

RESEARCH REPORT

Nontraditional-Hour Child Care in the District of Columbia

Heather Sandstrom

Erica Greenberg

Teresa Derrick-Mills

Cary Lou

Shirley Adelstein

Charmaine Runes

with Ashley Hong, Devon Genua, Travis Reginal, and John Marotta

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Contents

Acknowledgments	v
Executive Summary	vii
Background	1
Motivation for Study	1
Overview of Report	2
Research Methods	4
Defining Nontraditional-Hour Child Care Facilities	4
Data Sources	5
Understanding the Complexity of Potential Demand for Nontraditional-Hour Care	9
How Many Children Need Nontraditional-Hour Care, and Where Do They Live?	10
How Old Are Children Who Need Nontraditional-Hour Care?	13
What Industries Require Parents to Work Nontraditional Hours?	14
How Does Potential Demand for Nontraditional-Hour Care Differ by Family Income Level?	16
How Does Work Location Relate to the Need for Nontraditional-Hour Care?	18
When Is Potential Demand for Nontraditional-Hour Care the Greatest?	19
How Does Parental Employment Industry Relate to the Hours When Parents Might Need Child Care?	22
How Do Nonresidents Add to the Demand for Nontraditional-Hour Care?	24
How Do Demand Estimates Account for Parents in School?	26
What Do Child Care Referral Requests Tell Us About the Need for Nontraditional-Hour Care?	26
What Are Local Stakeholders' Perceptions of Demand?	28
Supply of Child Development Facilities with Nontraditional Hours	32
What Are the Characteristics of Nontraditional-Hour Facilities?	34
What Schedules Do Nontraditional-Hour Facilities Have?	38
How Does Nontraditional-Hour Facility Capacity Vary Across Wards and Age Groups?	42
Are Providers with Nontraditional Hours Caring for Children during All Licensed Hours?	48
Stakeholders' Observations of the Supply of Nontraditional-Hour Child Care	50
Estimating Gaps between Potential Demand and Supply	53
Analytic Assumptions	53
Results of Gap Analysis	54
Providers' Experiences and Perspectives on Providing Care during Nontraditional Hours	62
Providers Choose Nontraditional Hours Primarily to Meet Parental Demand	62

Providing Nontraditional-Hour Child Care Is Expensive and Often Not Profitable	64
Meeting Licensing Requirements for Late-Night and Overnight Care Is Difficult, Especially for Centers	66
Qualified Staff Willing to Work Nontraditional Hours Are Hard to Find	67
Space Limitations Make Nontraditional Hours Difficult in Some Locations, Even if the Need and Desire Are There	68
Extended Hours Can Add Stress and Burden for Individual Home-Based Providers	68
Strategies to Expand Supply of Nontraditional-Hour Care to Better Meet Demand	71
Strategy 1: Improve Outreach and Consumer Education	71
Strategy 2: Examine Quality Standards for NTH Care	72
Strategy 3: Stabilize Demand	73
Strategy 4: Differentiate Supports to Meet Start-Up and Ongoing Needs of NTH Providers	73
Conclusion	75
Appendix A: Technical Appendix	76
Appendix B: Interview Guides and Protocols	82
Appendix C: Additional Estimates of Potential Demand	92
Appendix D: List of Nontraditional-Hour Child Development Facilities	99
Notes	115
References	116
About the Authors	117
Statement of Independence	118

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Stakeholders

Sandra Armstrong
DC Shared Services Business Alliance

Judy Berman
DC Appleseed

Dale Brown
Kids Comprehensive Services

Maxine Brown-Roberts
DC Office of Planning

Mary Cuthbert
ANC 8C

Ann Davis and Vivian Williams
Kids Comprehensive Services

Cynthia Davis
Family Child Care Provider

Sarah Dawson
MGM Casino National Harbor

Shelly DiMeglio
Marriott-Georgetown

Loretta Fisher
Marriott Hotels

Emily Geeza
Patagonia

Gail Govoni
DC Head Start Association

Elizabeth Groginsky
Office of the State Superintendent of Education

Robert Gundling
DC Association for the Education of Young Children

Beverly Jackson
Georgetown University School of Medicine

Morgan C. Kane
Metropolitan Police Department

Florence Kreisman and Madeline Diaz
Mary’s Center

Corey Kul
Marriott-Metro Center

Eva Laguerre
Office of the State Superintendent of Education

Linda Logan and Darius Morris
DC Department of Human Services

Harmony May
Admiral Security

Laura McSorley
Raise DC

Micheline Mendelsohn
Sunnyside Restaurant Group

Katherine Miller
James Beard Foundation

Karen Nahas
Department of Homeland Security

BB Otero
Bainum Family Foundation

Charlie Richman
DC Office of Planning

Andrew Riddle
MedStar Washington Hospital Center

Syrta Robinson
United Planning Organization

Elissa Silverman
Council of the District of Columbia

Carrie Thornhill
DC Early Learning Collaborative

Enrique Zuloaga
ABM Industries

Executive Summary

Finding high-quality child care that aligns with parents' work schedules can be a significant barrier to successful employment and children's healthy development. Parents with nontraditional work hours have fewer options for child care, but the extent of the need for nontraditional-hour care and the supply of care facilities in the District of Columbia to meet that need remains largely unknown.

In June 2017, the Council of the District of Columbia enacted the Child Care Study Act of 2017 to mandate a study of nontraditional-hour child care need and supply. The act defines nontraditional hours as any hours outside 7 a.m. to 6 p.m., Monday through Friday, or on a 24-hour basis. The Urban Institute was contracted by DC Child Care Connections, Washington, DC's child care resource and referral agency, to conduct a study funded by the Office of the State Superintendent of Education (OSSE) and (pending the findings of the study) provide recommendations for expanding the number of child development facilities with nontraditional hours and incentivizing more child development facilities to offer nontraditional hours. This effort aligns with Mayor Muriel Bowser's priority to increase the availability, affordability, and quality of child care in the District.¹

The study used multiple methods and data sources to assess the extent of available care and the gap between supply and potential need. Analyses of microdata from the American Community Survey identified counts of children under age 12 in each District ward with parents working or commuting nontraditional hours during the week; this was augmented with information from the Survey of Income and Program Participation on children with parents working during the weekend. Additional estimates using the American Community Survey identified potential care demand by child age groups and major industry of parental employment. Child care licensing data from OSSE provided information on the care schedules of licensed child development facilities in the District. These data identified providers with various nontraditional schedules, their characteristics, and their locations.

The research team conducted a telephone survey of providers licensed to operate during nontraditional hours to gather information on enrollment, vacancies, and waiting lists; motivation to provide nontraditional hours; and challenges related to nontraditional-hour care. The team also interviewed a sample of providers from Wards 4, 7, and 8 that offer only traditional schedules to gather their perspectives on nontraditional-hour care, reasons for setting the schedules they have, and interest in expanding their hours. To supplement information from the provider community, the research team interviewed 35 local stakeholders regarding the perceived need for nontraditional-hour care, supply issues, challenges for providers, and potential strategies to expand care supply.

Key findings include the following:

- **Greatest need.** The need for child care during nontraditional hours is greatest
 - » among families that are income-eligible for subsidy vouchers in Wards 7 and 8.
 - » among school-age children (between 5 and 12 years old). School-age children make up 60 percent of all children estimated to need nontraditional-hour care compared with 53 percent of the overall child population ages 12 and under.
 - » on the weekend and in the early morning hours before most child development facilities open, with some additional need for late-night and overnight care.
 - » among parents who work in the health care, retail, hospitality, and food service industries. Parents enrolled in school during evenings and weekends—sometimes in addition to full-time work—may also have nontraditional-hour care needs.
 - » among some commuters crossing state boundaries.
- **Current supply.** Nontraditional-hour facilities are
 - » clustered in Wards 4, 5, 7, and 8 and are less common in other wards.
 - » most often centers, just as most licensed child development facilities in the District are centers. However, homes and expanded homes make up a larger percentage of nontraditional-hour facilities than of facilities overall.
 - » more likely than other facilities to accept subsidy vouchers and participate in district-wide quality enhancement initiatives.
 - » insufficient to meet demand. Key stakeholders agree there is a shortage of slots in child development facilities offering nontraditional hours. Results from quantitative analyses indicate demand for nontraditional-hour care is greater than the supply of slots in licensed facilities, particularly on weekends and during peak hours on weekdays. However, parent preferences for licensed care during nontraditional hours are not well understood.
 - » not always open during licensed hours. A survey of local providers found that providers sometimes choose to accept children within a smaller range of hours than what appears on their license. Accordingly, licensing records show a greater supply of nontraditional-hour child care than is currently available to families.
- **Challenges to expanding supply.** Interviews with stakeholders and traditional-hour child care providers, along with a survey of providers licensed for nontraditional-hour providers, suggest several challenges to expanding supply:

- » Most providers with traditional hours report being at full capacity, meeting the needs of the families they serve, and not needing to extend their hours to meet demand or to fill their programs.
- » Providers and stakeholders say that staffing requirements and other licensing regulations can pose barriers to nontraditional-hour child care. Providers already work very long days, and more hours and days of care could add stress and burden.
- » To be profitable, providers must operate at or near full capacity. When parents have different scheduling needs and not enough families need care at the same time, providers say they barely break even and may even lose money. Providers must pay for a minimum number of staff and other operating costs regardless of how many children are present.
- » Parental preferences are unclear. Interviews with stakeholders suggest that parents often choose family, friends, and neighbors to care for children during nontraditional hours. They suggest some parents may prefer these arrangements while other parents have no alternative options.

Potential strategies to expand nontraditional-hour care options for parents include

- improving outreach and consumer education to better link parents and providers;
- supporting providers with the money and resources needed to start and sustain nontraditional-hour programs; and
- expanding opportunities for existing and eligible new relative and in-home care providers (e.g., friend and neighbor caregivers) who enter into an agreement to provide subsidized child care, such as a higher subsidy rate if providing care during nontraditional hours.

This study assesses the need for nontraditional-hour child care among District families. More information on parental preferences for type of care—centers, homes, expanded homes, and legally exempt providers—should be collected before determining whether and how to expand the number of child development facilities offering nontraditional hours.

Background

Nontraditional hours, inconsistent shifts, and just-in-time scheduling are common challenges facing working parents, particularly in low-income households. One in five adult workers in the US has a nonstandard work schedule, defined as working most of his or her hours on weekdays between 6 p.m. and 6 a.m. or on weekends (Enchautegui 2013). Half of parents in low-income families mostly work outside traditional daytime hours: more than two-fifths receive their schedules a week or less ahead of time, and more than three-quarters work variable hours each week (Enchautegui 2013; Lambert, Fugiel, and Henly 2014). For parents with nontraditional work hours, finding high-quality child care that meets their scheduling needs can be a significant barrier to successful employment and their children's healthy development (Adams et al. 2016; Adams and Rohacek 2010; Sandstrom and Huerta 2013).

Most child care programs are open only on weekdays during daytime hours and require attendance on a regular, set schedule. According to national surveys, only 8 percent of child care centers and one-third of home-based child care programs in the United States offer services after 7 p.m., overnight, or on the weekend (National Survey of Early Care and Education Project Team 2015).

Caretaking responsibilities often fall to family, friends, and neighbors with the flexibility to accommodate care during nontraditional hours, for unpredictable schedules, and on short notice (Henly and Lambert 2005; Henly and Lyons 2000). The District of Columbia's licensing regulations provide that care for one or two unrelated children provided for in a child's home by a caregiver or by a related person are exempt from obtaining a license to operate a child development facility (5-A DCMR 101.5). Importantly, these license-exempt relatives and in-home care providers play a critical role in supporting parents with nontraditional work hours. But some parents do not have relatives, friends, or neighbors to turn to when they need child care. Moreover, these arrangements may be less reliable, of uncertain quality, and burdensome for caregivers with their own full-time jobs. Building the capacity of local child care markets to serve working parents with nontraditional schedules would give parents more options, help stabilize their employment, offer greater continuity for their children, and improve workforce options.

Motivation for Study

New federal regulations for the Child Care and Development Block Grant (CCDBG) require states to develop strategies for increasing the supply and quality of services for children in nontraditional-hour care, which may include use of grants or contracts and alternative reimbursement.² To learn more about

the need for nontraditional-hour care within the District of Columbia and better understand any mismatch between supply and demand, the Council of the District of Columbia enacted the Child Care Study Act of 2017. The act mandated the Office of the State Superintendent of Education (OSSE) to “contract with an entity to conduct a study to determine the number of child development facilities with nontraditional hours in the District that is sufficient to meet the needs of District families” (DC Act 22-72).

At a minimum, the study shall: (1) Determine the need for child development facilities with non-traditional hours, including need by ward and by type of industry of parent employment; (2) Evaluate the current level of service being provided in the District, including: (A) The total number of child development facilities with non-traditional hours currently operating in the District; (B) The hours of operations of each facility; (C) The location of each facility; and (D) Whether the facility participates in the child care subsidy program; (3) Identify areas of unmet need, including wards, hours, and services; and (4) With a particular focus on expanding the number of child development facilities that participate in the child care subsidy program, provide recommendations: (A) For expanding the number of child development facilities with nontraditional hours; and (B) On ways the District can incentivize more child development facilities to offer non-traditional hours. (DC Act 22-72)

The council expressed particular interest in better meeting the needs of low-income and subsidy income-eligible families and employees in major District industries that require nontraditional-hour shifts. The outcome of the study is a set of recommendations for expanding care supply to better meet local needs, including ways to incentivize child development facilities to offer nontraditional hours.

Overview of Report

This report contains five main sections. The first section provides a discussion of research methods, with additional information presented in a technical appendix (appendix A).

The second section provides estimates of potential demand for child care during nontraditional hours in the District, according to analyses of national survey data. Qualitative data gathered from key stakeholders and child care providers supplement these estimates to describe the perceived needs of local families.

The third section details the supply of licensed child development facilities in the District operating during nontraditional hours, quantitative comparisons of potential supply and demand, and local stakeholders’ perceptions of supply shortages.

Providers' experiences with nontraditional-hour care and perceived challenges are summarized in the fourth section, followed by a discussion of potential solutions to address identified challenges and build local capacity. The report concludes with a summary of key findings and recommendations.

Research Methods

We used multiple methods and data sources to estimate the potential demand for nontraditional-hour child care, assess the availability of care in the District, and determine possible gaps between care supply and demand. Appendices A and D provide additional information on study methods.

We use the term *potential demand* rather than *demand* or *actual demand*. Our analyses produce estimations based on available census data and should be interpreted as the *maximum* potential demand for nontraditional-hour care in the District if all working parents desire child care in a licensed facility. A district-wide survey targeting employees with young children would be needed to produce more refined estimations. Although we can attempt to make some inferences about actual demand, child care decision-making is complicated (Weber 2011). Parents' decisions depend on many factors: family income, the specific needs of children, family composition, work schedules, commute patterns, the availability of family or friends to help with child care, neighborhood safety, transportation options, and other preferences that are difficult to measure. We considered these factors in our data collection and analysis to the extent possible with available data sources.

Defining Nontraditional-Hour Child Care Facilities

This study follows the definition of nontraditional-hour child care facilities in the Child Care Study Act of 2017: facilities operating outside the hours of 7 a.m. to 6 p.m., Monday through Friday; on a 24-hour basis; or on weekends. The abbreviation *NTH care* is henceforth used for simplicity.

This definition aligns with that of the District's child care subsidy program. Residents of the District of Columbia with family incomes at or below 250 percent of the federal poverty level and work schedules outside the standard hours of 7 a.m. to 6 p.m., Monday through Friday are eligible to receive NTH care subsidy payments through OSSE. Parents are eligible to receive NTH care full time when they work (or engage in another approved activity, such as school or training) for 6-11 hours between 6 p.m. and 7 a.m., Monday through Friday, or for 6-11 hours on the weekend, regardless of the time of day. When parents work less than six hours between 6 p.m. and 7 a.m., Monday through Friday, or on the weekend, they are eligible for NTH care part time.

The District subsidy program also offers extended-day nontraditional services, applicable when most hours in an approved activity occur between the traditional hours of 7 a.m. and 6 p.m. on weekdays but with at least one full hour outside that range. The subsidy covers child care during the traditional

hours and the approved nontraditional hours. Accordingly, facilities caring for children approved for extended-day care must open by 6 a.m. or close no earlier than 7 p.m. on weekdays or be open on weekends.

Our initial interviews with local stakeholders suggested the Child Care Study Act’s definition of nontraditional care may be too broad and include providers that do not view themselves as nontraditional (for example, providers closing at 6:30 p.m. rather than 6 p.m.). They suggested we take a closer look at facilities open more than 12 hours a day on weekdays, including on a 24-hour basis, or open any hours on weekends. These facilities have schedules that better match those of nontraditional-hour employees. We term these facilities *focal facilities* and conduct targeted analyses of them throughout the report.

Table 1 displays the counts of facilities and slots in the District for each definition of NTH care based on our analysis of licensing data from OSSE’s My Child Care DC database.

TABLE 1
Definitions of Child Care Offered Outside Traditional Hours
Full-time facilities listed in My Child Care DC as of March 20, 2018

	Number of facilities (% of total)	Licensed capacity
All licensed facilities in the District	444	24,391
Nontraditional-hour facilities <i>Operating outside 7 a.m. to 6 p.m., Monday through Friday, or on a 24-hour basis or on weekends^a</i>	177 (40%)	10,778
Extended-day facilities <i>Operating at 6 a.m. or earlier or 7 p.m. or later, Monday through Friday, or on a 24-hour basis or on weekends</i>	101 (23%)	4,997
Focal facilities <i>Operating more than 12 hours on weekdays, including on a 24-hour basis, or on weekends</i>	70 (16%)	2,415

Sources: OSSE export of My Child Care DC data and child development facilities listing files.

Notes: Definitions are in increasing order of restrictiveness. Extended care and focal facilities are subsets of NTH care facilities.

^aThis is the definition used by the Child Care Study Act.

Data Sources

The data for this study include a combination of quantitative and qualitative sources. These sources provide multiple indicators of potential demand for NTH care and child care supply. A true estimate of parental demand would require a district-wide survey of parents or extensive focus groups across

communities, and both were outside the scope of this study; however, the research team maximized the use of available data sources to address the goals of the act.

To summarize, we analyzed the following sources:

- **Child development facility licensing records.** Licensing records used to populate the My Child Care DC website provided information on the location, hours of operation, setting, licensed capacity, and other key attributes of licensed providers (centers and homes) in the District.³ These data are self-reported by providers on their license application and verified annually by OSSE. We analyzed a data file exported on March 20, 2018, by the OSSE Division of Early Learning to assess care supply. We reviewed the data and verified the hours of operation as needed through web searches and phone calls to providers. We then combined the licensing data with additional data from OSSE on participation in quality improvement initiatives and the subsidized child care program. After removing 17 part-time facilities (facilities operating less than six hours a day during weekday, daytime hours), the sample included 444 full-time licensed child development facilities, including some programs not located in schools but receiving pre-K and Head Start funding. These data do not include legally exempt facilities.⁴
- **Survey of providers licensed for nontraditional hours.** We conducted a telephone survey targeting all providers operating facilities licensed to offer services on a 24-hour basis, on weekends, or on weekdays for more than 12 hours a day (N=63 providers operating 70 facilities). The survey collected information on program details not available through the licensing data, such as actual enrollment, desired capacity, perceived needs of families, and providers' motivations and challenges related to provision of NTH care. The survey was developed by the research team and refined through a pilot test with a small sample of providers. It was administered over a three-week period in April and May 2018. Recruitment efforts included phone calls, a flyer advertising the study sent by mail, and an email recruitment message sent after the initial call. Both the Urban Institute and Kids Comprehensive Services conducted recruitment outreach. To increase the response rate, two research assistants administered surveys in person during "drop-ins" in Wards 5 and 6, resulting in five additional responses. Thirty-eight providers participated (a 68 percent response rate, excluding ineligible providers; detailed survey participation information included below).
- **National survey data on parent work hours.** We analyzed two nationally representative surveys fielded by the US Census Bureau to assess demand for child care during nontraditional hours. The American Community Survey (ACS) five-year file covering 2012-16 included information on household members and their relationships, workers' industry of employment,

typical time of departure for and arrival time at work, and usual number of hours worked each week. These data were the most recent available at the time of the study. Building on the methodology developed for Sandstrom and colleagues (2018) and Henly and Adams (forthcoming), we inferred whether a household member is a child in the target age range (12 or younger) who has parent(s) who work and if parent(s) likely work or commute during nontraditional hours.

We used national data from the 2014 Survey of Income and Program Participation (SIPP) to help estimate demand for weekend child care because the ACS lacks information on which days people work. We estimated the likelihood of weekend work based on key parent characteristics (e.g., industry of employment, educational attainment, income) for employed parents with children under 18 living at home. We then applied these estimates to District of Columbia children in the ACS to estimate the number with all parents working on the weekend.

We created ward-level estimates by assigning each observation (or part of each observation) to different wards based on their public use microdata areas (PUMAs), the lowest level of geography available in the ACS. PUMA boundaries align closely, but not perfectly, with ward boundaries. To address this discrepancy, we allocated the number of people represented by each observation proportionally to wards based on 2010 Census counts of the population by sex and age in each ward. We then applied statistical weighting techniques using aggregate 2012-16 ACS estimates to improve the accuracy of our potential demand estimates.

- **Child care referral ticket records.** Child care referral tickets collect information on inquiries from parents seeking information on available child care options through DC Child Care Connections, the District's child care resource and referral agency. Parents can call, email, or visit the agency in person to request assistance locating child care. We analyzed records from January 1, 2017, to January 1, 2018, to supplement our analysis of child care demand. These records included information on family characteristics and specific requests such as care during nontraditional hours.
- **Interviews with providers not licensed for nontraditional hours.** We conducted semistructured telephone interviews with program directors from a purposive sample of 12 child development facilities not licensed to provide NTH care. We drew our sample from Wards 4, 7, and 8, which have the largest number of children with parents working some nontraditional hours, according to our estimates. We purposively selected two centers and two homes from each ward, ensuring variation in total licensed capacity, ages served, subsidized child care program participation, accreditation, and hours of operation. We developed an

interview protocol designed to take about 25 minutes (see appendix B. Interviews collected information on the need for NTH care, considerations associated with providing services during nontraditional hours, and potential supports for doing so. Senior researchers analyzed detailed notes from these interviews to identify key themes.

- **Key stakeholder interviews.** We conducted semistructured interviews with 35 key stakeholders with knowledge of relevant issues in the District. These stakeholders, whom we identified in collaboration with OSSE and Kids Comprehensive Services, included a broad range of experts in child care and early education, child care licensing, subsidies, resource and referral, quality improvement, and city planning. We also interviewed representatives from industries and occupations with a high prevalence of nontraditional-hour work, such as hospitality, food service, janitorial/custodial services, security, retail, and nursing. These interviews included executives, managers, human resources representatives, and other industry professionals. We developed and tailored interview guides to each group of key stakeholders (see appendix B for the main version). All interviews touched on the need for NTH care, perceived challenges, and potential solutions. Senior researchers analyzed detailed notes from these interviews to identify key themes.

Understanding the Complexity of Potential Demand for Nontraditional-Hour Care

Understanding how many children might need care during nontraditional hours, their ages, family income levels, and where they live are critical in making policy decisions. With the available data, we can estimate when parents are working or commuting to identify peak hours when demand may be greatest. Our approach to estimating potential demand also considers the type of industry parents work in and their work location (inside or outside the District) so decisions based on this research can be grounded in the context of parental employment.

BOX 1

Summary of Metrics Used to Estimate Potential Demand for NTH Care

Using parents' work hours and commute times available in the 2012-16 ACS data, we determine the hours of the day when District residents may need child care. Potential demand for NTH care is defined as the number of children ages 12 and younger whose parents are working or commuting during any hour between 6:01 p.m. to 6:59 a.m. on weekdays and at any time on the weekend. In two-parent households, both parents must work or commute during the same weekday NTH hour or during the weekend to count in the potential demand estimate. We assume parents can care for their own children when not working or commuting.

Child age categories were determined based on District licensing requirements. Infants are under 12 months, toddlers are 12-35 months, preschoolers are ages 3-4, and school-aged children are ages 5-12. Children ages 13-18 are excluded from the school-age group as well as the overall estimate of potential demand as they are not subsidy eligible and generally have less need for formal child care. Technically, children ages 13-18 can utilize child care services from licensed providers in the District not eligible for subsidies, but the need is presumed to be small and would have little impact on our estimates. (See appendix A for further details.)

In addition, we provide an alternate measure of parental demand: calls from parents to DC Child Care Connections regarding NTH care, captured in records maintained by the referral agency. These quantitative estimates are supplemented with data from key stakeholder interviews.

How Many Children Need Nontraditional-Hour Care, and Where Do They Live?

Approximately 19,000 children in the District (22 percent of all children 12 and under) are estimated to need NTH care. Geographically, these children are concentrated in areas east of the Anacostia River in Wards 7 and 8 and, to a lesser degree, in the north and northeastern regions of the District in Wards 4 and 5 (see table 2; maps in figures 1 and 2).

Potential demand for NTH care is highest in Wards 7 and 8.

Together, Wards 7 and 8 are estimated to be home to more than 7,700 children who may need NTH care, or about 40 percent of all children who may need NTH care (table 2). Demand is lowest in Ward 2, which includes downtown business districts and has relatively few child residents. The number of children with NTH care needs, when broken down by ward, correlates with the overall pattern of how many children ages 12 and under live in each ward. However, the percentage of children within each ward who may need NTH care is highest in Wards 7 and 8 (see the “Share of children in ward” column in table 2).

TABLE 2

Potential Demand for NTH Care, by Ward

Children ages 12 and under whose parents work or commute nontraditional hours

	Number	Share of total children who may need NTH care	Share of children in ward
Ward 1	1,730	9%	21%
Ward 2	840	4%	20%
Ward 3	1,710	9%	17%
Ward 4	2,750	14%	21%
Ward 5	2,720	14%	23%
Ward 6	1,530	8%	16%
Ward 7	3,300	17%	25%
Ward 8	4,470	24%	24%
Total	19,050	100%	22%

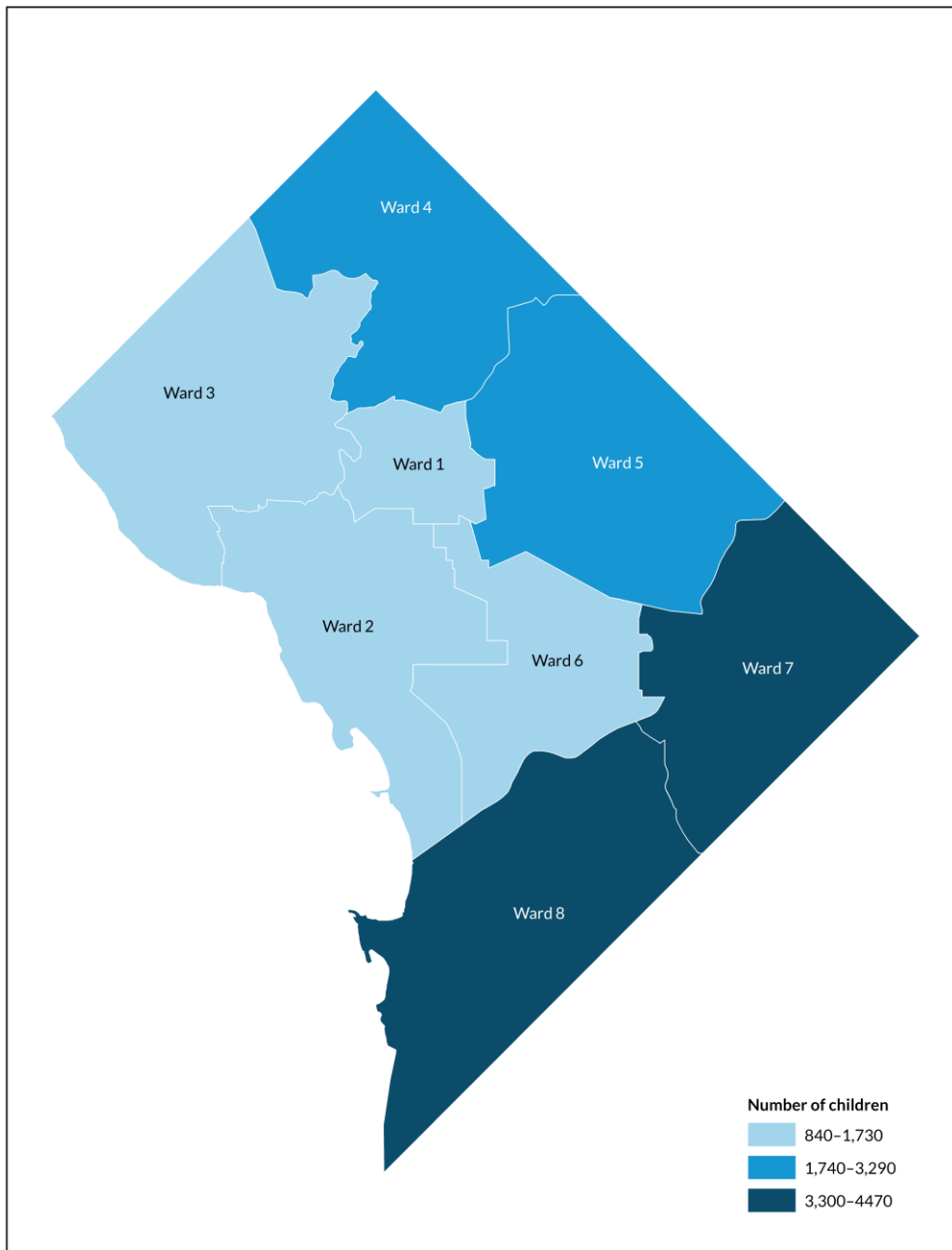
Source: Authors’ estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The “Share of total children who may need NTH care” figure is the ward’s share of all District children ages 12 and under that may need NTH care. The “Share of children in ward” figure is the share of children that may need NTH care out of all children ages 12 and under in the ward.

