

Daycare and the Great American Divide

In the post-war period, the United States has witnessed an incredible bifurcation of the population based on socioeconomic resources. Economic inequality within the U.S. has widened as the gains made at the top of the economic spectrum have accelerated rapidly while those at the bottom have stagnated or even declined (Autor, Katz and Kearney 2008; Piketty and Zucman 2014; Spilerman 2000). We are now faced with an increasingly two-class system and, as this phenomenon has emerged, scholars have raced to explain the mechanisms propelling our dual and divergent economies. One of the most prominent arguments to emerge has centered around the exclusion of the poor and marginalized from major social institutions like education (Bourdieu 1979; Logan, Minca and Adar 2012), housing (Desmond 2012, 2016; Pager and Sheperd 2008), welfare (Desmond 2012; Shaefer and Edin 2013), healthcare (Hacker 2002), community (Massey 2007; Massey and Denton 1993; Wacquant 1996; Wilson 1987), the labor market (Liu and Grusky 2013; Pager and Shepherd 2008; Tilly 1998; Wilson 1987; Weeden 2002), marriage (Lichter and Qian 2008; McLanahan 2004), and even transportation (Murphy 2007). The undercurrent of these arguments is the same: growing inequality isolates individuals from society's mainstream institutions, in turn undermining society's commitment to these same individuals (Neckerman 2004).

Social scientists have identified exclusionary mechanisms at the individual, organizational, and institutional levels that function to maintain advantage for the already advantaged and to keep the poor poor. But what happens when the poor are not excluded from a social institution? When the poor and the wealthy have access to the same institution, can institutional inclusion translate into economic mobilization, working to bridge the widening gap between rich and poor?

In contrast to this storyline of exclusionary inequality, the present article asserts that the poor are not excluded from *all* social institutions. Drawing on a mixed-methods study of the contemporary American child care system, I find that government child care assistance programs *are* working for the poorest families. Parents who are formally connected to the broader social welfare system have nearly immediate access to child care assistance. Social supports within the broader welfare system also facilitate their entry into a child care center and help mothers maintain that care. Further, families living within the poorest urban neighborhoods have the greatest geographic access to child care centers, with centers populating most heavily within neighborhoods at polar ends of the economic spectrum. In all, the poorest and the wealthiest families are equally included within the institution of child care.

My results also contrast with current media and policy portrayals of child care, in which the system is framed as problematic for the whole of the population (Child Care Aware 2015; Schulte and Durana 2016). In a recently published report out of New America, the authors make their case: “The short version... is that the early care and learning system isn’t working. For anyone” (Schulte and Durana 2016:6). And while for a great number of families, potentially even the majority, this is true, recent methodologically informed work points to the many ways that averages can obscure reality (Chou and Feagin 2016; Western and Pettit 2010). By examining the child care system from a socially stratified perspective, examining individual families’ experiences with child care from a broad range of socioeconomic backgrounds, I gain a clearer and more nuanced understanding of how and for whom the child care system currently does and does not work and why.

Institutional inclusion, though, begs the question of institutional equality. Does institutional inclusion in theory equate to inclusion in practice? Can institutional inclusion lead to

opportunity for economic mobility among the poor? Increasingly, scholars of social stratification and inequality point to the ways in which theory and practice diverge (Bowles and Gintis 2002; Gerber and Shaefer 2004; Goldrick-Rab 2006). Similarly, I find that the institutional structure of child care has varying effects on families from different socioeconomic statuses. Competing institutional logics and the daily logistics of finding and maintaining care inhibit equal access to child care centers among poor families. Compared to their wealthier counterparts, poor parents face multiple barriers to, first, accessing child care centers and, second, maintaining stable child care. As a result, poor families are less likely to access their preferred child care centers, face longer and more complicated commutes from home to care to work, and endure more transitions into and out of child care arrangements. These difficulties inhibit economic opportunities for poor mothers and have potential implications for their children's wellbeing.

Access to child care, a uniquely dual-generational institution, is especially important for the study of social stratification and social mobility because it affects both children and parents. The quality of care that a child receives is a significant and consistent predictor of child functioning (NICHD 1998). High quality early education and care can have significant cognitive, economic, and even health returns for disadvantaged children later in life, including higher rates of high school graduation, higher salaries, fewer arrests, and reduced risk of cardiovascular and metabolic diseases, among other benefits (Heckman 2006; Campbell et al. 2014). Access to high quality and stable child care is equally as significant for mothers. A mother's ability to find, afford and maintain child care has implications for her propensity to return to and duration in the labor force, as well as family planning decisions (Bianchi and Milkie 2010; Blau and Robins 1989). Conversely, limited access to child care may translate into stunted or fragmented employment trajectories, inhibiting upward mobility (Baum 2002; Dodson 2007; Levine 2013).

Child care, however, is not evenly distributed across the population but rather follows market demand. Consequently, studies have found that child care centers are most likely to be located in areas with both the highest and the lowest rates of poverty (Small and Stark 2005; Gordon and Chase-Lansdale 2001). Neighborhoods with low poverty rates and high median incomes tend to be populated by for-profit child care centers where parents can afford costly tuitions. Areas with high poverty rates, on the other hand, have high populations of non-profit and government supported child care centers financed with state subsidized vouchers (Small and Stark 2005; Small 2009). Yet, multiple studies have also documented poor mothers' struggles accessing and maintaining child care (Dodson 2007; Edin and Kissane 2010; Levine 2013; Newman 1999; Scott et al. 2004). Low-income mothers have reported suspicions of unsafe or unsuitable conditions and of their inability to afford consistent child care arrangements. Consequently, these mothers have also reported job loss as a result of inadequate care environments or the inability to maintain safe and consistent care. Overall, the literature on child care has presented child care as both prevalent within poor neighborhoods and a consistent barrier to the upward mobility of poor mothers.

These conflicting findings, that poor mothers are both surrounded by child care centers yet experience difficulty in securing and maintaining child care, have yet to be resolved. Are poor women surrounded by supportive child care organizations or are poor women unable to access safe, high quality, and affordable child care options? This is a question of institutional inclusion and exclusion. I find that both are true. Poor families are simultaneously included and excluded from child care. While institutional structures theoretically support the inclusion of poor children within child care centers, competing practical demands of daily life related to their

poverty coupled with institutional and organizational barriers prevent poor families from securing and maintaining care.

DATA AND METHODS

The current article is founded upon two types of data: administrative and in-depth interviews. A unique strength of multiple methods is the ability to triangulate between complementary sources (Small 2011). Throughout my fieldwork, I worked recursively between the spatial analysis of child care centers, review of internal documents, and my interviews with mothers, providers, and policymakers, using one to inform and advance the other. I initially entered the field with the expectation that the child care options offered within one's residential neighborhood would most greatly affect a families' child care options. Essentially, that their residential neighborhoods would operate as geographically constrained markets. Interviews with mothers, however, suggested that the residential child care market was only one of many intervening complications in finding and maintaining child care. Rather, socioeconomic resources and a mother's relationship with the state are significant determinants in if and how a mother enters the child care system. From this initial entrance, we can then trace a mother's navigation of the broader child care system.

