what exits the pipeline deviates from what entered.

Central to the influences at the implementation level is organizational culture. To a large extent the outcomes of a policy are impacted by the attitudes and behaviors of managers and those on the frontline of service delivery (Consortium for Research on Equitable Health Systems, 2009). This framework provides an approach for contextually understanding the individual experiences and systemic influences (organizational culture) which have impacted childcare subsidy outcomes during this policy implementation process.

FINDINGS
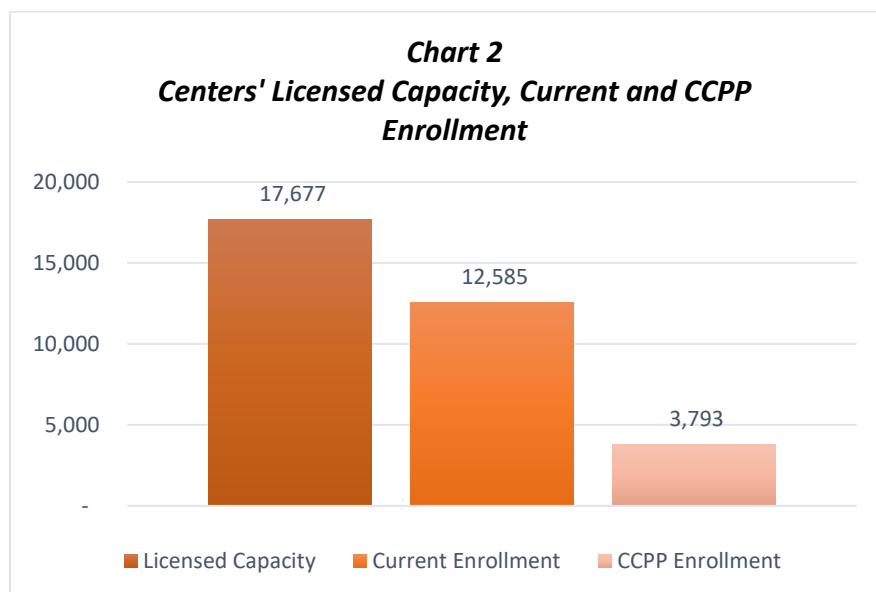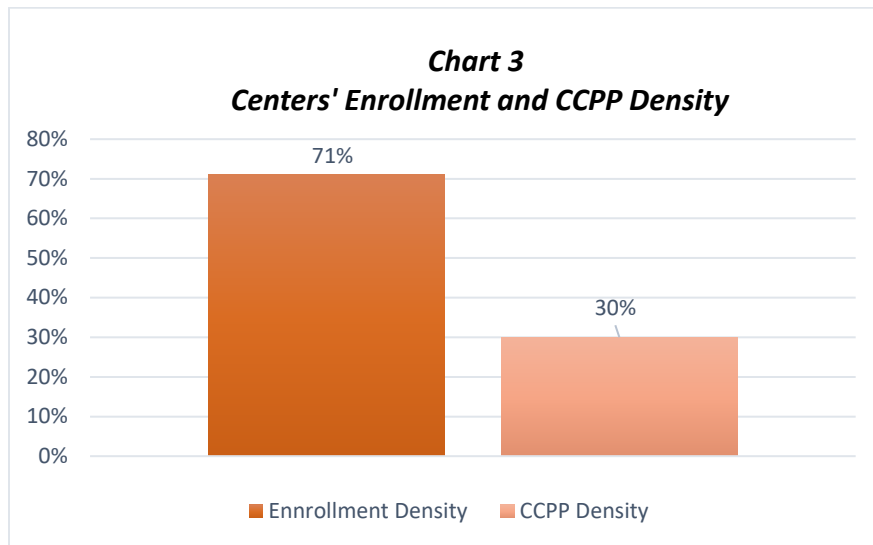
Childcare Center Survey (Quantitative Analysis)

The initial step of the study was a survey of childcare centers serving low-income families (N=223). The purpose was to collect quantitative data directly from the providers/directors regarding the childcare policy changes. Ethnically, 58% of the children served by the respondents were African American, 38% White, 2% Hispanic and 2% other.

**Chart 1
Ethnicity Of Children Served In Surveyed Centers**

Hispanic, 2%

Other, 2%

White, 38%

African American, 58%

Aggregately, the 223 centers are licensed by the Mississippi State Health Department to serve 17,677 children. However, at the time of the survey, these centers were only serving 12,585 children, of which 3,793 were recipients of subsidized childcare (CCPP). Enrollment density reflects the utilization of a center's licensed capacity; which is 71% for these centers. CCPP enrollment, 30%, is the proportion of enrollees who are CCPP recipients. Only one-fifth (21%) of the licensed capacity of these low-income serving centers were being utilized by CCPP approved children.

**Chart 2
Centers' Licensed Capacity, Current and CCPP Enrollment**

17,677	Licensed Capacity
12,585	Current Enrollment
3,793	CCPP Enrollment

Chart 3
Centers' Enrollment and CCPP Density

	Enrollment Density	CCPP Density
	71%	30%

Public Records Act Requested Data – A second data source was examined to determine the quantitative outcomes of the redetermination process. In response to a public records request on behalf of MLICCI, the data in the following table were provided by MDHS which reflect redetermination outcomes at the December 2017 conclusion of the process. Less than half, 40.7%, of the parents were approved during redetermination. One-fifth, 21%, were terminated. Additionally, one third, 38%, of the parents were termed no response; hence they were not continued in the program. Consequently, according to DHS data, over half, 59% (21% terminated plus 38% no response) of parents lost childcare assistance during the twelve-month redetermination process.