FIGURE 1

Potential Demand for NTH Care, by Ward, Number of Children

Children ages 12 and under whose parents work or commute nontraditional hours

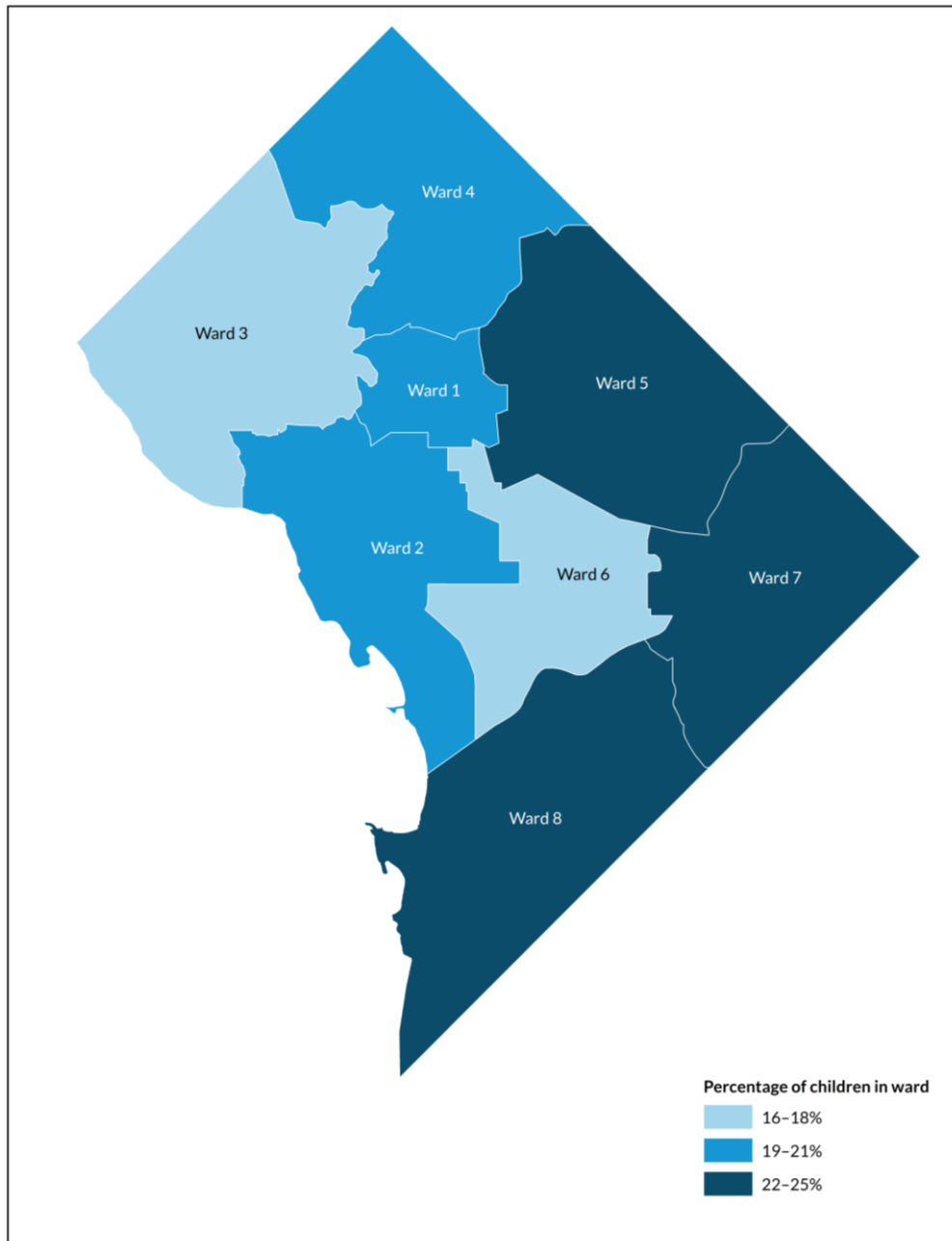


Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

FIGURE 2

Potential Demand for NTH Care by Ward, Percentage of Children

Children ages 12 and under whose parents work or commute nontraditional hours



Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

How Old Are Children Who Need Nontraditional-Hour Care?

School-age children (ages 5-12; see table 3) account for 60 percent of children needing NTH care, which is higher than we would expect given they account for only 53 percent of all children in the District ages 12 and under.

School-age children have greater potential need for NTH care.

In contrast, fewer infants and toddlers need NTH care than we would expect given their share of the child population. We estimate only 6 percent of infants (who are 10 percent of the overall child population) and 14 percent of toddlers (who are 18 percent of the overall child population) need NTH care. For preschoolers, approximately 20 percent need NTH care, similar to their share of the overall child population (19 percent). These results suggest that, to the extent parents have control over their work schedules, parents with older children may be more comfortable working nontraditional hours. The need for infant care during nontraditional hours is relatively small.

TABLE 3

Potential Demand for NTH Care, by Child Age Group

Children ages 12 and under whose parents work or commute nontraditional hours

Age	Number	Share of total children who may need NTH care	Share of children in age group
Infants (12 months and under)	1,080	6%	12%
Toddlers (12-36 months)	2,750	14%	17%
Preschool aged (36-60 months)	3,830	20%	23%
School aged (5-12 years)	11,390	60%	25%
Total	19,050	100%	22%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The "Share of total children who may need NTH care" figure is the child age group's share of all District children ages 12 and under that may need NTH care. The "Share of children in age group" figure is the share of children that may need NTH care out of all District children ages 12 and under in the age group.

What Industries Require Parents to Work Nontraditional Hours?

Potential demand for NTH care is greatest among parents who work in retail, entertainment, hospitality, food service, and health care. Nontraditional hours are less common in the finance, real estate, information, and professional services industries and the public sector (table 4).⁵ Thirty-two percent of all District children who may need NTH care have a parent working in retail, entertainment, hospitality, or food service. Likewise, among children with parents in those industries, 38 percent have parents working nontraditional hours.

Nearly 4 out of 10 children ages 12 and under whose parents work in retail, restaurants, hotels, or entertainment venues may need care during nontraditional hours.

TABLE 4

Potential Demand for NTH Care, by Parental Employment Industry

Children ages 12 and under whose parents work or commute nontraditional hours

	Number	Share of total children who may need NTH care	Share of children with parents in industry group
Retail, entertainment, hospitality, and food service	6,170	32%	38%
Health care and social assistance	3,810	20%	37%
Finance, real estate, information, and professional services	2,480	13%	15%
Public administration	1,950	10%	18%
Goods, trade, transportation, and utilities	1,560	8%	29%
Education services	1,040	6%	17%
All other services, including administrative support	2,050	11%	23%
Total	19,050	100%	22%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

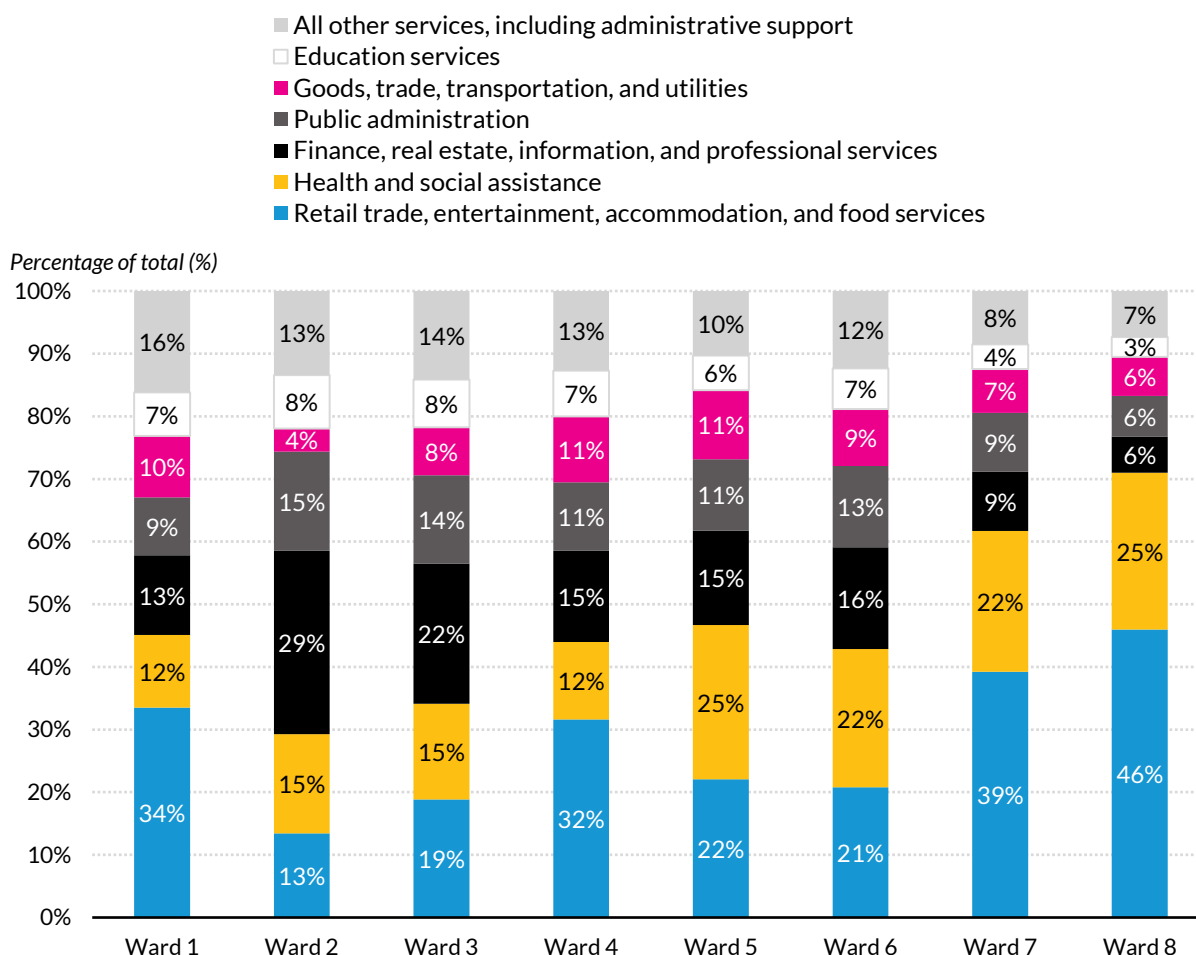
Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The "Share of total children who may need NTH care" figure is the parental employment industry's share of all District children ages 12 and under that may need NTH care. The "Share of children with parents in industry group" figure is the share of children that may need NTH care out of all District children ages 12 and under with a parent employed in that industry. The "Share of children with parents in industry group" figure in the "Total" row includes all District children ages 12 and under in the denominator; the figure would be 26 percent if only those with working parents were counted in the denominator instead.

As shown in figure 3, parental employment for children who may need NTH care in Wards 7 and 8 is highest in the retail, entertainment, hospitality, and food service industries. Additionally, a higher share of children who may need NTH care have parents working in the health care and social assistance sectors in Wards 5-8. Industries in these categories tend to have many employees with nontraditional or rotating hours and shifts, suggesting that industry helps drive differences in child care needs across wards. A higher share of children who may need NTH care in Wards 2 and 3 have parents employed in the finance, real estate, information, and professional services industries, which generally reflects the makeup of the overall workforce in those wards.

FIGURE 3

Potential Demand for NTH Care, by Ward and Parental Employment Industry

Percentage of total children ages 12 and under whose parents work or commute nontraditional hours



Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding.

How Does Potential Demand for Nontraditional-Hour Care Differ by Family Income Level?

District children in families that are income-eligible for subsidy vouchers (those with annual incomes at or below 250 percent of the federal poverty level) are more likely than higher-income children to have parents working or commuting during nontraditional hours (table 5). More specifically, subsidy-eligible children have a 75 percent greater chance of needing care during nontraditional hours than children from higher-income families that are not subsidy-eligible (28 percent and 16 percent, respectively, may need NTH care).

Among District children with potential demand for NTH care, nearly two-thirds are income-eligible for subsidized care services. This disparity may be related to higher rates of parental employment in service industries associated with lower pay. Conversely, jobs in the finance, real estate, information, and professional services industries and the public sector industries are generally better-paying and tend to have more traditional hours.

Nearly two-thirds of District children with potential demand for NTH care are income-eligible for subsidized care services.

TABLE 5

Potential Demand for NTH Care, by Family Income

Children ages 12 and under whose parents work or commute nontraditional hours

Family income	Number	Share of total children who may need NTH care	Share of children in family income group
Not income-eligible for subsidy	6,900	36%	16%
Income-eligible for subsidy	12,150	64%	28%
Total	19,050	100%	22%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The "Share of total children who may need NTH care" figure is the family income group's share of all District children ages 12 and under that may need NTH care. The "Share of children in family income group" figure is the share of children that may need NTH care out of all District children ages 12 and under in the income group. Families that are income-eligible for subsidy vouchers have annual incomes at or below 250 percent of the federal poverty level, while families that are not income-eligible for subsidy vouchers include those with above 250 percent of the federal poverty level as well as those for which poverty status is not determined.

Table 6 breaks down potential demand for NTH care in each District ward by family income level. In most wards, children potentially needing NTH care are income-eligible for subsidy vouchers. In Wards 7 and 8, a disproportionately high percentage of children who may require NTH care are subsidy income-eligible, whereas the opposite pattern is found in Ward 2. In other words, in Wards 7 and 8, more children needing NTH care are income-eligible for subsidy vouchers than we would expect given the percentage of children in those wards that are income-eligible.

TABLE 6

Potential Demand for NTH Care, by Ward and Family Income

Children ages 12 and under whose parents work or commute nontraditional hours

Area	Not Income-Eligible for Subsidy		Income-Eligible for Subsidy	
	Number	Percentage	Number	Percentage
Ward 1	640	37%	1,090	63%
Ward 2	390	46%	450	54%
Ward 3	740	43%	970	57%
Ward 4	1,070	39%	1,680	61%
Ward 5	1,050	39%	1,670	61%
Ward 6	620	40%	920	60%
Ward 7	1,090	33%	2,210	67%
Ward 8	1,300	29%	3,170	71%
Total	6,900	36%	12,150	64%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. Families that are income-eligible for subsidy vouchers have annual incomes at or below 250 percent of the federal poverty level, while families that are not income-eligible for subsidy vouchers include those with above 250 percent of the federal poverty level as well as those for which poverty status is not determined. The percentage is the share of District children ages 12 and under who may need NTH care that are income-eligible for subsidy vouchers and the percentage that are not income-eligible for subsidy vouchers.

Another way to assess demand for NTH care by family income level is to examine the percentage of children receiving subsidies for NTH care in the District. Because subsidy participation varies by month, OSSE provided estimates for April and June 2018. In April, 2 percent of subsidy cases (184 out of 7,875 total cases) covered NTH care. In June, just 1 percent (119 out of 8,403 total cases) covered NTH care. Of those 119 children, 37 were in child development homes and 82 were in child development centers. These data show that few families receiving subsidized care use their subsidy to pay for care during nontraditional hours. We would expect this percentage to be higher given that 22 percent of all children 12 and under are estimated to need NTH care (as previously shown in table 2), and 64 percent of them are income-eligible for a subsidy (table 6). Based on available data, we can conclude several potential scenarios: (1) not as many subsidy recipients are working during nontraditional hours as estimated; (2) subsidy recipients with some nontraditional hours applied for a subsidy for traditional services only and

not nontraditional services; or (3) low-income parents with nontraditional work schedules are not seeking a subsidy to help pay for child care, thus contributing to the low numbers we observe.

How Does Work Location Relate to the Need for Nontraditional-Hour Care?

For most children with parents working nontraditional hours, employment is located within the District and not neighboring Maryland and Virginia counties, mirroring overall commuting patterns. Around one-quarter of parental employment is located outside the District among all District children ages 12 and under with working parents as well as among those that may need NTH care. Similarly, about a third of children ages 12 and under are estimated as potentially needing NTH care among both those with parents working outside the District and those with parents working in the District. Whether parental employment is located within or outside the District is not closely tied to the likelihood of children potentially requiring NTH care.

TABLE 7

Potential Demand for NTH Care, by Parental Employment State

Children ages 12 and under whose parents work or commute nontraditional hours

State of employment	Number	Share of total children who may need NTH care	Share of children in parental state of employment group
Outside District	4,470	23%	32%
In District	14,590	77%	33%
Total	19,050	100%	22%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The "Share of total children who may need NTH care" figure is the parental employment state's share of all District children ages 12 and under that may need NTH care. The "Share of children in parental state of employment group" figure is the share of children that may need NTH care out of all District children ages 12 and under whose parent is employed in the specified state. The "Share of children in parental state of employment group" figure in the "Total" row includes all District children ages 12 and under in the denominator; the figure would be 33 percent if only those with working parents were counted in the denominator instead.

When Is Potential Demand for Nontraditional-Hour Care the Greatest?

Nontraditional employees vary in their schedules, with some reporting to work very early in the morning, some working late evenings or overnight shifts, and others working weekends. Estimates indicate potential demand for NTH care is greatest on weekends, between 6:00-6:59 a.m., and peak times in the evening (table 8). Specifically, we find the following:

- Almost 60 percent of the approximately 19,000 children potentially needing NTH care are estimated to have parents working weekends.
- On weekdays, potential demand is at its absolute highest in the early morning, clustered during the 6 a.m. hour and to a lesser degree the 5 a.m. hour.
- In contrast, potential demand is more sustained in the evening with over 2,000 children potentially need care each hour from 6:01 p.m. until 10:59 p.m. Needs peak in the evening from 6:01-6:59 p.m. (5,450 children) before falling substantially during the 7 p.m. hour (3,820 children) and further declining by several hundred children each hour until just before midnight.
- Potential need continues to decline at a slower pace overnight until picking up again around 5 a.m. and peaking at the 6 a.m. hour (7,020 children).

BOX 2

Summary of Data Analysis Method to Determine Timing of Child Care Needs

Using the ACS data, we count children potentially needing care at each weekday hour from 6:01 p.m.-6:59 a.m. (i.e., outside the traditional hours of 7 a.m.-6 p.m. as defined by the Child Care Study Act of 2017) if all parents were typically working or commuting anytime during that hour. We aggregated these hourly figures into three time periods: early morning (5:00-6:59 a.m.), evening (6:01 p.m.-12:59 a.m.), and overnight (1:00-4:59 a.m.), counting all children potentially needing care during any of the hours within the period. Based on industry, education, and family income, we predicted whether a parent in the ACS data was likely working outside the home on the weekend using estimates from the SIPP data. We used this prediction method because of limited available data in the ACS on what days parents work.

Potential demand for NTH care is greatest on weekends, at 6 a.m. on weekdays, and across early evening hours.

TABLE 8

Potential Demand for NTH Care, by Time Period

Children ages 12 and under whose parents work or commute nontraditional hours

	Number	Share of total
Weekdays		
6:01 p.m. - 6:59 p.m.	5,450	29%
7:00 p.m. - 7:59 p.m.	3,820	20%
8:00 p.m. - 8:59 p.m.	3,270	17%
9:00 p.m. - 9:59 p.m.	2,640	14%
10:00 p.m. - 10:59 p.m.	2,290	12%
11:00 p.m. - 11:59 p.m.	1,870	10%
12:00 a.m. - 12:59 a.m.	1,700	9%
1:00 a.m. - 1:59 a.m.	1,540	8%
2:00 a.m. - 2:59 a.m.	1,250	7%
3:00 a.m. - 3:59 a.m.	780	4%
4:00 a.m. - 4:59 a.m.	990	5%
5:00 a.m. - 5:59 a.m.	2,280	12%
6:00 a.m. - 6:59 a.m.	7,020	37%
Weekend		
Any hour	11,257	59%
Total	19,050	100%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding. The percentages do not sum up to 100 as the same child may potentially require care across multiple time periods.

Among children potentially needing NTH care, age appears to have little to do with the timing of parental work (table 9). For each time period examined, more than half of children potentially needing NTH care are school-age (58-65 percent). Preschoolers are the second largest group (19-22 percent), followed by toddlers (10-17 percent), and infants (3-7 percent).

Given commuting patterns across the District, the level of potential demand for NTH care varies across wards and time of day (table 10). Ward 8, which has the highest possible need for NTH care overall, accounts for an even greater share of potential demand in the early morning and overnight. Conversely, Wards 2, 3, and 4 have fewer children likely needing NTH care, but account for a greater portion of demand in the evening. The need for weekend care is more even across wards.

TABLE 9

Potential Demand for NTH Care, by Child Age and Time Period*Children ages 12 and under whose parents work or commute nontraditional hours*

Age group	Early Morning (5:00-6:59 a.m.)		Evening (6:01 p.m.-12:59 a.m.)		Overnight (1:00-4:59 a.m.)		Weekend (anytime Saturday or Sunday)	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
Infants (12 months and under)	320	5%	240	4%	60	3%	790	7%
Toddlers (12-36 months)	740	10%	1,060	17%	230	12%	1,720	15%
Preschool aged (36-60 months)	1,470	21%	1,270	21%	420	22%	2,190	19%
School aged (5-12 years)	4,600	65%	3,540	58%	1,210	63%	6,570	58%
Total	7,130	100%	6,110	100%	1,910	100%	11,260	100%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding.

TABLE 10

Potential Demand for NTH Care, by Ward and Time Period*Children ages 12 and under whose parents work or commute nontraditional hours*

Area	Early Morning (5:00-6:59 a.m.)		Evening (6:01 p.m.-12:59 a.m.)		Overnight (1:00-4:59 a.m.)		Weekend (anytime Saturday or Sunday)	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
Ward 1	410	6%	510	8%	100	6%	1,110	10%
Ward 2	50	1%	90	2%	10	1%	520	5%
Ward 3	170	2%	400	7%	40	2%	1,050	9%
Ward 4	730	10%	960	16%	150	8%	1,640	15%
Ward 5	900	13%	710	12%	230	12%	1,600	14%
Ward 6	480	7%	360	6%	140	7%	890	8%
Ward 7	1,670	23%	1,230	20%	500	26%	1,910	17%
Ward 8	2,730	38%	1,840	30%	730	38%	2,540	23%
Total	7,130	100%	6,110	100%	1,910	100%	11,260	100%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding.

How Does Parental Employment Industry Relate to the Hours When Parents Might Need Child Care?

Parental employment industry helps explain the patterns we see in parents' work schedules and potential child care needs (table 11). Identifying high-needs industries and specific employers is useful as we think about opportunities for expanding care options to meeting employees' needs.

Among children potentially needing weekend care, nearly half have parents in the retail, entertainment, hospitality, and food service industries (e.g., large employers like Walmart and Macy's, the MGM Grand casino, local hotels staffed 24 hours a day, and restaurants and bars). Likewise, over 40 percent of children potentially needing overnight care have parents working in retail and other service industries.

Parental employment in the public administration sector (e.g., emergency personnel) accounts for a greater share of potential NTH demand overnight than in other periods. On the other hand, parental employment in education services (e.g., teachers) as well as health care and social assistance sectors (e.g., nurses) have greater demand in the early morning than in the evening, and more in the evening than overnight.

Finance, real estate, information, and professional services employees have greater care needs in the early morning and evening than overnight and on the weekend. Similarly, parental employment in the goods, trade, transportation, and utilities sector accounts for a lower share of potential demand on weekends than overall, indicating a more traditional work-week or greater representation of organized labor in these sectors.

Those working in "all other industries" category have less need for early morning care. This category includes custodial and security services that often engage employees during periods when traditional-hour employees are less likely to be present, such as evenings, overnight, and weekends.

TABLE 11

Potential Demand for NTH Care, by Parental Employment Industry and Time Period*Children ages 12 and under whose parents work or commute nontraditional hours*

Industry	Early Morning (5:00-6:59 a.m.)		Evening (6:01 p.m.-12:59 a.m.)		Overnight (1:00-4:59 a.m.)		Weekend (anytime Saturday or Sunday)	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
Goods, trade, transportation, and utilities	850	12%	540	9%	200	10%	690	6%
Finance, real estate, information, and professional services	1,180	17%	890	15%	190	10%	890	8%
Education services	720	10%	340	6%	30	1%	150	1%
Health care and social assistance	1,690	24%	1,130	19%	270	14%	2,250	20%
Public administration	730	10%	720	12%	270	14%	880	8%
Retail, entertainment, hospitality, and food service	1,440	20%	1,810	30%	780	41%	5,060	45%
All other services including administrative support	530	7%	670	11%	190	10%	1,350	12%
Total	7,130	100%	6,110	100%	1,910	100%	11,260	100%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding.

How Do Nonresidents Add to the Demand for Nontraditional-Hour Care?

Nonresidents who are employed in the District, have children, and work or commute during NTH periods may look for child care near their workplaces and ultimately compete with District residents for child care slots. An estimated 26,450 children living in Maryland, Virginia, Delaware, and West Virginia have a parent employed in the District who is either working or commuting during nontraditional hours (table 12). If included in our estimates, nonresident children would more than double potential demand. Specifically, they would account for about 58 percent of all children potentially needing care during nontraditional hours in the District. According to our survey of NTH providers, about one-third served children residing outside of the District.

TABLE 12

Nonresident Children Whose Parents Work or Commute

Nontraditional Hours in the District, by Child Age

Children ages 12 and under living outside the District whose parents work or commute nontraditional hours

Age group	Number	Share of total children who may need NTH care	Share of children in age group
Infants (12 months and under)	1,060	4%	12%
Toddlers (12-36 months)	3,210	12%	15%
Preschool-aged (36-60 months)	4,470	17%	20%
School-aged (5-12 years)	17,710	67%	23%
Total	26,450	100%	21%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on 2014 Survey of Income and Program Participation micro data estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The "Share of total children who may need NTH care" figure is the child age group's share of all non-District children ages 12 and under whose parents work or commute NTH in the District. The "Share of children in age group" figure is the percentage of children that may need NTH care out of all non-District children ages 12 and under in the age group whose parents work in the District.

Nonresident children whose parents may seek NTH care in the District appear to need care most at the very beginning and end of the traditional workday, and not late into the evening or overnight (table 13). A lower share of nonresident children have potential care needs on the weekend (50 percent) compared with their District counterparts (59 percent). (Additional information on parental employment industry for this group is available in appendix B.)

Nonresidents who work in the District could contribute largely to demand for NTH care if they prefer children be near their workplaces than home.

However, three points help dampen concerns about competition. First, interviews with local stakeholders in the child care community indicate parents often prefer care near their homes rather than their workplaces because parents do not want to commute at odd hours with their children for safety reasons. Second, as with District children, school-age children constitute a disproportionately high share of nonresidents potentially needing care in local facilities. More likely than not, these children are enrolled in school near their homes, and parents working early mornings or evenings will arrange before- and after-school care near home as well. Third, although we cannot determine work location by ward, most jobs are concentrated in the urban core, particularly Wards 2 and 6, which have relatively low potential demand for NTH care among local residents and likely have lower demand among nonresidents, too.