The goal of this project is two-fold. First, I aim to more comprehensively and systematically outline the institution of child care, a significant social institution that simultaneously shapes the wellbeing and economic mobility of two generations and one that has remained largely out of the sociological spotlight. Second, I seek to contribute to conceptual models of social stratification. Here I bring to bear the question of exclusion versus inclusion and

whether inclusion within a social institution can result in equal opportunity among variant socioeconomic classes.

Administrative Records and Internal Documents

I began this project by accessing state administrative records of licensed child care facilities in Suffolk County, MA which encompasses the city of Boston, and towns Chelsea, Winthrop and Revere, informally considered a part of Boston. I included in my sample only centers that provided care to children under 5 years old and excluded centers that provided only after school care. Head Start programs are included in my sample. The records included the providers' address and whether the provider is a center or home daycare; only centers are included in the present analysis. All records were downloaded November 2016. Using this information, I geocoded all centers onto their census tract and linked the organizational data to American Community Survey data, using the 2011-2014 5-year estimates to map how child care geographies vary by the socioeconomic status of a neighborhood. I additionally analyzed internal documents at the federal and state levels to better assess trends in child care funding and assistance and attended monthly meetings for the Department of Early Education and Care from November 2016 through May 2017.

In-Depth Interviews

While compiling and analyzing state administrative records, I initiated my interviews among Boston families, child care providers, child wellbeing and early education policy advocates, union representatives, and state bureaucrats. Because child care is a relational process, a transaction enacted through multiple groups of stakeholders, I endeavored to interview

members of each of these groups (Desmond 2014; Mische 2008). Doing so allowed me a strategic vantage point, switching frequently between the perspective of the provider to understanding the state's political agenda to parents' experiences finding or not finding child care. This approach also helped to confirm and clarify processes of finding and maintaining care. When parents reported a particular experience that seemed unusual or unclear, by talking with providers about how center policies are enacted or bureaucrats about the logistics of rendering assistance, I could often piece together the broader storyline. Conversely, by talking with parents and providers, I also noted a very different narrative from the one being promoted by the state. Restricting my interviews to one group alone would not have yielded such insights.

I recruited parents through a number of outlets: child care centers, libraries, local colleges, local online parenting forums, community events for young children, community programs for families with young children, and referrals. Although all of my recruitment materials requested "parents", only one father volunteered to be interviewed. My other 42 interviews were among mothers who ranged in age from 22 to their mid 40s and lived in a number of Boston neighborhoods. Interviews lasted between 45 minutes to more than 2 hours, with most about an hour and a half. Tellingly, my interviews with wealthy mothers tended to take less time than my interviews with poor mothers whose child care histories were more complicated. I questioned parents about their child care histories, present arrangements, and plans for future arrangements. I asked about their current and past perceptions of safety and quality of care. In addition, I reviewed with parents their employment and housing histories, family structure, daily time management, and plans for their own future, including career, housing, and fertility. Immediately following each interview, I took notes on the respondent's overarching child care timeline. I took special interest in the similarities and differences between

prior interviews in an effort to begin identifying patterns and compared these observations to existing scholarship (Burawoy 2009). I frequently followed up with parents months after their initial interviews to note any significant changes in care.

The interview data used in this paper is drawn from the families I interviewed who reside at the polar ends of the income spectrum because those are the families who are able to access child care centers. This includes six mothers and one father whose families earn more than \$150,000 per year and sixteen mothers who accessed child care via public assistance, earning less than \$15,000 per year at the time they first received a child care voucher. Those with household incomes in between rarely were able to access child care centers due to high costs and the general unavailability of child care vouchers for those not on welfare. While detailing the experiences of middle income families attempting to navigate the child care system is beyond the scope of this paper, it is relevant to suggest that within large urban areas child care centers represent the care experiences of a specific subset of the population: those at the highest and the lowest points of our socioeconomic spectrum.

To complement my work among parents, I interviewed 19 providers from both private and nonprofit child care centers along with 18 state and non-state actors involved in policy-making at both the state and federal level. Interviews took place in-person or over the phone and lasted between 45 minutes and 1 hour. Again, all interviews were recorded and transcribed. Providers were recruited through direct communication and through referrals. Aiming to gain insight into the operations and financial aspects of child care, I intentionally sought out center directors and other center staff, including teachers and regional managers, from a range of organizations: non-profit and for-profit centers, large and small centers, voucher-accepting and non-voucher-accepting centers. My time with these providers helped me to better understand the

supply side of child care and the organizational barriers that families face in accessing care as a result of the institutional barriers encountered by providers.

THE SETTING

Boston, MA

Boston offers families some of the highest quality child care in the country (Schulte and Durana 2016). Regulations in Massachusetts rank among the strictest, with some of the lowest teacher-to-student ratios and group sizes in the country, two of the licensing standards most commonly associated with safety (Child Care Aware 2013). Massachusetts' minimum licensing standards do not fall far from National Association for the Education of Young Children (NAEYC) accreditation, a national standard of quality, meaning that any licensed program in Massachusetts is of relatively superior quality than programs following minimum licensing standards in other states. The state department overseeing child care and early education, the Department of Early Education and Care (EEC), has prioritized a quality ranking program for child care providers to help parents better identify high quality child care programs, spending considerable departmental resources on the creation and implementation of this program.

State assistance for child care in Massachusetts' is also relatively generous compared to many other states. Income eligibility for a family of three in Massachusetts, for example, is 221% of the federal poverty line, compared to a national average of 175% (Schulman and Blank 2016). For recertification, families can earn up to 85% of the state median income; relatively high at nearly \$78,000 per year for a family of three. Massachusetts parents can also receive child care assistance for up to 8 weeks while searching for a job or after losing their employment, an effort to support continuity of care. Separately, the city of Boston has identified universal

preschool as a political priority (Walsh 2017). Combined, the state's and city's efforts place Boston as one of the most regulated, highest quality, and most accessible markets. At least on paper.

Boston, as a result of the state's strict standards however, is also one of the most expensive child care markets in the country (Schulte and Durana 2016). Low teacher-to-student ratios and small group sizes mean child care providers must employ more people, an expensive investment which leads to higher child care rates for parents. And despite, or more likely because of, the generosity of assistance policies, Massachusetts has the second longest waiting list for child care assistance in the country¹ (Schulman and Blank 2016). Due to an absence of funding, the waitlist is often frozen for long periods of time, even years. As of 2016, the list numbered more than 24,000 children across the state, up from 18,000 in 2001. Many low-income families are not receiving assistance despite their eligibility. For families that have accessed vouchers, parent copayments are relatively high compared to other states (Schulman and Blank 2016). A family of three with an income 150% of the poverty line could be charged a monthly fee up to \$325 by the provider.

Strict regulatory standards also mean a relative shortage of child care centers because of the costs associated with compliance. Although child care slots in absolute terms are available in Boston, the majority are in family home daycares rather than centers. Mothers, however, have strong opinions about where they are willing to place their children and many of the mothers in my study, especially the poorest mothers, felt strongly against placing their children within home daycares. So while quality is high, accessibility can be much more complicated and varies greatly amongst families based on their socioeconomic resources.