Several reasons, without any further specificity, were given by the agency for parents' terminations: income above the criterion, no cooperation with child support, document insufficiency, no online application, and no responses. The first two reasons are based on failure to satisfy some eligibility criteria. Child support cooperation is a state-set eligibility requirement not mandated by federal regulation. However, the last three reasons appear to address procedural factors rather than specific eligibility criteria. What is unknown is how many of those

families that failed to satisfy the procedural requirements were eligible for childcare assistance. Further, to what extent might the procedural reasons be attributable to institutional barriers rather than individual culpabilities?

Chart 4
MS Childcare Eligibility Redetermination Outcomes
February - December 2017
(N=4,764)
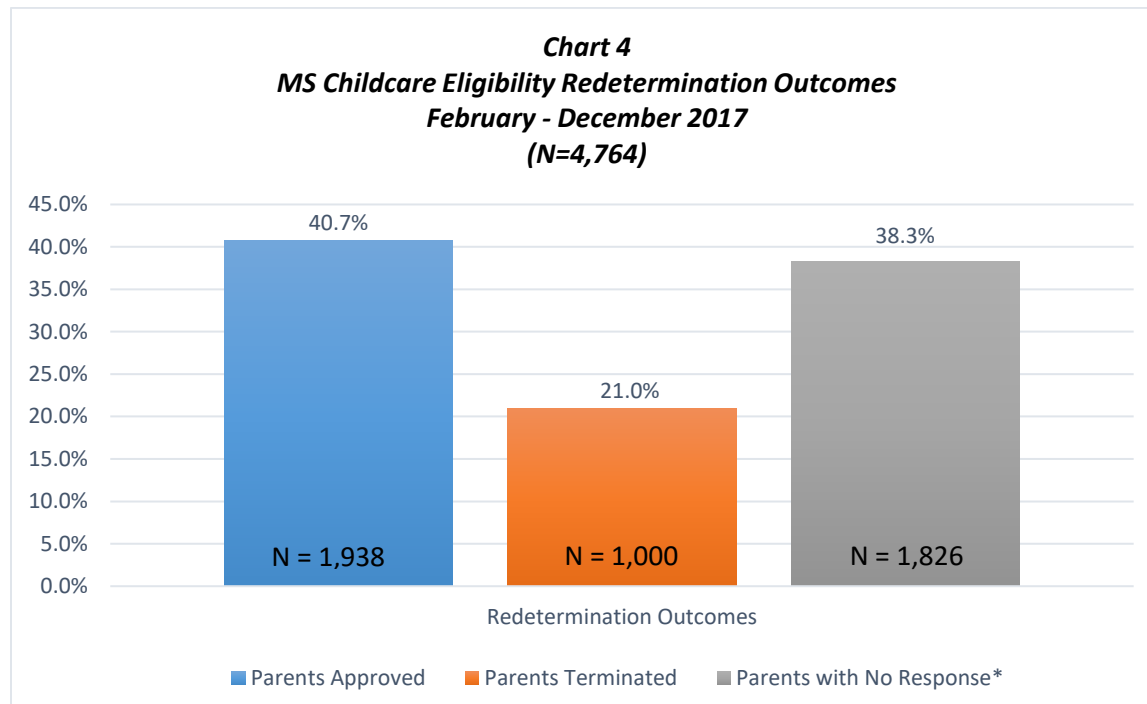
Source: MDHS Response to Public Records Request
*Note: No response parents also lost childcare assistance.

Parent and Childcare Provider Focus Groups Findings

The second phase of the study consisted of the parent and provider focus groups. While quantitative data provide an aggregate picture, qualitative analysis provides in-depth insight and enriches our understanding of the significance of the aggregate data.

Context is important to explaining and understanding social phenomena. Secondly, since childcare assistance is a means-tested policy, the socioeconomic context is therefore critical to understanding its role, scope, and impact on the lives of designated recipients. The following table reflects demographic data on the three regions in the state where the focus groups were conducted. While all

the data in the table have contextual relevance, race and the rate of poverty for children under six years of age have more significance. It is noted that Sunflower County (Delta region) is very different from the other two regions in that 72% of the population is African American. Furthermore, the poverty rate for children under six years old in the Delta is double the rates for the coastal and central regions. It can be inferred that there is a significant need for childcare assistance, particularly in this region, and a significant percentage of these children are African American.

Table 1.
Demographic Profiles for Mississippi Regions in Qualitative Study

Demographics	Coastal (Gulfport-Biloxi-Pascagoula MSA)	Central (Jackson MSA)	Delta (Sunflower County)
Population[a]	389,255	578,561	27,911
Median Age[a]	37.5	36.2	34.1
Median Household Income[a]	$44,328	$46,757	$27,384
Poverty Rate[a]	**20.0%**	**19.4%**	**35.5%**
Poverty Rate, Children Under 11[b]	**27.6%**	**28.7%**	**54.7%**
Poverty Rate, Children Under 6[b]	**29.0%**	**29.4%**	**59.8%**
Persons 25+ with High School Diploma or Equivalent[b]	86.1%	86.3%	71.4%
Persons 25+ with Bachelor's Degree or Higher[b]	20.8%	29.1%	14.4%
Unemployment Rate [b]	**9.2%**	**8.6%**	**20.1%**
% Black[a]	**21.2%**	**48.8%**	**72.7%**
% White[a]	68.1%	46.9%	25.0%
% Hispanic[a]	5.5%	2.1%	1.5%
% Asian[a]	2.6%	1.3%	0.4%
% Two or More Races[a]	2.0%	0.6%	0.4%