TABLE 13
Nonresident Children Whose Parents Work or Commute
Nontraditional Hours in the District, by Time Period
Children ages 12 and under living outside the District whose parents work or commute nontraditional hours

	Number	Share of total
Weekdays		
6:01 p.m. - 6:59 p.m.	9,240	35%
7:00 p.m. - 7:59 p.m.	5,620	21%
8:00 p.m. - 8:59 p.m.	3,840	15%
9:00 p.m. - 9:59 p.m.	2,980	11%
10:00 p.m. - 10:59 p.m.	2,530	10%
11:00 p.m. - 11:59 p.m.	1,910	7%
12:00 a.m. - 12:59 a.m.	1,520	6%
1:00 a.m. - 1:59 a.m.	1,460	6%
2:00 a.m. - 2:59 a.m.	1,090	4%
3:00 a.m. - 3:59 a.m.	1,160	4%
4:00 a.m. - 4:59 a.m.	1,950	7%
5:00 a.m. - 5:59 a.m.	4,930	19%
6:00 a.m. - 6:59 a.m.	11,270	43%
Weekend		
Any hour	13,169	50%
Total	26,450	100%

Source: Authors' estimates using American Community Survey 2012-16 microdata.

Notes: Figures may not sum up to totals because of rounding. The percentages do not sum up to 100 as the same child may potentially require care across multiple time periods.

How Do Demand Estimates Account for Parents in School?

Our estimates are based on parental employment and do not account for times when parents are attending school. We may underestimate potential demand for NTH care, particularly during evenings and weekends when adult education classes are typically offered. Our primary data sources contain information on school enrollment but not on timing of attendance.

Previous research estimates that half of low-income parents enrolled in school are also working (see Eyster, Callan, and Adams 2014). Another Urban Institute study found that nearly 40 percent of low-income working parents in education programs had nontraditional schedules, with around half opting for only relative caregivers (Spaulding, Derrick-Mills, and Callan 2016).

What Do Child Care Referral Requests Tell Us About the Need for Nontraditional-Hour Care?

Families looking for child care in the District may contact DC Child Care Connections, the District's child care resource and referral agency. Referral specialists are available by phone, e-mail, and in person to answer questions and provide referrals to local child development facilities. They capture information about the request (e.g., age of child, hours of care needed) in a database. We analyzed the referral logs generated between January 1, 2017, and January 1, 2018, to identify inquiries for NTH care (table 14). This data source offers an alternate measure of care demand.

Of the more than 1,300 referral requests made in 2017, 9 percent of requests were for NTH care. This percentage is lower than the overall estimate of NTH care demand based on ACS data analysis (i.e., 22 percent of all children ages 12 and under, as shown in table 2). However, the breakdown of referral requests across wards is nearly identical to the breakdown of potential demand. Requests from Ward 8 were most common (33 requests, or 27 percent of the total), followed by Wards 7 and 4 (27 and 21 requests, respectively).

Nearly all requests for NTH care are made by phone (93 percent) and in English (94 percent). About two-thirds (69 percent) of inquiries were for one child, whereas other parents had child care needs for multiple children. Requests for NTH care involved all age groups: infants, toddlers, preschoolers, and school-age children. Requests for school-age care were most common (36 percent of requests), which may be due in part to the wider age range of this group. Infant care requests were less common (17

percent of requests) yet represent a greater share than expected given the one-year age range for infants and given ACS estimates by age group; only 6 percent of children ages 12 and under estimated to need NTH care are infants. These figures suggest that parents of infants needing NTH care may seek referral services more than others.

Together, these findings point to the value of a phone-based referral service for making child care guidance accessible across the District and connecting parents to NTH care options. Still, the small number of calls overall suggests that additional outreach efforts might be helpful to improve parents' knowledge and use of DC Child Care Connections.

TABLE 14
Child Care Resource and Referral Requests for NTH Care in the District
Requests made between January 1, 2017, and January 1, 2018

	Number	Share of total
NTH care requests	121	9%
<i>Distribution by ward</i>		
Ward 1	10	8%
Ward 2	4	3%
Ward 3	1	1%
Ward 4	21	17%
Ward 5	14	12%
Ward 6	9	7%
Ward 7	27	22%
Ward 8	33	27%
<i>Selected characteristics</i>		
Made by phone	113	93%
Made by walk-in	4	3%
Made by email	2	2%
Primary language is English	114	94%
Primary language is Spanish	2	2%
Primary language is Amharic	1	1%
Request for care for one child	83	69%
Request for care for two children	20	17%
Request for care for three or more children	3	2%
Request for infant care	20	17%
Request for toddler care	33	27%
Request for preschool-age care	24	20%
Request for school-age care	44	36%
Request for special needs services	13	11%

Source: Authors' calculations of DC Child Care Connections' referral records.

What Are Local Stakeholders' Perceptions of Demand?

Our interviews with key stakeholders, including 12 employers and industry experts, provided additional perspectives on demand for NTH care in the District. In this section, we summarize key themes related to level of demand, demand preferences, and other considerations for demand.

Key stakeholders universally observed a high need for NTH care. They described how hourly shift workers often earn minimum wage and have relatively little control over their schedules. Many receive notification of their schedules only a week (sometimes less) in advance and are hired with the expectation of being on call when higher staffing or substitutions are needed. Consequently, cost and inconsistent schedules present challenges for many local employees, driving demand for more affordable, flexible child care options.

Demand for Nontraditional-Hour Care is High, but Many Local Employees Rely on Friends and Family

Employers interviewed for this study perceived that most of their NTH workforce relies on relatives, friends, and fellow coworkers. They suggested that expense is one factor and suspected that shortages are another. They also indicated that though routine child care arrangements do fall through, often work disruptions occur because of sick children or school closures. Some speculated that this is a sign that the workforce is self-selecting—that is, if parents cannot arrange stable enough child care to obtain work with shifting and nontraditional schedules, then they do not seek or select those jobs. Such employment limitations point to the importance of expanding child care options that will allow parents a full range of job selections in supporting their families and support employers in accessing more employees.

“A lot of people have to scramble to find child care with a family member. And if the family member falls through, and that’s a recurrent problem, they can end up losing their jobs. It’s hard for single parents, young parents, or when both parents work odd hours.”

—Local supervisor

The data presented above (table 12) suggest that about 58 percent of the NTH workforce with child care needs is commuting into the District from Maryland, Virginia, Delaware, and West Virginia. Employer reports suggest, however, that most of these employees are not bringing their children with them when they commute and therefore most child care slots in the District during NTH hours would be available for employees residing in the District. Many stakeholders suspected that there is demand for more licensed NTH care options among District residents, but parents are constrained by affordability, accessibility, and other preferences described below.

“Having more flexible [child care] hours would get us a larger pool of job candidates. I think our candidate pool is self-selecting because of the hours people have to work. A lot of people just cross off [this industry] because they know they can’t work those hours since they have no child care.”

—Local assistant manager

Demand for Traditional-Hour and Nontraditional-Hour Care Often Overlap

Employers requiring nontraditional hours do not all maintain the same schedules. For example, hotels commonly have three main shifts: day (roughly 6 a.m.-3 p.m.), swing (roughly 3-11 p.m.), and overnight (roughly 11 p.m. until day shift). In contrast, hospital staff often work 12-hour shifts from 7 to 7.

Multiple stakeholders from the hospitality and health care industries noted that evening shifts can be especially challenging because children are out of school, but family members and friends who work traditional shifts are not available to provide child care. Additionally, many parents working NTH often do not have stable shifts. Key stakeholders indicated that hotel work, for example, often requires that employees be available to cover any shift and that the assigned shift may change from week to week. Other employers, such as restaurants, are more likely to hire employees for specific shifts.

“It seems like the conversation often goes from standard hours to 24 hours. And I think there is a middle ground for an extended day.”

—Local stakeholder

Some parents need just a few extra hours outside traditional-hour care; others need more extended, overnight, or weekend care. Many employees with NTH child care needs have schedules that partially overlap with traditional hour care needs. For example, people working the second shift in 24-hour operations typically begin their shifts around 3 p.m. This means there is a peak time between about 2 p.m. and 6 p.m. when children whose parents work either traditional hours or NTH both need care. This suggests that providers serving parents primarily in need of care during traditional hours may not be able to easily accommodate second-shift workers, although they may be able to add overnight care. Child care staff working this shift may also have a more difficult time finding family members to care for their own children because of the same problem—a family member may not be able to take over care for the child until their own workday ends.

Preferences for Care Location and Facility Type Are Highly Varied

Providers and other key stakeholders indicated that parents' preferences vary based on whether they have someone else they can rely on for pick up needs, the length of their commute and how that commute intersects with required pick up times, the perceived safety of their commute and where their children would be staying, and where their other children are. In other words, parents would prefer to have their children near each other and near someone the family trusts.

Preferences for care near home or work may also be related to a parent's shift requirements. For example, one stakeholder noted that if a working parent's shift replacement runs late, that parent may be required to stay late until the replacement arrives. Depending on whether the parent has someone trusted near home to pick up their children, they may need child care to be closer to work to avoid incurring additional late fees.

Safety concerns shape parents' preferences for care location and type, as well. Multiple stakeholders indicated that evening/nighttime safety was a concern in some District neighborhoods, which may compel parents to prefer care in facilities closer to where they work. One key stakeholder indicated that District parents' interests in having children near to them in case of crisis increased after the 9/11 attacks. Some stakeholders suggested that parents would prefer center-based care that could provide security guards to ensure the safety of children; others suggested they would prefer home-based providers because they would want their children in a home-like setting at night with care providers they knew and trusted on a more personal level. Among families with children of multiple ages, key stakeholders suggested that parents may want all of their children nearby, suggesting that child care options near schools may be just as important as those near home or work.

Transportation and Cost Are Key Considerations Driving Demand

Stakeholders indicated that most of the lower-income parents in need of NTH care are using public transportation to travel to and from work (metro buses and trains). Although they may also use ride services such as Uber and Lyft when public transportation is not available, many parents cannot regularly afford these services. This suggests that they need care as close to transportation options as possible to minimize walking with their children—especially at times when they need to wake up children to transport them home in the middle of the night or early in the morning. For parents with multiple young children, this is a challenge. Additionally, city experts noted that use of public transportation to get from Wards 7 and 8 to other parts the city can be time-consuming and often requires buses and transfers. This makes it difficult for NTH employees in these areas to commute with young children and to pick up children at narrowly set times.

“Traditional infrastructures haven’t adapted...What are the barriers for parents? Child care cost, hours, and physical location are probably the top three.”

—Hospitality stakeholder

Additionally, employers and District workforce experts interviewed for this study indicated that parents working NTH shifts may be earning low wages. This means that affording licensed child care is difficult if not impossible without a subsidy. One challenge for nontraditional employees is that although their income may qualify them for a subsidy, the total hours and shifts they work fluctuate week to week. For example, hotel managers indicated that employees must be available for any shift and the schedule could change weekly. Approved hours for nontraditional care services are redetermined monthly and may not keep up with interim schedule changes. Other shift workers, such as nurses and hospital technicians, may not qualify for a subsidy but struggle nevertheless to find affordable NTH care that can accommodate their variable shifts.

Supply of Child Development Facilities with Nontraditional Hours

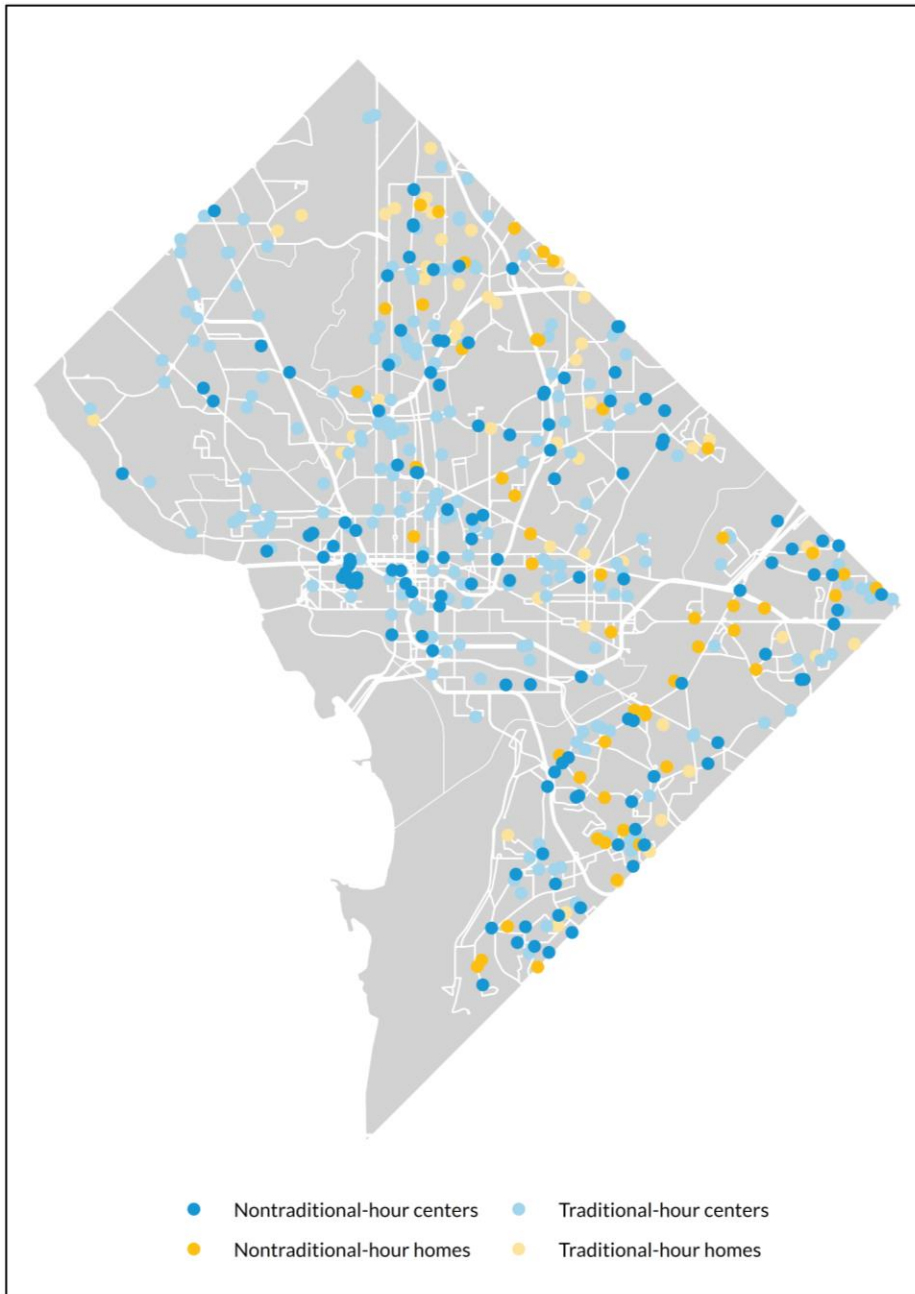
This section describes the number and characteristics of child development facilities with nontraditional hours in order to establish whether the current supply is sufficient to meet the needs of District families. NTH care supply is captured in two data sources: OSSE’s child care licensing records and our survey of facilities with nontraditional hours. We describe the general supply of child care facilities in the District and the characteristics of facilities that are licensed for nontraditional hours, such as their opening and closing hours, participation in the subsidy program, ages served, licensed capacity, and available space to serve additional children.

Figure 4 shows the supply of all full-time licensed child development facilities in the District as of March 20, 2018, along with major public transportation routes. Among all 177 NTH care facilities, 125 are centers (shown in dark blue) and 52 are homes or expanded homes (shown in dark yellow). Facilities are clustered in select wards and along public transportation routes. A list of all 177 NTH care facilities, along with their contact information and operating schedules, is included in appendix D.

FIGURE 4

Supply of Full-Time Child Development Facilities in the District, by Care Hours and Facility Type

Facilities listed in My Child Care DC as of March 20, 2018



Source: OSSE Export of My Child Care DC data and Child Development Facilities Listing files.

What Are the Characteristics of Nontraditional-Hour Facilities?

Table 15 displays the full supply of licensed child development facilities in the District of Columbia as of March 20, 2018. The first two columns capture facilities with traditional hours, classified according to the definition on the Child Care Study Act of 2017 and operating between 7 a.m. and 6 p.m., Monday through Friday. The third and fourth columns describe facilities licensed for NTH care as defined by the Child Care Study Act. The fifth and sixth columns describe NTH focal facilities, which operate more than 12 hours each day, including on a 24-hour basis, or on weekends.

As of March 20, 2018, most of the District's 444 licensed child development facilities operate during traditional hours: 177 facilities (40 percent) offer any NTH care under the definition set forth by the Child Care Study Act; 70 focal facilities (16 percent) are most likely to meet the needs of families. Several providers operate more than one facility, and a small number (14 providers) operate both traditional-hour facilities and NTH facilities. Most licensed facilities are child development centers, but NTH facilities are more likely than traditional-hour facilities to be homes and expanded homes (for example, 15 percent of traditional-hour facilities are homes, compared with 22 percent of all NTH facilities and 34 percent of focal facilities).

NTH facilities are more clustered than facilities operating during traditional hours. Specifically, higher percentages of NTH facilities are situated in Wards 5, 7, and 8 and lower percentages are situated in other wards. Although nearly one-third (31 percent) of the NTH focal facilities are in Ward 8, this share represents just 22 facilities. Later in the report, we compare child care supply and demand by ward to assess whether additional facilities are required to meet the needs of families working nontraditional hours.

TABLE 15

Characteristics of Full-Time Child Development Facilities in the District

Facilities listed in My Child Care DC as of March 20, 2018

	Traditional-Hour Facilities Operating within 7 a.m. to 6 p.m., Monday through Friday		Nontraditional-Hour Facilities Operating outside 7 a.m. to 6 p.m., Monday through Friday, or on a 24-hour basis, or on weekends		Nontraditional-Hour Focal Facilities Operating more than 12 hours on weekdays, including on a 24-hour basis, or on weekends	
	Number	Percentage	Number	Percentage	Number	Percentage
Facilities	267	60%	177	40%	70	16%
Providers (Facility operators)	207	62%	139	42%	63	19%
Child development centers	210	79%	125	71%	37	53%
Child development homes	40	15%	39	22%	24	34%
Expanded child development homes	17	6%	13	7%	9	13%
<i>Distribution by Ward</i>						
Ward 1	23	9%	7	4%	2	3%
Ward 2	32	12%	24	14%	2	3%
Ward 3	26	10%	6	3%	0	0%
Ward 4	58	22%	24	14%	14	20%
Ward 5	37	14%	25	14%	11	16%
Ward 6	36	13%	17	10%	6	9%
Ward 7	28	10%	31	18%	13	19%
Ward 8	27	10%	43	24%	22	31%
<i>Selected characteristics</i>						
Subsidy facility	130	49%	114	64%	54	77%
Infant facility	195	73%	131	74%	58	83%
Toddler facility	188	70%	130	73%	56	80%
Preschool-age facility	194	73%	141	80%	47	67%
School-age facility	41	15%	53	30%	15	21%
QIN participant	12	4%	19	11%	12	17%
Pre-K Enhancement and Expansion participant	15	6%	11	6%	6	9%
Head Start provider	19	7%	3	2%	1	1%
Early Head Start provider	5	2%	1	1%	1	1%

	Traditional-Hour Facilities <i>Operating within 7 a.m. to 6 p.m., Monday through Friday</i>		Nontraditional-Hour Facilities <i>Operating outside 7 a.m. to 6 p.m., Monday through Friday, or on a 24-hour basis, or on weekends</i>		Nontraditional-Hour Focal Facilities <i>Operating more than 12 hours on weekdays, including on a 24-hour basis, or on weekends</i>	
	Number	Percentage	Number	Percentage	Number	Percentage
Child and Adult Care Food Program participant	63	24%	50	28%	20	29%
Montessori facility	12	4%	3	2%	2	3%
Capital Quality participant	83	31%	79	45%	42	60%
Going for the Gold participant	131	49%	116	66%	55	79%
Gold rating	75	57%	55	47%	26	47%
Silver rating	9	7%	3	3%	1	2%
Bronze rating	47	36%	58	50%	28	51%
Accredited facility	76	28%	64	36%	24	34%
Primary language spoken in facility						
English	225	84%	166	94%	65	93%
Spanish	20	7%	3	2%	1	1%
Other languages spoken in facility						
Amharic	4	1%	6	3%	3	4%
English	10	4%	1	1%	1	1%
Spanish	48	18%	9	5%	2	3%
French	3	1%	1	1%	0	0%
Chinese	1	0%	1	1%	0	0%

Source: OSSE export of My Child Care DC data and child development facilities listing files.

The bottom panel of table 15 shows selected characteristics of traditional-hour and NTH facilities. NTH facilities are much more likely than other facilities to participate in the subsidy program (64 percent versus 49 percent under the Child Care Study Act definition, compared with 77 percent of NTH focal facilities). These facilities are somewhat more likely to serve infants and toddlers (differing by up to 10 percentage points). Most Head Start and Early Head Start providers have traditional hours; only 3 of the 22 facilities offering Head Start and 1 of 6 facilities offering Early Head Start have nontraditional hours.

NTH facilities are more likely than traditional-hour facilities to participate in quality enhancement initiatives available in the District of Columbia (table 15). For example, higher percentages of NTH facilities participate in the Quality Improvement Network (QIN)—a citywide effort involving 17 child development centers and 14 child development homes that aims to build capacity, increase access, and enhance quality for infant and toddler care.⁶ The QIN is funded through an Early Head Start-Child Care Partnership grant, local funds, and public-private partnerships, and uses Early Head Start standards. A larger share of NTH facilities than traditional-hour facilities participate in Going for the Gold—the District’s former Quality Rating and Improvement System (QRIS)—and Capital Quality—the new QRIS currently rolling out district-wide. However, all providers participating in the District’s subsidized child care program have a Going for the Gold rating, and traditional-hour facilities tend to have a higher designation of Silver or Gold whereas half of NTH facilities are Bronze. NTH facilities are slightly more likely to attain accreditation, though accreditation is rare overall. Facilities do not differ substantially in their rates of Pre-K Enhancement and Expansion or Child and Adult Care Food Program participation.

Very few facilities in the District offer care in languages other than English. NTH facilities are less likely than others to offer care with a primary language in Spanish (2 percent versus 7 percent under the Child Care Study Act definition, compared with 1 percent of NTH focal facilities). NTH facilities are also less likely than others to have multiple languages spoken by staff: among focal facilities, three have staff speaking Spanish, three have staff speaking Amharic, and all others have monolingual English-speaking staff.

NTH facilities differ from traditional-hour facilities on a number of dimensions. Licensing data demonstrate that they are more likely to be

- child development homes and expanded homes;
- concentrated in select communities (Wards 4, 5, 7, and 8);
- participants in the subsidized child care program;

- infant and toddler caregivers;
- quality improvement initiative participants, though lower rated on Going for the Gold; and
- staffed by monolingual English speakers.

Traditional-hour and NTH facilities differ in important ways, but the most critical difference between them is their number: 177 facilities (40 percent) offer any care outside of 7 a.m. to 6 p.m., Monday through Friday, and just 70 facilities (16 percent) operate more than 12 hours each day or over the weekend. Next, we go beyond these counts to describe the types of facilities able to serve families needing child care during nontraditional hours.

What Schedules Do Nontraditional-Hour Facilities Have?

Child development facilities with nontraditional hours are diverse, with some operating extended days with early morning and evening hours, fewer operating overnight, and even fewer on weekends. This diverse mix of schedules suggests a variety of options for families, but some types of facilities are more common than others.

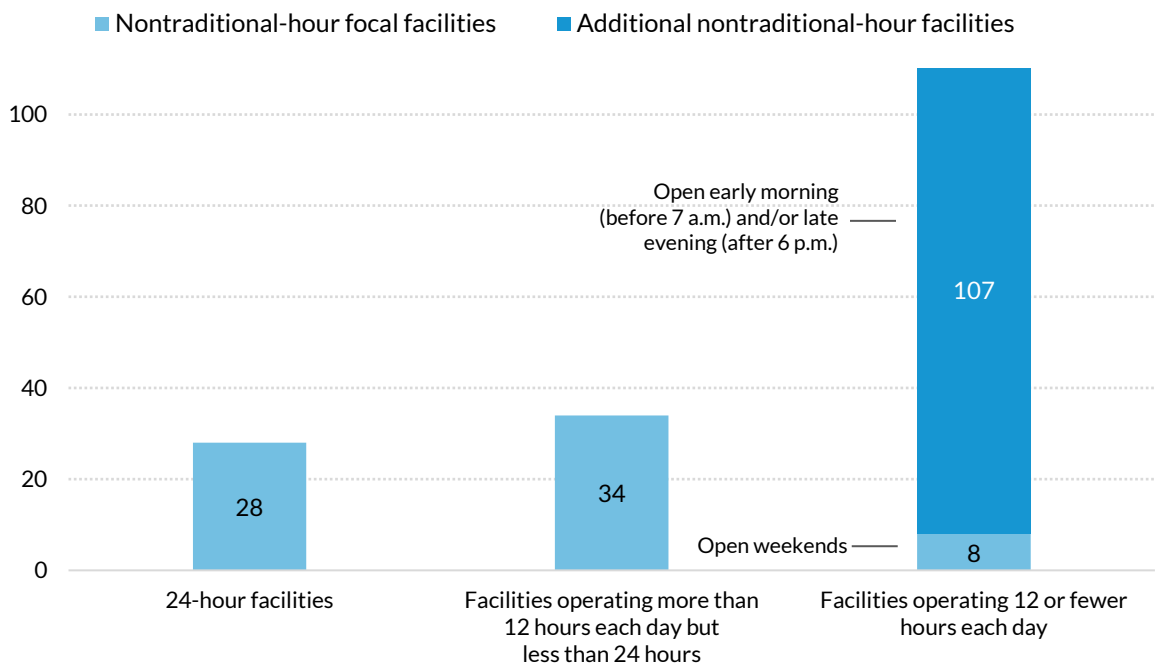
Figure 5 further breaks down the number of full-time facilities licensed for NTH care, according to the My Child Care DC database as of March 20, 2018. Of the 177 facilities that meet the Child Care Study Act definition, 28 facilities operate 24 hours a day, 34 facilities are open more than 12 hours each day but less than 24 hours, 8 operate less than 12 hours each day but are open on weekends, and 107 are operate less than 12 hours each day but open before 7 a.m. and/or close after 6 p.m.

Figure 6 provides additional detail on NTH facility types, separating counts for centers and homes by total operating hours and by operating schedules. Facilities licensed for 24-hour or overnight care are uncommon: 8 child development centers and 20 child development homes or expanded homes offer this type of care. Somewhat more facilities operate more than 12 hours each day: 25 centers and 9 homes maintain extended hours. Many more NTH facilities (92 centers and 23 homes) operate 12 or fewer hours each day.

Distinguishing child development facilities by their operating schedules, 71 centers and 41 homes start before 7 a.m. on weekdays. More centers (88) end after 6 p.m., but fewer homes (34) end in the late evening. It is important to note that these facilities may operate just before or after traditional operating hours. Facilities offering any weekend care are rare. Just 7 centers and 7 homes operate on Saturdays; of these, 6 centers and 4 homes are also open on Sundays. The diversity of operating hours

among NTH facilities suggests the importance of considering facility types to better align supply and demand.