¹ Among the states maintaining a wait list. Many states have foregone the wait list due to related administrative costs.

Institutional Inclusion

There are two paths to affording child care centers in Boston: private pay and government assistance. Because Boston child care is so expensive, private pay is beyond the reach of most families. According to the U.S. Department of Health and Human Services, a family should not spend more than 7% of their total income on child care for it to be considered affordable. The average annual cost of infant care in Massachusetts is \$17,000 (Economic Policy Institute) with rates at some private Boston child care centers exceeding \$36,000 per year. For a family to place one infant in care at a rate defined as affordable by the U.S. government, the family would need to earn between \$243,000 and \$514,000 annually. Although many families who place their children in centers earn less than this, my research suggests \$150,000 as a baseline for families to be able to consider center-based child care, well above the median household income for Boston.

Table 1. Two Paths to Child Care Centers by Household Income

	Approximate Household Income	PATH 1: State Subsidy		PATH 2: Private Pay
		Welfare	Income Eligible	Market Rate
Poor	< \$15,000	X	X	---
Low Income	\$15-\$55,000	---	X	---
Middle Income	\$55-\$150,000	---	---	---
Wealthy	> \$150,000	---	---	X

The second path to affording a child care center is through state subsidized child care assistance. The problem here is that child care assistance programs, across the country, are deeply underfunded. Politically born under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), subsidized child care is sponsored through the Child Care and Development Fund (CCDF) and Temporary Assistance for Needy Families (TANF). Total

expenditures and value from both sources have declined over the past decade as demand for child care assistance has risen. The number of children served with CCDF funds both nationally and within Massachusetts has declined since the early 2000s (appendix A).

Figure 1: CCDF Expenditures, 1997-2015

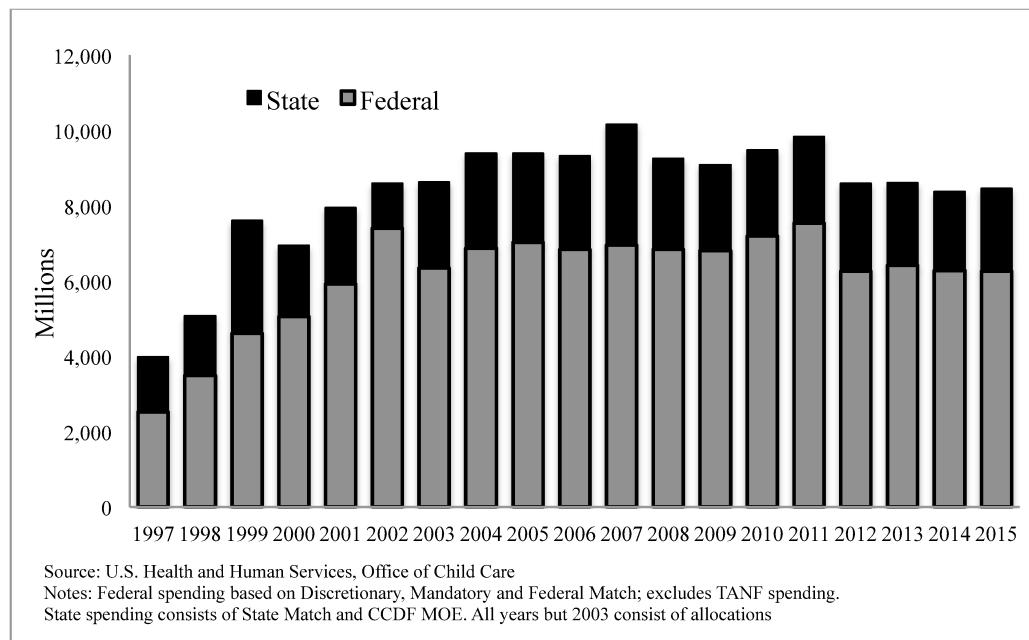
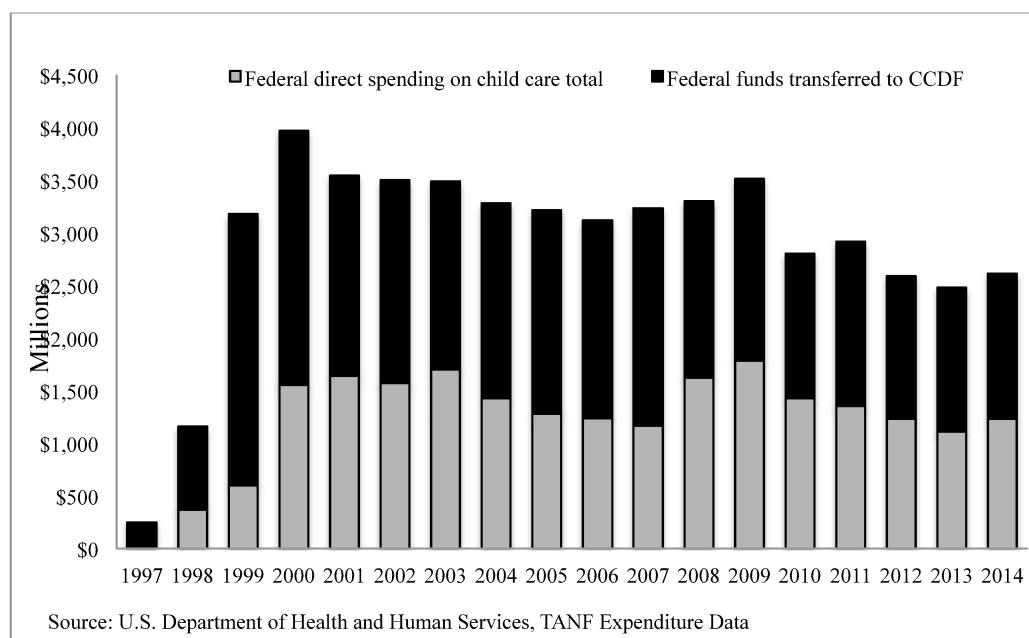


Figure 2: Federal TANF Spending on Child Care, 1997 to 2014



Instead, thousands of families sit on the waitlist in Massachusetts, as elsewhere, for a child care voucher. In 2001 there were 18,000 families on the list. In 2016, there were more than 24,000. Employees managing the waitlist joke that parents should put their name on the list as soon as they get married. This might not be early enough. Many wait more than two years to receive some form of assistance.

Except welfare recipients. Families who receive welfare assistance are automatically provided with child care vouchers in Massachusetts, a state prioritization with federal roots. To stretch diminishing budgets, states have turned to creatively managing their child care budgets and a primary tactic has been the prioritization of certain eligible families over others. Federal law does not mandate that states provide all eligible families with child care assistance and, since PRWORA, most states have not. However, federal law does require that a large percentage of CCDF funds go to assisting families on welfare, or those who have recently transitioned off. States are also restricted from sanctioning single parents for failure to meet work requirements as a result of child care and state TANF funding is contingent upon states meeting work participation rates. To fulfill these federal mandates, Massachusetts, like other states, prioritizes current and past welfare recipients for child care assistance.

