5

FAMILY & INCOME SUPPORT POLICIES

ECONOMIC INSECURITY — LINKED TO LOW WAGES and lack of access to core services and benefits (e.g., health care, paid leave) — is rampant for many families and workers in the United States, not only those who work in the early childhood field.[211] This insecurity falls disproportionately on women, especially women of color, both in the early childhood field (see About the Workforce, p. 17) and in occupations more broadly.[212]

A dearth of supports to ease the pressure on working families threatens the well-being of adults and children in every state. At the national level, public policies and services to support workers across occupations are currently non-existent (for example, paid family leave) or limited in their assistance (health care subsidies), compared to other industrialized nations, where worker protections and social policies such as paid leave and cash-based assistance are often much more robust and are available more widely across the population.[213] Since 2016, there have been efforts at the federal level to further roll back the limited supports already in place: the (unsuccessful) attempt to repeal the Affordable Care Act and a shift toward allowing work requirements for Medicaid eligibility being some of the most prominent examples.

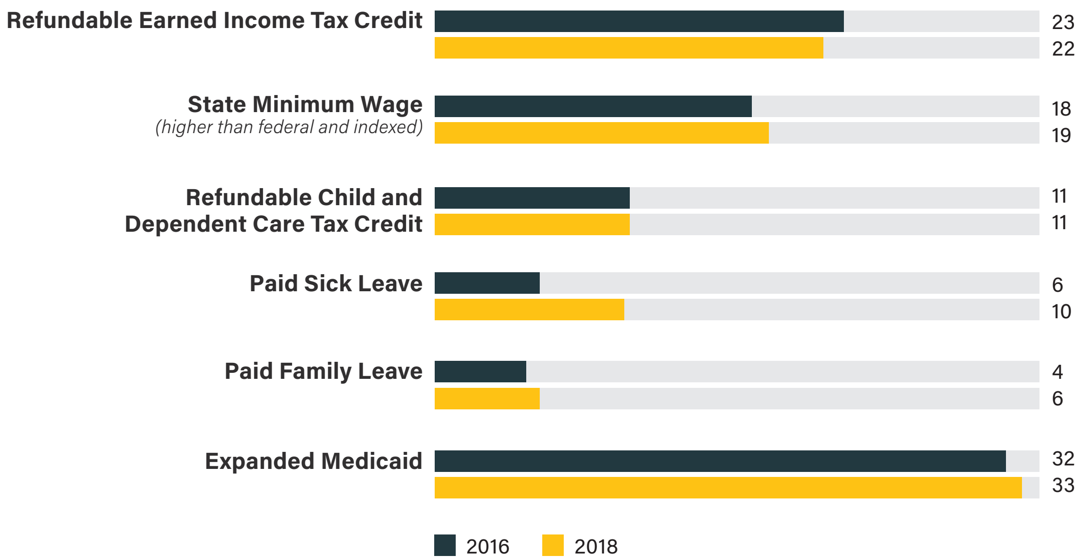
At state and local levels, advocates and policymakers have the opportunity to challenge existing efforts to reduce already-minimal supports for workers and to actively implement supports beyond what is provided or allowed at the federal level. As demonstrated in the 2016 *Index*, some states have adopted or expanded programs (such as tax credits, minimum wage legislation, and paid leave programs) to alleviate the effects of low earnings and poor job quality. Designed to benefit workers and their families across occupations, rather than the members of one field in particular, these support policies play a key role in shaping job quality and working conditions in the United States.[214]

Since 2016, there has been some state-level progress in supports for workers and families, particularly with more states implementing paid sick and family leave. In general, however, the number of states with key supports for income and health and well-being has changed little since 2016 (see Figure 5.1).

Furthermore, in line with the national movement to undermine existing supports for workers, some states have not only declined to implement state-level supports, but have

FIGURE 5.1

Number of States Meeting Family & Income Support Indicators, 2016-2018



Note: Medicaid eligibility was expanded in Virginia on June 7, 2018, and is not reflected in these figures.

also actively opposed city and county efforts to do so by enacting preemption laws that prevent local ordinances from taking effect. States have passed such preemption laws to oppose local-level minimum wage increases, paid leave ordinances, and other policies that support working families. The use of preemption to block local efforts related to labor standards has increased in recent years in response to an increase in successful campaigns to implement progressive policies.[215] For example, prior to 2012, only five localities had minimum wage laws; currently, 40 counties and cities have such laws, and several of these minimum wage ordinances in states such as Alabama, Florida, Kentucky, Iowa, and Missouri have been overturned as a result of state preemption laws.[216] As of March 2018, 25 states had preemption laws to block local minimum wage increases, and 22 states had preemption laws to block paid family or sick leave ordinances.[217]

"Since 2016, there has been some state-level progress in supports for workers and families, particularly with more states implementing paid sick and family leave. In general, however, the number of states with key supports for income and health and well-being has changed little since 2016."

"Early childhood stakeholders must understand broader work and family support policies and how they can be implemented successfully to effectively advocate for these policies and any early childhood reforms or additional public funding that may be needed."

Impact on the ECE Workforce

ALTHOUGH PROGRESS TOWARD BETTER SUPPORTS for workers in the United States has been limited and incomplete, in some ways the progress made so far has had a larger impact on the job quality and working environments of the ECE workforce than efforts specifically within the early childhood field, where recent attention and funds have focused primarily on qualifications and competencies. For example, compensation initiatives in ECE have been primarily limited to certain elements of the workforce (such as pre-K teachers) or have focused more on financial relief than on raising base pay (see Compensation and Financial Relief Strategies, p. 93). In contrast, minimum wage legislation applies to a wider breadth of early educators, particularly given how many early educators earn low wages. There is some evidence that minimum wage increases in several states over the past two years have led to increases in child care worker wages, as demonstrated in the Earnings and Economic Security chapter (p. 29). Similarly, paid sick day and paid family leave legislation can have a particularly strong impact on the work environments of early educators, few of whom have access to such benefits through their employers.

Nevertheless, states vary widely with regard to which supports they have enacted and with respect to the design, generosity, and eligibility requirements of these policies, all of which shape whether and to what extent the ECE workforce may benefit from them. Furthermore, such across-the-board policies can pose challenges for the early childhood field, as well, particularly at the provider/owner-level, where directors and family child care providers must meet any employer-based costs of supportive policies. It is crucial that those in the early childhood field understand these types of policies, their benefits, and how they can be implemented successfully so that they can effectively advocate for these policies and any reforms or additional public funding that may be needed (See Minimum Wage and ECE Reform Go Hand in Hand: Why Minimum Wage Legislation Needs ECE Advocates at the Table, on the following page).

Additionally, greater receptivity to public policies for and investment in worker well-being, including supports for working families, creates the conditions necessary for a broad-based coalition calling to reform the early care and education system — specifically, to increase the level and improve the mechanism of public financing. Greater public investment is needed to ensure that early educators and other workers providing services to families benefit from policies intended for all workers, but also to ensure that supports for workers do not drive up the cost of services for families already struggling to afford them.