FIGURE 5
Number of Full-Time Child Development Facilities Licensed for NTH Care, by Daily Operating Hours
Facilities listed in My Child Care DC as of March 20, 2018

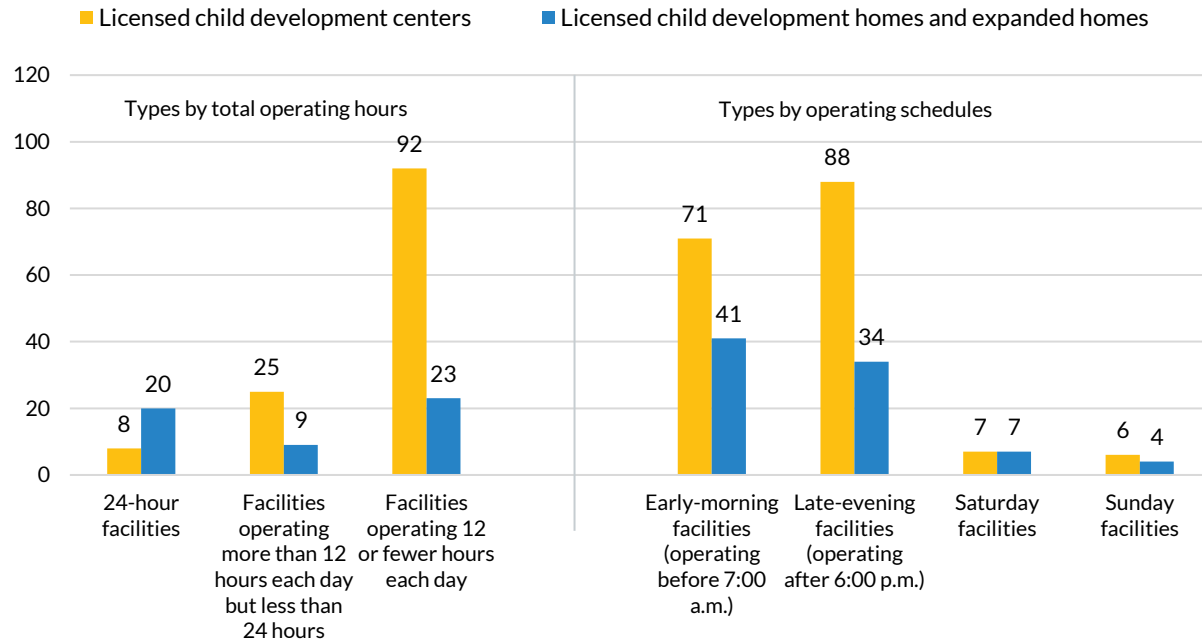


Source: OSSE export of My Child Care DC data file.

Notes: Types are mutually exclusive. Weekend facilities are included in all facility types.

FIGURE 6

Comparison of Full-Time Child Development Facilities with Nontraditional Hours by Care Type
Facilities listed in My Child Care DC as of March 20, 2018



Source: OSSE export of My Child Care DC data file.

Notes: Facilities operating 12 or fewer hours each day include those operating early (before 7 a.m.), late (after 6 p.m.), and on weekends. Types by total operating hours are mutually exclusive (i.e., individual facilities may not be counted in more than one type). Types by operating schedules are not mutually exclusive.

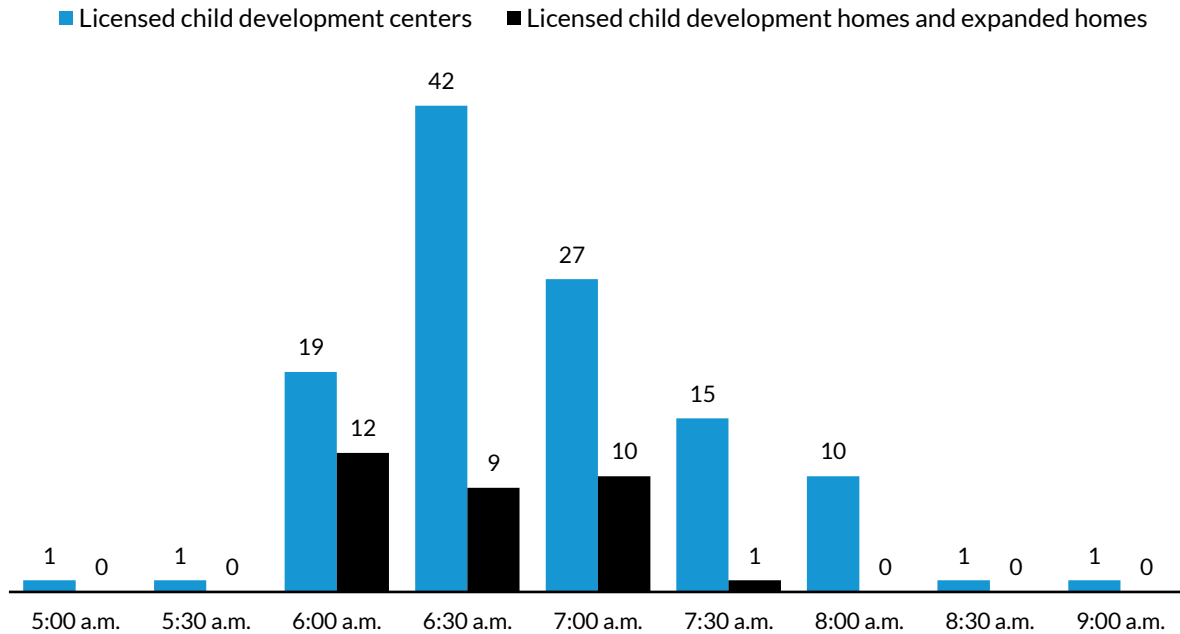
In Figures 7 and 8, we display the start and end times of NTH facilities, omitting 24-hour facilities. Because facilities can qualify as NTH based on their start time, end time, or weekend hours, we include facilities operating 7 a.m. to 6 p.m. but open on weekends, for example, along with facilities opening and closing early or opening and closing late.

Most NTH facilities open just before 7 a.m., with 42 centers and 9 homes opening at 6:30 a.m. and 19 centers and 12 homes opening at 6 a.m. (figure 7). A small number of centers (2) open between 5 and 6 a.m. Other than those centers, the only facilities open before 6 a.m. operate overnight.

FIGURE 7

Start Times of NTH Facilities in the District

Number of full-time facilities listed in My Child Care DC as of March 20, 2018



Source: OSSE export of My Child Care DC data file.

Notes: Figure follows Child Care Study Act definition of nontraditional hours, excluding 24-hour facilities. Times are rounded to the nearest half hour.

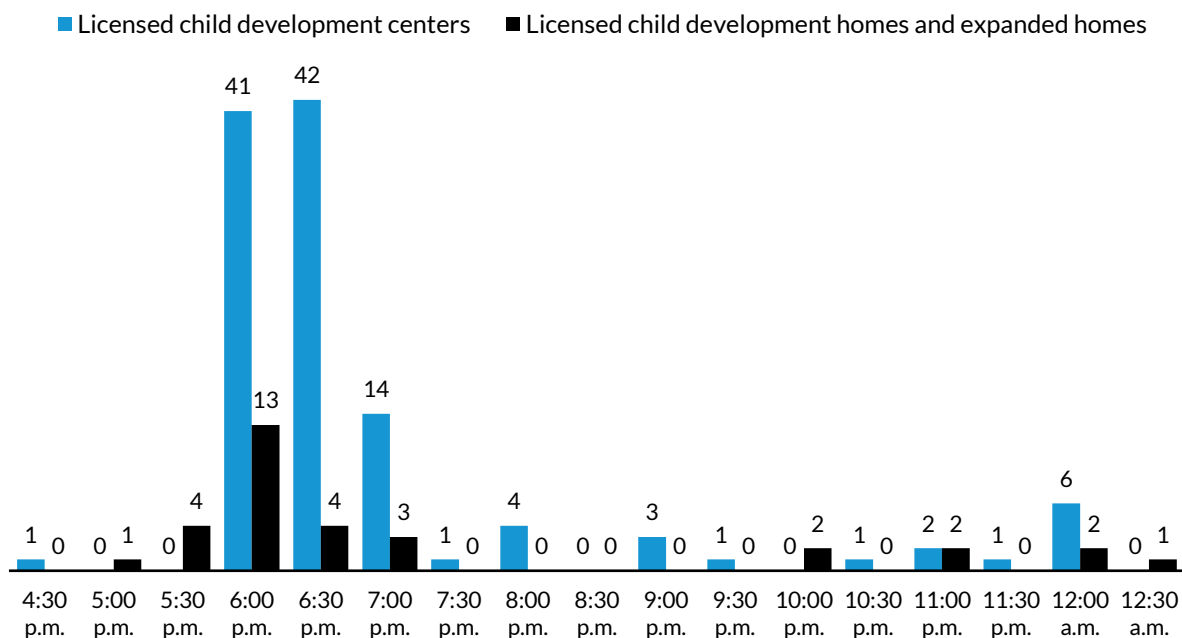
NTH facilities have a wide range of closing times but are most likely to close between 6 and 7 p.m. (figure 8). Just 19 centers and 7 homes are open past 7 p.m. While 24-hour facilities offer additional late evening capacity, this supply is limited in its ability to meet the needs of families in which parents work or attend school in the late evening hours.

In all, NTH facilities are a diverse group. They include some options for families needing child care just outside of the traditional 7 a.m. to 6 p.m. weekday range but remain very limited in offering early morning, late evening, overnight, and weekend care.

FIGURE 8

Closing Times of NTH Facilities in the District

Number of full-time facilities listed in My Child Care DC as of March 20, 2018



Source: OSSE export of My Child Care DC data file.

Notes: Figure follows Child Care Study Act definition of nontraditional hours, excluding 24-hour facilities. Times are rounded to the nearest half hour.

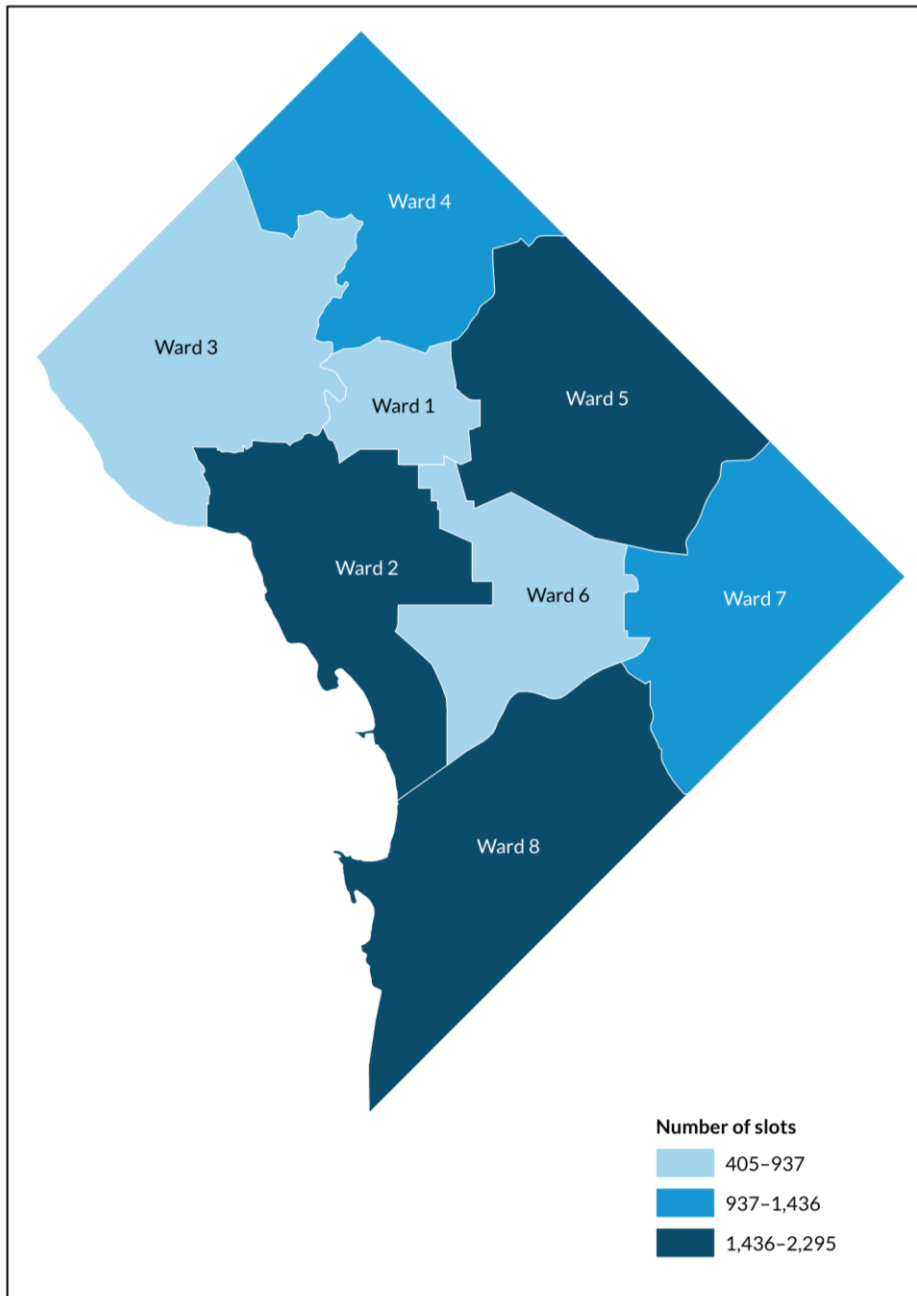
How Does Nontraditional-Hour Facility Capacity Vary Across Wards and Age Groups?

Because facilities vary in size and age groups served, we present the number of slots under each NTH facility type in table 16. Total capacity reflects the distribution in figure 9. Overnight and weekend slots are uncommon: just 2 percent of District slots (446) are located in 24-hour facilities, and 2 percent of slots (533) are located in weekend facilities (with fewer available on Sundays). About one-quarter of all slots are available during in the early morning (before 7 a.m., 6,309 slots) and late evening (after 6 p.m., 6,898), though figures 7 and 8 suggest nontraditional operating hours are likely to be within one hour before or after traditional operating hours. Just 7 percent of slots (1,684) are available in facilities open more than 12 hours each day.

FIGURE 9

Supply of Slots in NTH Facilities in the District

Full-time facilities listed in My Child Care DC as of March 20, 2018



Source: OSSE export of My Child Care DC data and child development facilities listing files.

Slots in NTH facilities are not evenly spread across the District (figure 9 and tables 17 and 18). Slots available 24 hours are most likely to be in Ward 5 (195 slots), along with Ward 7 (97 slots) and Ward 8 (116 slots). Weekend slots are most likely to be in Ward 4 (177 slots) and Ward 5 (145 slots). Early morning slots tend to be in Ward 8 (2,100 slots), while late evening slots tend to be in Ward 2 (1,788). Extended-day facilities, operating more than 12 hours each day, tend to be in Ward 5 (672 slots), followed by Ward 4 (376 slots). Wards 6, 7, and 8 have similar numbers of slots in extended-day facilities (about 200 each).

Finally, we present capacity by age group across the NTH facility types. Facilities open 24 hours are more likely than others to care for infants and toddlers: more than one-quarter and one-third of slots in these facilities serve the youngest children (117 and 167 slots, respectively). By contrast, the largest shares of slots in weekend, early morning, late evening, and extended-hours facilities are licensed for preschoolers (46 percent of weekend, late evening, and extended-hours slots, and 39 percent of early morning slots). Small shares of NTH facilities serve school-age children overall, though nearly one-third (29 percent) of early morning facilities do so, reflecting providers' recognition of the need for child care before the start for formal school hours.

Overall, 44 percent of slots are available during any NTH hours, while less than 10 percent of slots are in facilities operating more than 12 hours each day or on weekends (10,778 and 2,415 slots respectively). Later in the report, we align these figures with estimates of demand to assess whether the current supply is sufficient to meet the needs of families with parents working or in school during nontraditional hours. Next, however, we present the results of our NTH provider survey to offer a more complete picture of NTH capacity in the District.

TABLE 16

Characteristics of Slots in NTH Facilities in the District*Full-time facilities listed in My Child Care DC as of March 20, 2018*

	24-Hour Facilities		Weekend Facilities		Early Morning Facilities (Open before 7 a.m.)		Late Evening Facilities (Open after 6 p.m.)		Facilities Open More than 12 Hours each Day	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Full-time slots	446	2%	533	2%	6,309	26%	6,898	28%	1,684	7%
<i>Distribution by Ward</i>										
Ward 1	0	0%	6	1%	399	6%	71	1%	21	1%
Ward 2	0	0%	32	6%	210	3%	1,788	26%	18	1%
Ward 3	0	0%	0	0%	82	1%	779	11%	0	0%
Ward 4	20	4%	177	33%	949	15%	837	12%	376	22%
Ward 5	195	44%	145	27%	1,308	21%	1,368	20%	672	40%
Ward 6	18	4%	71	13%	254	4%	837	12%	197	12%
Ward 7	97	22%	22	4%	1,007	16%	513	7%	199	12%
Ward 8	116	26%	80	15%	2,100	33%	705	10%	201	12%
<i>Selected characteristics</i>										
Infant slots (12 months and under)	117	26%	119	22%	726	12%	1,060	15%	319	19%
Toddler slots (12-36 months)	167	37%	153	29%	1,256	20%	1,526	22%	403	24%
Preschool-age slots (36-60 months)	140	31%	243	46%	2,488	39%	3,147	46%	783	46%
School-age slots (5-18 years)	22	5%	18	3%	1,839	29%	1,165	17%	179	11%

Source: OSSE export of My Child Care DC data and child development facilities listing files.**Notes:** Full-time slots are slots located in licensed facilities open at least 6 hours per day. 24-hour and more than 12-hour facilities are mutually exclusive. Other types include duplicated counts of facilities.

TABLE 17

Characteristics of NTH Facilities and Slots by District Ward*Full-time facilities listed in My Child Care DC as of March 20, 2018*

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Total number of facilities	7	24	6	24	25	17	31	43	177
Total number of providers (facility operators)	6	12	6	23	21	15	29	39	139
24-hour facilities	0	0	0	3	4	2	8	11	28
Facilities operating more than 12 hours each day, excluding 24-hour facilities	1	1	0	7	7	4	5	9	34
Weekend facilities	1	1	0	4	1	2	1	4	14
Early morning facilities (operating before 7 a.m.)	6	3	1	15	17	6	27	37	112
Late evening facilities (operating after 6 p.m.)	2	22	6	16	18	16	17	25	122
Subsidy facility	4	1	0	16	19	4	29	41	114
Infant facility	4	23	3	20	16	11	24	30	131
Toddler facility	5	21	3	16	16	12	25	32	130
Preschool-age facility	4	23	6	22	19	14	23	30	141
School-age facility	2	4	0	5	12	3	9	18	53
Quality Improvement Network participant	3	1	0	4	1	1	3	6	19
Capital Quality participant	4	1	0	13	9	3	20	29	79
Primary language spoken in facility									0
English	5	24	6	19	24	16	30	42	166
Spanish	1	0	0	2	0	0	0	0	3
Capacity by age									
Infant slots (12 months and under)	49	369	58	188	214	161	149	181	1,369
Toddler slots (12-36 months)	97	487	122	245	315	141	278	509	2,194
Preschool-age slots (36-60 months)	155	931	599	610	612	403	510	836	4,656
School-age slots (5-18 years)	104	40	0	393	716	232	305	769	2,559

Source: OSSE export of My Child Care DC data and child development facilities listing files.**Notes:** 24-hour and more than 12-hour facilities are mutually exclusive. Other types (e.g., early morning facilities) include duplicated counts of facilities. Capacity by age reflects the total licensed capacity across full-time facilities open at least 6 hours per day.

TABLE 18

Characteristics of Focal NTH Facilities and Slots by District Ward*Full-time licensed facilities listed in My Child Care DC as of March 20, 2018*

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Total number of facilities	2	2	0	14	11	6	13	22	70
Total number of providers (facility operators)	2	2	0	13	10	6	12	19	63
24-hour facilities	0	0	0	3	4	2	8	11	28
Facilities operating more than 12 hours each day, excluding 24-hour facilities	1	1	0	7	7	4	5	9	34
Weekend facilities	1	1	0	4	1	2	1	4	14
Early morning facilities (operating before 7 a.m.)	1	0	0	9	8	3	12	18	51
Late evening facilities (operating after 6 p.m.)	1	1	0	9	11	6	13	21	62
Subsidy facility	1	0	0	10	8	2	11	22	54
Infant facility	1	2	0	12	8	5	12	18	58
Toddler facility	1	2	0	9	7	6	12	19	56
Preschool-age facility	1	2	0	13	8	4	8	11	47
School-age facility	1	2	0	13	8	4	8	11	47
Quality Improvement Network participant	1	0	0	4	1	1	2	3	12
Capital Quality participant	2	0	0	9	6	3	8	14	42
Primary language spoken in facility									
English	2	2	0	12	10	6	12	21	65
Spanish	0	0	0	1	0	0	0	0	1
Capacity by age									
Infant slots (12 months and under)	2	6	0	115	165	38	89	80	495
Toddler slots (12-36 months)	10	8	0	92	216	62	83	151	622
Preschool-age slots (36-60 months)	11	21	0	304	381	115	116	135	1,083
School-age slots (5-18 years)	4	15	0	62	105	0	8	21	215

Source: OSSE export of My Child Care DC data and child development facilities listing files.**Notes:** 24-hour and more than 12-hour facilities are mutually exclusive. Other types (e.g., early morning facilities) include duplicated counts of facilities. Capacity by age reflects the total licensed capacity across full-time facilities open at least 6 hours per day.

Are Providers with Nontraditional Hours Caring for Children during All Licensed Hours?

To gather more detailed information on the supply of NTH care in the District, we conducted a survey of providers operating the 70 focal facilities offering NTH care. These facilities are open more than 12 hours each day or on weekends, according to OSSE licensing records. They are operated by 63 unique providers. Table 19 shows the outcome of data collection and response rate.

TABLE 19
Responses to Survey of Providers Licensed for Nontraditional Hours
Number and share of providers

	Number
NTH care facilities	70
NTH care providers	63
Completed survey	38
Ineligible: not NTH	5
Ineligible: closed or no longer employed	2
Refused	9
Not reached	9
Response rate (eligible)	68%

Source: Urban Institute survey of providers licensed for weekend care, 24-hour care, or weekday care exceeding 12 hours.

Note: NTH = nontraditional-hour. Ineligible respondents reported that they are not NTH care facilities or were no longer employed or in operation. Response rate is calculated based on eligible providers (N=63).

More than two-thirds of eligible providers (68 percent) completed the survey. Half of respondents were from centers and half were from homes and expanded homes, mirroring the distribution in table 15. Wards 2, 6, and 7 had response rates above 80 percent, while the response rate among providers in Ward 8 was below 50 percent. Because of the short time frame for data collection and uneven responses across wards, we analyze survey findings qualitatively, extracting key themes and comparing them to findings from OSSE's licensing records.

A central goal of the survey was to assess whether providers licensed for NTH care actually offer care services during the full range of their licensed hours.

- Most providers reached by our study team confirmed that they care for children outside of 7 a.m. to 6 p.m. or on weekends, meeting the definition of NTH.
- Five providers stated that they only offer traditional-hour care; there may be other providers who only offer traditional-hour care not reached by the study team.
- Two providers were no longer operating at the time of the survey.

- Start and end times reported by providers generally matched the licensing data.
- Of the providers we reached who were listed as offering overnight, Saturday, or Sunday care, about half reported that they did and half reported that they did not actually provide care then.

In addition to verifying licensing data, the survey also sought to gather new information on parents' demand for NTH care and providers' operations. Findings suggest the following:

- Providers generally believe their hours meet families' needs.
 - » Most reported that families did not need care earlier than what they provide or need weekend care if they did not provide it. However, half of providers surveyed reported that families need care later than what they can provide.
 - » Operating schedules make NTH providers attractive to families: most have waiting lists, which range from 1 to more than 100 applications.
- Providers reported flexibility in offering NTH care.
 - » About one-quarter said they could provide care during NTH with same-day notice, and one-quarter said they needed more than one week's notice. The remainder needed between one day and one week's notice to be able to serve children during NTH.
- Most providers serve the age groups listed in the licensing data.
- Nearly all NTH providers reported accepting subsidy.
 - » Most providers reported differentiated rates for NTH and traditional-hour child care, following differentiation in OSSE subsidy payments.
- Most providers reported serving only District residents, but about one-third reported serving at least a few residents of Maryland or Virginia.

Together, survey findings suggest that licensing data generally reflect the supply of NTH care, with some exceptions. Several listed providers were no longer in business. Several others reported not providing NTH care at all or not providing overnight or weekend care as permitted by licensing. A few providers offered anecdotal explanations: they prefer to care for children during a more limited number of hours, but they are licensed for a longer day, overnight care, or weekends just in case. Although the survey identified these discrepancies, the actual difference in number of facilities and slots available for NTH care is likely small compared to estimated demand. Additional outreach to local providers to gather desired capacity and scheduling information would help shed light on the true supply of NTH care in the District and refine estimates of unmet need.

Stakeholders' Observations of the Supply of Nontraditional-Hour Child Care

To supplement the quantitative data from OSSE licensing records and the provider survey, our interviews with key stakeholders provided additional information about the supply of NTH care. Stakeholders offered expertise in child care and early education, child care licensing, subsidies, resource and referral, quality improvement, and city planning. They also represented industries and occupations with high prevalence of nontraditional-hour work, including hospitality, food service, janitorial/custodial services, security, retail, and nursing. In this section, we summarize themes related to shortages and challenges associated with supply.

Limited Enrollment, Staffing, Costs, and Information Challenges Help Explain Supply Shortages

Every one of the stakeholders asked whether there is a shortage of facilities in the District providing care during nontraditional hours responded in the affirmative. Stakeholders raised several issues to explain the existing supply of facilities licensed for NTH care. First, they suggested that limited or inconsistent enrollment could make NTH care financially untenable for providers. Second, they identified staffing challenges. They reported that the new education qualifications, along with ratio requirements and personal schedules, make it difficult to attract potential employees. Some stakeholders also mentioned concerns about burnout among staff working both traditional and nontraditional hours. Third, the cost of NTH care surfaced as an explanation for the limited supply. Included in cost is the issue of compensation sufficient to attract and retain staff, along with the cost of child development facilities rising along with rents and building prices across the District.

“The challenge isn’t always on the parent side. [Some] providers who are licensed to be nontraditional, with rules and regulations and locations, don’t have enough clients to off-set the amount of expenses they have. So even if they are licensed to do it, they are not providing nontraditional-hour care.”

—Local stakeholder

A few stakeholders suggested that the supply of NTH facilities had changed in recent years, with most of these stakeholders (three of four) suggesting that it had gotten worse. One stakeholder suggested that NTH care was a “homes issue,” and that rising home prices had driving child development homes and expanded homes out of the market. Most stakeholders were unsure of recent supply changes but believed the issue of insufficient supply was not new.

“We should have been thinking about this all along. We weren’t...because everyone is so focused on regular care and gaps there.”

—Local stakeholder

Defining Quality at Different Times Is a Challenge

Several stakeholders raised the question of quality in NTH care. Most stakeholders were unsure about whether quality, and staff qualifications, should differ between traditional and NTH facilities. They also suggested that expectations for quality might vary across facility types, with safe sleeping environments and caregiver warmth important for overnight care but more opportunity for developmentally appropriate engagement during weekend daytime hours. With multiple quality improvement initiatives underway in the District, the stakeholder interviews suggest more attention should be given to defining quality care during nontraditional hours and engaging NTH facilities.

Stakeholders Are Unsure About Parental Preferences If Care Supply Increases

Finally, stakeholders had mixed views on parents’ preferences for licensed and unlicensed child care during nontraditional hours. Several felt that parents would use licensed facilities if supply were increased, but others thought that informal care options might be preferable so that children could sleep in their own homes, or that unpaid family members, friends, and neighbors might be willing to offer child care on Saturdays and Sundays. One stakeholder raised a larger concern about informal care, however. She felt that relatives and others may not be as reliable as licensed child development facilities, posing a barrier to parents’ work. Others felt that facilities’ sick day policies and closings introduced barriers to work, as well.

“Give us strategies for how to market for parents who work overnight. A lot of those things are in there for parents who need traditional hours. But there is no type of system now that works for nontraditional parents. ...They do a lot for traditional hours, but I don’t think they do just as much for nontraditional-hour parents seeking care.”

—Local child care provider licensed for NTH care

Additionally, multiple key informants spoke of a missing link between demand and supply related to parents’ lack of information. Although child care referral services currently exist to create that link, key informants indicated that the service was underutilized and there was a perception that the service was only for traditional-hour care. Some key informants indicated that providers offering NTH care had to do more marketing to be sure parents were aware of the services. Several providers reported maintaining informal lists of other providers to which they could refer parents they could not accommodate. This decentralized approach creates challenges for ensuring that the District’s referral system is fully informed and utilized.

Estimating Gaps between Potential Demand and Supply

This section compares potential supply and potential demand for NTH child care to help identify areas and groups where there may be gaps in meeting need. Potential supply is defined as licensed capacity among NTH child care providers, and potential demand is defined as District children ages 12 and under for whom all parents spend one or more nontraditional hours working or commuting.

To estimate gaps between supply and demand, we compared our findings on licensed capacity (slots) and potential demand (children with parents working nontraditional hours). We examined the difference between these quantities by subtracting the number of children with parents working or commuting nontraditional hours from the number of licensed slots at nontraditional hours. We then tabulated and mapped these results overall and by ward, age group, and time period.