Note. Data are for the year 2015.
[a]US Census Bureau, American Community Survey Estimates via Data USA http://datausa.io.
 [b]Derived from data from U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

Description of Parent Participants – A total of 18 parents participated in the focus groups. Demographically, parents were African American except one mother who was Native American. One-half, 50%, were 34 years old or younger; six, 33%,

were between the ages 35 and 44 years; and 17% were 45 years old or older. Over half, 61%, were single/never married; 17% were married; and 22% separated, divorced or widowed. Educationally, 11% only completed high school; over half, 56%, had some college; 16% had an associate/technical degree; and 16% had a bachelor's degree. The overwhelming majority, 78%, were employed full-time; 11% were students; and 11% were looking for employment. The mothers had an average of 3 children each and less than a college education. Stated descriptively, parent participants in the focus groups reflected a profile of young, single, working African American mothers with some college and an average of three children.

Description of Provider Participants – The childcare providers represented their centers in the focus groups and had a combined licensed capacity to serve 1,592 children. However, only 60% of that capacity was being used. Mississippi, therefore, has significant capacity for providing child care and specifically serving CCPP eligible children.

Comparatively, the coastal region has a higher enrollment density, 75%, than the central region, 50%, and the Delta 58%. Although the Delta is the most impoverished region, 70% of the enrollees, compared to 77% of the coastal centers and 98% of the central region centers, were subsidized children. In other words, although the Delta was the poorest region, it had fewer subsidized enrollees.

Consistent with the principles of Appreciative Inquiry, the parents' focus group started by asking parents to share their hopes, dreams and expectation for their children. Typical of all parents, the mothers expressed optimism and faith in their children having successful futures. Their dreams ranged from their children completing high school and getting a diploma to becoming physicians, dentists, nurses, veterinarians, engineers, teachers and firefighters. They emphasized the

importance of having values, high standards, and a humble spirit, along with following the golden rule. Taking advantage of available opportunities and staying on track were as important as having a successful future.

The focus group mothers also expressed concern about their children's futures, especially their sons. They shared their fears regarding their African American sons growing up and becoming victims of violence.

This initial discussion was important for several reasons. It provided the mothers an opportunity to share that which is very important to them. Secondly, it allowed them to become comfortable with each other. Further, it affirmed them as mothers and individuals with a valued perspective. Most importantly, this brief discussion affirmed that low-income parents, like more privileged parents, have hopes, dreams and aspirations for their children also.

Attributes of a Successful Redetermination – Focus group participants were asked to share, in retrospect, what they believed contributed to parents being successfully redetermined as eligible. What happened to make this possible? Their responses included the following:

- Access to a computer, copier fax and/or scanner.
- Having someone to assist with completing the redetermination process.
- Being able to apply without having to take time off from work.
- Having the necessary documents in the form requested, including proof of residency.
- Parent's address had not changed; information on all residency documents were consistent.
- Parents started early and received assistance from providers with their computer work.
- Despite numerous eligibility requirements, being on the TANF program was perceived as a faster way to get a childcare voucher.

Therefore, starting early, having the required documentation, having computer assistance, having information to complete the documents, and having the ability to electronically submit them were their factors for successful redetermination. While this may appear to be a benign process, for many parents, there were also some inherent barriers.

Reasons for Ineligibility – Participants were asked to share what were the barriers to successful redetermination. Overwhelmingly parents and providers viewed the documentation requirements, specifically proof of residency, and an ineffective MDHS communications system as the primary reasons for parents not being redetermined as eligible for childcare assistance.

Proof of Residency – The change in the proof of residency documentation had a major impact on eligibility because MDHS required parents to show three proofs of residency; namely a state issued identification and two additional forms of identification. Proof of residency problems included parents' not having a utility bill in their name or their driver's license not matching their residential address. One parent said she had her ID changed to match her address, but was told she didn't change it online, so she was dropped.

This was also a problem because some parents live with their parents or other relatives, so they have no residence in their name. Furthermore, some parents move frequently. Providers reported having taken parents to the Highway Patrol Office, paid for driver's license to be changed, and waited for them to finish, just to help them get the proof of residency requirement needed to receive childcare assistance. They viewed the termination of individuals who were in major need of child care assistance, for what they felt were minor reasons, as heartless.

Documentation Submission – The timely submission and receipt of information was another flaw in the communication process, and a reason for being determined ineligible for assistance. It was also stated that some parent had lost eligibility

because their documentation was received one day late. Further, there were cases shared whereby MDHS reported not receiving information which had been submitted on time. One provider said she sent several applications together in one brown envelope. The agency responded by saying they received some but not others. She asked, "How is that possible?"

Participants discussed parents being disqualified because of failure to provide timely informational updates. Such changes included getting married, having a change of income or making other status changes. A provider commented that parents know they must report all changes, but some fail to do so. Several other participants countered, however, that parents are frequently unaware that their vouchers would end.

Another heart wrenching story was shared regarding a working mother who turned in all her information to continue in the childcare assistance program and was told she had everything needed. Then she was subsequently told she had not turned in anything. She lost her voucher. She lost her job because no one would keep her children. She had to quit, and was so overwhelmed and depressed that she began "walking the streets."