Minimum Wage & ECE Reform Go Hand in Hand: Why Minimum Wage Legislation Needs ECE Advocates at the Table

Increasing the minimum wage can be a successful strategy to raise the wage floor for the lowest-paid early childhood educators across multiple programs and settings. But a minimum wage strategy must be coupled with increased public investment and additional strategies to combat wage compression (where pay varies little among those with different levels of education and experience) in order to secure comprehensive compensation reform in the early childhood field (see Compensation and Financial Relief Strategies, p. 93). Similarly, public investment is required to ensure that parent fees do not increase as a result of increased labor costs.

In some industries, employers have the option of raising their prices to cover any increases in labor costs as a result of minimum wage legislation. In the ECE field, this solution presents more of a challenge, for many reasons. One issue is that minimum wage increases have a greater impact on ECE provider finances because wages are a much greater share of overall costs compared to most industries. At the same time, parents are already paying high prices and are overburdened by their share of the costs of early care and education.

As a result, the ability of ECE providers to meet minimum wage increases will require further public investment. It will also require re-imagining and restructuring current policies and practices that govern funding mechanisms and levels, such as childcare subsidies, not only to better withstand periodic increases in the wage floor, but to advance toward a sustainable and equitable raise in pay for all early educators.

ECE advocates must be at the table when minimum wage increases are discussed and implemented in order to ensure that they work for early educators and for all families. Issues that should be considered in designing ECE reform along with minimum wage increases include the following:

- Raising child care subsidy rates is important but not a panacea:
    - Most providers serve a mix of families who receive subsidies and families who do not (some of whom may be income eligible, but limited public funding leaves them without access). By law, rates paid by private fee paying families cannot be less than government reimbursement rates for child care subsidies. When the state raises reimbursement rates — an important strategy to help programs serving families with subsidies to cover increasing labor costs — programs can only avail themselves of these higher rates if they also charge private fee families the same amount or higher, yet child care costs are already out of reach for many families. Public investment is necessary not only to increase reimbursement rates to providers, but also to expand access to childcare subsidies.
    - Most child care subsidies are distributed via vouchers that cover child care costs for individual children whose eligibility may shift, sometimes on short notice, due to changes in family circumstances. In contrast, contracts that designate a certain number of children to be served on an ongoing basis are more typically used for Head Start and public pre-K programs. Voucher payments can be less stable than contracts and result in a shaky foundation on which to structure wage increases.

- ► Increasing the wage floor is not enough: additional public funding must be secured to raise wages for those who are already earning above the minimum wage, but are still underpaid, in order to provide incentives to attain higher education and training and to remain in the ECE field.
- ► Increasing earnings for home-based providers face similar but also additional challenges: as self-employed workers, they are not governed by labor laws, though their paid assistants are. Increases in public funding should consider not only wage standards for assistants but appropriate payments to ensure higher earnings for home-based providers themselves.
- ► Increased public investment in ECE must go hand in hand with minimum wage increases, but as always, the devil is in the details. Proposed initiatives in two major metropolitan areas in northern California could point the way for other localities and states.

In the California Bay Area, Alameda County, which includes the cities of Oakland and Berkeley, introduced a ballot measure for June 2018 to expand subsidized child care, improve the quality of child care services, and increase worker wages to at least $15 an hour in participating programs. The plan calls for an increase in the sales tax by one-half of 1 percent, raising $140 million in tax revenue annually. About 60 percent of these funds are to be used to create new ECE scholarships for low- and middle-income families. About one-third of the funds are to be set aside for supplementing worker wages and improving the quality of child care services, with the remaining funds set aside for facilities and evaluation. Program eligibility includes center- and home-based programs that provide early care and education services to children from low- and middle-income families. If selected, child care providers would receive funds based on the number of eligible children they serve. In order to participate, providers would agree to follow specific wage and benefit standards for workers and participate in a quality assessment and improvement process. While the ballot measure explicitly states that the program's entry-level wage will be at least $15 an hour, it also creates a Task Force to set a wage scale for workers with higher levels of training and experience and to develop strategies to provide benefits and professional supports to workers.

Across the bay, the voters of San Francisco are considering another ballot measure to expand child care subsidies in June 2018. The measure would impose a 1-percent tax on rents of warehouse spaces in the city as well as a 3.5-percent tax on commercial spaces with rents of more than $1 million a year to raise a revenue of $146 million annually.[218] Eighty-five percent of the funding would go toward: expanding child care subsidies to families earning 85 percent or less of the state median income ($88,187) or 200 percent or less of the area median income ($207,500); investment into physical, emotional, and cognitive developmental services for young children; and increased compensation for child care providers and caregivers.[219] The subsidy will be given on a sliding scale, depending on need and family income.[220] The remaining 15 percent will be available for any public purpose.

At the time of writing, the results of these ballot initiatives have not been officially confirmed. The San Francisco measure had a slight majority in favor and the Alameda measure was just short of the two-thirds majority required for passage. Should these ballot initiatives pass, important lessons can be learned by evaluating their implementation. If they do not pass, their proposals can serve to inform similar efforts to be tried elsewhere or in the future.

Adapted from *At the Wage Floor: Covering Home Care and Early Care and Education Workers in the New Generation of Minimum Wage Laws*.[221]

TABLE 5.1

Income Supports & Health & Well-Being Indicators & Assessment

Income Supports	Values	Maximum points per indicator
Minimum Wage *(higher than federal, indexed for inflation)*	Yes/No	4
Refundable Earned Income Tax Credit	Yes/No	4
Refundable Child Care Tax Credit	Yes/No	4
Total		**12**
Health & Well-Being	**Values**	**Maximum points per indicator**
State Sick Leave	Yes/No	4
State Family Leave	Yes/No	4
Expanded Medicaid	Yes/No	4
Total		**12**
0-4 points per category		**Stalled**
5-8 points per category		**Edging Forward**
9-12 points per category		**Making Headway**

Rationale for Indicators

THE POLICIES WE ASSESS IN THE *Index* have the potential to support many in the early childhood workforce, as well as workers and families more broadly. The *Index* focuses on two key areas of state legislation and policy across occupations:

1. Income supports and child care assistance for low-income workers and parents, which include state tax credits, minimum wage legislation, and child care tax credits; and
2. Supports for health and well-being, which include paid sick leave, paid family leave, and access to health insurance.

These categories were chosen as core areas in which states might develop legislation and policy to improve working conditions across occupations. While we discuss each area as a distinct category, in practice they are mutually reinforcing: income support policies can indirectly contribute to worker health and well-being by reducing economic stress or worry, and supports for health and well-being can increase income by avoiding loss of pay during leave from work in the event of illness, family emergency, or following the birth of a child.

Indicators within each category focus on select family and income supports and are not exhaustive.[222] Other aspects of policy, such as affordable housing, are also important for adult well-being. Similarly, we have focused on whether states have an active policy in the categories selected, but we could not assess all details of these policies, such as eligibility/exclusions and amount of benefits, which are nevertheless important for understanding the impact of these programs.

Income Supports

THREE OF THE MOST RELEVANT TYPES of federal supports designed to increase take-home pay and alleviate substantial cost burdens for working families are the Earned Income Tax Credit, the minimum wage law established by the Fair Labor Standards Act, and the Child and Dependent Care Tax Credit. The minimum wage law prohibits payment for services below a certain level and creates a wage floor, while the Earned Income Tax Credit provides further supplements to wage income to ensure a minimum level of overall household income. Child care assistance, including via tax credits, reduces the substantial cost burden of paying for child care for individual families and thereby supplements take-home pay indirectly. Much state policy in this area is shaped by or augments policies set at the federal level.