Analytic Assumptions

It is important to note that our analysis of gaps in supply and demand relies on some assumptions. Our demand analysis presumes that parents meeting the criteria outlined above (1) have a need for NTH care because they cannot care for their children while they work or commute, (2) do not have and would not prefer other care arrangements (such as care from a grandparent or older sibling), and (3) would use a licensed facility if one were available. As noted, our supply data are limited to licensed facilities with the idea that licensed facilities support children's health, safety, and learning. Additionally, our demand estimates are based on where people live because of the information available in the ACS. In practice, parents likely have varying preferences for care near their home, work, or other children's schools, and some parents may prefer child care arrangements in bordering jurisdictions (i.e., Maryland, Virginia) because of cost, convenience, or other factors.

By counting all these children in our demand estimates, we likely produce an upper bound, or the largest possible value, for NTH care demand among District residents. Further, although we provide estimates of potential NTH care demand from non-District residents that commute into the district for work as context, these gap estimates do not explicitly adjust for commuters who live in bordering jurisdictions but may prefer child care in the District because of their place of work or other factors.

These estimates also likely have some statistical error, and one should use caution in trying to draw direct or absolute conclusions based on these figures. Instead, users are encouraged to interpret these findings in relative terms. For example, the quantitative results may have greater utility in signaling where and for whom there is the greatest potential demand, supply, and gaps in NTH care services rather than pointing to an exact and precise estimate for any of these figures. As described in previous sections and in the technical appendix, estimates based on survey data are subject to sampling variance, measurement error, and discrepancies between ward boundaries and geographic variables available in the data. Potential supply estimates also focus on licensed providers and do not explicitly adjust for or include informal or unlicensed potential sources of care.

Results of Gap Analysis

Comparisons of child care licensing records and ACS data show that potential demand for NTH care in the District is greater than potential supply. The gap between the two figures amounts to more than 8,250 care slots when comparing total potential supply (10,778 slots) to total potential demand (19,050 children who may need NTH care). Again, these estimates assume all parents working nontraditional hours want their children in a licensed care facility when no parent is available to provide care.

However, as we will detail, these headline numbers obscure important variation by ward, age group, and NTH time period. Potential demand outstrips licensed slots at NTH providers the most in Wards 7 and 8 because of high potential demand compared to moderate to high supply. The shortage of NTH care slots is driven by school-age children, whereas licensed slots for infants and preschool-age children appear sufficient to meet potential demand. The supply of weekend care options is very limited when potential demand is highest.

Gaps in Nontraditional-Hour Care Supply by Ward

The greatest gaps between potential supply and demand for NTH child care in the District occur in Wards 7 and 8, where the number of children that may need NTH care is more than 2,000 greater per ward than the number of licensed child care slots at NTH providers (table 20 and figure 10). Despite having moderate to high potential supply in these areas, high levels of potential demand in Wards 7 and 8 also lead to the greatest shortages in the district. In Wards 1 and 4, the number of licensed child care slots at NTH providers also falls more than 1,300 per ward short of the number of children whose parents work or commute during NTH hours. The smallest gap between potential supply and demand

exists in Ward 2, where there are actually more licensed slots at NTH providers than children estimated as possibly requiring care. The number of child care slots at NTH providers in this jurisdiction is relatively high despite low potential demand. This may reflect the fact that many employees are located in or around this region who may bring their children with them during the workday for day or extended-day care.

TABLE 20

Potential Supply, Potential Demand, and Difference in NTH Care Slots, by Ward

Licensed child care slots at facilities open during nontraditional hours, children ages 12 and under whose parents work or commute nontraditional hours

Area	Potential supply	Potential demand	Difference
Ward 1	405	1,730	-1,325
Ward 2	1,827	840	987
Ward 3	779	1,710	-931
Ward 4	1,436	2,750	-1,314
Ward 5	1,857	2,720	-863
Ward 6	937	1,530	-593
Ward 7	1,242	3,300	-2,058
Ward 8	2,295	4,470	-2,175
Total	10,778	19,050	-8,272

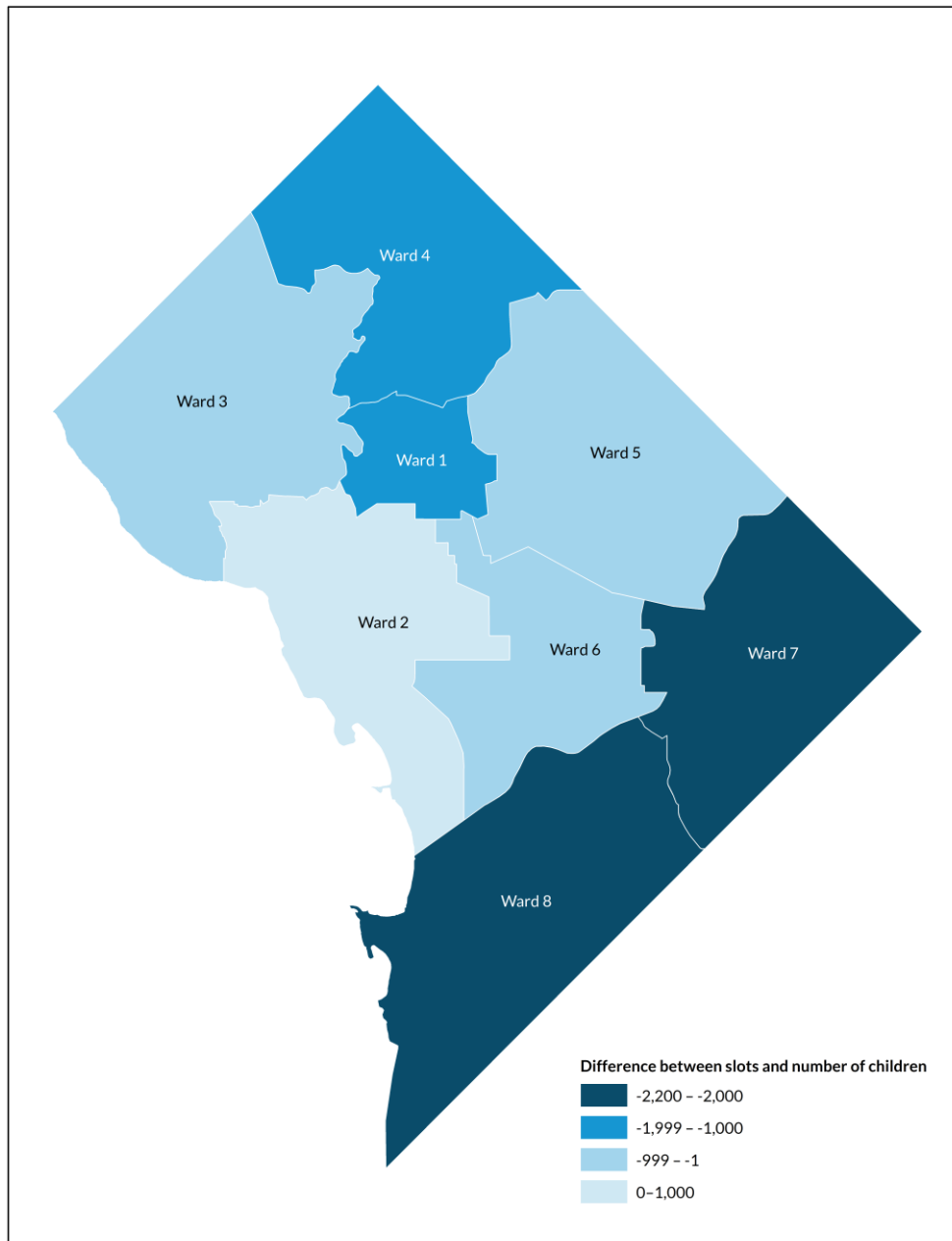
Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding. Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

FIGURE 10

Difference Between Supply of Slots and Potential Demand for NTH Care

Difference between child care slots at facilities open during nontraditional hours and children ages 12 and under whose parents work or commute nontraditional hours



Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

Gaps in Nontraditional-Hour Care Supply by Child Age

The gap between potential supply and potential demand for NTH care is largely a phenomenon of the mismatch between the number of school-age children who potentially need care and relatively few licensed slots for this age group at NTH facilities (table 21). In contrast, despite relatively high potential demand of over 3,800 children who may require NTH care in the preschool-age group, the large number of licensed slots for this group leads to a more than 800 slot surplus in potential NTH care supply. The infant age group also has slightly greater levels of potential NTH child care supply than potential demand, while a modest shortage exists for toddlers (556 slots).

TABLE 21

Potential Supply, Potential Demand, and Difference in NTH Care Slots, by Child Age

Licensed child care slots at facilities open during nontraditional hours, children ages 12 and under whose parents work or commute nontraditional hours

Age group	Potential supply	Potential demand	Difference
Infants (12 months and under)	1,369	1,080	289
Toddlers (12-36 months)	2,194	2,750	-556
Preschool-aged (36-60 months)	4,656	3,830	826
School-aged (5-12 years)	2,559	11,390	-8,831
Total	10,778	19,050	-8,272

Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

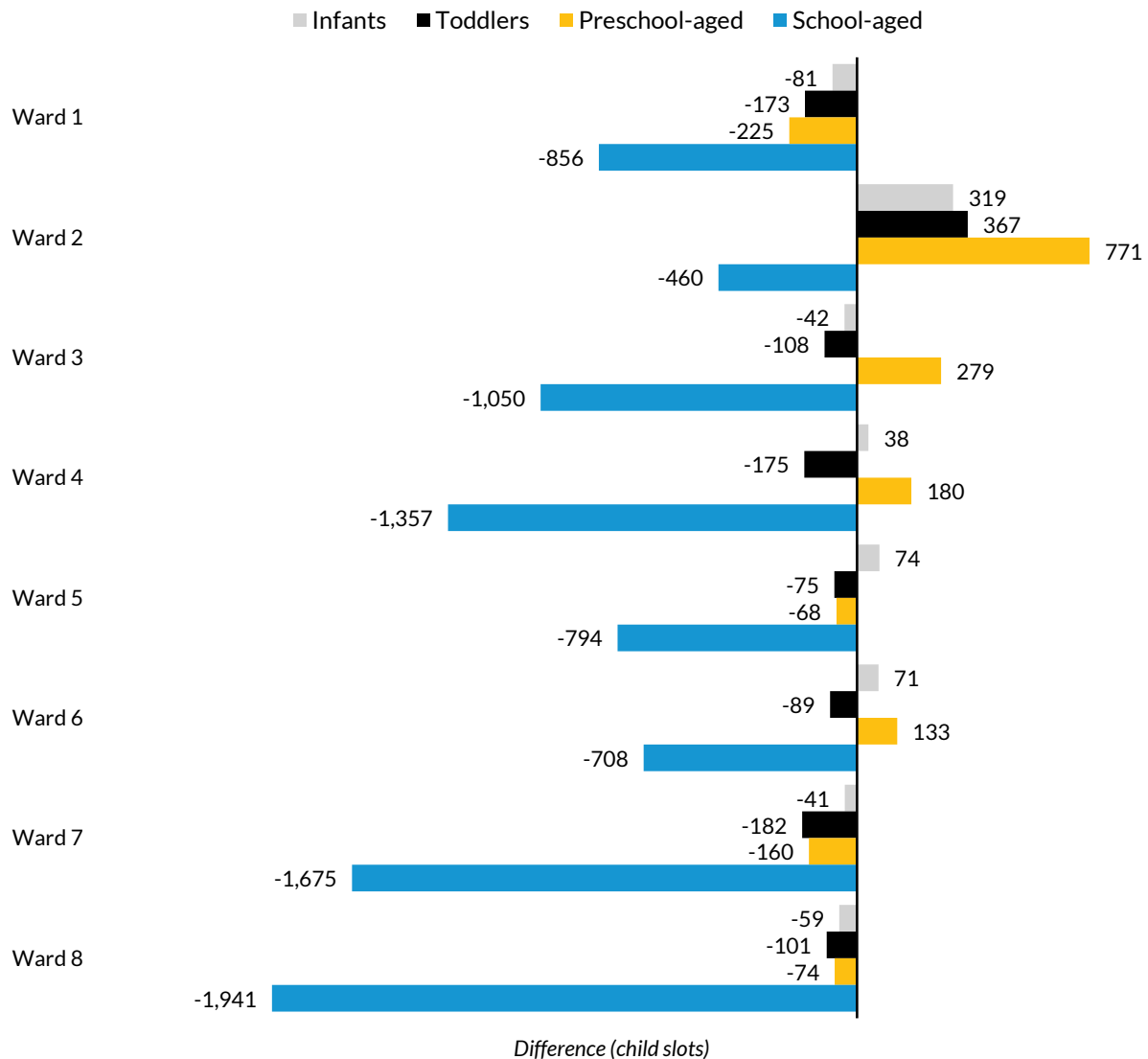
Notes: Figures may not sum up to totals because of rounding. Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

As shown in figure 11, examining both ward and age group reveals that while potential demand for NTH child care outpaces potential supply across all wards for school-age children, excess slots for infants, toddlers, and preschool-age children are concentrated in Ward 2. Wards 3, 4, and 6 also contribute moderately to the overall surplus of licensed slots for preschool-age children, with Wards 4, 5, and 6 doing the same for infant slots. Wards 1, 7, and 8 do not have surplus licensed child care slots at NTH providers for any age group.

FIGURE 11

Difference in Potential Supply and Potential Demand for NTH Care, by Ward and Child Age

Difference in licensed child care slots at facilities open during nontraditional hours and children ages 12 and under whose parents work or commute nontraditional hours



Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding. Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

Gaps in Nontraditional-Hour Care Supply by Time of Day

The time NTH child care services are offered also matters. Table 22 shows that the greatest gaps between potential supply and demand occurs on weekends followed by overnight hours when only 24-hour facilities are open. In the early evening hours, the number of licensed child care slots appears sufficient to meet potential demand when providers with extended hours to 7 p.m. are still open. During the other evening hours from 7 p.m. to 12:59 a.m., potential demand is greater than potential supply by around 700 to nearly 1,700 slots. Similarly, during the early morning hours, potential demand exceeds potential supply by around 700 slots in the 6-6:59 a.m. hour but by more than 1,500 in the previous 5-5:59 a.m. hour.

TABLE 22

Potential Supply, Potential Demand, and Difference in NTH Care Slots by Detailed Time Period

Licensed child care slots at providers open during nontraditional hours, children ages 12 and under whose parents work or commute nontraditional hours, and difference by day and hour

	Potential supply	Potential demand	Difference
Weekdays			
6:01 p.m. - 6:59 p.m.	6,898	5,450	1,448
7:00 p.m. - 7:59 p.m.	3,111	3,820	-709
8:00 p.m. - 8:59 p.m.	1,612	3,270	-1,658
9:00 p.m. - 9:59 p.m.	949	2,640	-1,691
10:00 p.m. - 10:59 p.m.	920	2,290	-1,370
11:00 p.m. - 11:59 p.m.	548	1,870	-1,322
12:00 a.m. - 12:59 a.m.	548	1,700	-1,152
1:00 a.m. - 1:59 a.m.	446	1,540	-1,094
2:00 a.m. - 2:59 a.m.	446	1,250	-804
3:00 a.m. - 3:59 a.m.	446	780	-334
4:00 a.m. - 4:59 a.m.	446	990	-544
5:00 a.m. - 5:59 a.m.	726	2,280	-1,554
6:00 a.m. - 6:59 a.m.	6,309	7,020	-711
Weekend			
Any hour	533	11,257	-10,724
Total	10,778	19,050	-8,272

Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Notes: Figures may not sum up to totals because of rounding and as child care slots and need may contribute to multiple time periods. Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

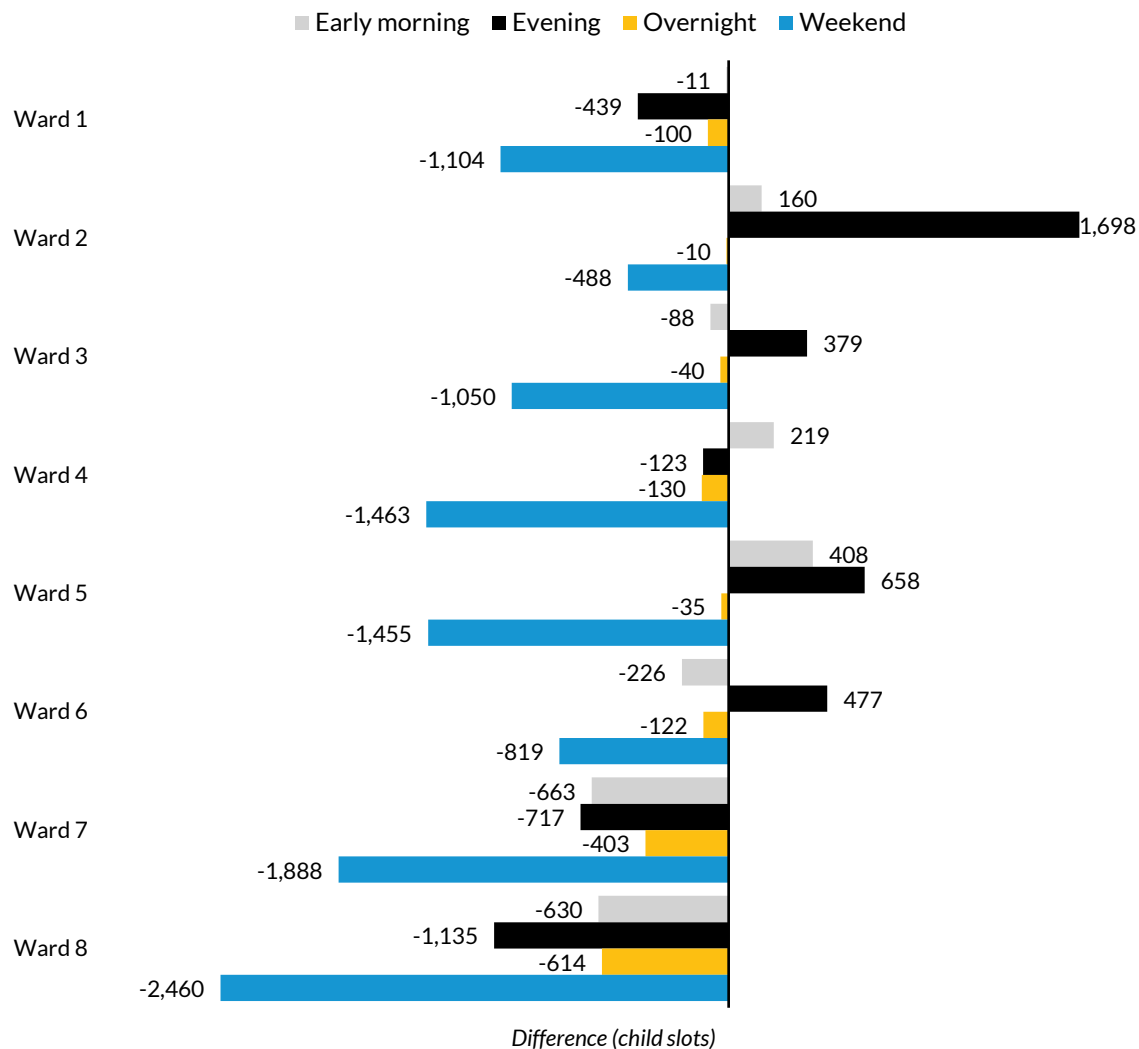
Breaking out the difference in potential supply and demand by ward again exposes geographic differences (figure 12). Wards 1, 7, and 8 demonstrate a lack of slots to fulfill the estimated level of potential demand across all time periods. Conversely, Ward 2 contains a large number of evening child care slots that may help serve parents that live or work in the area. Wards 3, 5, and 6 also have sufficient

evening slots, while Ward 5 and to a lesser extent 4 and 2 have slightly more early morning slots than children that potentially need care. No ward has surplus weekend or overnight slots.

FIGURE 12

Difference in Potential Supply and Potential Demand for NTH Care, by Ward and Time Period

Difference in licensed child care slots at providers open during nontraditional hours and children ages 12 and under whose parents work or commute nontraditional hours



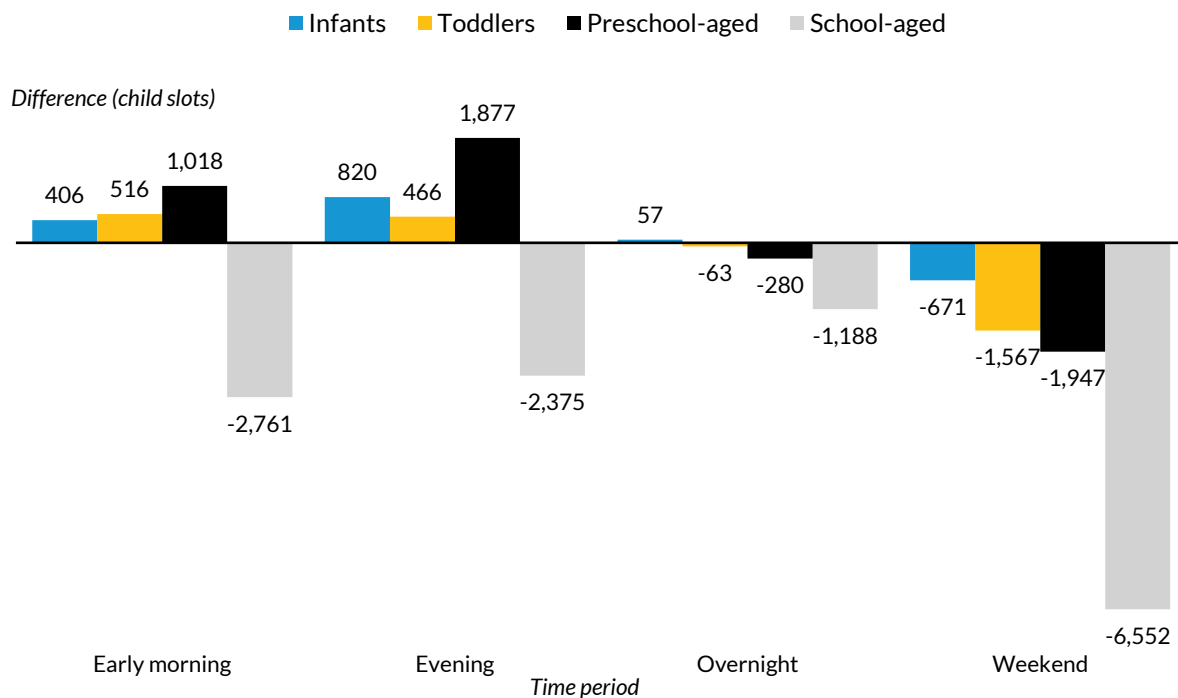
Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

Figure 13 shows that the gap between potential supply and demand for different age groups is greater for young children on the weekend and overnight than during the early morning and evening hours. However, there is a shortage of licensed child care slots for school-age children during all four NTH time periods. Surplus capacity to care for infants, toddlers, and preschool-age children during hours close to the traditional workday could reflect a focus even among NTH providers not to stray too far away from traditional hours and age groups in providing child care.

FIGURE 13

Difference in Potential Supply and Potential Demand for NTH Care, by Child Age and Time Period
Difference in licensed child care slots at providers open during nontraditional hours and children ages 12 and under whose parents work or commute nontraditional hours



Source: OSSE export of My Child Care DC data and child development facilities listing files, and authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Negative figures indicate a potential shortage and positive figures indicate a potential surplus.

Providers' Experiences and Perspectives on Providing Care during Nontraditional Hours

Interviews with child care providers that offer care only during traditional hours identified some of the challenges providers face and why they chose their particular schedules and not nontraditional hours. A survey of nontraditional-hour providers points to providers' motivation to offer nontraditional hours as well as perceived challenges. We supplement these findings with information gathered from local stakeholders. In this section, we present key themes informed by these three data sources.

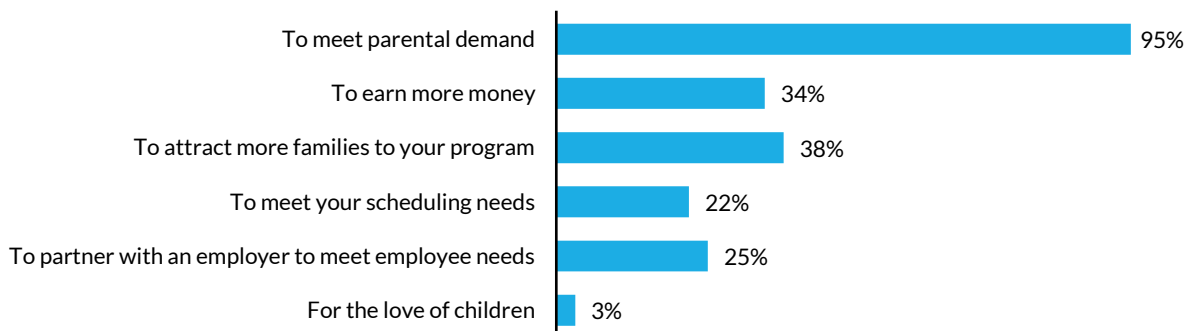
Providers Choose Nontraditional Hours Primarily to Meet Parental Demand

Child care providers report offering care during nontraditional hours to meet the needs of families using their programs (figure 14). Nearly all providers surveyed reported offering NTH care to meet parental demand, and 38 percent reported offering NTH care to attract more families to their programs. A few facilities have a long history of providing late-night and overnight care because of the local need, such as serving parents working in police departments, fire stations, hospitals, and other third shift workers. Some providers offer nontraditional hours to attract families to keep themselves at full capacity.

FIGURE 14

Reasons for Providing Care During Nontraditional Hours

Share of providers (N=38)



Source: Urban Institute survey of licensed child care providers in the District with nontraditional hours.

About 34 percent of surveyed providers mentioned the benefit of earning extra money. Providers who serve subsidized children receive a higher reimbursement rate for care during nontraditional hours (outside weekdays 7 a.m. to 6 p.m.). Several stakeholders described this enhanced rate as an important incentive for providers; however, the amount may not be high enough to attract new providers or convince others to extend their hours. Further, eligible parents with nontraditional schedules must apply for a subsidy voucher and maintain their eligibility for the high reimbursement rate to be an effective incentive. Subsidy-eligible parents must also provide proof of employment and documentation of their schedule and complete an in-person interview with subsidy program personnel to get approval for a nontraditional voucher. Issues with the employment verification process turn some eligible families away from the program. (The next section describes incentives for providers and other strategies in more detail.)

"[Child care subsidy] rates have been so low in general. My sense is that if they were sufficient incentives for providers to stay open, they would. And, they're not, so I don't think they've been effective. That's not to say that enhanced rates wouldn't be effective, they just have to be sufficient."

—Local child care stakeholder

Some providers partnered with a local employer to meet the needs of employees with nontraditional schedules. A few others liked the option of working around their other work and family responsibilities. For example, one provider opened her home to children only late evenings and overnight after recognizing a need among local emergency personnel and noted how the schedule worked well for her. One provider cited her love of children as the reason for offering NTH care.

Because of the high demand for child care in the District in general, the 12 providers interviewed for this study that operate during traditional hours commented on how they can reach their enrollment numbers without extending their hours. They want to meet the needs of parents in their programs, but they feel that they are already doing so. The parents they serve have traditional work schedules or flexibility in their jobs, and many are two-parent families so parents can coordinate pick-up and drop-off schedules. Most had not heard from families that they needed different hours, and a few were already opening at 6:30 a.m. or closing at 6:30 p.m.—offering a slightly longer day of care. One center director mentioned surveying families in her program—all working parents—to determine their care needs and concluded that they needed care between 7 a.m. and 6 p.m. on weekdays. She never considered providing care on weekends. A home-based provider mentioned opening at 6:30 a.m. because many parents in her program need to be at work at 7 a.m. Another center director operated 7 a.m. to 6:30 p.m. and had a few parents express interest in opening 30 minutes to an hour earlier, but not enough parents to make it worthwhile for her to consider it.

A few of the home-based providers that were interviewed had been offering somewhat longer hours but found that parents did not need it. Generally, they never considered offering nontraditional hours during late evenings, overnight, or on weekends, and most are not likely to consider it regardless of incentives offered. The few who would indicated that demand would need to be sufficient and stable to make it a sustainable business model and they would need support in meeting staffing and space needs.