Temporary Assistance for Needy Families (TANF) **–** During the separate focus groups, both parents and childcare providers frequently referenced a perceived difference in two pathways to subsidized childcare provided by the State; namely, the Temporary Assistance for Needy Families (TANF) and CCPP. When used for this purpose, TANF clients are referred for childcare assistance by their local county caseworker. On the other hand, CCPP parents apply online through the centralized state childcare system. The CCPP application process is very transactional with minimal contact in person or by phone. Parents submit information electronically and wait for an electronic response. There is minimal opportunity for dialogue, follow-up or clarification. TANF, however, is a more

interactional process and occurs through face to face dialogue where both parties, the parent and caseworker, are engaged. Parents and providers expressed ambivalence about this process because of their perception that these two groups have different experiences and outcomes in attaining childcare assistance.

Income – Changes in the income of a parent was not a prevailing reason given for loss of childcare assistance. However, participants were perplexed by two stories of parents' change in income. It was shared that one parent's income was over the financial threshold by $5; another had received 25 cents raise on her job. These miniscule increases rendered both mothers ineligible for childcare assistance.

Parental Responsibility and Accountability – It is important to note that providers were unequivocal in pointing out the necessity of parental responsibility and accountability. They were forthright in highlighting the importance of parents not procrastinating but starting the application process in a timely manner. It was noted that some parents waited too late. One director indicated an unwillingness to accept children who had been dropped because of parental negligence. While a provider rightly noted that some parents do not have computers, another was forthright in pointing out that they have cell phones, though some may not have a data plan. However, the availability of computers in public libraries for use by parents was indicated.

Communications – The most compelling barrier to accessing childcare assistance shared by participants was a lack of effective communication. Both parents and providers cited a plethora of experiences which suggested a lack of effective communication related to the childcare subsidy system. An expansive array of communication challenges was delineated. They include, but are not limited to, lack of information, misinformation, inconsistent information, lost

information, informational silos, inability to get calls through, lack of responsiveness to voice messages, inability to contact parents, ineffective communication methods, underutilization of providers as a point of parental contact, inability to get helpful information in a timely manner, and rudeness. Further, the communication model used is transactional communication, rather than interactional. Except for TANF recipients, there is little one-on-one communication with an individual in real time. Focus group participants shared numerous communication related experiences.

- Information submitted to the agency was frequently reported as not received. Several parents indicated they submitted documentation but were later informed that the agency did not have it. A mother indicated she submitted her paper work, and after several calls, spoke with someone who told her there was no information in the file for her. A significant amount of time had elapsed. Another mother was initially told she had everything, but then was told she didn't complete the online application. Attempts to contact her had failed because she had used a friend's phone. This parent lost her voucher; then she lost her job. Lastly, she lost her cell phone because she couldn't pay the bill. Therefore, she could not be contacted. A director said, "Young people don't keep the same number or address; and they don't keep up with emails. If DHS can't get in touch with parents, they cut them off."

- MDHS routinely communicates with parents through email; however, many parents may not have email accounts, WIFI, or data plans for their phones. Many young parents rely instead on texts, phone calls and postal mail.

- Providers are in constant contact with parents. However, there was a lack of clarity regarding whether it was permissible for providers to serve as a contact and source of assistance for parents during the redetermination process. Furthermore, they felt that they were underutilized by MDHS as a means of reaching parents. One director shared that 17 children were taken off the childcare assistance program at one time because of MDHS's inability to reach the parents; the agency did not contact the center to reach those parents.

- There was a consensus that information silos exist within MDHS, which preclude effective intra-agency communication. A center director stated that when she called a parent's caseworker, she was told, "Well, I only do

food stamps; you need to call the other side." When the director asked if she could be transferred, the caseworker replied, "No, we don't do transfers."

The Childcare Waiting List – The childcare waiting list was a recurring point of discussion in the focus groups by parents and providers. This practice was somewhat nebulous among participants and was referred to as the waiting list, no funds list and funds pending list. In the Mississippi's Child Care Payment Program (CCPP) Policy Manual, (2017), 3.4 Non-Availability of Funds section, it is referenced as "Pending Funding." The manual explains that when applications for services that are received when available funding has been expended, "applicants shall receive notification that their application is 'Pending Funding'". It is further indicated that applicants in this status "have not been determined eligible by DECCD staff." Applications remain in the online system for 12 months; "after this period, parents shall receive a notice via postal mail and/or email to update their application online."

It was evident that there was frustration regarding how this aspect of the childcare subsidy system works. A parent said she started applying when her child was 3 months old and now the child is four years old and she has been told continually that there are no funds available for child care. Another parent indicated that she had successfully completed the application process but has been on the waiting list for three years. A provider told of one parent who had 3 children and had been waiting for 1½ years to hear regarding the availability of funds. Both groups felt this was unacceptable and warranted improvement.

Impact on Parents – Stated forthrightly, whether the reason is lack of proof of residency, loss or inadequate documentation, poor communication or waiting list placement, the impact of the redetermination process on low-income parents has been the loss of invaluable childcare, which is an essential work support, by over half, 59%, of CCPP parents. The lack of affordable childcare frequently

resulted in parents not being able to work. As aforementioned, 89% of the focus group parents were working full-time or were in school.

Parents were asked to comment on the importance of having childcare assistance for them to work.   Respondents consistently and emphatically indicated that without childcare assistance, very few parents in their communities would be able to afford childcare, and many would be unable to work. Further, their responses reflected the personal stress related to not having safe care for their children. The following reflects the lived experiences of parents when they do not have needed childcare:

- ✓ "If you don't have it, it is very stressful."
- ✓ "It is detrimental to your health; you cannot sleep, eat, or think straight because you are stressed trying to make the situation work to benefit you and your children."
- ✓ "Having a reliable place for your children is important to being able to keep a job."