For families on welfare, obtaining a child care voucher is seamless:

So, when I first needed a voucher for his [child care], I just went into [the welfare office], I talked to a specialist that's in charge of my account ... and then she just did it. I didn't have to bring the pay stubs or anything cause they have access to what I get for welfare. (Juanita, 23 years old [y.o.], mother to [m.t.] 4 y.o.)

Moreover, the mother's relationship with the welfare state, both formal and informal, frequently facilitated her entrance into child care centers. Social workers and nonprofit workers at homeless centers, colleges, and hospitals helped the mothers in my study gain entry to and maintain their child care, their poverty the ignition into the world of child care.

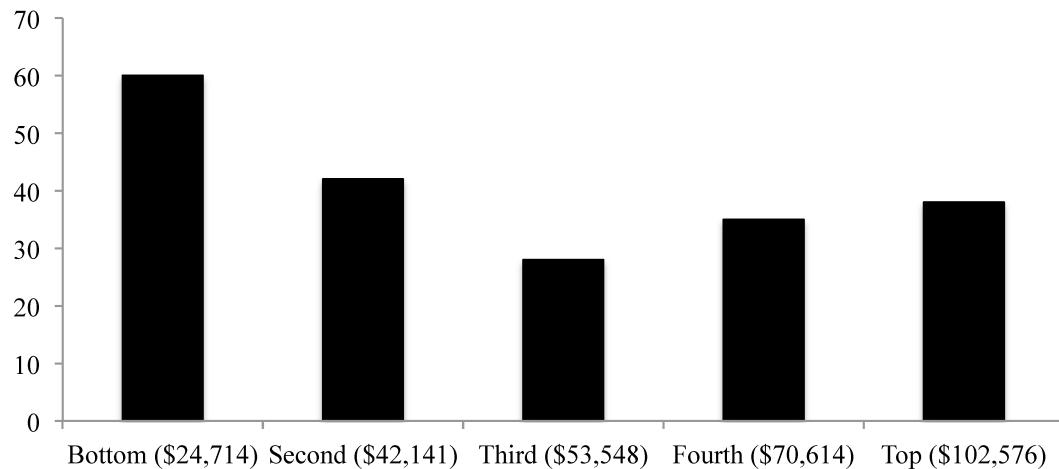
But because child care assistance and welfare assistance have very different income parameters, at about \$55,000 for a family of four compared to about \$15,000 respectively, the result is that only the very poorest in Boston are able to obtain assistance for child care through their existing relationship with the welfare state. Those who qualify for child care assistance, but not welfare, earning approximately \$15-\$55,000 for a family of four, linger on the state waitlist. Consequently, Boston's child care centers are populated by children of the wealthiest families, earning more than \$150,000 per year, who can pay privately and the very poorest, earning less than a tenth of that, who can access a voucher.

Spatial Distribution of Care

The institutional inclusion of the poorest and wealthiest families in child care is reiterated in the spatial distribution of child care centers. Responding to the polarization of affordability, Boston child care centers populate both the lowest income and the highest income neighborhoods at similar rates, according to my analysis of administrative records. These results are in line with Mario Small and Laura Stark's (2005) work on child care centers in New York City, suggesting that polarized child care is a wider pattern and likely applies to other urban areas, although state policy would likely play an important role here. Small and Stark ultimately conclude that poor families may be better off in poor neighborhoods because of the availability of support through these centers rather than moving into middle class neighborhoods as some past policy work has advanced (Ludwig, Duncan and Ladd 2003). Yet, presence does not equate to equality in access. What past studies have not considered is how a mother navigates the child

care system. I find that, for poor mothers, daily logistics related to their poverty, in addition to confounding institutional and organizational barriers, operate as exclusionary mechanisms.

Figure 3: Number Child Care Centers by Tract Median Household Income (Tracts=190)



EXCLUSIONARY LOGISTICS

“It was easy. You just go to the [welfare] office and they give you the voucher, but then you have to go find the daycare on your own” (Brittany, 22, mt 2 yo)

Poor mothers may have seamless access to child care vouchers and poor neighborhoods may be populated by child care centers, but poor mothers continue to face challenges in finding and maintaining child care. If it is their poverty that shuttles them into child care, it is also their poverty that keeps them out. In the case of poor mothers, daily logistics related to their socioeconomic status operate as exclusionary mechanisms. A combination of limited economic resources, housing instability, employment instability, inflexible work environments, and a lack of transportation combine to inhibit poor mothers’ ability to access and maintain child care. Because of these constraints, I find that poor mothers are more likely to be constrained in their child care choices, search more widely geographically for providers, and transition between child care arrangements more frequently than wealthy mothers. These results have implications for

mothers' own economic mobility and the wellbeing of their children. Below, I compare the processes of finding and maintaining care for wealthy mothers and poor mothers, beginning with the initial search for care – getting in – followed by parallel efforts to maintain care – staying in.

Getting In

If getting a child care voucher is easy for poor mothers, finding a spot in a child care center is not. Although the poorest families in Boston face few barriers in obtaining a voucher from the state, their ability to secure and maintain care is compromised by competing institutional logics and the difficulties of everyday life related to their poverty. Resulting, the process of finding child care diverges drastically for poor and wealthy mothers. To illustrate, I compare the following narratives on finding care for their infants.

Susan is a wealthy mother. A professional with a terminal degree, she works in upper management at a multinational corporation. Susan is married to another professional who also works in upper management for a large consulting firm. In her mid-30s and with two children ages 4 months and 2 years, her total household income tops more than \$400k. Susan and her partner have owned their two bedroom apartment for several years. Here she describes her process of finding care for their first child:

My friend said, "You've got to sign up to daycare now," as soon as I told her I was pregnant. That sounds insane, that can't be possible. And even still, even though we did that, we still didn't get [a spot]. [We] ended up having to go to Bright Horizons. They had space, probably because it's the most expensive place available. ... [It also] makes sense from a distance perspective. We didn't want to have an interim solution that involved, like, walking twenty minutes in the wrong direction. Or even, frankly, ten minutes in the wrong direction.

Brittany is a poor mother. At 22 years old, she is in her third year of community college and on welfare assistance. She is in a relationship with her son's father, who helps financially, but unmarried. Her son's father has also attended community college on and off, but has put his

education on hold for his delivery job. Brittany and her son share a bedroom in her mother's apartment where her grandmother and 12-year-old brother also live. Here Brittany recounts finding care for her infant son:

They gave me a voucher and then it took me awhile to like find- actually find a day care. ... Me and his dad sat there like for weeks calling all these different places. I'm not gonna lie, it was really, really aggravating, because there was so many numbers you had to call and some day cares I visited and I didn't really like them or some they was like, oh yeah they have a spot open and then when you call them back or when it's time to go meet with them they didn't.

J.B.: Did you limit your search to a certain area?

I did at first because I wanted something that was close to home, because at that time I didn't have a car so I knew I would have to get on the bus... then I ended up widening the search when I noticed all the places that close to me wasn't open.

Both mothers needed a spot for their 3 and 4 month infants, respectively, preferably close to home and on their way to work or school. Susan, because of her resources, was able to enroll her child into an alternative center – the “most expensive” – while she waited for a spot at her preferred center and returned to work on schedule. Eventually Brittany found a spot in a home daycare near her house, but several months had gone by and she had failed one class in the meantime because she could not find anyone to consistently watch her son.