Assessing the States: Income Supports

Indicator 1: Do states have statewide legislation that sets the minimum wage above the federal minimum, and is it indexed to inflation?

Minimum wage laws are designed to raise wages directly for the lowest-paid workers across occupations. The current federal minimum wage, set in 2009, is $7.25 per hour. If the minimum wage had kept up with inflation, it would now be more than $8.50 per hour,[223] a level still generally considered too low to meet a living wage.[224] Over the years, many states (and some localities[225]) have established laws that set a higher minimum wage than the federal legislation.

The early childhood workforce in particular stands to gain from increases in the minimum wage: nationally, about 44 percent of center-based teaching staff make less than $10.10 an hour, and about 75 percent make less than $15 per hour.[226] There is some evidence that minimum wage increases in several states are linked to wage growth for child care workers over the past two years (as demonstrated in the Earnings and Economic Security chapter, p. 29).

In light of the impact that increased minimum wages can have on the earnings of early educators, we have focused on whether states have set a bar higher than the federal minimum and whether the minimum wage is indexed to inflation (i.e., automatically adjusted each year for increases in prices). As of 2018, 19 states met both of these criteria, up from 18 in 2016, due to Maine's 2016 legislation implementing indexing beginning in 2021.

There are additional aspects of minimum wage legislation that should be considered in order to ensure that the ECE workforce benefits. For example, some states carve out exemptions or delay implementation for particular sectors or for small businesses, either of which may lead to segments of the ECE workforce being excluded from minimum wage legislation or receiving wage increases later than other workers.

Indicator 2: Do states have a refundable earned income tax credit?

The Earned Income Tax Credit (EITC),[227] one of the largest federal income-support programs, is utilized by 41 percent of child care workers and their families and 30 percent of preschool/kindergarten teachers and their families (see Earnings and Economic Security, p. 29, for further information on use of public income supports by child care workers and their families). Designed to increase income for low-income working families without reducing incentives to work, the amount of the tax credit depends on a recipient's income, marital status, and number of children. The tax credit is phased out as household income rises, and families with children continue to be eligible at higher household income levels than families without children.

States have the opportunity to supplement the federal EITC with their own programs, usually set as a percentage of the federal credit. In most states that offer them, these tax credits are fully refundable if the eligible amount is greater than the taxes owed by an individual or family. However, in Delaware, Ohio, and Virginia, the state EITC only reduces a worker's tax liability; it does not provide a refund. Like early childhood teacher-specific tax credits in two states, Louisiana and Nebraska (see Compensation and Financial Relief, p. 93), these tax credits do not fundamentally raise base pay for workers, but they do provide important financial relief.

We have focused only on states that provide a refundable credit, as this policy provides a more robust means of assisting low-income earners (including many early educators), who usually do not have a high tax liability to reduce. As of 2018, 22 states met these criteria, down from 23 in 2016 (Oklahoma's credit was made nonrefundable in 2016).[228]

Indicator 3: Do states have a refundable child and dependent care tax credit?

Child care costs make up a substantial proportion of household budgets; in many regions of the United States, families spend more on child care than on other major expenses, such as housing or college tuition.[229] Survey results from Child Care Aware® of America show that many families spend significantly more than 10 percent of their income on child care, an amount that is considered the benchmark of affordability by the U.S. Department of Health and Human Services.[230] Forty-two percent of center-based teaching staff have at least one child under 13 years old in their household, and about one-quarter have at least one child five years old or younger,[231] yet the earnings of much of the early childhood workforce are too low to afford early education and care services for their own children.

The federal government provides some supports to reduce the burden of the cost of child care through programs such as the Child Care and Development Fund[236] (CCDF) and the Child and Dependent Care Tax Credit (CDCTC).[237] Federal CCDF funds are distributed to each state to design child care assistance programs for low-income families to help cover the costs of care while they work or are in training (for more information, see Financial Resources, p. 120). The 2016 *Index* indicator "*Do states meet the maximum federal income eligibility limit for child care subsidies (85 percent of the state median income for a family of three)?*" has not been included in this edition because "eligibility" does not equal "access." Fewer than one in six children potentially eligible under federal rules actually receives child care assistance.[238] While this gap in access is partly due to narrow state eligibility rules, as assessed by our 2016 indicator, it is also due to insufficient funding. With a historic increase to CCDF dollars in 2018, it is possible that higher percentages of eligible families may be served in the future, but even

Child Care Costs Out of Reach for Child Care Workers

High-quality early care and education is expensive. Child care costs make up a substantial proportion of household budgets in the United States, higher in many regions than the cost of other major expenses, such as housing and college tuition.[232]

Child care teachers themselves are also often parents and affected by the problem of high child care costs. Forty-two percent of center-based teaching staff have at least one child under 13 years old in their household, and about one-quarter have at least one child five years old or younger,[233] yet the earnings of much of the early childhood workforce are too low to afford early education and care services for their own children. In 2016, the most recent year for which child care cost data are available, in *all* states child care workers would need to spend more than half of their income in order to afford center-based child care for two children, and in nine states, the price of such care *exceeds* child care worker average income.[234]

Additionally, not all early educators have free or even reduced-fee access to services at their own place of employment: a review of the few recent state-level surveys that report this information suggests that, across states, only about 9 to 16 percent of centers offer free care and only 50 to 73 percent offer any reduction in the cost, which may not be sufficient to make the services affordable.[235]

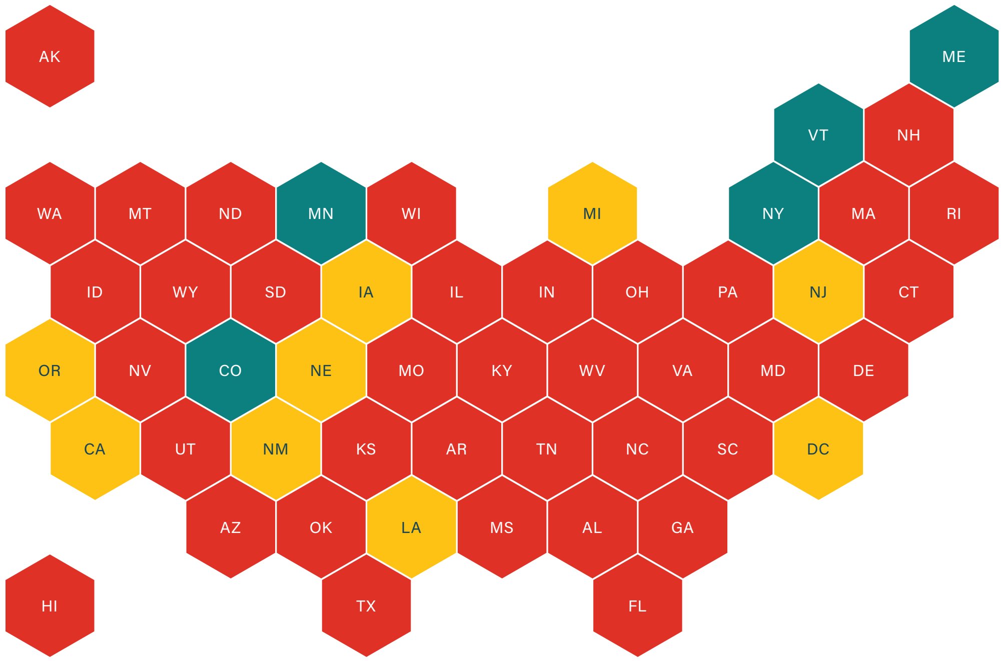
with the additional funding, states will still face trade-offs between expanding access and increasing quality.[239]