Providing Nontraditional-Hour Child Care Is Expensive and Often Not Profitable

According to key stakeholders, the number of facilities offering care during nontraditional hours has declined in recent years. Some facilities no longer provide NTH care as they used to because of the expense. Gentrification and real estate development in many District neighborhoods, such as NoMa (North of Massachusetts Avenue) and H Street, have increased the cost of living to the point where

operating a child care business is no longer profitable. “Neighborhoods are very different than they used to be,” noted one local stakeholder. In the case of child development homes, some providers can no longer afford the rent in their area. Stakeholders recalled child care facilities they knew of that either closed or relocated.

To be profitable, the providers we interviewed explained how they must operate at or near full capacity. When parents have variable work schedules and not enough families need care at the same time, providers may struggle to break even and could even lose money. They must pay for a minimum number of staff and other operating costs (e.g., utilities) regardless of how many children are present.

“It’s not a popular topic of conversation [among accredited centers]. Mainly, the discussion is about the 7-6 hours. I think it’s because the business model doesn’t support nontraditional care. People would like to offer it, but there’s got to be the money there for them to support a sustainable business.”

—Local stakeholder

As described in our discussion of demand, different jobs require different types of nontraditional schedules. Hotels, for example, often have three shifts that can rotate week to week (7 a.m. to 3 p.m., 3 p.m. to 11 p.m., and 11 p.m. to 7 a.m.), hospital staff work 7 to 7 shifts, whereas retail employees have variable and sometimes unpredictable hours with late night closings after 10 p.m. If providers offer multiple shifts of care, pick-up and drop-off can become particularly problematic because of overlap that may occur if some parents are early or others are not on time. To meet ratio requirements, providers need to know when children will be present. Accommodating parents’ erratic or rotating schedules can be logistically challenging and expensive.

One home-based provider explained that child care providers may have difficulty staying open longer hours because they work additional jobs to supplement their pay from child care. She indicated that subsidy rates have not kept pace with District minimum wage increases, meaning providers have to pay staff more so there is less left for them. Although OSSE raised reimbursement rates in 2016 (for toddlers) and 2017 (for infants and toddlers), available funding may not cover the cost of NTH care.

Meeting Licensing Requirements for Late-Night and Overnight Care Is Difficult, Especially for Centers

Child care regulations are the same for facilities operating traditional and nontraditional hours, with a few additional regulations for nontraditional-hour facilities regarding (1) sleeping arrangements, (2) bathing children, (3) providing meals for children in overnight care, and (4) assistance with homework (for school-age children).⁷

Study participants identified the challenge of meeting safe sleeping requirements. For example, during traditional hours, facilities are required to supply an individual crib, cot, or bed that is appropriate for the child's age and size; however, during nontraditional hours, if a child is sleeping for more than four hours, facilities must provide a crib or a bed, rather than a cot. Beds must be spaced apart by at least two feet and be placed at least two feet away from any window or radiator. This requirement affects all 24-hour facilities and may also apply to facilities operating until 11 p.m. or midnight, given early bedtimes for young children. Child development centers typically have cots for daytime napping but not beds, and the cost of purchasing them and finding space for storage may be difficult in many facilities.

Further, a facility providing nontraditional hours must comply with adult-to-child ratio and staff qualifications requirements.⁸ At least one adult staff member per every 10 children must be awake and within sight and sound of sleeping children at all times. In homes providing overnight care, providers often hire support staff to cover the shift while they sleep. Regulations prohibit children over age 5 from sharing a sleeping room with an adult, so sleeping staff must sleep separately from older children.

A few stakeholders expressed concern regarding providers' competencies to provide adequate safety during nontraditional hours to meet licensing standards. While no stakeholder expected providers to use an educational curriculum during nontraditional hours, a few questioned the scope of current training requirements, which do not cover relevant topics like quality interactions during evening and bedtime routines. "What does quality look like Saturdays and Sundays, evenings for different age groups of children?" one stakeholder asked. She and others noted that Capital Quality, the District's redesigned quality rating and improvement system, provides a rating for nontraditional-hour programs based on their quality during traditional hours. Similarly, QIN efforts are focused on health, safety, and educational instruction during traditional 7 a.m. to 6 p.m. hours. QIN members receive a higher daily subsidy reimbursement rate for infant and toddler care provided during traditional hours (\$83.75 for centers and \$65.07 for homes), but for care provided during nontraditional hours they receive the standard Gold Tier rate (\$81.34 for full-time nontraditional and \$71.58 for full-time

extended day in centers; \$55.34 for full-time nontraditional and \$48.71 for full-time extended day in homes).

Qualified Staff Willing to Work Nontraditional Hours Are Hard to Find

Traditional-hour providers highlighted staffing as a primary barrier to their operation during nontraditional hours. Many of their employees have young children of their own and need to attend to family responsibilities during nontraditional hours and on weekends. Providers reported the challenge of hiring qualified part-time staff for only a few hours, particularly during very early morning or late evening hours.

One stakeholder pointed out that staff educational requirements apply to staff working nontraditional hours as well. In the absence of the center director or home provider on record, an equally qualified staff member must be on site during peak hours. Per licensing regulations, for programs operating during traditional daytime hours, peak hours are between 9 a.m. and 4 p.m. Nontraditional facilities must specify in writing their peak hours for OSSE approval and must comply at all times with the adult-to-child ratio and staff qualifications requirements for licensing.⁹

“When people are living paycheck to paycheck, we aren’t going to get quality. A challenge in nontraditional care is that people have to get degrees by 2023...most are expected to work a full day, come home, go to school...and a good percentage of this workforce are single parents. So, we have a challenge with our pipeline of qualified workers.”

—Local child care stakeholder

Weekend care poses additional issues. In homes, family members who are otherwise at work or school on weekdays are home on weekends and may want to occupy the space without concern. One stakeholder noted that many home-based programs are “family businesses” and all family members tend to play a supporting role, but when weekends are family time, providing licensed care (i.e., maintaining ratios, health and safety standards, quality caregiving and education) can be difficult.

Additionally, providers in the QIN must attend monthly professional development workshops on Friday evenings, while Capital Quality holds monthly community of practice meetings on Fridays and Saturdays. Other providers may be attending education and training courses on the weekends to meet new educational requirements. Not having a pool of qualified substitutes to draw on means these providers cannot operate on days when they have other commitments.

“A lot of logistical challenges. The main thing is staffing. Our teachers have their own kids and have to get them to school in the morning. To get staff to the center at 6 or 7 in the morning is unrealistic, and we haven’t really had people ask for that.”

—Director, child development center operating weekdays from 8:30 a.m. to 6 p.m.

Space Limitations Make Nontraditional Hours Difficult in Some Locations, Even if the Need and Desire Are There

Center operators renting space may not have access to it outside the current parameters of their rent, and if it belongs to a church, for example, the space may be used by others on the weekends. One traditional-hour provider mentioned seeing a need for NTH care for parents working retail who cannot pick up until midnight after closing the store. She said that she wished she could cater to those needs, but because of the building she is renting, she is unable to stay open longer hours.

Extended Hours Can Add Stress and Burden for Individual Home-Based Providers

Individuals running child development homes generally work long days, with business hours averaging about 11 hours a day. Interviews with home-based providers and key stakeholders suggested that extending care hours could put a strain on providers’ physical and mental health and take time away from their families and other responsibilities. Some of the traditional-hour providers who were interviewed for this study have thought about NTH care but found the personal stress to be overwhelming. They note that they need some personal time and time to take care of their own children and families. They cannot reconcile how they would do both. For example, one home-based provider

reported that she cares for three children between one month and two and a half years old. She said she has not considered extending her hours or taking on additional children because she is too tired to do more.

“It’s already hard for providers to feel like they have a life/work balance with their own families, in their own home. Being home providers. Their weekends are already taken by various quality initiatives...[Quality Improvement Network] monthly workshops are on Friday evenings. And Capital Quality pulls them on Saturdays. Bainum has Communities of Practice on Saturdays. Depending on what initiatives they’re in throughout DC.”

—Local child care stakeholder

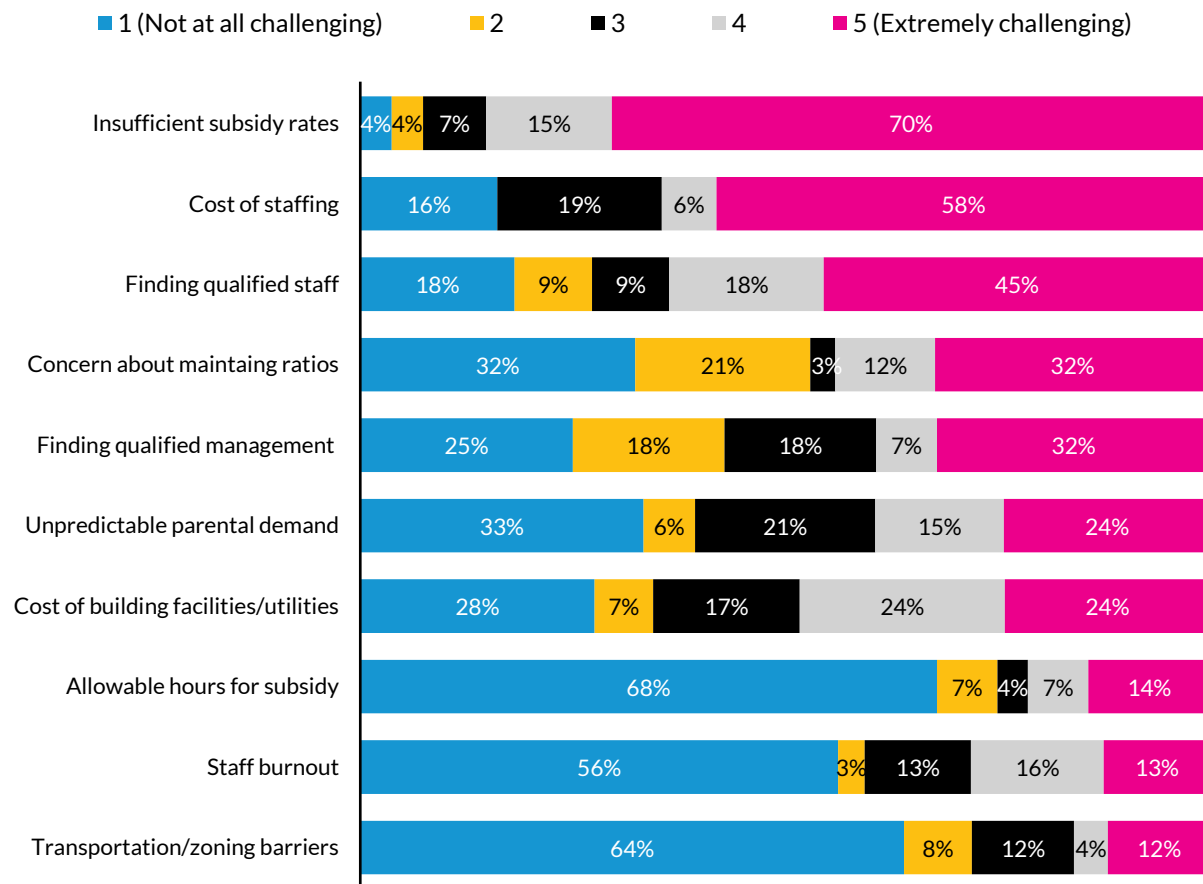
Some providers are willing to take children at any time (i.e., 24-hour facilities) to both accommodate families’ needs and to maximize their potential earnings. Other home-based providers might be willing to care for one or two children outside traditional hours to accommodate parents’ work schedules. (Per licensing regulations, care provided on a regular basis for no more than two unrelated children does not require a license.) Yet these providers worry about extending the care hours on their license because they do not want to officially open and be working at full capacity any earlier or later. One stakeholder described a home-based provider she knew who was exhausted by operating 24 hours and reduced her schedule.

The same stakeholder suggested that expanded child development homes with multiple staff might have more success providing nontraditional hours than individuals operating child development homes on their own because of the long hours and burden. In expanded child development homes, staff can stagger their shifts to provide coverage when needed without overburdening any one employee. Stakeholders highlighted that providers cannot be forced into offering nontraditional hours. They have to want to do it and have it be part of their business model to respond to parental demand. This is often harder for child development centers focusing on early education and for individuals running child development homes on their own.

FIGURE 15

Challenges to Providing Care During Nontraditional Hours

Share of providers (N=38)



Source: Urban Institute survey of licensed child care providers in the District with nontraditional hours.

As shown in figure 15, surveyed providers indicated that the “extremely challenging” aspects of providing NTH care were insufficient subsidy reimbursement rates (70 percent of providers), cost of staffing (58 percent), finding qualified staff (45 percent) and management willing to work nontraditional hours (32 percent), and concerns about maintaining ratios required by licensing regulations (32 percent). In contrast, large percentages reported that certain aspects of providing NTH care are “not at all challenging,” including the allowable hours for children receiving subsidy (68 percent), staff burnout (56 percent), and transportation and zoning barriers (64 percent).

Strategies to Expand Supply of Nontraditional-Hour Care to Better Meet Demand

Study results indicate that District parents need more options for NTH care. Here we present possible strategies for increasing the supply of care to meet families' needs. Some of the strategies are appropriate for expanding care supply at any time and some focus specifically on nontraditional hour care. We present the options in five strategies, if funds are available.

Strategy 1: Improve Outreach and Consumer Education

- Engage agencies responsible for licensing, zoning, child care referral services, and other related agencies and entities (e.g., Advisory Neighborhood Commissions, or ANCs) for system expansion of NTH care services. Develop system-wide goals that all parties understand and are working toward together. Consider the extra resources needed, including staff, to facilitate the extra volume of work to meet the goals. Keep scheduling and other logistical needs of NTH providers at the forefront of system changes.
- Update My Child Care DC and other child care referral databases with information about providers' standard operating schedules in addition to provider licensed hours. Appendix C of this report provides a starting point for this effort. Both parents and providers become frustrated if incorrect information is shared, and they begin to create workarounds undermining the potential of the system.
- Increase awareness about child care referral services, including their ability to provide referrals for NTH care. Distribute flyers through the District's book-a-month program, restaurant health inspectors, other human services agencies, and employers. Post notices in public libraries, public housing, and other places that may be visible to low-income and subsidy income-eligible parents. Encourage agencies that may be doing their own referrals to use DC Child Care Connections, the District's child care resource and referral agency. Encourage businesses to engage with DC Child Care Connections and even request supplemental child care referral services for employees. The more the service is used, the more useful and reliable it can become.

- Develop information for ANC's about the economic benefits of home-based care for their neighborhood residents. Home-based providers looking to expand their licensed capacity must seek approval from their ANC. ANC's may block requested special exceptions to open an expanded home in a neighborhood or grant conditional approval that limits the hours of operation of the child development home; 6 a.m.-6 p.m. as a common restriction because of noise and parking concerns. Clarify the potential impacts of early morning, evening, and overnight care compared to traditional-hour care.
- Ensure that current and potential child care operators know about changes in the zoning laws that allow operation of more child care programs "by right." Conduct outreach and information efforts so that providers have up-to-date information on zoning and other regulatory requirements and provide supports for current and potential providers who meet these requirements.
- Use information from outreach to families and employers to inform changes in supply. Agencies and individuals working to improve consumer education may gain insights on parental preferences and constraints around child care choices. Informal information-gathering, in addition to systematic study of preferences through surveys and focus groups, can help inform any future efforts to expand the supply of NTH care.

Strategy 2: Examine Quality Standards for NTH Care

- Consider in what ways quality for NTH care may differ from quality for traditional-hour care. Issues of importance include age groupings and ratios, teacher education requirements, and typical staffing requirements. Consider additional quality differences among NTH care types, including evening, overnight, and weekend care.
- Tailor Capital Quality and other quality improvement efforts for nontraditional-hour providers. Because all nontraditional-hour facilities in the District also provide care during traditional hours, professional development and other supports might incorporate conceptions of quality across operating hours.

Strategy 3: Stabilize Demand

- Consider efforts to streamline the subsidy application process to place less paperwork and verification burden on parents, particularly those working nontraditional and variable hours. Currently, applicants must complete an in-person interview with a subsidy caseworker, which is not required to meet federal regulations. This could delay approval of care services and become a challenge for parents needing to start a new job. Nontraditional care schedules are approved for one month. Consider approving a maximum number of hours rather than a set care schedule to accommodate parents whose schedules shift or who want to pick up an extra shift.
- Leverage flexibility around child absences under the reauthorization of the Child Care and Development Block Grant. Using either vouchers or contracts, child care subsidy offices can even out provider income by paying for enrollment rather than exact days of attendance. Contracts have the added advantage of reserving the NTH slots for subsidy-eligible families on a continuous basis.
- Help providers partner with nontraditional-hour businesses. Better alignment enables providers to have more predictable requests for child care. For example, one NTH provider indicated that she focuses on security guards; another mentioned hospital employees. An intermediary such as DC Child Care Connections or the Shared Services Business Alliance may be needed to gather necessary information and broker such arrangements. Providers may also be able to specialize once they have better information about employer needs and parental demand. Encourage providers to consider offering NTH only care.

Strategy 4: Differentiate Supports to Meet Start-Up and Ongoing Needs of NTH Providers

- Help providers conduct business analyses to ensure their efforts will be viable and they understand all requirements and resources needed. This will help reduce the failure rates of new businesses.
- Provide start-up grants to offset opening or expansion costs that may pose barriers. For example, providers seeking a special exception to zoning requirements to expand their services and provide care for more than six children in their homes must seek approval from the Board of Zoning Adjustment and pay an application fee (currently \$1,560). The process can take up to six months. Both the time and resources required may pose barriers to current or potential

NTH providers. The Access to Quality Child Care Grant, provided with at \$11 million in local District funding, is a central component of the mayor's initiatives to increase access to high-quality child care for all District residents. This grant provides the opportunity to support start-up and expansion costs.

- For centers and homes that will require a special exception to zoning rules to open or expand, help them understand all the required documentation, application steps, and timing. Help them navigate the system. The DC Office of Zoning does have a liaison that assists with this, but providers may need support before interacting with the DC Office of Zoning. In addition, provide information about the ANC structure and expectations, and how to become a partner in the neighborhood.
- Increase ongoing support through the subsidized child care program.
 - » OSSE offers three different subsidy rate enhancements—an enhancement for quality under Going for the Gold, an even greater enhancement for providers in the QIN, and an enhancement for NTH care. The QIN rate is not available for NTH care and is limited to infants and toddlers.
 - » Providers need to be able to count on a rate that supports both the level of quality they are providing and a premium that recognizes providing care during nontraditional hours is less convenient than care during traditional hours.¹⁰ Providers may incur additional costs during nontraditional hours to cover rent and higher staff wages.
 - » Support for security could be provided through grants to purchase security features for the building or to pay security personnel.
- Consider differentiated licenses for NTH care types. For example, extended day (6 p.m. to 10 p.m.) and overnight (24-hour) licenses may vary in their requirements. Licenses for weekend daytime hours might resemble traditional-hour licenses in some ways but not others.

Conclusion

A large share of District residents with young children work nontraditional hours and the supply of licensed child development facilities is likely insufficient to meet that need. Analyses of ACS and child development facility licensing data indicate that the biggest shortages are in Wards 7 and 8, and to a lesser extent in Wards 1 and 4. These data also suggest that parents need care for all ages of children, but toddlers and school-agers have the biggest gaps for child care options.

Weekend care needs are most prominent and warrant further attention. On weekdays, child development facilities do not appear to be opening early enough to meet the needs of parents commuting or reporting to work within the 6 a.m. hour, and most close by 6:30 p.m. while many children with working parents need care later into the evening. There is an overlap between when traditional hours end and when parents with second shift obligations begin (approximately from 2 p.m. to 7 p.m.). Major District employers suggested that this is also a time when parents working nontraditional hours may not be able to rely on family, friends, or neighbors working traditional hours. For some families, just a few more hours in the early morning before traditional child care programs open would make a difference. For many more, the need is in the evening, overnight, and during the weekend. Interviews with local key stakeholders and providers corroborated quantitative estimates of potential unmet need and offered explanations of the challenges providers face.

It is not clear from the information gathered for this study to what extent parents prefer family, friend, and neighbor care over licensed child care options. We heard from stakeholders that these decisions often depend on what hours they need care and the length of parents' commutes. A parent departing work at 1 a.m. may prefer a child sleep at a relative or friend's home than pick them up from a 24-hour facility in the middle of the night. However, if parents do not have family, friends, or neighbors to rely on regularly, they may be excluded from some jobs because of the limited supply of licensed care.

The report provides a set of recommended strategies to improve consumer education and the stability of parental demand for care, and to support child care providers in starting up and sustaining their programs. The study points to areas where further information is needed, such as documenting parents' preferences using a systematic data collection and assessing the subsidy application and enrollment process for parents working nontraditional hours given the lower-income composition of children needing NTH care. Estimates included in the report provide an initial platform for decisionmakers looking to make informed choices and investments to better meet the child care needs of District residents.

Appendix A: Technical Appendix

This technical appendix provides further information about our data analysis, focusing on our approach to estimating demand for NTH care using the ACS and SIPP.

The primary data source is the US Census Bureau's ACS five-year microdata file covering 2012-16 downloaded from Integrated Public Use Microdata Series USA. Using the ACS, we estimated the number of young children residing in each ward whose parent(s) work or commute nontraditional hours and broke down estimates by major industry of parental employment, child age, parental work location, and family income. We supplemented the ACS data with SIPP data to better estimate weekend care needs.

Defining the Population Potentially Needing Nontraditional-Hour Child Care

ACS data for the District are available at the individual level for 2016 and for even more observations in the five-year sample covering the 2012-16 timespan. The version of the ACS public use microdata sample from the University of Minnesota's Integrated Public Use Microdata Series USA project includes information on parent-child relationships, industry of employment, typical time of departure for and arrival time at work, typical travel time to work, and usual number or hours worked each week. Building on the methodology developed for Sandstrom and colleagues (2018) and Henly and Adams (forthcoming; draft available upon request), information in these fields was used to infer whether each observation is a child in the target age range, has parent(s) who work, parental industry of employment, and if his or her parent(s) likely works during nontraditional hours.

Specifically, we focused on children ages 12 and younger age-eligible for District child care subsidies, with all parents living in the household working at least part time when surveyed. We substituted the household head when no parents were present and excluded children living in group quarters without a household head. We then estimated whether these children's parent(s) worked or commuted during nontraditional hours by setting the start time for when the child potentially required care to the value of the "time of departure for work" variable. The end time for when care was potentially needed was calculated by taking the value of the "time of arrival at work" variable and adding the values of the "usual hours worked each week" variable divided by five, assuming work hours were spread over a five-day work week, and "travel time to work," assuming that commute time to home was the same as to work, to determine the typical time the parent(s) arrived at home after work each

day. For example, if a parent typically arrives at work at 9 a.m. and works 40 hours a week, we assume the parent works 8 hours a day and departs work at 5 p.m.

Estimating Potential Demand for Weekend Care

We estimated the number of children whose parents work on weekends by incorporating additional analysis of the 2014 SIPP, as the ACS does not contain information on day of work. The SIPP data provided an independent estimate of the share of employed parents (with children under 18 living in the home) who worked outside the home on the weekend at any job during 2014. Note that this is an independent estimate from the number of children whose parents are working nontraditional hours during weekdays, and the two characteristics are not mutually exclusive: children could have parents working nontraditional hours during weekdays, working during weekends, both, or neither.

Using the SIPP, we estimated the share of parents in the US who listed themselves as working on either Saturday or Sunday (and were not working from home those days) for any job they held during the year using 2014 SIPP data. The overall share of adult workers who worked on the weekend was roughly in line with aggregate 2016 information from the 2016 American Time Use Survey,¹¹ which served as a benchmark for our calculations. We limited the sample for our SIPP calculations to adults ages 16 and older to match the population that has employment data in the ACS. Individuals also had to be parents (i.e., have a child under age 18 living with them in the same household), employed with their industry known, and in the survey for all 12 months of the year to be included in our calculations. We used each individual's December person weight to account for attrition over the year.

We estimated the share of working adults with children who worked during the weekend at any of their jobs by the aggregated industry categories used in the ACS estimates, education level (some college or less versus associate's degree or more), and family low-income status for the year. We applied these margins of the share working during the weekend to observations of children ages 12 or below for whom all parents were working in the ACS data. So, if a child's parent was working in public administration, had an associate's degree or above, and was not low-income, we said that child had an X percent chance of needing weekend care, where X was the share of adults with children who worked on Saturdays or Sundays (not from home) during the year for at least one job and met the following criteria: were working public administration, had an associate's degree or above, and were not in a low-income family for the year.

Finally, we created two copies of each child and reweighted one copy by the percent chance that their parents were working on the weekend, and we multiplied the other copy by the percent chance

that their parents were not working on the weekend. For example, if the original child observation had a weight of 100 (meaning the 1 observation in the sample represents 100 actual children in the population) and had parent(s) with a 30 percent chance of all working on the weekend, the child was counted twice—once as a child with parents working on the weekend and a new weight of 30, and a second time as a child with parents that were not working on the weekend with a new weight of 70. Therefore, our final estimate, if it was based only on this one observation, would be that out of the total 100 children in our population, an estimated 30 children had parents working on weekends and 70 did not.

Estimating Potential Demand by Ward

A child was considered as potentially needing NTH care if there was at least one hour during the NTH time period (weekdays 6:01 p.m.-6:59 a.m. and any time on the weekend) when all his or her parents were expected to be working or commuting. In our estimates of the likelihood that children had parents working on the weekend, we multiplied the percent chance each parent was working on the weekend together for two parent households, resulting in a lower chance that both parents were working on the weekend. This assumes independence of the chances of parents working on the weekend in two-parent households, which may overstate the share of children with both parents working on the weekend if they arrange and trade off work schedules to not both be working on weekends.

After estimating which children potentially need care during nontraditional hours, we created ward-level estimates by allocating each observation (or part of each observation) to different wards. The lowest geographic level identifiable in the public-use ACS microdata are public use microdata areas (PUMAs), which generally follow similar borders as the District's wards (figure A.1).

FIGURE A.1

Comparison of District PUMA and Ward Boundaries



Source: Arc GIS “Public Use Microdata Areas (PUMA), <https://www.arcgis.com/home/item.html?id=dd571b8f95ac4077b3d4b90efe8dd13d> and District of Columbia Office of Planning, “2012 Ward Maps,” <https://planning.dc.gov/page/2012-Ward-maps>.

In areas where PUMA and District ward boundaries do not align exactly, the Urban team reweighted the PUMA data to split observations’ survey weights in each sex by age group listed below proportionally between wards based on the share of each PUMA’s population in the specific group which resided in different wards according to 2010 Census block-level population data (box A.1).

BOX A.1

Population Subgroups Used for PUMA to Ward Allocation

Men

Ages 0-2, 3-4, 5-12, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-plus

Women

Ages 0-2, 3-4, 5-12, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-plus

Source: Pretabulated 2010 Census block estimates.

After this initial ward allocation, we used raking (iterative proportional fitting) to adjust the person weights in the ACS microdata so that the estimates produced lined up to the degree possible with the margins (i.e., share) of the District population in each ward and age group, in each ward and

race/ethnicity group, and in each ward and poverty status group (Hunsinger 2008). To allocate the share of the block-group population estimates in each ward when the block-group crossed ward boundaries, we relied on the aggregate ward-level estimates built from pretabulated 2012–16 ACS block-group level estimates, which were aggregated to the ward level using the 2010 Census population.

Our minimum tolerance for the raking was 0.25 and our maximum tolerance was 4.0, meaning that each observation could increase or decrease in weight by up to a factor of 4. The specific age groups whose margins were used to rake to were ages 0-2, 3-4, 5-14, 15-29, 30-49, 50-64, and 65+. The specific racial/ethnic groups whose margins were used to rake to were non-Hispanic whites, non-Hispanic blacks, Hispanic, and other non-Hispanics including Asian, Pacific Islanders, Native Americans, multiracial, and those marked “other” race. The specific family-income groups whose margins were used to rake to were below poverty (annual family income was 0-99 percent of the federal poverty level), low-income but not poor (100-199 percent of the federal poverty level), and not low-income (200 percent or more of the federal poverty level).

We applied the distribution of children across the wards for each definition of potentially needing NTH care produced by the raked estimates. This allowed us to the total number of children in the District potentially needing NTH care by age group and parental industry. That is, we kept constant the total estimated number of children in the District needing NTH care by age and parental employment industry (counting each child observation’s weight 0.5 towards each parent if they were in a two-parent household), and we used the final raked weights to distribute the children potentially needing NTH care in each of those age groups by industry cells (for each definition) across the eight wards. All child subpopulation estimates were rounded to the nearest 10.