Part of the difficulty poor mothers experienced in their search for care was their inability to plan. The most desirable child care centers in Boston maintain long waitlists for their programs. Wealthy mothers I spoke with often had their names on waitlists at multiple child care centers while they were still pregnant, often very early in the pregnancy. For poor mothers reliant on vouchers, this type of planning is almost impossible: “It's like they don't give you like a week or a month or two weeks to be like ‘This is when your voucher starts.’ So, some places, they had an opening, but they didn't take him because the voucher started like two or three weeks later” (Brittany, 22 yo, mt 2 yo). In fact, vouchers are given to welfare mothers two weeks before their

planned activity, be it school or work, but child care centers do not accept a child until the parent can produce the voucher, sometimes creating scheduling confusion for the mother if she has started her search too early. Brittany had found openings at daycares she deemed acceptable, but because her voucher had not yet come through, she lost the slots, given to parents with vouchers in hand. Even so, two weeks is not enough time to get into the most preferred child care centers across the city, many of whom manage wait lists months and even years long.

The ability or inability to plan for child care also intersects with housing. Most mothers prefer care near their homes, with work a close second (Maryland Committee for Children 2003), a sentiment reiterated by the mothers I interviewed. However, poor families move frequently (Desmond 2012; Sampson and Sharkey 2008), an experience also reiterated by my participants. For most of the poor mothers I spoke with, housing instability was a lifelong experience that continued into their own autonomous adult lives. Caitlin's housing history reflects that of many of the poor mothers with whom I spoke. A 30-year old mother to a 3-year old son, Caitlin was originally living with the father of her son. She got pregnant, unplanned, and they broke up soon after. She moved into her mother's house, a temporary arrangement. She was sleeping on her mother's couch; the apartment was crowded. Caitlin decided to go into a homeless shelter as a route to public housing. Even worse than child care assistance, public housing assistance can take years, even decades. The waitlist for section eight vouchers was closed during this project. Homeless families, however, get priority for housing in Massachusetts, so many of the mothers I spoke with enlisted in homeless shelters to jump the waitlist for housing assistance, getting on welfare, obtaining a child care voucher, and enrolling in school or finding a job as they waited. This was Caitlin's journey. Her mother had done it too. The thing was, Caitlin had no idea *where* she would be living once she got her housing voucher or public housing. She started out in a

shelter on one side of town. Six months later they moved her to the other side of town. When she got her housing voucher a year later, she scoured the Boston metro area for an apartment, putting in applications for any available place.

For Caitlin, putting her name on a waitlist for child care was pointless. She did not know where she would be living by the time her son was born and ready for child care. Her experience, however, diverges from those of wealthier mothers whom I interviewed, who had the resources to plan for housing and, therefore, child care nearby. Most of the wealthy mothers in my study owned their homes. For them, locating the nearest child care centers for their future children and their future care was easy.

Beyond their personal circumstances, poor mothers faced challenges in finding child care related to the organizational and institutional field of child care, challenges they could not even perceive. First, not all child care centers accept vouchers. Of the centers on which I collected data, only 72% reported accepting vouchers, largely a result of the low voucher reimbursement rate for which providers get significantly less than market rate (appendix B). But even within the pool of eligible centers, poor mothers faced potential difficulties in getting into centers. For example, child care vouchers vary in duration depending on a mother's planned activity. Sometimes vouchers are issued for a year and sometime for just four weeks. Child care centers sometimes hesitate to accept children on vouchers of short duration because of the disruption: "Sometimes [the voucher is for] four weeks and you're like, 'Do you really want to take somebody on for four weeks? Kids are just getting used to coming to school and are you going to be eligible for another two months or three months?'" (Director of a large child care network). It is not only the temporality of the voucher, but also the question of renewal that gives child care providers angst. The onus is on the parent, not the provider, to renew the voucher and sometimes,

mothers forget. Although the voucher renewal process is not difficult, as described by the mothers in my study, it takes planning and time and sometimes access to a fax machine. If a mother fails to renew on time, she risks losing her voucher, at least temporarily, and the provider risks not getting paid or having to deny care to a child. Child care providers, already struggling with finances, face a difficult decision when a parent loses a voucher: refuse service and turn the child away or forgo the state's reimbursement for that child, losing money.

Even if poor mothers were able to select their child care providers from an open market, as economists have past portrayed (Blau 2001; others), they still face barriers compared to their wealthier peers. To place your name on a wait list for care, centers typically require fees, ranging from \$25 to \$100. Middle income and wealthy mothers I interviewed frequently spent between \$100 and \$500 on fees and down payments in attempts to secure child care spots, prohibitive for mothers on welfare. But even then, waitlists are not always managed first come first serve. Some center directors screen families before accepting their child into care or preference some families over others on their wait list. One director of a private Montessori center with a lengthy wait list described to me how she will feel out a family for "fit", deciding whether to let them in or not:

After talking to the parents, seeing what they're looking for exactly, I try to figure out whether they're a good fit for the school... My first question is, "What are you looking for in a school?" And that says a lot... they'll say all what I feel is the right things. And then we have other parents that come in and... I'm like you're not getting it. So this is not the perfect fit.

Scholars have described how cultural capital can contribute to and exacerbate inequalities (Lareau 2002, 2015). In this case, families without the proper Montessori vocabulary might be passed over for care, even if they could afford it.

If child care, as a field, is characterized by long term planning, families who receive temporary vouchers on short notice are at a disadvantage. Unlike Susan, Brittany's child care choices were driven by which providers had openings. Whereas Susan considered convenience

and quality and where she thought her daughter would be happiest, Brittany just needed a spot.

Restricted by her reliance on vouchers and a short time in which to find care, Brittany had to broaden her search to the surrounding neighborhoods, anywhere reasonably accessible by bus.

As I detail in the next section, poor mothers' need to expand their search geographies, complicated by transportation difficulties, often led to longer and more complicated commuting patterns and, occasionally, to mothers forgoing their child care.

Staying In

The same instability that inhibited mothers from finding care also impeded their ability to maintain child care once found. Nearly six years ago, Natasha, her partner, and their 10 month old daughter, Rose, were forced out of their apartment in a Boston suburb, one they could just about afford at \$800 a month, because of issues with the plumbing. When it rained, water came up from the toilet and sinks. The Health Department declared the apartment uninhabitable; there were feces in the carpeting, the furniture, their clothing. The welfare office offered Natasha's family housing in Springfield, 90 miles outside of Boston, but Natasha was in the middle of a semester at school and they did not have a car. Moving to Springfield would have meant quitting school and losing credit hours she had already paid for. Instead, Natasha went into a homeless shelter with her daughter across town while her partner stayed with a family member. She moved Rose from a child care center near their flooded home to the child care center inside of the shelter. But after several months, she did not like the care Rose was getting at the shelter – it was “ghetto”, diapers were not changed frequently enough, providers were not interacting with the children as Natasha thought they should – so she moved Rose to a center closer to her work. Rose was expelled after several months for behavioral issues: “They were like, ‘Oh, no. She's

very dangerous. We can't have her here.' So she got kicked out. Oh my gosh, it was such a difficult time because now I have to figure out, now I have to find her a new [child care center] to go to". Natasha found another center, this time closer to the shelter, but she did not like this one either. Around this time, Natasha and Rose moved into a temporary housing program and Natasha took the opportunity to move her daughter to another child care center. Natasha and Rose moved residences two more times, the final time back in with Natasha's partner and Rose's father into permanent housing. Natasha changed her daughter's care with each subsequent move to coordinate with their new living arrangements, new neighborhood, and Natasha's commute, still going to school across town near their original apartment. By the time Rose was five, she had attended eight child care centers.

