



**Child Care for Children who are Mildly III:  
A Description of Perspectives from  
Child Care Providers, Parents, and Employers**

**Prepared for:**

4C - Community Coordinated Child Care, Inc.

**Prepared by:**

Planning Council for Health and Human  
Services, Inc.

Lisa Larson, Ph.D.

Ann Schmitter, M.S.W.

Louise Lapine, Ph.D.

July, 2000



## Executive Summary

A pressing issue facing parents, employers, and child care providers revolves around what solutions are optimal when children of working parents are mildly ill. In Wisconsin Workforce Forum discussions about sustaining the present workforce (Governor's Workforce Forums, 1998), participants introduced the need to: 1) develop partnerships for expanded child care availability, including sick child care, and 2) create "family friendly" work environments, including flex time for child care and new arrangements for time-off benefits. As part of the response to these recommendations, child care resource and referral agencies have been asked by the State of Wisconsin to administer a child care capacity grants program, with a significant emphasis on child care for children who are mildly ill. Locally, 4C - Community Coordinated Child Care, Inc. (4C) has been awarded this responsibility in their four-county service delivery area.

### Purpose and Methodology

As a first step in planning to meet the sick child care needs of working parents, 4C contracted with the Planning Council for Health and Human Services, Inc. to document the perspectives of child care providers, parents, and employers. The study encompassed 4C's full service delivery area, including Milwaukee, Ozaukee, Washington, and Waukesha counties. Data was gathered from multiple sources, using several different methods:

- Child care providers - A postcard survey of child care providers, conducted by 4C, explored the actions taken by providers when children in their care are mildly ill.
- Parents - A telephone survey of parents explored the experiences and preferences of working parents when their children are sick.
- Low-income parents - A postcard survey of low-income parents in Milwaukee County briefly explored the experiences and preferences of low-income working parents when their children are sick.
- Employers - Qualitative interviews with employers explored personnel practices and employer concerns when employees' children are sick.
- Providers of sick child care - Qualitative interviews and site visits with child care providers who have or are currently providing care for mildly ill children explored the operations, successes, and challenges of sick child care in the community.

### Child Care Provider Perspectives

A postcard survey was developed to explore the practices of child care providers when children in their care are sick. 4C surveyed 2,169 of their active child care providers in Milwaukee, Ozaukee, Washington, and Waukesha counties. Licensed group centers, licensed family homes, and certified family homes were included in the postcard survey. A total of 833 providers completed the postcard, for a return rate of 38.4%.

Overall, more than three quarters (78.6%) of all providers reported that sick children were a "manageable problem" for their center or home. Only a small number of providers reported that the issue of sick children was either a "serious problem" or "no problem" for their center or home.

The results from the provider postcard survey also indicated that the actions taken by providers when children are sick are dependent upon the symptoms or illnesses.

- Low levels of action - Providers tended to either inform parents at the end of the day or contact parents by telephone to inform them when children had a cold or a mild fever.
- Moderate-to-high levels of action - Providers tended to either call parents to pick up their child or call parents to inform them of their child's condition for: 1) a severe

cough or croup, 2) diarrhea, 3) a flare-up of a chronic illness, or 4) an ear infection with severe pain or distress.

- Immediate action - Most providers requested that parents pick up the ill child when children experienced: 1) vomiting, 2) a high fever, or 3) a contagious disease that might be diagnosed by a doctor.

For some symptoms or illnesses, there was a relationship between the type of provider and whether or not they would request that parents pick up an ill child.

- Certified family homes were the least likely type of provider to ask parents to pick up an ill child. The exception was that certified providers were more likely than other providers to request parental pick-up when children had a flare-up of a chronic illness.
- Licensed group centers were the most likely type of provider to ask parents to pick up an ill child.
- For some illnesses, the actions taken by licensed family homes resembled those taken by licensed group centers. For other illnesses, licensed family homes resembled certified family homes in their requests for parental pick-up.

Child care providers make decisions about exclusion within the context of their legal regulations, which are often more stringent than the medical community's recommendations for exclusion.