To test the validity of this methodology, we attempted to determine the number of District children potentially needing NTH care in each of the District’s five PUMAs using this allocation method and then compare the results to the known number actually residing in each PUMA. Results were generally consistent when comparing the estimates and the actual known benchmarks. This gave the team reassurance in using this methodology. The District’s PUMA and ward boundaries align relatively closely, so the potential margin of error in using any allocation method is much smaller than in the benchmarking exercise.

Estimating Potential Demand from Nonresidents and Informal Providers

We used similar methods to produce estimates of the number of children living outside the District with at least one parent working in District and all parents working or commuting during NTH. These estimates provide a sense of potential additional demand for NTH child care from outside the District who may compete with residents for the limited number of slots at licensed NTH child care providers. As with the District resident estimates, children were only counted if they were ages 12 and under, had all parents working, and for whom there was at least one hour during the NTH period when all parents were either working or commuting. Unfortunately, ACS data on work location is not broken out by PUMA for the District, so producing justifiable ward-level estimates was not possible. We also estimated the potential size of the informal child care workforce, as defined by the Government Accountability Office (GAO 2012), using the ACS data and the methods above to determine work during nontraditional hours. However, estimates by ward were not possible because of the limited information on work location.

Appendix B: Interview Guides and Protocols

Study of Nontraditional-Hour Child Care in DC

Interview Guide for Child Care Providers with Traditional Hours

Introduction

Hello, thank for taking the time to speak with us today. We appreciate you sharing your insights as a child care provider in DC.

I am _____ and this is my colleague _____. We are from the Urban Institute, a nonprofit research organization in DC. We have been contracted by Kids Comprehensive Services on behalf of the DC Office of the State Superintendent of Education to document the supply of, demand for, and potential incentives to increase nontraditional-hour child care in Washington, DC, and to understand these issues at the ward level. This documentation of needs and gaps was required by the Child Care Study Act of 2017.

We will be providing a report to the Office of the State Superintendent of Education about our findings that combines analysis of data from existing sources, a survey of child care operators, and interviews with selected key informants. They will use the report to consider if the current supply of care available during nontraditional hours is sufficient in each ward and ways they can support greater access.

For the purposes of this study, nontraditional hours includes child care services provided before 7 a.m. and after 6 p.m., and during any hours on Saturday, Sunday, and District of Columbia holidays.

We are taking with you today to understand your perspectives as a local child care provider.

Confidentiality Statement

The interview will last about 25 minutes. Participation is voluntary and you can ask to skip any question or stop the interview at any time. We want to let you know that we will be taking notes during this conversation. Your individual responses will not be shared with anyone outside the research team working on the study. We may include what you say in the project report but without your name or the name of your organization.

Although you may not directly benefit from participating in this interview, your responses will help us better understand the perspectives of child care providers and to inform local child care policies and

practices. Participation in this study and your responses will in no way affect your child care license, any government funding you receive, or your quality rating.

Because we value your time and the information you'll share with us today, we would like to audio record to make sure we capture all the details. This recording will serve as a back-up to our typed notes and will only be used by the research team. It will be stored on a secure computer drive accessible only to the research team and destroyed upon completion of the study. If you would like to say anything off the record, please let us know and we can stop the recording. Do we have your permission to use the audio recorder?

(If yes, note time. If no, do not record.)

Do you have any questions before we begin?

[IF YOU RECEIVED CONSENT, TURN ON RECORDER NOW]

Background Information

We'd like to start by getting to know a little about your child care program.

- How many children are typically enrolled in the program?
- What age groups are you licensed to serve? What is the age range of children currently in your program (youngest and oldest, approximately)?
 - » How did you decide these were the ages of children to serve in your program (e.g., what were the factors you considered)?
- Either confirm or ask about participation in the child care subsidy system.
 - » How many children in your program currently receive a subsidy voucher? Is this a typical number or is it usually higher or lower?
- How many paid teaching staff members do you have?
- Tell me about the area where you are located.
 - » How did you decide to provide care at that location (e.g., what were the factors you considered)? Where did you get your information?

Hours of Care Provided

- Confirm hours and days of operation based on licensing data.
 - » How did you decide these were the hours of care to offer (e.g. what were the factors you considered)? Where did you get your information?
- Do you ever allow families to drop off children earlier or to stay later?
 - » Under what circumstances?
 - a. Do you charge an additional fee? What is it?

Considerations or Attempts to Provide Nontraditional-Hour Care

- Have you ever tried opening earlier or staying open later?

[IF YES]

 - » What hours did you offer?
 - » How many and what ages of children did you serve?
 - » How long (months/years) did you offer it?
 - » How did it go?
 - » Why did you stop offering it?

[IF NO]

 - » For what reasons have you only provided care during traditional weekday hours and not during nontraditional hours?
- Have you ever tried providing services on Saturday or Sunday?

[IF YES]

 - » What made you consider trying it?
 - » What days/hours did you offer?
 - » Why did you stop offering it?

[IF NO]

 - » What are your reasons for providing care only on weekdays?
- Based on your interactions with other child care providers, how similar or unique do you think your experiences and challenges are?

Supporting Nontraditional-Hour Care

- Under what circumstances (or with what supports) would your program provide NTH care?

Reflect back to previous responses about the barriers.

- If current barriers could be overcome, would you provide NTH care?
 - » What hours/days would you be willing to operate?
 - » What ages of children would you be likely to serve?

Perceived Needs for Nontraditional-Hour Care

- Do any of the families currently using your program express challenges about securing care for their children when the children are not attending your program?
 - » How do you hear about their challenges?
 - » What kinds of challenges do they talk about?
 - » How are they currently meeting their child care needs?
 - » *[If the answer suggests they are not using licensed care]* Do you think they would use licensed home or center-based care if it were available to them?

What Else is Important (if time permits)

- Is there anything else you would like to tell us that we did not ask you about already?

Those are all my questions. Thank you so much for your time. We really appreciate it.

Study of Nontraditional-Hour Child Care in DC

Key Informant Interview

Introduction

Hello, thank for taking the time to speak with us today. We appreciate you sharing your insights with us about child care needs and resources in DC.

I am _____ and this is my colleague _____. We are from the Urban Institute, a nonprofit research organization in DC. We have been contracted by Kids Comprehensive Services on behalf of the DC Office of the State Superintendent of Education to document the supply of, demand for, and potential incentives to increase nontraditional-hour child care in Washington, DC, and to understand these issues at the ward level. This documentation of needs and gaps was required by the Child Care Study Act of 2017.

We will be providing a report to the Office of the State Superintendent of Education about our findings that combines analysis of data from existing sources, a survey of child care operators, and interviews with selected key informants. They will use the report to consider if the current supply of care available during nontraditional hours is sufficient in each ward and ways they can support greater access.

For the purposes of this study, nontraditional hours includes child care services provided before 7 a.m. and after 6 p.m., and during any hours on Saturday, Sunday, and District of Columbia holidays.

We are talking with you today because your role suggests you may have insights into nontraditional-hour care needs (in DC or a specific ward).

Confidentiality Statement

Participation is voluntary and you can ask to skip any question or stop the interview at any time.

We want to let you know that we will be taking notes during this conversation. Your individual responses will not be shared with anyone outside the research team working on the study. We may include what you say in the project report but we will not connect your statements to your name or the name of your organization.

While we do not intend to identify you with any particular statement, there is the potential due to your role that your comments could be associated with you or your organization. Please note, we will provide a list of stakeholders, with name and affiliation, in our study report on an acknowledgements page.

Because we will not be connecting your name with the study results, the risks to you of participation in this study are minimal and limited to those we have just described.

Your participation in this research will enhance understandings of child care supply and demand in DC. By documenting gaps between care supply and potential need for nontraditional-hour child care in DC, this study will provide OSSE with information to better address the needs of children and families.

We expect the interview to last about an hour. Because we value your time and the information you'll share with us today, we would like to audio record to make sure we capture all the details. This recording will serve as a back-up to our typed notes and will only be used by the research team. It will be stored on a secure computer drive only accessible to the research team and destroyed upon completion of the study. If you would like to say anything off the record, please let us know and we can stop the recording. Do we have your permission to use the audio recorder?

(If yes, note time. If no, do not record.)

Do you have any questions before we begin?

[IF YOU RECEIVED CONSENT, TURN ON RECORDER NOW]

Background Information and Role

- To start, can you describe your work and your role related to child care in DC?
- How would you characterize the work you are doing on child care-related issues in DC?
- How do you gain your insights on:
 - » The needs for nontraditional hours care?
 - » Gaps or challenges in meeting those needs?

Perspectives on the Need for Nontraditional-Hour Care in DC

Now we'd like to get your perspective on the need for nontraditional-hour care in DC. For the purposes of this study, we are defining "nontraditional hours" as any time before 7 a.m. and after 6 p.m. on weekdays, and any time on weekends. We understand that you can only share what you know based on

the information you have and your experiences. That is why we are talking to a variety of people. Thanks for sharing what you know.

- Based on your understanding of the issues, what types of work in DC are primarily driving the need for nontraditional hour care (between 6pm and 7am and on weekends)? For example, are there particular jobs, occupations, industries, or employers?
 - » What hours of care are typically needed?
 - » What are the ages of the children who need the care?
 - » Are the needs concentrated in particular wards or neighborhoods? Which ones?
 - » Are the needs concentrated around particular transportation routes or methods (e.g., bus, metro)?
 - » How is care supply and demand affected by commuters from neighboring counties in Maryland and Virginia?
- Do you have a sense of whether parents would prefer their children be in care near their homes or near their places of employment or school during these nontraditional hours?
 - » What do you think is driving their preferences?
- Based on your understanding of the issues, do you think there is a shortage of facilities in DC providing care during nontraditional hours?
 - » What have you observed that suggests there is a shortage?
 - » Are there particular hours or days when you think the shortage is the worst?
 - » Does the type of shortage vary by ward?
- If more licensed facilities offered care during nontraditional hours at the hours and in the locations needed, do you think parents would use it? If not, why not?

Perspectives on Challenges for Providing Nontraditional-Hour Care in DC

Now we'd like to get your perspective on the challenges to providing nontraditional-hour care in DC.

- Have you heard of any challenges providing nontraditional-hour care in DC? If yes, what have you heard?
- Do you know of any providers that used to provide nontraditional-hour care in DC, but stopped doing it?

- » When did they stop providing it?
- » Do you know why they stopped?

Perspectives on Strategies to Support Provision of Nontraditional-Hour Care in DC

Now we'd like to get your perspectives on past, current, and potential strategies to support (or remove barriers) for providing nontraditional-hour care in DC.

- Are you aware of any circumstances that may have changed in DC or in particular wards during the time you have been working on these issues that may have made it harder to provide nontraditional-hour care than it used to be?
- Are you aware of any supports that used to exist to help child care facilities offer nontraditional-hour care that don't exist anymore?
 - » If yes, what were they? Why were they discontinued? As far as you know, did they make a difference? Have they been missed?
- Are you aware of any current supports to help child care facilities offer nontraditional-hour care?
 - » If yes, what have you heard of? What organizations provide the supports? Are different supports available in different wards?
 - » If yes, based on what you have heard, how effective are the current supports?
- The DC subsidy system provides enhanced payment rates for nontraditional-hour care.
 - » Are you familiar with this policy?
 - » Have you heard child care providers talk about the rates and what kind of difference it makes?
- If DC wanted to develop more options for nontraditional-hour care, what do you think would be the most effective strategies?

Perspectives on Supports for Accessing Nontraditional-Hour Care in DC

Now we'd like to get your perspectives on past, current, and potential supports for *parents* accessing nontraditional-hour care in DC.

- Are you aware of any circumstances that may have changed across DC or in particular wards that may have made it harder for parents to access nontraditional-hour care than it used to be?
- Are you aware of any supports that used to exist to help parents access nontraditional-hour care that don't exist anymore?
 - » If yes, what were they? As far as you know did they make a difference? Have they been missed? Why were they discontinued?
- Are you aware of any current supports to help parents access nontraditional-hour care?
 - » If yes, what have you heard of? What organizations provide the supports? Are different supports available in different wards? (Probe on ages, days/hours, type of care)
 - » If yes, based on what you have heard, how effective are the current supports?
- If DC wanted to better support parents who need to access care during nontraditional hours, what do you think would be the most effective strategies?

Appendix C: Additional Estimates of Potential Demand

TABLE A.1

Children Whose Parents Work or Commute Nontraditional Hours, by Ward and Child Age

Number of children ages 12 and under whose parents work or commute nontraditional hours

Area	Infants (12 months and under)	Toddlers (12-36 months)	Preschool-aged (36-60 months)	School-aged (5-12 years)
Ward 1	130	270	380	960
Ward 2	50	120	160	500
Ward 3	100	230	320	1,050
Ward 4	150	420	430	1,750
Ward 5	140	390	680	1,510
Ward 6	90	230	270	940
Ward 7	190	460	670	1,980
Ward 8	240	610	910	2,710
Total	1,080	2,750	3,830	11,390

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

TABLE A.2

Children Whose Parents Work or Commute Nontraditional Hours, by Parental Employment Industry and Child Age

Number of children ages 12 and under whose parents work or commute nontraditional hours

Industry	Infants (12 months and under)	Toddlers (12-36 months)	Preschool-aged (36-60 months)	School-aged (5-12 years)
Goods, trade, transportation, and utilities	80	210	290	980
Finance, real estate, information, and professional services	80	360	760	1,280
Education services	50	80	170	740
Health care and social assistance	320	530	740	2,220
Public administration	70	360	290	1,220
Retail, entertainment, hospitality, and food service	380	970	1,130	3,690
All other services, including administrative support	90	250	450	1,260
Total	1,080	2,750	3,830	11,390

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

TABLE A.3

Children Whose Parents Work or Commute Nontraditional Hours by Ward and Parental Employment Industry*Children ages 12 and under whose parents work or commute nontraditional hours*

Area	Goods, trade, transportation, and utilities	Finance, real estate, information, and professional services	Education services	Health care and social assistance	Public administration	Retail, entertainment, hospitality, and food service	All other services, including administrative support
Ward 1	170	220	120	200	160	580	280
Ward 2	30	240	70	130	130	110	110
Ward 3	130	380	130	260	240	320	240
Ward 4	290	400	200	340	300	870	350
Ward 5	300	410	150	670	310	600	280
Ward 6	140	250	100	340	200	320	190
Ward 7	230	310	130	740	310	1,290	280
Ward 8	280	260	140	1,120	290	2,060	330
Total	1,560	2,480	1,040	3,810	1,950	6,170	2,050

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

TABLE A.4

Children Whose Parents Work or Commute Nontraditional Hours, by Time Period and Parental Employment Industry*Children ages 12 and under whose parents work or commute nontraditional hours*

	Goods, trade, transportation, and utilities	Finance, real estate, information, and professional services	Education services	Health care and social assistance	Public administration	Retail, entertainment, hospitality, and food services	All other services, including administrative support
Weekdays							
6:01 p.m. - 6:59 p.m.	370	880	320	950	700	1,620	610
7:00 p.m.- 7:59 p.m.	260	480	200	620	270	1,520	470
8:00 p.m.- 8:59 p.m.	170	390	170	600	200	1,320	430
9:00 p.m.- 9:59 p.m.	190	390	170	260	180	1,060	390
10:00 p.m.- 10:59 p.m.	240	240	50	210	130	1,020	410
11:00 p.m.- 11:59 p.m.	190	190	50	260	140	740	310
12:00 a.m. - 12:59 a.m.	170	190	50	200	140	650	310
1:00 a.m.- 1:59 a.m.	150	180	30	270	140	610	170
2:00 a.m.- 2:59 a.m.	130	180	30	250	110	390	170
3:00 a.m.- 3:59 a.m.	150	20	30	250	110	150	90
4:00 a.m.- 4:59 a.m.	180	20	30	250	200	230	80
5:00 a.m.- 5:59 a.m.	300	60	240	540	290	690	160
6:00 a.m.- 6:59 a.m.	790	1,180	720	1,680	730	1,440	490
Weekend							
Any hour	690	890	150	2,250	880	5,060	1,350
Total	1,560	2,480	1,040	3,810	1,950	6,170	2,050

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

TABLE A.5

Children Whose Parents Work or Commute Nontraditional Hours, by Time Period and Ward*Children ages 12 and under whose parents work or commute nontraditional hours*

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Weekdays								
6:01 p.m. - 6:59 p.m.	470	80	380	880	640	330	1,070	1,590
7:00 p.m. - 7:59 p.m.	360	30	150	570	520	280	770	1,140
8:00 p.m. - 8:59 p.m.	300	30	120	430	460	260	670	1,010
9:00 p.m. - 9:59 p.m.	240	30	110	300	380	220	550	800
10:00 p.m. - 10:59 p.m.	220	20	80	300	250	150	510	770
11:00 p.m. - 11:59 p.m.	150	20	50	170	210	140	470	670
12:00 a.m. - 12:59 a.m.	140	20	50	150	200	140	420	590
1:00 a.m. - 1:59 a.m.	100	10	40	150	230	140	360	500
2:00 a.m. - 2:59 a.m.	90	10	40	140	200	120	280	370
3:00 a.m. - 3:59 a.m.	50	10	30	100	130	60	160	230
4:00 a.m. - 4:59 a.m.	30	0	20	80	110	40	280	430
5:00 a.m. - 5:59 a.m.	150	10	50	230	300	150	530	860
6:00 a.m. - 6:59 a.m.	410	50	170	720	900	480	1,630	2,670
Weekend								
Any hour	1,110	520	1,050	1,640	1,600	890	1,910	2,540
Total	1,730	840	1,710	2,750	2,720	1,530	3,300	4,470

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

TABLE A.6

Children Whose Parents Work or Commute Nontraditional Hours, by Time Period and Child Age*Children ages 12 and under whose parents work or commute nontraditional hours*

	Infants (12 months and under)	Toddlers (12-36 months)	Preschool aged (36-60 months)	School aged (5-12 years)
Weekdays				
6:01 p.m.- 6:59 p.m.	180	950	1,150	3,160
7:00 p.m.- 7:59 p.m.	130	550	830	2,310
8:00 p.m.- 8:59 p.m.	140	470	800	1,870
9:00 p.m.- 9:59 p.m.	70	350	770	1,440
10:00 p.m.- 10:59 p.m.	80	320	590	1,310
11:00 p.m.- 11:59 p.m.	60	210	560	1,040
12:00 a.m.- 12:59 a.m.	60	180	500	970
1:00 a.m.- 1:59 a.m.	60	180	420	890
2:00 a.m.- 2:59 a.m.	60	160	370	670
3:00 a.m.- 3:59 a.m.	60	140	150	430
4:00 a.m.- 4:59 a.m.	60	140	100	690
5:00 a.m.- 5:59 a.m.	60	150	360	1,700
6:00 a.m.- 6:59 a.m.	300	740	1,470	4,510
Weekend				
Any hour	790	1,720	2,190	6,570
Total	1,080	2,750	3,830	11,390

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on pretabulated 2010 Census block estimates, pretabulated 2012-16 American Community Survey block group estimates, and 2014 Survey of Income and Program Participation microdata estimates.

Note: Figures may not sum up to totals because of rounding.

Additional Estimates of Potential NTH Child Care Demand from Inbound District Commuters

TABLE A.7

Nonresident Children Whose Parents Work or Commute Nontraditional Hours in DC, by Parental Employment Industry

Children ages 12 and under living outside DC whose parents work or commute nontraditional hours

Industry	Number	Share of total children who may need NTH care	Share of children in parental industry group
Goods, trade, transportation, and utilities	2,650	10%	20%
Finance, real estate, information, and professional services	3,700	14%	12%
Education services	1,120	4%	16%
Health and social assistance	4,580	17%	32%
Public administration	5,680	22%	15%
Retail, entertainment, hospitality, and food service	4,720	18%	42%
All other services, including administrative support	4,000	15%	28%
Total	26,450	100%	21%

Source: Authors' estimates using American Community Survey 2012-16 microdata adjusted based on 2014 Survey of Income and Program Participation microdata estimates.

Notes: NTH = nontraditional-hour. Figures may not sum up to totals because of rounding. The share of the total is the group's percentage of all children ages 12 and below that may need NTH care. The "Share of total children who may need NTH care" figure is the parental employment industry's share of all non-District children ages 12 and under whose parents work or commute NTH in the District. The "Share of children in parental industry group" figure is the share of kids that may need NTH care out of all non-District children ages 12 and under whose parent is employed in the industry and works in the District.

Appendix D: List of Nontraditional-Hour Child Development Facilities

TABLE C.1

Full-Time Child Development Facilities in Washington, DC

Facilities listed in My Child Care DC as of March 20, 2018

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
WARD 1										
Alba Turcios - Albina's CDH	3329 18th ST, NW, Washington, D.C. 20010	(202) 560-0579	7:30 a.m.	6 p.m.	yes	yes	7:30 a.m.	6 p.m.	yes	yes
Bell Teen Parent & Child Development	3101 16th ST, NW, Washington, D.C. 20011	(202) 939-7700 x5099	6:30 p.m.	4:30p.m.	no	no	6:30 a.m.	4:30 p.m.	no	no
Christian Tabernacle CDC 1	1000 V ST, NW, Washington, D.C. 20001	(202) 265-9040	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Christian Tabernacle CDC 2	2033 11TH ST, NW, Washington, D.C. 20001	(202) 265-9040	6 a.m.	7 a.m.	no	no	7 a.m.	7 p.m.	no	no
Future Leaders Academy @ YMCA Anthony Bowen	1325 W ST, NW, Washington, D.C. 20009	(202) 232-6936	6:30a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Julia Ruiz	2123 11th ST, NW, Washington, D.C. 20001	(202) 986-8452	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
KinderCare Education Champions LLC @ Bruce Monroe Elementary School	3560 Warder ST, NW, Washington, D.C. 20010	(301) 891-1145	6:30a.m.	6 p.m.	no	no	6:30a.m.	6 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
WARD 2										
Akin Gump Strauss Hauer & Feld LLP	1333 New Hampshire AVE, NW, Washington, D.C. 20036	(202) 887-4320	8 a.m.	8 p.m.	no	no	8 a.m.	8 p.m.	no	no
Angelique Speight /Ms. P's Unique Daycare	1103 M ST, NW, Washington, D.C. 20005	(202) 270-3098	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Bidkids Child Development Center	1300 New York AVE, NW, Washington, D.C. 20577	(202) 623-3600	8 a.m.	6:30 p.m.	no	no	8 a.m.	6:30 p.m.	no	no
Bright Horizon at Georgetown, DC	1010 Wisconsin AVE, NW, Washington, D.C. 20007	(202) 333-4931	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Bright Horizon Children's Center	1111 Pennsylvania AVE, NW, Washington, D.C. 20004	(202) 628-8680	7:30 a.m.	7:30 p.m.	no	no	7:30 a.m.	7:30 p.m.	no	no
Bright Horizon Early Education & Backup Center @ East End	901 New York AVE, NW, Washington, D.C. 20001	(202) 408-1050	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Bright Horizons @ L Street	2101 L ST, NW, Washington, D.C. 20037	(202) 887-8433	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Bright Horizons Children's Center	700 19th ST, NW, Washington, D.C. 20431	(202) 623-9800	7:30 a.m.	6:30a.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
CCLC @ 2200 Penn Backup Center	2200 Pennsylvania AVE, NW, Washington, D.C. 20037	(202) 785-0181	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Capital Kids II, Inc	1250 24th ST, NW, Washington, D.C. 20037	(202) 293-1460	7 a.m.	6:15 p.m.	no	no	7 a.m.	6:15 p.m.	no	no
Children's Creative Learning Center	1875 I ST, NW, Washington, D.C. 20433	(202) 437-7010	7:45 a.m.	6:30 p.m.	no	no	7:45 a.m.	6:30 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Children's Creative Learning Center @ The World Bank	1225 Connecticut AVE, NW, Washington, D.C. 20036	(202) 473-7010	7:45 a.m.	6:30 p.m.	no	no	7:45 a.m.	6:30 p.m.	no	no
Federal Home Loan Bank Board Small Saver CDC	1800 F ST, NW, Washington, D.C. 20552	(202) 216-0457	7:30 a.m.	6:15 p.m.	no	no	7:30 a.m.	6:15 p.m.	no	no
Federal Trade Commission CDC	600 Pennsylvania AVE, NW, Washington, D.C. 20580	(202) 326-2088	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Finding Dreams In Children	1776 F ST, NW, Washington, D.C. 20006	(202) 898-7067	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Hogan Lovells Emergency Child Care	555 13th ST, NW, Washington, D.C. 20004	(202) 637-8650	8 a.m.	6 p.m.	yes	yes	8 a.m.	6 p.m.	yes	no
Just Us Kids Inc	625 Indiana AVE, NW, Washington, D.C. 20004	(202) 353-3300	6:45 a.m.	6:30 p.m.	no	no	6:45 a.m.	6:30 p.m.	no	no
Kiddie Academy Of DC - West End	1227 25th ST, NW SUITE 101, Washington, D.C. 20037	(202) 735-0291	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Owl School, Inc.	1920 G ST, NW, Washington, D.C. 20006	(202) 828-1001	7 a.m.	6:15 p.m.	no	no	7 a.m.	6:15 p.m.	no	no
US Kids - Combined Federal Agencies	1425 New York AVE, NW, Washington, D.C. 20005	(202) 233-4623	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no
USDA Child Development Center	201 14th ST, SW First Floor, Washington, D.C. 20250	(202) 205-1133	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Wilmer, Cutler, Pickering, Hale & Dorr LLP	1899 Pennsylvania AVE, NW, Washington, D.C. 20006	(202) 247-3135	8 a.m.	10:30 p.m.	no	no	8 a.m.	10:30 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
World Bank Children's Center	1850 I ST, NW, Washington, D.C. 20433	(202) 473-7010	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
YMCA @ Goodwill Excel Center	1776 G ST, NW, Washington, D.C. 20006	(202) 839-3679	8:30 a.m.	8 p.m.	no	no	8:30 a.m.	8 p.m.	no	no
WARD 3										
Broadcasters Child Development Center	3400 International DR, NW, Washington, D.C. 20008	(202) 364-8799	8 a.m.	7 p.m.	no	no	8 a.m.	7 p.m.	no	no
Chevy Chase Presbyterian Church	1 Chevy Chase CIR, NW, Washington, D.C. 20015	(202) 363-2209	9 a.m.	6:30 p.m.	no	no	9 a.m.	6:30 p.m.	no	no
Embassy Row Child Development Center	3855 Massachusetts AVE, NW, Washington, D.C. 20016	(202) 733-4152	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Gan HaYeled @ Adas Israel Congregation	2850 Quebec ST, NW, Washington, D.C. 20008	(202) 362-4491	8 a.m.	8 p.m.	no	no	8 a.m.	6 p.m.	no	no
The River School, Inc.	4880 MacArthur BLVD, NW, Washington, D.C. 20007	(202) 337-3554	8 a.m.	8 p.m.	no	no	8 a.m.	8 p.m.	no	no
Washington Hebrew Congregation	3935 Macomb ST, NW, Washington, D.C. 20016	(202) 895-6334	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
WARD 4										
ABC Child Development Center	32 Grant Circle, NW, Washington, D.C. 20011	(202) 829-8444	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Bridges Academy, Inc	6119 Georgia AVE, NW, Washington, D.C. 20011	(202) 829-1901	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Chantelle's Quality Child Care Center	4221 7TH ST, NW, Washington, D.C. 20011	(202) 291-0002	6 a.m.	9 p.m.	no	no	6 a.m.	9 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Curious Explorers Child Development Center	5700 Georgia AVE, NW, Washington, D.C. 20011	(202) 722-1837	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
Cynthia Davis	4831 9th ST, NW, Washington, D.C. 20011	(202) 360-2409	7 a.m.	7 a.m.	no	no	7 a.m.	7 a.m.	no	no
Delores Ford	740 Oglethorpe ST, NW, Washington, D.C. 20011	(202) 269-3004	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Elisabeth Hando	240 Quackenbos ST, NE, Washington, D.C. 20011	(202) 269-1351	6 a.m.	11 p.m.	no	no	6 a.m.	11:30 p.m.	no	no
Estrellitas Montessori School	5331 Colorado AVE, NW, Washington, D.C. 20011	(202) 248-7827	6 a.m.	6:30 p.m.	no	no	8 a.m.	6 p.m.	no	no
Fathema Johra	602 Tuckerman ST, NW, Washington, D.C. 20011	(202) 483-8843	7 a.m.	6 p.m.	yes	no	7 a.m.	6 p.m.	yes	no
Gap Community Childcare Center Inc.	209 Upshur ST, NW, Washington, D.C. 20011	(202) 462-3636	7 a.m.	6 a.m.	yes	no	7 a.m.	6 p.m.	no	no
Growing Seeds Child Development Center	3800 14th ST, NW, Washington, D.C. 20011	(202) 726-5208	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Ideal Child Development Center	209 Upshur ST, NW, Washington, D.C. 20011	(202) 722-6272	6 a.m.	11 p.m.	no	no	6 a.m.	11 p.m.	no	no
KinderCare Education Champions LLC @ Dorothy Heights School	1300 Allison ST, NW, Washington, D.C. 20011	(202) 723-4100	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Lynn Carol's Academy of Early Learning	5506 3rd ST, NW, Washington, D.C. 20011	(202) 291-2929	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Maribel Gutierrez	1414 Delafield PL, NW, Washington, D.C. 20011	(202) 441-6227	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Medora Sims	220 Longfellow ST, NW, Washington, D.C. 20011	(202) 829-6906	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Meriam Academy LLC	704 Kennedy ST, NW, Washington, D.C. 20011	(202) 248-1848	7 a.m.	11 p.m.	no	no	7 a.m.	11 p.m.	no	no
Paulette A Sansbury	4100 3rd ST, NW, Washington, D.C. 20011	(202) 829-3003	7 a.m.	6 a.m.	yes	yes	7:15 a.m.	6 p.m.	no	no
Quickie Becky Child Care Dev	6135 Georgia AVE, NW, Washington, D.C. 20011	(202) 882-1722	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Talentos Bilingual Child Development Center LLC	6640 Georgia AVE, NW, Washington, D.C. 20012	(202) 271-7752	7:30 a.m.	6:30 p.m.	no	no	7:30 a.m.	6:30 p.m.	no	no
The C.H.I.L.D. Center, Inc.	202 Riggs RD, NE, Washington, D.C. 20011	(202) 269-6805	5 a.m.	6 p.m.	no	no	5 a.m.	7 p.m.	yes	yes
The Ideal Child Care Development Center II	801 Rock Creek Church RD, NW, Washington, D.C. 20010	(202) 722-0633	7 a.m.	6 p.m.	yes	yes	7 a.m.	6 p.m.	no	no
Tsgreda Thare	6427 9th ST, NW, Washington, D.C. 20012	(202) 722-0788	6 a.m.	10 a.m.	no	no	6 a.m.	10 p.m.	no	no
Tyraee M Carter	837 Oglethorpe ST, NE, Washington, D.C. 20011	(202) 413-8098	7 a.m.	6 a.m.	no	no	7 a.m.	6 p.m.	yes	yes
WARD 5										
ARE Celebration In Learning Inc	45 P ST, NW, Washington, D.C. 20001	(202) 483-9424	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Bennett Babies II	701 Michigan AVE, NE, Washington, D.C. 20017	(202) 526-0440	7 a.m.	9 p.m.	no	no	7 a.m.	6 p.m.	yes	no
Bennett Babies, Inc.	700 Monroe ST, NE, Washington, D.C. 20017	(202) 526-1400	7 a.m.	9 p.m.	no	no	7 a.m.	6 p.m.	yes	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Bright Future Early Learning Center	2535 Bladensburg RD, NE, Washington, D.C. 20018	(202) 269-9400	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Calvary Christian Academy	806 Rhode Island AVE, NE, Washington, D.C. 20018	(202) 526-5176	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Cecelia Beverly	4406 6th PL, NE, Washington, D.C. 20017	(202) 832-5021	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Franklin Commons Intergenerational	119 Franklin ST, NE, Washington, D.C. 20001	(202) 518-5683	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no
Friendship Public Charter School @ Armstrong Campus	1400 First ST, NW, Washington, D.C. 20001	(202) 281-1712	6:30 a.m.	7 p.m.	no	no	6:45 a.m.	6 p.m.	no	no
Friendship Public Charter School @ Woodridge	2959 Carlton AVE, NE, Washington, D.C. 20018	(202) 355-2739	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Gatari Children Development Center	2628 Bladensburg RD, NE, Washington, D.C. 20018	(202) 838-9880	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Happy Faces Early Learning Academy	1905 9th ST, NE, Washington, D.C. 20018	(202) 529-5437 x127	6 a.m.	5 a.m.	yes	yes	6 a.m.	5 a.m.	yes	no
I-Care Child Development Center	3737 12th ST, NE, Washington, D.C. 20017	(202) 832-0905	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Jacqueline Valentine	117 U ST, NE, Washington, D.C. 20002	(202) 832-0870	7 a.m.	11:59 p.m.	no	no	7 a.m.	6 p.m.	no	no
KinderCare Education Champions LLC - Tolson	2917 8th ST, NE, Washington, D.C. 20017	(202) 832-7370	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
KinderCare Education Champions	1800 Perry ST, NE, Washington, D.C. 20018	(301) 891-1145	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
La Petite Academy, Inc.	1 Michigan AVE, NW, Washington, D.C. 20010	(202) 986-5738	6:30 a.m.	7 p.m.	no	no	6 a.m.	7 p.m.	no	no
Loving Care Day Nursery, Inc #2	1818 New York Ave, NE #101, Washington, D.C. 20002	(202) 547-1877	6 a.m.	7 p.m.	no	no	6 a.m.	7 p.m.	no	no
Lynn H. Argueta	2444 Baldwin CRES, NE, Washington, D.C. 20018	(703) 929-2709	7 a.m.	5:30 a.m.	no	no	7 a.m.	5:30 a.m.	no	no
Mindbloom Preschool	2420 Rhode Island AVE, NE, Washington, D.C. 20018	(202) 248-2520	6 a.m.	6:30 p.m.	no	no	6 a.m.	6:30 p.m.	no	no
Nellie Sydnor	4403 6th PL, NE, Washington, D.C. 20017	(202) 269-4283	6 a.m.	5:30 p.m.	no	no	6 a.m.	5:30 p.m.	no	no
Nikkia Jackson/With Open Arms Child Care	1611 Jackson ST, NE, Washington, D.C. 20018	(202) 603-2225	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Trina Walker	212 Randolph PL, NE, Washington, D.C. 20002	(202) 258-7354	6 a.m.	5 a.m.	no	no	7 a.m.	6 p.m.	no	no
Woodbridge Day Care Center I	3302 18th ST, NE, Washington, D.C. 20018	(202) 269-9331	6 a.m.	6 a.m.	no	no	6 a.m.	6 a.m.	no	no
YMCA Calomiris Center	1906 Allison ST, NE APT 3, Washington, D.C. 20018	(202) 526-4233	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
YMCA Calomiris II	1918 Allison ST, NE, Washington, D.C. 20018	(202) 526-4089	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
WARD 6										
Arnold & Porter LLP Children Center	601 Massachusetts AVE, NW, Washington, D.C. 20001	(202) 942-5437	8 a.m.	9:30 p.m.	yes	yes	8 a.m.	9:30 p.m.	yes	yes