Sociologists have long documented the fallout of residential instability. Among the many repercussions, scholars have pointed to the negative impact of residential mobility on children's educational achievement (Astone and McLanahan 1994; Coleman 1988; Pribesh and Downey 1999). My findings suggest that scholars' scrutiny begins too late in the observed lives of children, with much of the research focused on those already in middle or high school. Residential instability, however, establishes a pattern of educational instability long before a child reaches elementary school. Children of poor working parents who grapple with housing difficulties may experience multiple care transitions, in addition to multiple residential moves, before they turn even five-years-old. Developmental psychologists have uncovered links between child care instability and child wellbeing (Claisen de Schipper, Van Ijendoorn, and Tavecchio 2004). The ramifications, then, of residential mobility for children may very likely begin much earlier in a child's life than the sociological literature currently describes.

Natasha's experience is drastic, but reflective of others' experiences navigating the interlocking systems of work, welfare, housing, transportation, and child care. Many of the poor mothers with whom I spoke dealt with shifting and complicated housing and child care arrangements. These moves, often unplanned and made on short notice, made stable child care difficult particularly when mothers had limited access to transportation. Jamie, 24 years old and mother to a four-year-old at the time of our interview, had moved into a homeless shelter at three months pregnant after her mother kicked her out and her partner abandoned her. While at the shelter, an interaction with another shelter resident sent her to a Super 8 Motel in a distant Boston suburb more than 20 miles from the city, the only place where the nonprofit organization running her shelter could find space. With no car and no place else to live, Jamie commuted daily into the city to attend her community college courses: "From the motel that I was in in [the suburb], I would take the little shuttle bus... to the commuter rail station, take the commuter rail to Downtown Crossing and then take the Orange line to Green Street ... Then get back on the train and come [to school]. Go pick him up and then go back. Every day". Jamie's dedication to maintaining her and her son's school attendance is extraordinary. Her complications with housing and transportation, however, are less so. Like Natasha and Jamie, most poor mothers in my study had little foresight into where they would be living in a few years, months or weeks, sometimes days. Many moved frequently between temporary and permanent, shared and autonomous, subsidized and market housing. Few had a car. Transportation was onerous, especially in Boston winters. For some mothers, like Natasha, the complications proved too difficult, and they either withdrew or found alternative child care arrangements.

Mothers' ability to maintain their child care was also shaped by the nature of their employment. Most of the poor working mothers in my study were paid hourly and worked one or

two nonstandard jobs, often in the evenings and on weekends when child care centers are closed. Because they were paid for their time rather than their contributions, as oppose to the professional mothers I interviewed, their employment schedules were inflexible up to the minute. This inflexibility caused friction with similarly inflexible schedules at their children's child care centers, which typically led to at least one of four outcomes: mothers moved their children to a child care center closer to their work and commuted with their child, mothers found a child care center open longer or that provided transportation and children spent longer in care, mothers made multiple arrangements for their children's care, or mothers quit their jobs. Most often, they shuffled between outcomes, trying to find the best solution, but moving their child in and out of care in the meantime.

Keysha's daughter, almost four years old, has been in four child care arrangements – three centers and one home daycare. Keysha, with a high school diploma and a few semesters of community college, has worked as her grandmother's caretaker for most of her adult life. To earn more money and get out of her grandmother's house, Keysha started working at a car rental company parking cars at the airport. The job required strict punctuality, which created tension for Keysha dropping off and picking up her daughter from school:

Her [child care center], they used to do 7:00 to 5:00; they changed it to 7:30 to 5:30. So if your [center's] opening at 7:30 and I need to be to work by 8:00, that's not going to work for me. So I was getting to her [center], I was the first mother there every morning at 7:29. That one minute dropping her off, soon as the teachers were getting in I wasn't even letting them take their stuff off. I'm like, signing her on, you're on the clock, it's 7:30, you're on the clock, come on. They used to be like, "Well, wait one second." And no, I cannot wait, I have to go... I'm not trying to throw her off on you but I really got to get to work.

Keysha moved her daughter to a home daycare when her daughter's child care center made the schedule change. The home daycare offered longer hours and transportation. But her daughter hated it and Keysha had her own concerns. She saw the owners' teenage nephews

several times hanging out in the daycare space. Like many of the poor mothers I spoke with, and as other scholars have also documented (Levine 2013), Keysha was concerned about sexual abuse, especially in home daycares and especially because she had a daughter. Immediately, she started calling centers to transfer her daughter for a second time. It took her two months to find an open slot. The center was further from her house, but offered transportation. Her daughter was picked up from their home at 6:30 in the morning and returned to Keysha at 6pm.

Keysha's job also required her to work late into the evening on Fridays. At first, her mother helped to watch Tia. After a year of this arrangement, Keysha's mother began to complain and Keysha resented it. Keysha had also begun paying weekly fees for Tia's child care, about \$80 weekly, when her welfare child care voucher transferred to an income eligible voucher. Child care vouchers, like cash assistance, are time limited. A year after a mother transitions off of welfare, her child care voucher is transferred to an income eligible voucher, a categorical slight of hands that matters more administratively than practically. But the transfer permits providers to charge parents fees based on a sliding scale, omitted with the welfare child care vouchers. Keysha fell behind on her weekly fees and she no longer wanted to need her mother's help. She quit her job at the car rental company and pulled Tia out of care.

Many of the poor mothers in my study also transitioned frequently between jobs and between work and school. Because mothers often arrange child care around their commute between home and work, changes in work typically precipitated changes in child care. Stephanie had been attending community college courses after enrolling on welfare. Her son, six months old at the time, started at a child care center, Central City Memorial, a few blocks from their apartment. Before finishing her degree, Stephanie decided to start working. She found a job as a teachers assistant in another child care center, but it was in a suburb of Boston and she lived in

the middle of the city. The drive took her at least thirty minutes. At first, Stephanie paid an additional fee to be able to drop her son off early, about \$50 a week, so that she could get to work on time:

So dropoff, he would get dropped off around 7 or 7:30 and I would make it to [work] around 8 o'clock. Some days I would be late, 8:10, 8:15 ... and it became harder and harder as time went by. Orlando finally turned one, one and a half, and he ended up transferring to where I work.

