



ALL OUR KIN INC.

A SAFE AND LOVING PLACE WHERE PARENTS AND CHILDREN CAN LEARN

March 12, 2014

Senator Bye, Representative Walker, and Esteemed Members of the Appropriations Committee:

My name is Jessica Sager, and I am the Executive Director of All Our Kin, a nationally-recognized, Connecticut-based nonprofit that trains, supports, and sustains family child care providers to ensure that children and families have the foundation they need to succeed in school and in life. All Our Kin works directly with over 250 parents and educators, serving over 1,200 children, in greater New Haven, greater Bridgeport, and Norwalk. I am here today to offer testimony concerning S.R. No. 9 and H.R. No. 5, Resolutions Proposing Approval of a Collective Bargaining Agreement Between the Office of Early Childhood and the Connecticut State Employees Association.

Family child care providers are essential to Connecticut's child care landscape. In communities across our state, working parents rely on these neighborhood-based caregivers—both licensed and unlicensed—to care for their children. Family child care providers offer child care that is affordable, accessible, culturally diverse, and flexible for parents working nontraditional hours. Their efforts enable working parents to advance professionally and lay the groundwork for the next generation of citizens to grow and develop.

This contract takes several important steps toward recognizing the importance of family child care providers, integrating family child care providers into our state's early childhood system, and supporting these essential caregivers in their work of caring for young children.

First, the contract includes long-overdue reimbursement rate increases. Connecticut currently sets reimbursement rates at the 60th percentile of the 2001 market rate, according to the Connecticut Department of Social Services Child Care and Development Fund plan.ⁱ Not only is our state's reimbursement rate in its Care 4 Kids subsidy program below the federally recommended level of 75 percent, but our rates were last updated in 2002.ⁱⁱ

Inadequate reimbursement rates harm families, providers, and—most importantly—children. Families are prevented from choosing freely among child care programs, since inadequate reimbursement discourages providers from caring for the low-income children who receive child care subsidies. Providers frequently experience financial hardship as a result of their low compensation, as reimbursements are often their primary source of income. Children also suffer because inadequate subsidy rates negatively impact quality in child care programs. Low rates limit the resources available for program materials and improvements, increase provider stress, and reduce caregivers' longevity in the industry.

We want to emphasize that this contract's rate increases of twelve percent over the contract's four year duration are by no means overly generous, when accounting for inflation. When these rates went into effect in 2002, a family child care provider caring for one pre-school age child full-time in Connecticut's South Central region was reimbursed at a rate of \$4 an hour.ⁱⁱⁱ This provider would need to receive \$5.20 per hour in 2014 to have equivalent buying power to the 2002 level, according

to the Bureau of Labor's CPI inflation calculator.^{iv} Yet this contract will create a much smaller increase—by the final year of the contract, such a provider will receive just \$4.50 per pre-school age child per hour.¹ Nevertheless, these rate increases represent a significant step in the right direction.

Second, the contract provides for differential rate increases for caregivers of infants and toddlers. Our nation faces an acute shortage of quality child care for infants and toddlers—especially for low-income families.^v By establishing differential rates for infant and toddler caregivers, this contract will help increase the supply of care available to Connecticut's youngest and most vulnerable children.

Although the providers All Our Kin serves already play a crucial role as caregivers of our state's infants and toddlers, the supply of infant and toddler care currently is limited by the fact that family child care providers without an assistant may only care for two children under the age of two.^{vi} If family child care providers are to meaningfully reduce our state's critical need for quality infant and toddler care, the Care 4 Kids payment differential for family child care providers who care for infants and toddlers should be sufficient to enable these providers to hire an assistant. If providers had enough funds to hire an assistant, six infant/toddler slots would become available in each family child care program, rather than two, thus significantly enlarging our early childhood system's capacity to care for children under three.

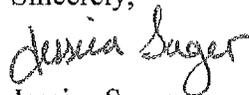
Third, the contract establishes incentives for providers to become licensed and access ongoing educational opportunities. Too often, family child care providers are forgotten or left out of professional development opportunities and funding streams that can raise the quality of their work.

By providing incentives for family providers to become licensed, the state will ensure that more children are being cared for in settings that meet health and safety standards. Working parents will benefit from greatly expanded access to child care, and providers themselves will embark on a path towards professionalization and quality care.

The contract will also allow family child care providers greater access to ongoing professional development after they become licensed. This professional development should be accommodating of inflexible schedules, accessible to providers with limited transportation, linguistically diverse, based in best practices, and tailored to the needs of family child care providers. All Our Kin's track record demonstrates that, with sufficient investment, we can help family child care providers develop their programs into nurturing early learning environments for children and sources of stability and strength for families and communities.

We believe that the approval of this contract is a crucial step toward strengthening and supporting Connecticut's family child care providers and the families and children they serve. Thank you for your consideration.

Sincerely,



Jessica Sager
Executive Director
All Our Kin, Inc.

¹ Based on a calculation of compounding 3 percent annual rate increases.

ⁱ Child Care and Development Fund (CCDF) Plan for Connecticut, FFY 2014-2015:

<http://www.ct.gov/dss/lib/dss/pdfs/plans/CCDFStatePlanEffective10012013Approved.pdf>.

ⁱⁱ "Pivot Point: State Child Care Assistance Policies 2013," National Women's Law Center, 2013:

http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_2013statechildcareassistancereport.pdf; Peg Oliveira, "The Child Care Subsidy Program Policy and Practice: Connecticut Child Care Providers Identify the Problems,"

Connecticut Voices for Children, April 2006, <http://www.ctvoices.org/sites/default/files/ece06care4kidsimplic.pdf>.

ⁱⁱⁱ Care 4 Kids Weekly Provider Reimbursement Rates, prepared by CT Department of Social Services-Family Services Division-Child Care Team: http://www.ct.gov/dss/lib/dss/pdfs/care4kid_rates.pdf; based on calculating full-time as 40 hours per week.

^{iv} CPI Inflation Calculator, U.S. Department of Labor, Bureau of Labor Statistics:

http://www.bls.gov/data/inflation_calculator.htm.

^v "Infants and Toddlers Are Particularly Vulnerable: Good Child Care and Early Education Can Play a Vital Role in Their Development." Children's Defense Fund, January 2003. <http://www.childrensdefense.org/child-research-data-publications/data/child-care-infants-toddlers-early-education-development.pdf>

^{vi} Of infants in non-parental care, more than three quarters are in some form of home-based care arrangement. See "Primary Child Care Arrangements of U.S. Infants: Patterns of Utilization by Poverty Status, Family Structure, Maternal Work Status, Maternal Work Schedule, and Child Care Assistance." Office of Planning, Research and Evaluation Research Brief, June 2009. By Tamara Halle, Elizabeth Hair, Mirjam Nuenning, Debra Weinstein, Jessica Vick, Nicole Forry, and Akemi Kinukawa.

http://www.acf.hhs.gov/sites/default/files/opre/child_trends_9a.pdf