In addition to providing childcare services, the centers are a tremendous resource to parents in addressing the challenges encountered as parents. Centers nurture and take on the added responsibility of assisting and guiding parents through the redetermination process, including provision of computer assistance and WIFI access.

Providers and their staff frequently help parents by responding to observed needs. Providers routinely purchase shoes, socks, coats, hats, wipes, diapers, underwear, t-shirt, sweaters and other essentials that children need when parents are unable provide them. The following is one such story.

A picture of empathy and compassion was shared by a participant in a providers' focus group. She indicated that when out shopping and she sees sale items for children, she immediately thinks about the needs of children in the center. She purchases items that children need, but the parents may be unable to buy. She

shared that "if I have noticed that a child's clothes, socks or shoes have gotten too small or are a bit worn, I buy those items for them" (with personal resources). She continued, "I don't want to embarrass the parent or child so when it's time to go home I just put the items purchased in a bag in the child's backpack; sometimes with a little note of encouragement." They usually don't see it until they get home." The next day, the child comes in excited about showing me their new clothes or shoes their mom bought them, and the mother quietly thanks me."

Impact on Centers – Like parents, childcare centers have also been impacted by the childcare eligibility redetermination process. For centers serving low-income families, the process has had a tremendous adverse effect on the financial stability of these centers. When an enrollee is no longer eligible for childcare assistance, providers are impacted in multiple ways. First and foremost, the drop in childcare eligibility means a corresponding drop in revenue for these small businesses. Furthermore, the loss in revenue for centers losing parents is exaggerated by the additional loss of any quality bonus for those centers that had achieved higher star levels. Secondly, Mississippi childcare payment by CCPP is below the national market value for child care. According to the National Women's Law Center, in 2015 the Mississippi childcare subsidy reimbursement rates for providers serving CCPP recipients were below the federally recommended level. Thirdly, some centers closed because they could no longer afford to operate due to their loss of certificates. The following reflects how some of the childcare providers have experienced the eligibility redetermination process:

✓ A provider shared that she had 17 children taken off at one time. Another provider previously had two buildings and 169 children on vouchers; now she has 15 children. She lost 50 children in just a couple of months.

✓ A provider used the term "horrible" to describe the impact of eligibility redetermination on her center. She talked about how providers operate

from a "heart standpoint," but she now must operate from a business standpoint. In 2015, she grossed $178,000; in 2016 it was decreased to $155,000. In 2017, she experienced a $78,000 drop in revenue because of a loss of certificates and quality incentive income. This was the lowest revenue at which her center had ever operated

Centers' Strategies for Managing Subsidy Loss – Childcare centers used multiple strategies to handle the loss of childcare subsidies. These strategies were born out of a genuine desire to help the families and children with whom they had developed a bond. Secondly, the necessity of finding a way to maintain their small business during a period of severe revenue decline was a natural motivator. The following are some of the strategies shared during the focus groups:

➢ Placing parents on a payment plan.
➢ Providing fewer services such as picking up from fewer feeder schools.
➢ Reducing operational cost such as lowering energy usage.
➢ Cutting back on center staff.
➢ Not paying self a salary.
➢ Alternating in paying monthly bills.
➢ Increasing the number of older children served.
➢ Using personal income to supplement center operation.

One director shut down because her enrollment fell greatly. She remained closed for almost a year. Before closing, she took another job to help the center stay afloat while hoping to get certificates. The money earned from work was put into the center. The reason she started a business was to be self-sufficient, but she had to go out and take another job to help sustain the center. Another director shared that she had taken a job to help maintain her center while "trying to hold on until I can see the light." None of them pay themselves a full director's salary.

Participation in the Child and Adult Care Food Program (CACFP) which provides participating centers with reimbursement for food purchases, has been a major source of revenue in countering lost subsidy certificates.   One provider indicated the food program has been her center's "saving grace."

One provider summarized how centers are surviving: "On a wing and a prayer, God has kept centers going." Another echoed this sentiment by saying, "We are making it by the grace of God. We rob Peter to pay Paul."

Despite their significant loss of revenue, there was general agreement among the providers that the changes in the eligibility determination process adversely affected children more than anyone else because "children are the ones who are not receiving the care they need." The participants expressed empathy for the children at their centers and their desire to help them in whatever way possible.

Online Center Registration as a Standard Center – The second regulatory change was a new online registration process for childcare centers to become Standard Centers. Prior to 2017 Mississippi had a tiered quality improvement system (QRS) called Stars. This QRS included a quality incentive paid through subsidy reimbursement for centers as they climbed the Stars ladder. This was a struggle for many low-income centers because of the associated high cost of quality improvement. Nevertheless, approximately one-third of the licensed centers participated because of their commitment to quality and the increased subsidy reimbursement. A major deterrent to participation was the associated cost of quality improvements. This background is important because QRS, with its many deficiencies, was terminated and replaced with Standard Centers. The quality incentives were no longer available. A critical difference between the QRS and the standard center designation is noteworthy. While QRS was voluntary and not a requirement for CCPP participation, the Standard Center designation is mandatory; therefore, it is required to receive reimbursement through CCPP.

Starting in 2017, to be eligible to serve families with childcare subsidies, centers were required to complete a lengthy online application. What appears on the surface as a benign process was often arduous and confusing for childcare

providers for a multitude of reasons. The primary source of confusion was the lack of specific detail given about the application process prior to its implementation. Consequently, for providers to be able to participate in CCPP (be reimbursed for serving families with a subsidy) they had to blindly meander their way through online registration.