Stephanie and Orlando commuted together for about a year, Stephanie to work and Orlando to child care. But Stephanie grew tired of her work and decided to apply for another position:

So I went on the interview, and the same day the hiring manager had asked me if I'm interested in working there. So things started moving really fast, and I'm like "Oh my goodness, what am I gonna do about him? He's in [a southern suburb] and I'm in [a northern suburb], soon to be ... in two weeks. What am I gonna do?"

Stephanie transferred Orlando back to Central City Memorial, able to skip the waiting list because of his previous attendance and sheer luck. Stephanie, at the time of our interview, was expecting her second child. Her job offered her no paid leave. She wanted to work as a telephone representative from home, but those jobs do not exist up north. Stephanie was contemplating a move to the south.

Wealthy mothers, too, experienced strain between work and child care. One way that Boston child care centers cut costs is by restricting schedules. Many open at 8am and close between 5 and 5:30pm so that they require fewer staff. For even the wealthiest mothers, fitting in a full day of work between 8am and 5pm could be trying. But unlike poor mothers, the wealthy mothers in my study, more likely to be married, were often able to offset these constraints by sharing responsibilities with a partner. Fathers did drop-offs and mothers pick-ups. If mothers had to travel or work late, fathers were able to fill in. Wealthy mothers, when partners were

unavailable, were able to substitute costly nannies for their presence. Poor mothers in my study did not have similar support. For many of the poor mothers, their partners and the fathers of their children were incarcerated. Other fathers and partners also worked nonstandard schedules with inflexible hours and were unable or unwilling to participate in the child care routine. Poor mothers were taxed with both dropping off and picking up their children or relying on unpredictable support from family and friends.

IMPLICATIONS FOR ECONOMIC MOBILITY AND CHILD WELLBEING

“The schedule goes around them. If you want to make more money, you might not be able to because if you need to go pick them up from daycare, and if you want to take classes to have better future for them, you can't. It's putting your schedule around them” (Krystal, 24, mt 3 yo)

“The whole summer he was not in day care, which made it a little difficult for me because I ended up failing one of my courses because it was hard for me to find someone to watch him” (Brittany, 23, mt 3yo)

For most of the poor mothers I interviewed who received welfare, presently or in the recent past, the institution of child care helped to mobilize them economically. Child care vouchers were easily claimed and did what they were supposed to – they gave mothers the child-free time necessary to attend school, find jobs, and complete career training programs. Generally, mothers were happy with the care their children received while in the centers. Enrolling in welfare and obtaining vouchers, on the whole, made their lives and their futures, at least imagined, better.

However, these mothers still faced impediments in their economic mobility due to child care complications that were related to their marginalization within other social institutions, especially compared to wealthy mothers. The poor mothers I met had failed classes, postponed school, were fired or quit jobs, and accepted underemployment in efforts to cope with a child care system that includes but was not made for them. In effect, their exclusion from other social

institutions – housing, employment, and transportation –resulted in their practical exclusion from child care.

The exclusionary logistics related to their poverty and the institutional and organizational barriers related to the field of child care, detailed in the sections above, led to four overlapping results which summarize how poor families experience child care as compared to wealthy families: 1) more constrained care choices, 2) a wider geographic search radius, 3) more child care transitions, and 4) the child at the center or away from maternal care for longer periods of time.

Table 2: Complications and Results in Poor Mothers' Child Care Arrangements

<u>Life Complications</u>	<u>Child Care Results</u>
<ul style="list-style-type: none">• Nonstandard and inflexible work schedules• Lack of partner support• Housing instability• Reliance on vouchers• Economic insecurity• Variant cultural capital• Lack of reliable transportation	<ul style="list-style-type: none">• Constrained choices; not getting preferred provider• Wider geographic search area• More child care transitions• Child at center, commuting, or away from maternal care for longer periods of time

In addition to inhibiting mothers' economic opportunities, these results have potential implications for children's wellbeing. A long history of research has fiercely debated child care's imprint on a child's development and wellbeing (Clasien de Schipper, Van IJzendoorn and Tavecchio 2004; Heckman 2006; Howes and Hamilton 1993; NICHD 1998; others). Less considered are the effects not necessarily of the child care itself, but of the child care system as a whole and how the system affects families differently across socioeconomic resources. The child development literature, for example, has documented the significance of stability in child care arrangements for a child's wellbeing and healthy development (Clasien de Schipper, Van IJzendoorn and

Tavecchio 2004; Howes and Hamilton 1993). Children who are cared for by the same caregiver with fewer changes in primary caregiver throughout the day and over time are more likely to show positive signs of healthy development, while those experiencing multiple transitions are more likely to display “problem” behavior, which may precipitate even more child care transitions given the extraordinary expulsion rates among preschools (Gilliam and Shahar 2006). Because of poor mothers’ instability in housing, employment, and transportation, in addition to financial difficulties and an absence of partner support, maintaining stable child care was often impossible. Rather, poor families frequently cycled in and out of various care arrangements in response to their instability.

Child care complications experienced by poor mothers also affected the amount of time their children were in care or commuting back and forth to their child care center. My results point to markedly different experiences for children in the time that they are involved in nonmaternal care arrangement. Because poor mothers were often unable to place their child in their preferred child care center as a function of their voucher reliance, as other studies have found (Hays 2003), poor mothers frequently had to widen their geographic search radius in an attempt to find an open slot. This, in addition to their reliance on public transportation, lengthened and complicated commutes. Nonstandard work and school schedules also conflicted with operating hours at their child care centers so that they relied on secondary sources of care to cover their weekend shifts and evening classes. Ultimately, this meant that their children were in care for even more time on a weekly basis than the children of parents who worked standard hours or had more flexibility in work schedules.

Although we would need strong survey data to demonstrate the consistency of the relationship between socioeconomic resources and a child's time spent at or commuting to child care, these diverging experiences have historical roots in the formation of child care as an institution. While preschools have long existed for wealthy mothers to send their children to for development reasons and to give mothers a break, our contemporary child care system has arisen in response to the increase in federal funds designated for child care outlined in the PRWORA, an initiative targeted toward mothers' employment rather than child development (Lombardi 2003). While policymakers, in more recently year, have pushed to improve the quality of all child care, the complicated journeys to care embarked upon by poor mothers suggests that, still, child care is not a system of their own.

These divergent chronological experiences were exacerbated for poor mothers by institutional logic. Unlike wealthy mothers who worked the occasional weekend or late into an evening, poor mothers were restricted in their opportunities to make up lost time with their children. State law requires that child care providers take and report attendance for children using vouchers. Too many absences and a family loses their state subsidy. Consequently, poor mothers took their children to child care on days they were working and on days they were not:

I feel like I'm being monitored. If I just feel like staying home with her, I think about, "Oh my god, well, how many absences she had this month. Let me just bring her in." I just pick her up early, because I don't want to lose the voucher, because I'm a single parent and it's hard. (Sally 33, m.t. 13 y.o. and 15 m.o.)

The literature is mixed about the relationship between child development and maternal time investments in children and I am unable to address this relationship here (Bianchi 2000). What my study does bring to bear on this body of work are the effects of

organizations and institutions on families' time use patterns, beyond work. Poor mothers' time is controlled not only by their employment, as other research has recently demonstrated (Clawson and Gerstel 2014), but also by the organizational and institutional settings in which they and their children are embedded. Child care for poor mothers has deeply different implications for time use patterns and chronological autonomy than it does for wealthy mothers. The effects and variation in effects of organizational and institutional settings like child care warrants further research.