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Bright Beginnings Inc.	128 M ST, NW Suite 150, Washington, D.C. 20001	(202) 842-9090 x1009	7 a.m.	11:30 p.m.	no	no	7 a.m.	11:30 p.m.	no	no
Bright Horizons at The Department of Energy	1000 Independence AVE, SW, Washington, D.C. 20585	(202) 586-6800	7:15 a.m.	6:15 p.m.	no	no	7:15 a.m.	6:15 p.m.	no	no
Eagle Academy Public Charter School #2	1017 New Jersey AVE, SE, Washington, D.C. 20003	(202) 459-6825	6 a.m.	6 a.m.	no	no	6 a.m.	6 p.m.	no	no
Elonda's Day Care	816 6th Street, NE, Washington, D.C. 20002	(301) 281-7932	7 a.m.	11 p.m.	no	no	7 a.m.	11 p.m.	no	no
FERC Child Development Center	888 1st ST, NE, Washington, D.C. 20426	(202) 502-8610	7:15 a.m.	6:15 p.m.	no	no	7:15 a.m.	6:15 p.m.	no	no
Friendship Public Charter School @ Chamberlain	1345 Potomac AVE, SE, Washington, D.C. 20003	(202) 547-5800	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no
Georgetown Law Early Learning Center	120 F ST, NW, Washington, D.C. 20001	(202) 662-9256	8 a.m.	6:30 p.m.	no	no	8 a.m.	6:30 p.m.	no	no
IDA Little Scholar Academy	1546 5th ST, NW, Washington, D.C. 20735	(240) 476-2661	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Marian Dunmore	702 16th ST, NE, Washington, D.C. 20002	(202) 377-9732	7 a.m.	6 a.m.	no	no	7 a.m.	6 a.m.	no	no
Muluwork Kenea/Amen Family Child Care	5357 Gay ST, NE, Washington, D.C. 20019	(202) 388-1978	5 a.m.	4 a.m.	yes	yes	5 a.m.	4 a.m.	yes	yes
Northeast Stars Montessori Learning	1325 Maryland AVE, NE, Washington, D.C. 20002	(202) 399-2208	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no
Shirley Washington	1736 Independence AVE, SE, Washington, D.C. 20003	(202) 415-5612	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
The Harbor At Station Place	100 F ST, NE, Washington, D.C. 20549	(202) 408-9271	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
The YMCA @ The Children's House	451 7th ST, SW, Washington, D.C. 20410	(202) 708-1935	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Tita Gashaw Beza	511 A Florida AVE, NE, Washington, D.C. 20002	(202) 733-2954	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Toddlers On The Hill	1000 5th ST, SE, Washington, D.C. 20003	(571) 527-7396	6 a.m.	7 p.m.	no	no	9 a.m.	6:45 p.m.	no	no
WARD 7										
Artimitia J. Mitchell	3341 Dubois PL, SE, Washington, D.C. 20019	(202) 582-4226	7 a.m.	5 a.m.	no	no	7 a.m.	5 a.m.	no	no
Assembly Of The Saints CDC	4605 Kane PL, NE, Washington, D.C. 20019	(202) 399-5091	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Brenda Ganey	111 42nd ST, NE, Washington, D.C. 20019	(202) 399-0088	7 a.m.	6:30 a.m.	no	no	7 a.m.	6:30 p.m.	no	no
Community Educational Research Group	1105 50th ST, NE, Washington, D.C. 20019	(202) 397-8754	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Community Educational Research Group	4021 Minnesota AVE, NE, Washington, D.C. 20019	(202) 397-1170	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Deliverance Child Care Center	441 Chaplin ST, SE, Washington, D.C. 20019	(202) 583-5700	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Delores Woods	3668 Hayes ST, NE APT 103, Washington, D.C. 20019	(202) 396-8906	6:30 a.m.	5:30 p.m.	no	no	6:30 a.m.	5:30 p.m.	no	no
Diane Jackson	4962 Just ST, NE, Washington, D.C. 20019	(202) 248-1184	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
First Rock Baptist Child Development Center	4638 H ST, SE, Washington, D.C. 20019	(202) 575-5859	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Friendship Public Charter School @ Blow Pierce Campus	725 19th ST, NE, Washington, D.C. 20002	(202) 355-2739	7 a.m.	7 p.m.	no	no	7 a.m.	7 p.m.	no	no
Kids Are People Too CDC	408 61st ST, NE, Washington, D.C. 20019	(202) 397-1099	5:30 a.m.	4:30 a.m.	no	no	5:30 a.m.	4:30 a.m.	no	no
Kids Are People Too CDC V	4315 Nannie Helen Burroughs AVE, NE, Washington, D.C. 20019	(202) 397-1200	5:30 a.m.	11:59 p.m.	no	no	5:30 a.m.	11:59 p.m.	no	no
La Juanda Hill	4634 H ST, SE, Washington, D.C. 20019	(202) 582-2505	6 a.m.	6 a.m.	no	no	6 a.m.	6 a.m.	yes	yes
Latrell Duncan-Fitchett	508 60th ST, NE, Washington, D.C. 20019	(202) 455-9081	7 a.m.	6 a.m.	no	no	7 a.m.	6 a.m.	yes	yes
Lena Sears Child Development Center	3456 Pennsylvania AVE, SE, Washington, D.C. 20020	(202) 584-7761	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Lia's Rainbow	4428 Ord ST, NE, Washington, D.C. 20019	(202) 885-9778	7 a.m.	6 a.m.	yes	yes	4 a.m.	6 a.m.	yes	yes
Little Jewels Child Development	5216 Sheriff RD, NE, Washington, D.C. 20019	(202) 388-1992	6 a.m.	6:30 p.m.	no	no	6 a.m.	6:30 p.m.	no	no
Manley Science and Technology Center	4628 H ST, SE, Washington, D.C. 20019	(202) 584-7334	8 a.m.	7 a.m.	no	no	8 a.m.	7 p.m.	no	no
Marlene A Hudson	708 Adrian ST, SE, Washington, D.C. 20019	(202) 423-8099	7 a.m.	6 a.m.	no	no	7 a.m.	4:30 a.m.	yes	no
Melbert Johnson	2955 Fort Baker DR, SE, Washington, D.C. 20020	(202) 582-0643	7 a.m.	6 a.m.	no	no	7 a.m.	6 a.m.	yes	yes

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Minnie Allen	410 53rd ST, NE, Washington, D.C. 20019	(202) 399- 6262	6 a.m.	5 p.m.	no	no	6 a.m.	5 p.m.	no	no
Rising Star Early Learning Center	5140 Nannie Helen Burroughs AVE, NE, Washington, D.C. 20019	(240) 818- 1106	6 a.m.	7 p.m.	no	no	6 a.m.	7 p.m.	no	no
Safe And Sound Day Care Center	4922 Nannie Helen Burroughs AVE, NE, Washington, D.C. 20019	(202) 398- 6054	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	yes	yes
Sheila J Harley	3926 Burns CT, SE, Washington, D.C. 20019	(202) 581- 0853	6:30 a.m.	5:30 a.m.	no	no	6:30 a.m.	5:30 p.m.	no	no
Shining Star Early Learning Center	5307 East Capitol ST, SE, Washington, D.C. 20019	(202) 506- 5830	5 a.m.	6 a.m.	no	no	7 a.m.	12 a.m.	no	no
Shirley Cox	3008 K ST, SE, Washington, D.C. 20019	(202) 746- 0536	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Springboard Education In America @ DC KIPP Smilow Campus	5300 Blaine ST, NE, Washington, D.C. 20019	(202) 290- 0796	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
St. Timothy Episcopal CDC	3601 Alabama AVE, SE, Washington, D.C. 20020	(202) 584- 5662	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Stephanie Dobson	3327 Ames ST, NE, Washington, D.C. 20019	(202) 399- 8727	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Wanda Yvette Thomas Smith	3919 Clay PL, NE, Washington, D.C. 20019	(202) 398- 4759	6:30 a.m.	11:59 p.m.	no	no	6:30 a.m.	11:59 p.m.	no	no
Wibble Wobble Child Development Center	1 Randle Circle, SE, Washington, D.C. 20019	(202) 582- 1011	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
WARD 8										
Alethea Etinoff/Point Of Care Childcare	3229 15th PL, SE, Washington, D.C. 20020	(202) 368-7961	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Anita Ann Miller-Tolliver	2419 17th ST, SE, Washington, D.C. 20020	(202) 889-1394	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Barbara P. Joaquin	1519 25th ST, SE, Washington, D.C. 20020	(202) 248-9727	6 a.m.	7 p.m.	no	no	6 a.m.	7 p.m.	no	no
Bethel Christian Fellowship Early Childhood Development Center	2220 Martin Luther King AVE, SE , Washington, D.C. 20020	(202) 678-8934	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Big Mama's Children's Center	4680 Martin Luther King JR. Ave, SW APT 106, Washington, D.C. 20032	(202) 563-5303	6:30 a.m.	6 a.m.	no	no	6:30 a.m.	6 p.m.	no	no
Brenda Smith	2415 Minnesota AVE, SE, Washington, D.C. 20020	(202) 583-0052	7:30 a.m.	6:30 a.m.	no	no	7:30 a.m.	6:30 a.m.	no	no
Community Educational Research Group, Inc	2503 Good Hope RD, SE, Washington, D.C. 20020	(202) 582-0324	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Covenant House CDC	2001 Mississippi AVE, SE, Washington, D.C. 20020	(202) 610-7891	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Creative Korner Early Learning Center	3223 23rd ST, SE, Washington, D.C. 20020	(202) 889-2093	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
DC Citywide Welfare Rights Org	2458 Martin Luther King Jr. AVE, SE, Washington, D.C. 20032	(202) 889-3448	6:30 a.m.	6 a.m.	no	no	6:30 a.m.	6 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Dawn To Dusk Child Development Center	657 Lebaum ST, SE, Washington, D.C. 20032	(202) 562-6196	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Eagle Academy Public Charter School #1	3400 Wheeler RD, SE, Washington, D.C. 20032	(202) 544-2646 x294	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Emergent Preparatory Academy	2801 Stanton RD, SE, Washington, D.C. 20020	(202) 610-3111	7 a.m.	6:30 p.m.	no	no	7 a.m.	6:30 p.m.	no	no
Florence Teague	2233 Prout ST, SE, Washington, D.C. 20020	(202) 584-0543	6:30 a.m.	10 p.m.	yes	no	6:30 a.m.	10 p.m.	yes	no
Gloria E. Green	1838 Valley TER, SE, Washington, D.C. 20032	(202) 889-2323	6 a.m.	7 p.m.	no	no	6 a.m.	7 p.m.	no	no
Jewel's New Beginning Learning Center II	3927 - 3935 South Capitol ST, SW, Washington, D.C. 20032	(202) 506-3124	6:30 a.m.	6:30 p.m.	yes	yes	6:30 a.m.	6:30 p.m.	yes	yes
Jewel's New Beginning Learning Center, LLC	4309 3rd ST, SE, Washington, D.C. 20032	(202) 506-3124	6:30 a.m.	7 p.m.	no	no	6:30 a.m.	7 p.m.	no	no
Joyce Bagley	2204 Savannah ST, SE BLDG 201, Washington, D.C. 20020	(202) 290-2314	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Jynell Williams	1114 Chicago ST, SE, Washington, D.C. 20020	(202) 394-9798	6:30 a.m.	5:30 p.m.	no	no	6:30 a.m.	5:30 p.m.	no	no
KIDS ARE PEOPLE TOO #3	2275 Savannah ST, SE, Washington, D.C. 20020	(202) 450-3496	5:30 a.m.	4:30 a.m.	no	no	5:30 a.m.	4:30 a.m.	no	no
Khadijah Thomas-Ngegha Beginner CDC	1890 Alabama AVE, SE, Washington, D.C. 20020	(202) 375-8623	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Kids Are People Too CDC IV	2279 Savannah ST, SE, Washington, D.C. 20020	(202) 450-3496	5:30 a.m.	4:30 a.m.	no	no	5:30 a.m.	4:30 a.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Kids Are Us Learning Center	1236 Southern AVE, SE, Washington, D.C. 20032	(202) 561-0290	6:30 a.m.	11:59 p.m.	no	no	6:30 a.m.	11:59 p.m.	no	no
Kids R Us Learning Center	800 Southern AVE, SE, Washington, D.C. 20032	(202) 562-7118	6:30 a.m.	12 p.m.	no	no	6:30 a.m.	12 a.m.	no	no
KinderCare Education Champions LLC @ Rocketship Charter School	2335 Raynolds PL, SE, Washington, D.C. 20020	(301) 891-1145	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
KinderCare Education Champions LLC @ Achievement Prep Charter School	908 Wahler PL, SE, Washington, D.C. 20032	(301) 891-1145	6:30 a.m.	6:30 p.m.	no	no	6:30 a.m.	6:30 p.m.	no	no
Kuumba Learning Center	3328 Martin Luther King Jr. AVE, SE APT 3, Washington, D.C. 20032	(202) 563-5971	7 a.m.	12 a.m.	no	no	7 a.m.	12 a.m.	no	no
Lakeisha Cameron	3249 Stanton RD, SE, Washington, D.C. 20020	(202) 827-6541	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Linda T Waller	130 Elmira ST, SW, Washington, D.C. 20032	(202) 561-1504	7 a.m.	12:30 a.m.	yes	no	7 a.m.	12:30 a.m.	no	no
Little Angels Child Care Center	2214 Naylor RD, SE, Washington, D.C. 20020	(202) 584-2015	6:30 a.m.	6 a.m.	no	no	6:30 a.m.	6 p.m.	no	no
Little Apple Child Center-Wendy Weekes	908 Southern AVE, SE, Washington, D.C. 20032	(202) 562-7273	7 a.m.	11:59 p.m.	no	no	7 a.m.	11:59 p.m.	yes	yes
Lubertha Wilson Payne	620 Southern AVE, SE, Washington, D.C. 20032	(202) 702-0965	6 a.m.	5 a.m.	no	no	6 a.m.	5 a.m.	no	no
Matthews Memorial Baptist CDC	2616 Martin Luther King Jr., AVE, SE, Washington, D.C. 20020	(202) 889-3707	6:30 a.m.	6 a.m.	no	no	6:30 a.m.	6 p.m.	no	no

Facility Name	Address	Phone number	Licensed Hours and Days of Operation				Standard Hours and Days of Operation			
			Start time	End time	Saturday	Sunday	Start time	End time	Saturday	Sunday
Miriam A. Powell-Bowie	1903 17th ST, SE, Washington, D.C. 20020	(202) 610-1329	7 a.m.	6 a.m.	no	no	7 a.m.	6 a.m.	yes	yes
New Creation Child Development Center	1839 Alabama AVE, SE, Washington, D.C. 20020	(202) 610-2080	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Paramount Child Development Center	3924 4TH ST, SE, Washington, D.C. 20032	(202) 562-3404	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Renita Hill	1425 Bangor ST, SE, Washington, D.C. 20020	(202) 889-2615	5:30 a.m.	4:30 a.m.	no	no	7 a.m.	6 a.m.	yes	yes
Southeast Children's Fund CDC II	2300 Martin Luther King Jr. AVE, SE, Washington, D.C. 20020	(202) 846-1894	6:30 a.m.	6 p.m.	No	no	6:30 a.m.	6 p.m.	no	no
Springboard Education In Amerdica @ Douglass RD	2600 Douglass RD, SE, Washington, D.C. 20020	(781) 460-3914	6:35 a.m.	6:30 p.m.	no	no	6:35 a.m.	6:30 p.m.	no	no
Sunshine Early Learning Center	4224 6TH ST, SE, Washington, D.C. 20032	(202) 561-1100	6 a.m.	6 p.m.	no	no	6 a.m.	6 p.m.	no	no
Timothy Goodwin @ Jack And Jill Academy	149 Galveston PL, SE Unit # 2, Washington, D.C. 20032	(202) 817-8294	6:30 a.m.	6 p.m.	no	no	6:30 a.m.	6 p.m.	no	no
Vee's Early Education Center	2130 Minnesota AVE, SE, Washington, D.C. 20020	(202) 889-6918	7 a.m.	5:30 a.m.	no	no	7 a.m.	5:30 a.m.	no	no
Winifred Thomas	126 Yuma ST, SE, Washington, D.C. 20032	(202) 425-8511	7 a.m.	6 p.m.	yes	yes	7 a.m.	6 p.m.	yes	yes

Source: Licensed hours and days of operation from OSSE Export of My Child Care DC data and Child Development Facilities Listing files. Standard hours and days of operation confirmed by the Urban Institute through the nontraditional-hour child care provider survey, additional phone calls, and web searches.

Notes

- ¹ “Mayor Bowser Presents Fiscal Year 2019 Budget Proposal,” Executive Office of the Mayor, accessed August 16, 2018, <https://mayor.dc.gov/release/mayor-bowser-presents-fiscal-year-2019-budget-proposal>.
- ² “Child Care and Development Block Grant (CCDBG) Act of 2014 Plain Language Summary of Statutory Changes,” Administration for Children & Families, Office of Child Care, https://www.acf.hhs.gov/sites/default/files/occ/summary_of_s1086.pdf.
- ³ “My Child Care,” My Child Care DC, accessed March 20, 2018, <http://childcareconnections.osse.dc.gov>.
- ⁴ A forthcoming study of child care supply and demand in the District that was conducted by the Reinvestment Fund estimated that there were a total of 805 child care providers, including license-exempt providers.
- ⁵ The industry group breakouts consist of aggregated North American Industry Classification System (NAICS) sectors. The “goods, trade, transportation, and utilities” industry category comprises NAICS sectors, 11, 21, 22, 23, 31-33, 42, and 48-49; the “finance, real estate, information, and professional services” category comprises NAICS sectors 51, 52, 53, 54, and 55; the “education services” category comprises NAICS sector 61; the “health care & social assistance” category comprises NAICS sector 62; the “public administration” category comprises NAICS sector 92; the “retail trade, entertainment, accommodation, and food services” category comprises NAICS sectors 44-45, 71, and 72; and the “all other industries including administrative support” category comprises NAICS sectors 56 and 81.
- ⁶ “Quality Improvement Network: Improving Early Learning Across Washington, DC,” Office of the State Superintendent of Education, accessed August 21, 2018, https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/QIN%20Flyer_Feb%2013%2C%202018.pdf.
- ⁷ Office of the State Superintendent of Education, “Notice of Final Rulemaking for the Licensing of Child Development Facilities,” January 11, 2017. https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Final%20Rulemaking%20for%20the%20Licensing%20of%20Child%20Development%20Facilities_0.pdf.
- ⁸ DCMR 5-A, Chapter 1, Licensing of Child Development Facilities, Section 121. See https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Final%20Rulemaking%20for%20the%20Licensing%20of%20Child%20Development%20Facilities_0.pdf.
- ⁹ Licensing regulations stipulate, “All centers must have a Designee who shall be physically present at the Facility when the Center Director is absent. This authorized representative must meet all the qualification requirements of a Center Director and who assumes full responsibility for the Facility’s management and operations in the absence of the Center Director (Section 164.10). A Licensee providing non-traditional hours or twenty-four (24) hour care shall comply at all times with the adult-to-child ratio and staff qualifications requirements provided for in this chapter (Section 160.7). A Licensee shall ensure that staff members are available at all times to attend to the needs of the children, and that at least one (1) adult staff member per every ten (10) children is awake and within sight and sound of the children at all times (Section 160.8).”
- ¹⁰ The most recently available state CCDF plans show that 27 percent of states provide a subsidy enhancement for NTH hours and 75 percent of states provide a subsidy enhancement for higher quality (National Center on Early Childhood Quality Assurance, Using Grants and Contracts, Payment Rates, and Financial Incentives: Webinar Series on Strategies for Building and Financing the Supply of High Quality Child Care, May 2018, https://www.qrisnetwork.org/sites/all/files/session/presentations/StrategiesforBuildingSession4PPT_0.pdf).
- ¹¹ “Percent of employed people who worked by day of week,” Bureau of Labor Statistics, accessed September 17, 2018, <https://www.bls.gov/charts/american-time-use/emp-by-ftp-job-edu-p.htm>.

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About the Authors

Heather Sandstrom is a senior research associate in the Center on Labor, Human Services, and Population at the Urban Institute. Her research focuses on early childhood development and public programs that support the well-being of low-income children and families, including Head Start, subsidized child care, public prekindergarten, and early childhood home visiting.

Erica Greenberg is a senior research associate in the Center on Labor, Human Services, and Population and in the Education Policy Program at the Urban Institute. Her research spans early childhood programs and policies, including state prekindergarten, Head Start, subsidized child care, and home visiting. She also examines inequality in K–12 education and ways early intervention can address it.

Teresa Derrick-Mills is a principal research associate in the Center on Labor, Human Services, and Population. She studies programs and translates research to improve implementation practice and knowledge building; studies and applies performance measurement and continuous quality improvement in an intergovernmental, cross-sector context; and seeks to understand the intersections of policy and practice, particularly in early care and education and workforce development.

Cary Lou is a research associate in the Center on Labor, Human Services, and Population, focusing on policies related to poverty and opportunity. Before joining Urban Institute, Lou worked on state higher education and workforce issues at the Georgetown University Center on Education and the Workforce.

Shirley Adelstein is a research associate in the Center on Labor, Human Services, and Population at the Urban Institute. Her research focuses on programs and policies that promote family well-being and gender equity, including early childhood, work and family, family demography, and workforce development.

Charmaine Runes is a research analyst in the Center on Labor, Human Services, and Population at the Urban Institute. Her work involves both quantitative and qualitative data and methods, focusing on multigenerational antipoverty interventions that support and empower disadvantaged youth and low-income working families.

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