Providers persevered through this process; over 90% of survey respondents successfully completed the center online registration. With few exceptions, however, the focus group participants agreed that this was a very arduous process.   The major themes that emerged related to poor communication, lack of clarity, loss of time in troubleshooting, and inability to access help in real time. Having to figure out how the system worked was challenging. They felt they lost valuable time exiting the system when they experienced a problem and could not get help. Reentry for them meant starting over anew. It took one director a week to complete the application because she would have to stop frequently to attend to other duties. Some directors compartmentalized and did a different section each day.

One director described the call-in number for assistance as "a joke." This was further confounded for several providers who indicated that their center license number, which is the center identification, had changed without their knowledge. The importance of communication was demonstrated in a provider's comment that once she was able to get help "it was easy after that, a cake walk." Providers and parents felt strongly, for a multitude of reasons, that there is a need for a comprehensive overhaul of the agency's communication system.

RACIAL EQUITY

One of the questions guiding this research was the following: How can the lived experiences of parents and childcare providers be explained when viewed through racial equity lens? There are many lens through which social issues can

be examined, explained and addressed. The lens used have a critical corresponding function; they serve as a framework for formulating solutions and corrective actions. Racial equity is offered herein as a way of understanding the impact of policy changes in the Mississippi childcare subsidy system on the primary recipients, namely, low-income African American families and children.

Racial equity is a complex issue with many facets. Equity, as defined by PolicyLink (2018), and used herein, is just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Racial inequity is the result of both individual and institutional factors. However, it is often driven primarily by structural racism which consist of legitimized public policies, institutional practices, norms and behaviors that systematically produce and/or perpetuate adverse outcomes for people of color in such areas as education, health and employment (Center for the Study of Race and Ethnicity in America, 2015).

According to the Center for Social Inclusion (2017), racial equity, as an outcome, is achieved when race ceases to be a determinant of one's access to societal resources and opportunities. Access to quality and affordable childcare for low-income African American families is a racial equity issue. Specifically, it is posited that racial inequity exists when institutional barriers, in the form of childcare policies, practices, attitudes and behaviors result in African American children in low-income families experiencing differential access to childcare services, resources and opportunities.

Public policy and agency practices can be powerful influences in dismantling or perpetuating racial inequity. As stated in the Mississippi CCPP Manual, CCDF is a federally funded program designed to improve the quality of care and provide access to child care services for eligible low-income families so they can work or attend education or job training. In other words, the subsidy program is designed to help poor families become gainfully employed through the provision of an

essential work support, specifically quality, safe and affordable child care. In other words, the CCPP subsidy program has the dual goals of supporting optimal child development as well as parental employment. When the implementation of this policy mitigates the attainment of these goals it represents a structural barrier.

Why is access to childcare so critically important? As a result of research over the past several decades, there is a growing consensus in the research community among educators, policy makers, and the business community that early childhood education for children is a critical determinant of life-long success. This includes neuroscientists and more recently economists who are providing compelling evidence on how child development is critical to the cognitive and behavioral development of children as well as the economic benefits to society. The empirically established positive educational, social, and economic benefits of early childcare and education are many and varied.   Furthermore, childcare subsidies, an essential work support, benefit the entire citizenry. As low income parents are able to secure and retain jobs with family-supporting wages, the workforce grows, fewer citizens are unemployed and living in poverty, and the state's tax revenue increases.

If, as a result of institutional policies and procedures, a lack of access occurs disproportionately among African American children, whether willful or inadvertent, then this is racial inequity. Furthermore, the adverse impact of lack of access is compounded because the linkage between early education and subsequent success is stronger for ethnic minority and low-income children.   In other words, access to early childcare tends to have a greater positive impact on ethnic minority group children. In fact, the research suggests early childhood development has a greater positive *and lasting impact* on African American and Hispanic children than on White and other ethnic groups (Isaacs, 2008). Consequently, when childcare subsidy policies and practices limit ethnic and

poor families' full access to quality and affordable childcare and education, the result is racial inequity.

African American children and poor children are too often synonymous, and are disproportionately over represented in the childcare subsidy system in Mississippi. Why? In 2016, 56% of the State's children lived in low-income families. However, low-income status, more specifically poverty, is not race-neutral. According to the National Center for Children in Poverty, 76% of African American children in Mississippi live in low-income families, compared to 39% of White children. From these data one can infer that proportionately more African American children are in need of childcare assistance. More importantly, it can be inferred that African American children are disproportionately adversely impacted by barriers which impede access to this essential assistance and support service. When a group of children, because of their ethnicity and/or socioeconomic, encounter institutional barriers to full access to quality and affordable early developmental and educational experiences, which result in optimal cognitive, health and behavioral outcomes; then, they are experiencing structural racism. Furthermore, *if* access to early education leads to improved cognition, learning readiness and positive school outcomes (school success, high school graduation), which lead to the American Dream; *then* any institutional policies, practices, and norms which hinder this early development and education thereby deny children equal opportunity and access to the American Dream.

The process of attaining racial equity often entails the creation, design and/or revamping of policies, and procedures for the purpose of removing structural barriers to equal opportunity. This includes dismantling institutional practices and norms which contribute to the perpetuation of racial inequities. Just and fair inclusion is a critical dimension of equity. The meaningful involvement of those most impacted by the inequities is essential to this process. Specifically, it is imperative that the revision of childcare subsidy procedures and practices

include the voices and experiences of those affected by the policies; namely parents and providers.   The Harvard University science-based model, described later herein, is offered as a set of guiding principles for developing strategies to screen policies and practices, assess norms, attitudes and behaviors and make changes which mitigate racial inequities.