In addition to targeted assistance for low-income families, federal tax policy helps offset expenses for the care of children and adult dependents through the CDCTC. Families can claim a credit for between 20 and 35 percent of allowable expenses, depending on their household income, with maximum expenses set at $3,000 for one child/dependent and $6,000 for two children/dependents per year. The federal CDCTC is not refundable, thus its benefits accrue to those with tax liability and exclude many of the lowest-paid workers.[240]

Some states have supplemented the federal CDCTC with state-level, refundable tax credits for child care expenses. As with the EITC, we focus on child care tax credits that are refundable, as they benefit even those families with little or no tax liability. Eleven of the 22 states with child care tax credits have made their credits refundable, with no change since 2016. However, some of these states set limits on the refund amounts or limit eligibility for a refundable credit to those workers earning below a certain income.[241]

FIGURE 5.2

State Map of Income Supports Policy Assessment



STALLED: The state has made limited or no progress.

EDGING FORWARD: The state has made partial progress.

MAKING HEADWAY: The state is taking action and advancing promising policies.

State Assessment

In all, 37 states are stalled, nine states are edging forward, and five states are making headway. See Table 5.2 for a state-by-state overview of each indicator and the overall assessment for 2018. In general, there was very little change since 2016 — only Maine progressed from edging forward to making headway, due to the passage of legislation to index their minimum wage to inflation.[242]

Supports for Health & Well-Being

JOB QUALITY AND WORKER WELL-BEING are not related to earnings and income alone. Workplace policies that support the ability to look after oneself and one's family members are key to a happy, healthy, and productive work environment. Healthier, less-stressed adults are more effective on the job, and for the ECE workforce, that means they are better able to engage in the high-quality interactions that support children's development and learning.[243]

"Healthier, less-stressed early educators are better able to engage in the high-quality interactions that support children's development and learning."

However, individuals living on low incomes, including early childhood teachers,[244] generally have poorer health[245] and less access to employee benefits such as health insurance[246] and paid leave.[247] State policy can ensure equitable job quality that leads to better health and well-being among workers and their families — including those in the early childhood field — through various means, such as supporting increased health coverage, passing paid sick days legislation, and enacting paid family leave programs. Such policies also affect family income: paid time off to care for oneself or family members avoids loss of pay during illness or emergencies, which can be crucial when living on low wages, as is the case for many in the early childhood workforce (see Earnings and Economic Security, p. 29).

Assessing the States: Supports for Health & Well-Being

Indicator 1: Have states expanded Medicaid eligibility under the Affordable Care Act?

Access to health care services is important for worker well-being, but skyrocketing costs make access difficult for many families, especially those on low incomes. Improving access to health care services, especially preventive care, was a major focus of the Affordable Care Act,[248] which, among other things, established new subsidies for individuals to purchase health insurance and allowed states to expand eligibility for Medicaid to individuals previously ineligible (such as single adults), using matching federal funds.

Early educators are especially likely to benefit from expanded Medicaid[249] and other provisions in the Affordable Care Act (ACA) because many early educators cannot access health insurance from their workplaces.[250] In 2012, prior to full implementation of the ACA, almost one-quarter of center-based teaching staff did not have any type of health insurance coverage.[251] For home-based providers, this figure ranged from about 21 percent for listed providers to 28 percent for unlisted providers. Now that the ACA has been implemented, 30 percent of child care workers and their families and 23 percent of preschool/kindergarten teachers and their families access health care through Medicaid or the Children's Health Insurance Program (CHIP) (for more information on the use of public income supports and health care services by early educators and their families, see Earnings and Economic Security, p. 29).

Only 33 states have chosen to expand health coverage via Medicaid, with the other states leaving a gap in support for families, likely including many early educators' families, who remain ineligible for Medicaid but cannot afford to purchase health insurance. Maine is the only state to have expanded Medicaid since the 2016 *Index*. Medicaid eligibility was expanded in Virginia on June 7, 2018, and is not reflected in this assessment.[508]

DATA SPOTLIGHT

INCREASES IN EARLY EDUCATOR HEALTH CARE COVERAGE SINCE THE AFFORDABLE CARE ACT

A recent ECE workforce study in North Carolina found an increase in health insurance coverage for early educators over the past few years: about one-third (34 percent) of center-based teachers and assistants had no health insurance from any source in 2013, compared with fewer than one-fifth (19 percent of teachers, 17 percent of assistant teachers) in 2015. The authors of the report explicitly identify the ACA as a contributor:

> *"This is likely due to uptake of insurance through the availability of more options through the Affordable Care Act and extensive community outreach, as well as targeted marketing to the ECE workforce conducted by numerous community agencies in North Carolina, including the Child Care Services Association. In fact, nearly one in four teachers and assistants (24 percent) indicated that they receive insurance either as a result of the Affordable Care Act or that they are on their parents' insurance (which was expanded through the Affordable Care Act)."*[252]

Another recent ECE workforce study in Illinois showed a similar improvement in health insurance coverage for home-based providers: 93 percent reported having health insurance in 2015, up from 80 percent in 2013.[253]

Indicator 2: Do states have paid sick leave legislation?

Even workers with health insurance struggle to make use of health care services due to a lack of paid time off from work when ill or to care for a family member who is ill.[254] Nationwide, 72 percent of the entire U.S. workforce had access to some paid sick leave through their employers in 2017.[255] However, the proportion of low-wage workers with access is much lower: only about 46 percent of those in the bottom quartile of occupations by average hourly wage had access to paid sick leave.[256] This is an improvement from 2015, when less than two-thirds of the U.S. workforce had access to paid sick leave, and only about one-third of low-wage workers had access.[257]

Employees with no or very limited paid sick leave may be left with little choice but to come to work while sick, spreading illness to others.[258] Paid sick leave is therefore especially important for early childhood teachers who come in regular contact with young children and their families. There is no national data on access to paid sick leave for the early childhood workforce, but recent state surveys from Illinois, Iowa, Virginia, and North Carolina suggest that only between 59 and 75 percent of centers offer paid sick leave as a workplace benefit, depending on the state.[259]

> **“A child care worker should not have to choose between a paycheck or not giving the kids in her care the flu.”**
>
> – NEW JERSEY GOVERNOR PHIL MURPHY, ON HIS SUPPORT FOR ESTABLISHING PAID SICK DAY LEGISLATION IN HIS STATE[260]

Yet access to employer-based paid sick time remains crucial, as there is no federal legislation guaranteeing paid sick days in the United States. Some states and local communities have taken the initiative to ensure that workers have minimum protections for time off when ill or to care for an immediate family member.[261] Eleven states in the nation have now passed paid sick day laws, up from six states in 2016. However, as with minimum wage legislation, some states maintain exemptions for particular types of workers or for small businesses, either of which may lead to segments of the ECE workforce being excluded from this benefit.[262]

Indicator 2: Do states have paid family leave legislation?