DISCUSSION

Sociology of Stratification and Inequality

Child Care

The sociology of stratification and inequality has historically motivated the claim of exclusion: that the poor are denied equal participation within major social institutions, thereby reinforcing their marginalization. Child care offers us an alternative narrative. Not only do poor mothers on welfare have easy access to child care vouchers, but their broader welfare network, including social workers and college counselors, help to facilitate their entrance into and tenure at child care centers. Poor mothers and wealthy mothers, it seems, have equal access to child care centers, albeit through different paths.

However, in the case of child care, institutional inclusion does not equate to institutional equality. Despite poor mother's theoretical inclusion within the institution of child care, complexities and conflicts related to their poverty frequently prevented them from finding and maintaining child care in practice. Mothers of all socioeconomic statuses faced difficulty related to child care, but it was the poor mothers in my study

who were constantly playing catch up, responding to the changes in their lives rather than planning for them, impairing their ability to obtain and maintain child care. Their complications with housing, transportation, employment, and partners translated into constrained child care choice, more child care transitions, wider geographic search areas for child care providers which led to longer and more complicated commutes, and more time for their children in child care. When a mother could not find or maintain child care, she faced economic repercussions. When she could secure child care, her children often faced extended periods of time in nonmaternal child care and potentially harmful instability in care arrangements.

Three questions emerge from this article. First, is the universality of poverty and exclusion. It is possible that the two are not always intertwined. Although many families are indeed excluded broadly from child care, they are not necessarily those who are poor. Rather, my research suggests that it is the families in the middle of the socioeconomic spectrum who are most marginalized from child care. Access to social institutions is often presented as a continuous variable. My research suggests that access to social institutions does vary by household income, but not linearly so. This, however, does not mean that poor mothers experience equal access to child care. Despite their theoretical inclusion, complications related to their exclusion from other social institutions resulted in their practical exclusion from child care. Allard and Small (2013) have called for further exploration into the effects of social systems, how institutions intersect, and when they conflict. My findings support this initiative.

Second, my work points to the influence of tertiary organizations and institutions on families' time use patterns and overall stability. Studies on time use focus almost

exclusively on family, labor, and gender as chronologically defining institutions. My findings demonstrate the influence of the tertiary institutions and organizations on which families rely. As Allard and Small (2013) argue, these institutions and organizations have greater influence over those with access to fewer personal resources. The same is true here. The wealthy mothers in my study were typically able to compensate for child care's time structure with money, be it through expensive daycares or nannies. Poor mothers were more greatly at the whim of the time structuring abilities of child care organizations, which often led to conflicts with the time structures of employment. How the intersection of multiple institutions and organizations, beyond work and gender, affects families' chronological patterning is worthy of further research. My work here also calls for greater documentation of child care's influence on a child's early experiences of stability. Although the frequency and implications of children's school transitions is well documented with sociology and related literatures, scholars rarely look beyond the elementary ages to early child care environments. However, with a large portion of the under-five population within some sort of child care setting, it presents a vast gap in our understanding of contemporary childhood.

My third question brings me to the mothers, fathers, and caregivers left out of this article. What about the parents in the middle income brackets? For those who qualify for child care assistance but not welfare and therefore sit on the wait list, and for parents who earn too much for child care assistance but too little for market rates, what do these families do for child care? And to what effect? Past studies have suggested that they struggle in finding high quality child care, but scholars have yet to investigate the effects of exclusionary access. If the ability to access child care is an economic mobilizer for the

poorest and wealthiest mothers, what does it mean for the careers of middle income mothers when they cannot find adequate care?

This question also leads to concern over poor mothers who are not connected to the formal welfare system. Mothers who do not have citizenship in the United States or mothers who fail to qualify for welfare for other reasons, such as asset limitations, would have limited recourse to claim a child care voucher. If these women work, where do their children go?

Mothers have participated in the labor force at high and comparable rates to men and single women for decades; for poor mothers, much longer. Yet, consistent and quality child care remains the elusive holy grail for so many. Further research might also ponder why.

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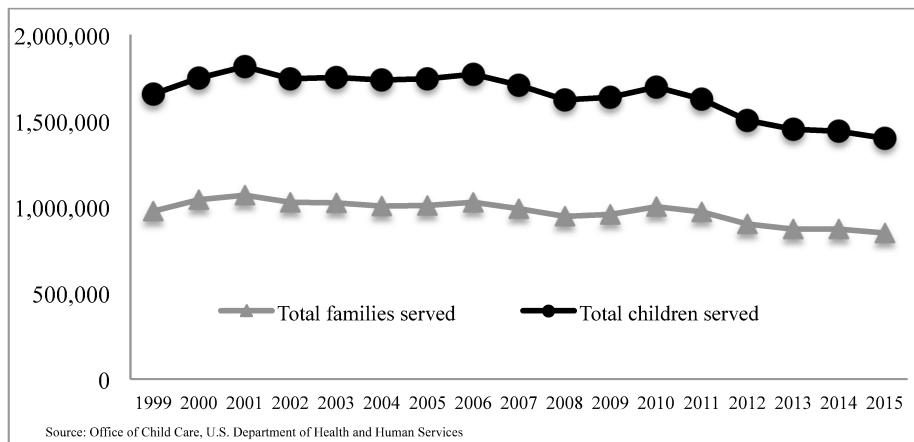
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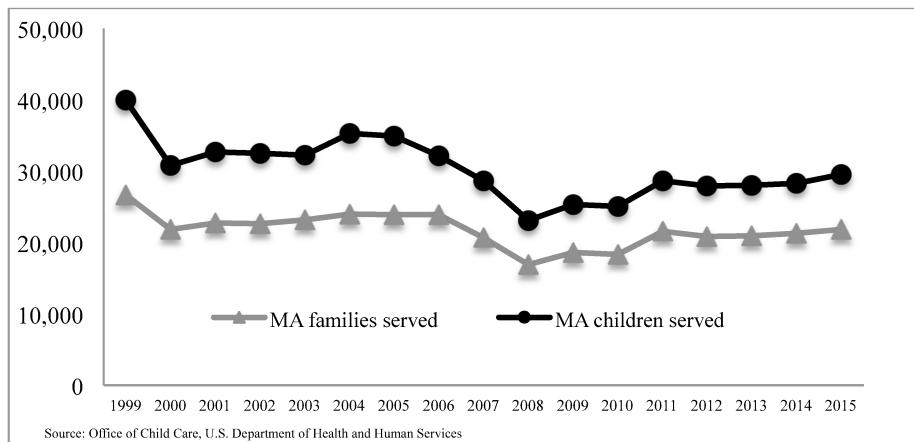
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Appendices

Appendix A: Average Monthly Number of Children and Families Served with CCDF Funds, Nationally and Massachusetts, 1999 to 2015



Source: Office of Child Care, U.S. Department of Health and Human Services



Appendix B: Daily Reimbursement Rates and 75th Percentile of Market Rate, 2006 to 2015

