

RESULTS OF PARENT INTERVIEWS

This brief provides results and recommendations that came out of interviews of parents who receive child care assistance from the Child Development and Care (CDC) program in Michigan. The interviews were conducted as part of a larger study of the effects of child care assistance program policy changes that is being carried out by PPA in partnership with the Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS). The policy changes examined for this study include:

- *12-month eligibility*, which extended the length of child care subsidy program eligibility to a continuous 12 months
- *Graduated exit* to reduce the subsidy gradually as a family's income increases
- *Delinked provider assignment* to allow for subsidy approval without naming a child care provider
- *Provider rate increases* for all provider types
- *Income eligibility* threshold increase to 130% of Federal Poverty Level

Public Policy Associates, Inc. (PPA) interviewed 35 parents who had used the assistance to obtain child care in the previous 12 months, based on program data from the Bridges system. During the interviews, parents were asked about subsidy eligibility, use, and redetermination, as well as improvement suggestions for the program and promoting access to quality child care.

Recommendations

Based on parent feedback, PPA has identified the following recommendations for consideration by the partners, MDE and MDHHS:

- Leverage technology to promote communication with parents and providers around program paperwork and decisions.
- Widely market the Great Start to Quality provider database and other information that aids parents in finding and selecting providers. MDHHS specialists are well positioned to reinforce the value of this resource to parents.
- Share information about the graduated exit policy with parents.
- Improve the accessibility of MDHHS specialists for parents.

This brief was prepared under a grant from the U.S. Department of Health and Human Services, Administration for Children and Families. For more information, contact Colleen Graber at [517-485-4477](tel:517-485-4477) or cgraber@publicpolicy.com.

Methods

The interview instrument was developed through a collaborative process with the State partners. PPA conducted a random sample in six areas of the state (5 counties and 1 multi-county area) to identify parents using records from the Bridges database in November 2020. MDHHS then issued invitations to these parents. Over 100 parents voluntarily registered for an interview online. From the respondents, PPA interviewed 35 individuals in December on a first-come, first-served basis. PPA scheduled parents during the weekday daytime or early evenings for either videoconference or telephone modes, according to the parent's preference. Most interviews took between 20 and 30 minutes to complete. Parents received an incentive of \$50 for participating. PPA staff coded the interview responses by topic using NVivo software.

Results

Most parents learned about the subsidy program directly from MDHHS or by word of mouth.

13 parents reported learning about the CDC program from an MDHHS specialist. Ten heard about it from a friend or family member, and seven came upon the program online.

29 parents thought it was easy to get information about the program.

Parents were split on the income eligibility threshold.

18 parents thought it was a fair, whereas **12** thought it was too low. Eight volunteered a suggestion that it should be made more generous.

“The child care providers do a lot. . . . They could do like a little raise or more funds to expand their child care centers, upgrade the toys, or the playground. . . . They could give them more funding [per child].”

Most had a good experience with the CDC application process, delinked provider assignment policy, and redetermination process.

Parents appreciated being able to complete processes online (i.e., through MiBridges). Parents were nervous about possible gaps in care. Some parents had challenges getting the provider assignment form turned in and processed. Two parents reported losing work when they could not pay for care while

waiting for their approvals. A few parents would have liked more information about how the approved hours were calculated and more updates on the status of their applications.

Finding a provider was not identified as a problem for parents, but some parents had issues with subsidy acceptance, cost, lack of open slots, and meeting child or work schedule needs.

22 parents found care through the Great Start to Quality website, a web search, or through a reference. Parents thought that having as much information as possible about providers was a critical tool in finding quality child care.

11 parents said finding a provider was their biggest challenge in connection with the program. Six parents reported having trouble finding a provider who accepted the subsidy.

20 parents said cost was a factor in their choice of provider.

11 parents suggested more inspections and monitoring of child care settings would be helpful for promoting quality care, citing concerns about staff-to-child ratios and other worries.

“Looking for someone to take care of kids outside home, you want the best you can find. [There are] not options like that when you’re in poverty. . . . You have to go with what you know you can afford.”

A majority of parents interviewed had not heard of the graduated exit policy, and some were not aware of provider payment rates.

32 parents said they did not know about the policy when the interviewer explained it. The MDHHS workers may or may not explain this to parents; there is no policy about doing so.

17 parents thought the provider payments were appropriate, but eight were not aware of the rates.

Parents were generally pleased with the 12-month eligibility period, as opposed to a more frequent redetermination.

22 parents viewed this period favorably, although some wished for more reminders. Several appreciated the ability to look for work without losing their subsidy.

“You know that for that year, if you don’t have any major changes, you’re good for that whole year. . . . It gives you a bit more comfort with your situation.”

Parents, like providers and MDHHS specialists, had concerns about communications among program stakeholders.¹

6 parents suggested making it easier to reach their caseworkers (e.g., by phone or email) and a few would have liked to have more stability in the caseworker assignment. A few also mentioned wanting more direct communication between MDHHS and the providers, such as to resolve issues with paperwork. Six parents mentioned other types of communication needs.

On the whole, parents were positive about the program, with some opportunities suggested for program improvement. Here were some of their closing thoughts from the interviews:

- “It really helps me out a lot because I was struggling when I had to pay all out of pocket before.”
- “If I didn’t have the program, I wouldn’t be able to work.”
- “I just think it’s wonderful, and I hope I do eventually get to the point where I don’t need it, but it’s amazing to have.”

Interview Participant Characteristics



66% in program less than five years



77% have a work or work/school need reason



4 - median age of eligible children (all interviewees)



20% are a single parent²



47% use home/family providers



53% use child care centers



51% have a copay/out-of-pocket cost for care

¹ MDHHS case workers were surveyed and providers were interviewed previously.

² Underreporting may be an issue. This detail was volunteered by parents during the interview, not in response to a direct question.