Equity-driven changes in institutional policies and practices in the childcare subsidy system in Mississippi can be a powerful collaborative venture among parents, childcare providers, MDHS, and advocates. Through individual introspection, organizational reflection, transparency, and a spirit of reconciliation and healing, Mississippi can forge a new and transformative way of being for vulnerable children, their families, childcare providers and ultimately the entire State.

SUMMARY AND RECOMMENDATIONS

The quantitative data provide a numerical measure of the magnitude, scope and extent of the impact of childcare policy changes. According to MDHS FOIA data, less than half, 40.7%, of CCPP parents were found to be eligible, thus approved, during redetermination.   One-fifth, 21%, of CCPP parents were terminated, and slightly over one-third, 38%, were indicated as non-responsive, and therefore terminated from the program. Consequently, over half, 59%, of parents lost childcare assistance during the twelve-month redetermination process in 2017.

The qualitative data provide deeper and detailed insight into the essence of parents' and providers' lived experiences and consequences of the changes. As used herein, lived experiences reflect the parents' and providers' knowledge and understanding acquired through their personal involvement with the childcare subsidy system, and their interpretations and meanings derived from those interactions.

The quantitative data provide compelling evidence that low-income families'

access to and retention of childcare assistance has been adversely impacted by state level changes in CCPP. The corresponding impact on providers has been a significant decline in enrollment at childcare centers serving low-income centers.

The survey consisted of 223 centers licensed to serve 17,677 children. However, these centers were only serving 12, 585 children, of which 3,793 were recipients of subsidized child care (CCPP). This means that only 71% of these centers' licensed capacity was being used. Further, only one-fifth (21%) of the licensed capacity is currently being utilized by CCPP approved children. A substantial drop in the enrollment meant financial instability and closure for many of the centers serving low-income families. The far-reaching impact of CCPP childcare eligibility redetermination changes on parents, providers and the State is succinctly captured below.

Table 2
Impact of childcare eligibility redetermination on parents, providers and the state

PARENTS	PROVIDERS	STATE
Loss of access to needed childcare assistance, an essential work support.	Significant decrease in enrollment resulting in significant revenue decline.	Weakened childcare infrastructure.
Having to make choices between child's safety and care and the need to work.	Financial instability and unpredictability as a result of significant decrease in primary revenue stream.	Potential for lack of childcare access to become a work disincentive, which is contrary to CCDF purpose and intent.
Work interruption.	Loss of prior quality improvement incentive.	Forfeiture of unused childcare assistance funds.
Loss of employment.	Sense of helplessness.	Low subsidy usage by a CCDF high priority group.
Loss of continuity of care for children.	Center closures.	Fewer children in poverty receiving childcare assistance.
Reduced access to and retention of childcare certificates.	Generalized distrust, confusion and frustration with the childcare subsidy system.	Loss of state general fund revenue.
Loss of an essential social support function provided by childcare providers.		Increase in unemployment.
Increased reliance on public assistance.		Increase in number of unserved eligible children.
Lack of self-efficacy in fulfilling the parental role.		
Generalized confusion, distrust and frustration with the childcare system.		
Sense of Helplessness.		

RECOMMENDATIONS

What recommendations for improvement of the state childcare subsidy system can be gleaned from the lived experiences of low-income parents and childcare providers?   The quantitative and qualitative data can be quite instructive when used for program improvement purposes. Thus, the following recommendations were shared by focus group participants and/or gleaned from the data.

Organizational Culture – Participants agreed that there is a need for an overhaul of the MDHS. This includes efforts to transform the organizational culture to one that is more interactive and less transactional. Trust is central to reshaping the relationship among parents, providers and the state agency. Currently, participants feel that distrust is the norm, and it is reciprocal. The meaning that parents and providers have derived from their lived experiences is that the system often works against children, and there is a lack of concern and empathy for children, parents and providers.

As a means of transforming the MDHS service delivery culture, it was suggested that, as a starting point, MDHS managers and frontline staff become more familiar with the milieu of childcare providers through planned congenial visits to childcare centers. It could be a shared opportunity for MDHS staff, parents and providers to interact, exchange ideas, experiences and information in a positive and mutually supportive manner. Most importantly, it could be an opportunity to uplift the children attending these centers.

To serve families more effectively, the need for a structured integrated approach to the delivery of childcare services to low-income families was highlighted. Such an approach would entail increased collaboration among MDHS, parents and providers. Low-income centers often serve as a valued community resource; they are hubs where individuals go to get information and seek assistance. Further, they are trusted and esteemed by parents and others in the community. A

formalized integrated approach which utilizes the knowledge, skills, relationships and locations of low-income childcare centers as key community knowledgeable and resources is recommended. This includes the recognition of childcare centers as valued partners in the childcare subsidy system, as evidenced by appropriate inclusion in decision-making.

Communications – The findings suggest that the lack of effective communications among parents, providers and MDHS is the major barrier to accessing childcare assistance. A plethora of communication problems were shared by participants. It was the consensus that a restructuring of the MDHS communications system is warranted and therefore recommended. Greater use of technology for increased efficiency (alerts and reminders), but without minimizing essential interactions, was recommended. Specifics included the use of electronic notification similar to that used in the medical community; an electronic system for tracking the status of applications (such as systems used by FedEx and UPS); and the use of robocall. The need for an agency Help Desk whereby a client could have real time access to an individual was underscored. Lastly, the development of a childcare subsidy app for mobile devices that parents could use was suggested.