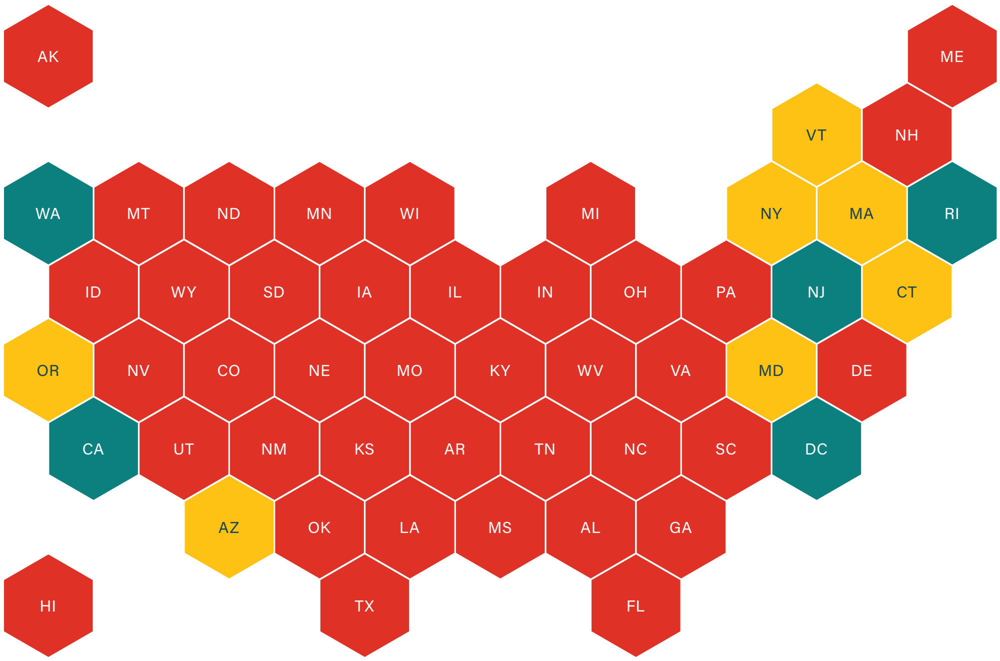
The United States is one of a handful of countries across the globe that lacks a national paid leave program for parents or at least mothers.[263] Although the Family and Medical Leave Act (FMLA)[264] entitles eligible employees to up to 12 weeks of job-protected leave to care for a child or family member, this leave is only available to employees who work at businesses of a certain size (50 employees or more) and therefore excludes broad swathes of the ECE workforce. Furthermore, the FMLA entitlement is unpaid. Since most low-income workers cannot afford to take unpaid leave, access to paid family leave is critical: it helps workers maintain economic stability when they need to attend to their own or a family member’s medical and care needs. Yet only an estimated 15 percent of the U.S. workforce had access to paid family leave through their employers in 2017 (compared to 88 percent with access to unpaid leave).[265] Again, this figure is lower for those earning lower wages, such as early childhood teaching staff: only 6 percent of workers in the bottom quartile of occupations by average hourly wage had access to paid family leave, compared to 81 percent with access to unpaid leave.

As with paid sick leave, there is no national data on access to paid family leave for the early childhood workforce, and not many state workforce surveys report access to paid family leave. What data are available suggest that few early educators have such leave: in Idaho, only 9 percent of child care staff report being able to access paid family leave from their employer,[266] and in Virginia, only 12 percent of centers offer paid parental leave.[267] Nebraska reports somewhat higher access (20 percent) to paid maternity leave for center-based teachers, but this is still only one in five teachers.[268]

Some states have supplemented the FMLA with more generous unpaid leave provisions, but only six states have passed *paid* family leave legislation, up from four in 2016. The implementation of these programs is also important — eligibility requirements and levels of wage replacement determine who benefits from these programs and how supportive they are.[269] For example, in all states with paid family leave, the amount of wage replacement while on leave is limited to some fraction of the pay that would be earned while at

FIGURE 5.3

State Map of Supports for Health & Well-Being Assessment



STALLED: The state has made limited or no progress.

EDGING FORWARD: The state has made partial progress.

MAKING HEADWAY: The state is taking action and advancing promising policies.

Medicaid eligibility was expanded in Virginia on June 7, 2018, and is not reflected in this assessment.

work, and in some cases, maximum amounts are set, regardless of wages. Depending on the level of wage replacement in a particular state, families may still be unable to afford to take the paid leave to which they are entitled.[270]

State Assessment

In total, we found 39 stalled states, which have none or only one of the indicators shown (in practice, expanded Medicaid eligibility). Eight states are edging forward. Four states (California, New Jersey, Rhode Island, Washington) plus the District of Columbia are making headway by meeting all three indicators. One state, California, also met all three indicators in 2016. See Table 5.3 for a state-by-state overview of each indicator and the overall assessment.

The 2018 *Index* assessment raises the bar compared with 2016. It is now necessary to have at least one type of paid leave (paid family leave and/or paid sick days) in order to

Early Childhood Teaching Staff Need Paid Sick Days, But Rarely Get Them

Access to employer-based paid sick days remains a rarity in the early childhood field and for many other workers in low-paid occupations across the United States. Paid time off when ill is crucial for all members of the workforce, but even more so for teachers and caregivers of very young children. Not only do early educators risk spreading infections to young children (and their families) when they come to work sick, but it is unreasonable to expect them to provide the quality, responsive interactions young children need while they are themselves ill. At the same time, programs struggle to cover the costs of paid sick time, as they must pay for both the worker who is ill and a substitute to ensure safe and legal ratios of staff to children at all times.

Early educators in 10 states will now benefit from paid sick day requirements, but public investment in early care and education — including funding specifically to provide paid time off in times of illness and to hire teacher substitutes — is needed to ensure that programs can meet the costs without increasing fees for parents.

In 2018, CSCCE examined economic insecurity among teaching staff employed in programs participating in Quality Stars, the New York state QRIS.[271] Among the 356 teaching staff employed at 110 centers across the state, three-quarters possessed at least an associate degree or higher, while more than one-half had earned a bachelor's or master's degree. On average, teaching staff received 7.5 sick days per year. The overall well-being of teaching staff improved with each additional sick day earned. Yet 60 percent expressed worry about losing pay if they or someone in their family became ill. A similar percentage (54 percent) also expressed worry about being able to take time off from work to take care of any family issues that might arise. In addition, teaching staff who perceived their program policies related to leave and working conditions as less dependable were more worried about job security and meeting their basic expenses.

be rated as edging forward, whereas in 2016, states could be rated as edging forward for having expanded Medicaid only. As a result of this change, 20 states are now stalled that were previously edging forward, and five states are now edging forward that were previously making headway in 2016. Three states (California, New Jersey, Rhode Island) plus the District of Columbia, which were making headway in 2016, continue to do so in 2018, and one state (Washington) moved into the making headway category, despite the bar being raised between 2016 and 2018.