Constituents Advisory Council – As a means of increasing the level of communication and interaction as well as systematically including childcare constituents in the decision-making process, an advisory council composed of parents, providers, advocates and other community stakeholders, as deemed appropriate, was recommended. Furthermore, such involvement could be instrumental in cultivating and nurturing a cadre of indigenous low-income childcare leaders in the State.

Racial Equity Tools – There is an extensive array of racial equity resources available that are specifically designed to help government agencies be thoughtful and

intentional in fostering racial equity in decision-making, policy implementation and program practices. Such tools/curricula provide a proactive means of addressing inequities by examining potential unintended consequences of the processes and outcomes of policy decisions, organizational practices and resource allocation. Tools which take a comprehensive approach focused on the individual attitudes and behaviors, institutional policies and practices, and the environment are recommended. This can be accomplished through the integration of racial equity training into the organization's professional development program or as a targeted training at all levels of the organization. Further, a train-the-trainer model could be used to provide training which includes parents and childcare providers, and agency managers and front-line staff.

Regardless of the tool used to foster racial equity, it is important to have a framework which defines the guiding principles for such an effort. The Harvard University Center on the Developing Child has developed a science- based model specifically for improving child development outcomes for children and families. This model consists of three principles which are offered as a guide to program managers and policy-maker in the development and adaptation of program policies and practices to improve child and family well-being. The three principles are:

- ➢ *Supportive responsive relationship for children and adults*
- ➢ *Strengthen core life skills*
- ➢ *Reduce sources of stress in the lives of children and families*

The first principle, *Support Responsive Relationships*, focuses on building strong, trusting and responsive relationships among children and adults. For children, such relationships strengthen brain development, foster resilience and provide a defense from the stress and trauma often associated with childhood poverty. For adults- parents, providers and agency representatives, responsive relationships help build a strong, mutually beneficial, and trusting childcare subsidy system.

Caseworkers and parents, as well as agency staff and providers develop strong and healthy relationships. At the agency level, this principle promotes the development/revision of programs, policies and practices to maximize unabridged access to services and resources. Furthermore it fosters the creation of a transformative environment characterized by affirming experiences for all adults, trust, mutual respect, and transparency. This principle embraces transformational relationships which are optimally responsive to the needs of children. The child comes first. All parties work, in a mutually respectful manner toward common goals. In such an environment policies and practices are supportive of children and their families.

The second principle, *Strengthen Core Life Skills,* focuses on developing the essential life skills and the ability to make healthy life decisions and choices in order to successfully manage life, work and relationships. These core skills are often referred to as executive function and self-regulations; and include, but is not limited to, goal setting, financial literacy, parenting, , prioritizing, celebrating accomplishments, effective communications, and   self-efficacy. This principle could also support the development of grassroots childcare leadership and advocacy. It is imperative that implementation of this principle does not become an added burden for parents.   Therefore, the modes of delivery such as life coaching and training, could be channeled through the low-income childcare centers, neighborhood and faith-based organizations, small family support groups and advocacy organizations.

The third principle, *Reduce Sources of Stress*, is critically important and often overlooked in the process of providing essential human services. Socioeconomic status is the primary criterion for receiving childcare assistance.   Low-income status, and specifically poverty, has an intrinsic set of stressors. Meeting the essential needs of the family, securing and maintaining employment, responding to restrictive regulations, substance abuse, and violence, are all sources of stress

for parents and children, and are often traumatic. For childcare providers, financial instability and unpredictability and the lack of information in the childcare subsidy program have proven to be major sources of stress as they seek to meet the needs of low-income families in their communities, Further, for frontline caseworkers the availability of in-service training and supports, simplified rules and regulations, a manageable caseload and an effective communication system, are all essentials to reduced stress and increased productivity in the workplace.

Any program strategies focused on improving the policies and practice in the childcare subsidy system, which are grounded in the foundational principles of genuine supportive relationships, strong core life skills and reduced stressors can be transformational and a catalytic force for racial equity in Mississippi.

GLOSSARY OF TERMS

Childcare Certificate or Voucher – The currency used by MDHS to issue childcare assistance directly to a parent who has been determined eligible for CCDF funds. The voucher may only be used as payment for childcare services. It is important to note that the Child Care Payment Program, Child Care Certificate or Voucher are all terms used interchangeably to describe the Childcare Subsidy Program.

Child Care and Development Block Grant Act (CCDBG) – The federal legislation which authorizes three childcare programs that serve low-income families and includes the Childcare Development Fund (CCDF).

Child Care Development Fund (CCDF) – The primary federally funded program, authorized by CCDBG and specifically designed to improve the quality of child care and provide access to childcare services for eligible low-income families, so they can work or attend an educational or job training program.

Child Care Payment Program (CCPP) – A program administered by the Mississippi Department of Human Services (MDHS) that provides childcare assistance to eligible low-income families.

Child Care Payment Program (CCPP) Approved Provider—A childcare facility that has met the minimum requirements to be certified as a Standard Center and has been deemed eligible for CCPP reimbursement as defined by A Family-Based Unified and Integrated Early Childhood System.

Childcare Provider – Childcare centers that are licensed by the Mississippi State Health Department. These centers may or may not be CCPP approved providers.

Division of Early Childhood Care and Development (DECCD) – A division within MDHS which is administratively responsible for the childcare subsidy program.

Standard Center – A childcare center that has completed the online registration process and other requirements and is thereby qualified to be reimbursed for childcare services provided to eligible CCPP participants. Centers are certified annually by MDHS.

Temporary Assistance for Needy Families (TANF) – A comprehensive welfare reform program with time-limited assistance that is focused on transitioning recipients into the workforce.

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