TABLE 5.2 Income Supports Policy Indicators & Assessment by State, 2018

State	**Earned Income Tax Credit** State has refundable credit	**Minimum Wage** Higher than federal and indexed for inflation	**Child & Dependent Care Tax Credit** State has refundable credit	**2018 Assessment**
Alabama	No	No	No	Stalled
Alaska	No	Yes	No	Stalled
Arizona	No	Yes	No	Stalled
Arkansas	No	No	Yes	Stalled
California	Yes	Yes	No	Edging Forward
Colorado	Yes	Yes	Yes	Making Headway
Connecticut	Yes	No	No	Stalled
Delaware	No	No	No	Stalled
District of Columbia	Yes	Yes	No	Edging Forward
Florida	No	Yes	No	Stalled
Georgia	No	No	No	Stalled
Hawaii	No	No	Yes	Stalled
Idaho	No	No	No	Stalled
Illinois	Yes	No	No	Stalled
Indiana	Yes	No	No	Stalled
Iowa	Yes	No	No	Edging Forward
Kansas	Yes	No	No	Stalled
Kentucky	No	No	No	Stalled
Louisiana	Yes	No	No	Edging Forward
Maine	Yes	Yes	Yes	Making Headway
Maryland	Yes	No	No	Stalled
Massachusetts	Yes	No	No	Stalled
Michigan	Yes	Yes	No	Edging Forward
Minnesota	Yes	Yes	Yes	Making Headway
Mississippi	No	No	No	Stalled
Missouri	No	Yes	No	Stalled

TABLE 5.2

Income Supports Policy Indicators & Assessment by State, 2018 *(continued)*

State	**Earned Income Tax Credit** State has refundable credit	**Minimum Wage** Higher than federal and indexed for inflation	**Child & Dependent Care Tax Credit** State has refundable credit	**2018 Assessment**
Montana	No	Yes	No	Stalled
Nebraska	Yes	No	Yes	Edging Forward
Nevada	No	Yes	No	Stalled
New Hampshire	No	No	No	Stalled
New Jersey	Yes	Yes	No	Edging Forward
New Mexico	Yes	No	Yes	Edging Forward
New York	Yes	Yes	Yes	Making Headway
North Carolina	No	No	No	Stalled
North Dakota	No	No	No	Stalled
Ohio	No	Yes	No	Stalled
Oklahoma[1]	No	No	No	Stalled
Oregon	Yes	Yes	No	Edging Forward
Pennsylvania	No	No	No	Stalled
Rhode Island	Yes	No	No	Stalled
South Carolina	No	No	No	Stalled
South Dakota	No	Yes	No	Stalled
Tennessee	No	No	No	Stalled
Texas	No	No	No	Stalled
Utah	No	No	No	Stalled
Vermont	Yes	Yes	Yes	Making Headway
Virginia	No	No	No	Stalled
Washington	No	Yes	No	Stalled
West Virginia	No	No	No	Stalled
Wisconsin	Yes	No	No	Stalled
Wyoming	No	No	No	Stalled
TOTAL	22	19	11	

TABLE 5.3

Supports for Health & Well-Being Indicators & Assessment by State, 2018

State	Statewide Paid Sick Days	Statewide Paid Family Leave	Expanded Medicaid Eligibility	Overall Assessment
Alabama	No	No	No	Stalled
Alaska	No	No	Yes	Stalled
Arizona	Yes	No	Yes	Edging Forward
Arkansas	No	No	Yes	Stalled
California	Yes	Yes	Yes	Making Headway
Colorado	No	No	Yes	Stalled
Connecticut	Yes	No	Yes	Edging Forward
Delaware	No	No	Yes	Stalled
District of Columbia	Yes	Yes	Yes	Making Headway
Florida	No	No	No	Stalled
Georgia	No	No	No	Stalled
Hawaii	No	No	Yes	Stalled
Idaho	No	No	No	Stalled
Illinois	No	No	Yes	Stalled
Indiana	No	No	Yes	Stalled
Iowa	No	No	Yes	Stalled
Kansas	No	No	No	Stalled
Kentucky	No	No	Yes	Stalled
Louisiana	No	No	Yes	Stalled
Maine	No	No	Yes	Stalled
Maryland	Yes	No	Yes	Edging Forward
Massachusetts	Yes	No	Yes	Edging Forward
Michigan	No	No	Yes	Stalled
Minnesota	No	No	Yes	Stalled
Mississippi	No	No	No	Stalled
Missouri	No	No	No	Stalled

TABLE 5.3

Supports for Health & Well-Being Indicators & Assessment by State, 2018 *(continued)*

State	Statewide Paid Sick Days	Statewide Paid Family Leave	Expanded Medicaid Eligibility	Overall Assessment
Montana	No	No	Yes	Stalled
Nebraska	No	No	No	Stalled
Nevada	No	No	Yes	Stalled
New Hampshire	No	No	Yes	Stalled
New Jersey	Yes	Yes	Yes	Making Headway
New Mexico	No	No	Yes	Stalled
New York	No	Yes	Yes	Edging Forward
North Carolina	No	No	No	Stalled
North Dakota	No	No	Yes	Stalled
Ohio	No	No	Yes	Stalled
Oklahoma[1]	No	No	No	Stalled
Oregon	Yes	No	Yes	Edging Forward
Pennsylvania	No	No	Yes	Stalled
Rhode Island	Yes	Yes	Yes	Making Headway
South Carolina	No	No	No	Stalled
South Dakota	No	No	No	Stalled
Tennessee	No	No	No	Stalled
Texas	No	No	No	Stalled
Utah	No	No	No	Stalled
Vermont	Yes	No	Yes	Edging Forward
Virginia	No	No	No	Stalled
Washington	Yes	Yes	Yes	Making Headway
West Virginia	No	No	Yes	Stalled
Wisconsin	No	No	No	Stalled
Wyoming	No	No	No	Stalled
TOTAL	11	6	33	

Medicaid eligibility was expanded in Virginia on June 7, 2018, and is not reflected in this assessment.

Endnotes

5. Family & Income Support Policies

211 Economic Security Index (2013). ESI Update: Economic Security Continues to Improve in 2012; Big Strains Remain, November 2013. Retrieved from http://www.economicsecurityindex.org/upload/media/esiupdate_11_16_13.pdf; Wider Opportunities for Women (2013). The Economic Security Scorecard: Policy and Security in the States. Retrieved from http://www.wowonline.org/wp-content/uploads/2013/05/WOW-Economic-Security-Scorecard-2013.pdf.

212 Ahmad, F., & Iverson, S. (2013). *The State of Women of Color in the United States*, October 2013. Retrieved from https://cdn.americanprogress.org/wp-content/uploads/2013/10/StateOfWomenColor-1.pdf; Schieder, J., & Gould, E. (2016). *"Women's Work" and the Gender Pay Gap*. Washington, DC: Economic Policy Institute. Retrieved from https://www.epi.org/publication/womens-work-and-the-gender-pay-gap-how-discrimination-societal-norms-and-other-forces-affect-womens-occupational-choices-and-their-pay/.

213 Arellano, J. (2015). Don't Leave U.S. Behind: Problems with the Existing Family and Medical Leave Act, and Alternatives to Help Enhance the Employee Work-Family Relationship in the 21st Century. *Journal of Workplace Rights 5*(2). Retrieved from http://journals.sagepub.com/doi/abs/10.1177/2158244015581553; Gautie, J. and Schmitt, J. (eds.) (2010). *Low-Wage Work in the Wealthy World*. New York: Russell Sage Foundation; OECD (2017). "Access to care." *Health at a Glance 2017: OECD Indicators*. OECD Publishing, Paris. Retrieved from http://dx.doi.org/10.1787/health_glance-2017-en.

214 Luce, S., Luff, J., McCartin, J.A., & Milkman, R. (2014). *What Works for Workers? Public Policies and Innovative Strategies for Low-Wage Workers.* New York: Russell Sage Foundation. Retrieved from Project MUSE database, May 18, 2016, http://muse.jhu.edu/book/36146.

215 Riverstone-Newell, L. (2017). "The Rise of State Preemption Laws in Response to Local Policy Innovation," *The Journal of Federalism* 47(3), July 1: 403-425. Retrieved from https://academic.oup.com/publius/article/47/3/403/3852645; Economic Policy Institute (2018). *Worker Rights Preemption in the US*. Retrieved from https://www.epi.org/preemption-map/.

216 UC Berkeley Labor Center (2018). *Inventory of US City and County Minimum Wage Ordinances.* Retrieved from http://laborcenter.berkeley.edu/minimum-wage-living-wage-resources/inventory-of-us-city-and-county-minimum-wage-ordinances/.

217 Economic Policy Institute, 2018.

218 Rosenfeld, B. (2018). *Controller Analysis of Proposition C,* March 12. Retrieved from http://sfgov.org/elections/sites/default/files/Documents/Prop_C-Controller_Analysis.pdf.

219 San Francisco Board of Supervisors (2018). *Universal Child Care for San Francisco Families*, January 9. Retrieved from http://sfgov.org/elections/sites/default/files/Documents/candidates/Universal_Child_Rent_Tax.pdf.

220 Jones, C. (2018). "Measures to fund child care reach the ballot in two California counties," March 25. *EdSource*. Retrieved from https://edsource.org/2018/measures-to-fund-child-care-reach-the-ballot-in-two-california-counties/595019.

221 Thomason, S., Austin, L., Bernhardt, A., Dresser, L., Jacobs, K. & Whitebook, M. (2018). *At the Wage Floor: Covering Homecare and Early Care and Education Workers in the New Generation of Minimum Wage Laws*. UC Berkeley Center for Labor Research and Education, UC Berkeley Center for the Study of Child Care Employment, and COWS at UW-Madison. Retrieved from http://cscce.berkeley.edu/at-the-wage-floor/.

222 For further information about state policies in these areas, see: Center for Law and Social Policy (CLASP) (2016). *Work Support Strategies: Streamlining Access, Strengthening Families.* Retrieved from http://www.clasp.org/issues/work-support-strategies/resources; Center for Law and Social Policy (CLASP) (2016). *Work Supports.* Retrieved from http://www.clasp.org/issues/work-supports.

223 Adjusted using the Bureau of Labor Statistics Consumer Price Index Inflation calculator.

224 Nadeau, C., Open Data Nation Inc., & Glasmeier, A.K. (2016, January 16). Minimum Wage: Can an Individual or a Family Live On It? *Living Wage Calculator*. Retrieved from http://livingwage.mit.edu/articles/15-minimum-wage-can-an-individual-or-a-family-live-on-it.

225 UC Berkeley Labor Center (2018). *Inventory of US City and County Minimum Wage Ordinances.* Retrieved from http://laborcenter.berkeley.edu/minimum-wage-living-wage-resources/inventory-of-us-city-and-county-minimum-wage-ordinances/.

226 CSCCE calculation. National Survey of Early Care and Education (NSECE) Project Team (National Opinion Research Center) (2012). *National Survey of Early Care and Education (NSECE).* ICPSR35519-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research. Retrieved from http://doi.org/10.3886/ICPSR35519.v2.

227 See Internal Revenue Service (2016). *Earned Income Tax Credit*. Retrieved from https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit.

228 Washington state was inaccurately included in the 2016 edition of the *Early Childhood Workforce Index.* Although a refundable EITC was legislated, funds were not appropriated, and the act was never implemented.

229 Child Care Aware® of America (2017). *Parents and the High Cost of Child Care*. Arlington, VA: Child Care Aware of America. Retrieved from https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/.

230 Administration for Children and Families (ACF) & Office of Child Care (OCC) (n.d.). *"Fun"damentals of CCDF Administration*. Washington, DC: ACF & OCC. Retrieved from http://www.acf.hhs.gov/sites/default/files/occ/fundamentals_of_ccdf_administration.pdf.

231 CSCCE calculation using NSECE (2012) data.

232 Child Care Aware® of America, 2017.

233 CSCCE calculation using NSECE (2012) data.

234 Child Care Aware® of America, 2017.

235 Child Care Services Association (2016). *2016 Working in Early Care and Education in Iowa*. Retrieved from http://www.iowaaeyc.org/2016%20Iowa%20ECE%20Workforce%20Study%20-%20Final.pdf; Child Care Services Association. (2015). *Working in Early Care and Education in North Carolina.* Retrieved from http://blue.childcareservices.org/wp-content/uploads/2017/11/2015-Workforce-Report-FNL.pdf; Virginia Early Childhood Foundation (2017). *The Commonwealth's Brain Builders: Virginia Early Childhood Workforce Survey 2017.* Retrieved from http://www.vecf.org/wp-content/plugins/pdf-viewer/stable/web/viewer.html?file=http://www.vecf.org/wp-content/uploads/2016/10/VECFChildrensWorkforceSurvey-12.19.pdf.

236 See Office of Child Care (2016). *Child Care and Development Fund.* Retrieved from https://www.acf.hhs.gov/occ/resource/child-care-and-development-fund.

237 See Internal Revenue Service (2017). *Child and Dependent Care Credit.* Retrieved from https://www.irs.gov/credits-deductions/individuals/child-and-dependent-care-credit.

238 Chien, N. (2017). *Fact Sheet: Estimates of Child Care Eligibility and Receipt for Fiscal Year 2013*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services. Retrieved from https://aspe.hhs.gov/system/files/pdf/258491/ChildCareSubsidyEligibility.pdf.

239 In March 2018, Congress passed a historic increase ($2.37 billion) for the Child Care and Development Block Grant (CCDBG) Act.

240 Durfee, A., & Meyers, M.K. (2006). Who Gets What From Government? Distributional Consequences of Child-Care Assistance Policies. *Journal of Marriage and Family, 68*, 733–748. Retrieved from https://doi.org/10.1111/j.1741-3737.2006.00286.x.

241 Tax Credits for Workers and Their Families (TCWF) (n.d.). State Tax Credits. Retrieved February 22, 2018, from http://www.taxcreditsforworkersandfamilies.org/state-tax-credits.

242 In the 2016 *Index*, Washington state was mistakenly counted as having a refundable EITC even though this credit has not been funded; 2016 counts in the 2018 report have been adjusted to account for this error.

243 Institute of Medicine (IOM) & National Research Council (NRC) (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation.* Washington, DC: The National Academies Press; Whitebook, M., King, E., Philipp, G., & Sakai, L. (2016). *Teachers' Voices: Work Environment Conditions That Impact Teacher Practice and Program Quality*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.

244 A study of Pennsylvania Head Start staff showed that women working with children in Head Start programs are more likely to have poor physical and mental health than women with similar sociodemographic characteristics in the broader population, despite having somewhat greater access to health insurance. See Whitaker, R.C., Becker, B.D., Herman, A.N., & Gooze, R.A. (2013). The Physical and Mental Health of Head Start Staff: The Pennsylvania Head Start Staff Wellness Survey, 2012. *Preventing Chronic Disease* 2013(10). 10:130171. DOI: http://dx.doi.org/10.5888/pcd10.130171.

245 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health and Statistics (2015). *Table 45. Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991-2014.* Health, United States, 2015 with Special Feature on Racial and Ethnic Health Disparities. Retrieved from http://www.cdc.gov/nchs/data/hus/2015/045.pdf.

246 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health and Statistics (2015). *Table 105. No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984-2014.* Health, United States, 2015 with Special Feature on Racial and Ethnic Health Disparities. Retrieved from http://www.cdc.gov/nchs/data/hus/2015/105.pdf.

247 Bureau of Labor Statistics (2017). *Table 32. Leave benefits: Access, civilian workers, National Compensation Survey, March 2017.* National Compensation Survey. Retrieved from https://www.bls.gov/ncs/ebs/benefits/2017/ownership/civilian/table32a.pdf.

248 See U.S. Department of Health and Human Services (2015). *Key Features of the Affordable Care Act By Year.* Retrieved from http://www.hhs.gov/healthcare/facts-and-features/key-features-of-aca-by-year/index.html.

249 See Callow, A. (2015). *Expanding Medicaid: State Data on Populations That Stand to Benefit.* Families USA. Retrieved from http://familiesusa.org/product/expanding-medicaid-22-state-data-populations-stand-benefit.

250 Recent workforce studies in a handful of states suggest that only between 40 to 50 percent of child care centers offer health insurance as an employer benefit, see Child Care Services Association (2016). *2016 Working in Early Care and Education in Iowa*. Retrieved from http://www.iowaaeyc.org/2016%20Iowa%20ECE%20Workforce%20Study%20-%20Final.pdf; Roberts, A., Iruka, I., & Sarver, S. (2017). *Nebraska Early Childhood Workforce Survey: A Focus on Providers and Teachers*. Retrieved from https://buffettinstitute.nebraska.edu/-/media/beci/docs/workforce-survey-report-final.pdf?la=en; Virginia Early Childhood Foundation (2017). *The Commonwealth's Brain Builders: Virginia Early Childhood Workforce Survey 2017.* Retrieved from http://www.vecf.org/wp-content/plugins/pdf-viewer/stable/web/viewer.html?file=http://www.vecf.org/wp-content/uploads/2016/10/VECFChildrensWorkforceSurvey-12.19.pdf; Whitehead, J., & Ernst, J. (2015). *Illinois Salary and Staffing Survey of Licensed Child Care Facilities. Illinois Department of Human Services*. Retrieved from http://www.dhs.state.il.us/OneNetLibrary/27897/documents/HCD%20Reports/Child%20Care/IllinoisSalaryandStaffingSurveyofLicensedChildCareFacilitiesFY2015.pdf.

251 CSCCE calculation using 2012 National Survey of Early Care and Education data.

252 Child Care Services Association, 2015.

253 Whitehead, J., Anderson, K., Ernst, J.D., & Presley, D. (n.d.) *Illinois Salary and Staffing Survey of Licensed Child Care Facilities FY2015*. Illinois Department of Human Services. Retrieved from http://www.dhs.state.il.us/page.aspx?item=85484.

254 Ben-Ishai, L., & Wang, A. (2015). *Paid Leave Necessary for an Ounce of Prevention.* Washington, DC: Center for Law and Social Policy (CLASP). Retrieved from http://www.clasp.org/resources-and-publications/publication-1/PreventiveHealthPaidLeave.pdf.

255 Bureau of Labor Statistics (2017). *Table 32. Leave benefits: Access, civilian workers, National Compensation Survey, March 2017.* National Compensation Survey. Retrieved from https://www.bls.gov/ncs/ebs/benefits/2017/ownership/civilian/table32a.pdf.

256 Surveyed occupations are classified into wage categories based on the average wage for the occupation, which may include workers with earnings both above and below the threshold. The categories were formed using percentile

estimates generated using wage data for March 2017.
257 Bureau of Labor Statistics (2015). *Table 32. Leave benefits: Access, civilian workers, National Compensation Survey, March 2015.* National Compensation Survey. Retrieved from http://www.bls.gov/ncs/ebs/benefits/2015/ownership/civilian/table32a.pdf.
258 Victor, D. (2017). "If You're Sick, Stay Away From Work. If You Can't, Here Is What Doctors Advise," November 13. *New York Times*. Retrieved from https://www.nytimes.com/2017/11/13/health/working-sick.html.
259 Child Care Services Association, 2016, 2016 Working in Early Care and Education in Iowa.; Child Care Services Association, 2015, Working in Early Care and Education in North Carolina; Virginia Early Childhood Foundation, 2017; Whitehead & Ernst, 2015.
260 National Women's Law Center (2018). *Governors' 2018 State of the State Addresses: Mentions of Early Care and Education*. Retrieved from https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/04/2018governersstatements.pdf.
261 For information on cities with paid sick leave, see CityHealth (2017). *Paid Sick Leave*. Retrieved from http://www.cityhealth.org/policy/40-cities-paid-sick-leave.
262 A Better Balance (2018). *Paid Sick Time Legislative Successes.* Retrieved from https://www.abetterbalance.org/resources/paid-sick-time-legislative-successes/.
263 World Bank Group (2015). *Women, Business and the Law 2016: Getting to Equal.* Washington, DC: International Bank for Reconstruction and Development/The World Bank. doi: 10.1596/978-1-4648-0677-3. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/9781464806773.pdf.
264 See Diversity Data Kids (n.d.) *Family and Medical Leave Act.* Retrieved from http://www.diversitydatakids.org/data/policy/5/family-and-medical-leave-act.
265 Bureau of Labor Statistics (2017, March). Retrieved from https://www.bls.gov/ncs/ebs/benefits/2017/ownership/civilian/table32a.pdf.
266 Center on Disabilities and Human Development and Idaho STARS (2016). *Child Care in Idaho.* Retrieved from https://idahocdhd.org/Portals/59/Documents/Resources/IdahoStars_2016-vs8.pdf.
267 Virginia Early Childhood Foundation, 2017.
268 Roberts, Iruka, & Sarver, 2017.
269 For details on states' paid family leave programs, see National Partnership for Women & Families (2018). *State Paid Family Leave Insurance Laws*. Retrieved from http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf.
270 National Partnership for Women & Families, 2018.
271 Data from forthcoming CSCCE report, *Teachers' Voices – New York: Work Environment Conditions that Impact Teacher Practice and Program Quality,* August, 2018.

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