- The licensing rules for group centers and licensed family homes require providers to notify parents when a child is observed to be ill and to make arrangements "to remove the child ... as soon as possible".
- The certification guidelines for certified family homes do not include policies specific to sick children. There are no statutes or administrative codes that prohibit certified providers from caring for ill children.
- The medical community questions the effectiveness of excluding ill children as a means of decreasing the transmission of many common childhood infections. Pediatricians also argue that care by a familiar provider in a familiar place is optimal for sick children. As a result, the medical community suggests that children with common childhood illnesses can be fully integrated into the child care setting as long as they are well enough to participate and the provider is able care for them and the other children (e.g., American Academy of Pediatrics, 1999; Aronson, 1987).

### **Parent Perspectives**

A telephone survey was developed to explore the experiences and preferences of working parents when their children are sick. A total of 800 working parents in Milwaukee, Ozaukee, Washington, and Waukesha counties completed the telephone survey. Although there were minor demographic differences between counties, few substantive or meaningful differences were apparent for the main results of the study. As a result, responses from all 800 parents were collapsed to provide a summary of results across the four counties (with separate county-specific reports available in the appendices).

#### Description of Parents who Participated in the Phone Survey

The survey did not include people without telephones or those with unlisted telephone numbers. The representativeness of survey participants was estimated through the use of county population data, including data on community of residence, race/ethnicity, and income. Survey participants from Ozaukee and Waukesha counties appeared to be representative of the populations in their respective counties. Survey participants from Washington County were representative of the communities of residence and the racial/ethnic composition in their county, but Washington County participants under-represented lower income residents. Survey participants from Milwaukee County under-represented people

residing in the City of Milwaukee, Black/African American and Hispanic/Latino residents, and lower income residents in the county.

Families who participated in the study were primarily two-parent households and tended to have one or two children under the age of 12 who were in child care. The most commonly used child care arrangements included child care centers, paid family home providers, and unpaid family members or friends. Parents who participated in the study tended to have employment benefits available that would enable them to remain home to care for sick children.

- Approximately 71% of mothers and 65% of fathers reported that they did or could use their sick time when their child was ill.
- Approximately 75% of parents could use vacation days and/or unpaid time when their children were sick.
- The availability of employment benefits in the present study was similar to that found in other research (e.g., Heymann & Earle, 1996; "New sick child care", 1994).

#### Main Results for Parents

Most families who participated in the study reported that there was at least one day in the past year that one of their children did not go to child care or was sent home early due to illness. However, the total number of days children did not attend child care due to illness was relatively small.

- Almost half of the families reported between 0 and 2 days in the past year that children did not attend child care due to illness.
- More than 80% of families reported 5 days or fewer in the past year that their children did not attend child care due to illness.
- These findings were within the range suggested by previous research (e.g., Cantlon, 1999; Heymann & Earle, 1996).

In most families, a parent stayed home from work to care for a sick child at least one day in the past year, and mothers were more likely to stay home than fathers. However, the total number of days parents stayed home from work to care for a sick child was relatively small.

- Over half of the families (55.5%) reported that mothers stayed home from work to care for a sick child 0-2 days in the past year.
- Almost 90% of the mothers stayed home 0-5 days in the past year due to a child's illness.
- Almost 40% of the families reported that fathers stayed home from work 0 days to care for a sick child in the past year.
- Approximately 80% of the fathers stayed home 0-2 days in the past year due to a child's illness.
- These findings were consistent with previous research ("Missing work", 1993; Families and Work Institute survey cited in Salmon, 1998).

Most parents did not report that they were using their regular child care arrangements when their children were sick.

- Between 70% and 94% of parents reported that they would not send their children to their regular provider with the following symptoms or illnesses: diarrhea, a flare-up of a chronic illness, a severe cough or croup, an ear infection with severe pain or distress, vomiting, a high fever, or a contagious disease.
- The only illnesses for which a substantial number of parents reported they would use their regular child care arrangements were a cold (62.4%) and a mild fever (39.9%).

Parents were provided with descriptions of three sick child care models: a “sick bay” at their regular child care provider, a free-standing sick child care provider, and an in-home sick care provider. Parents were asked to rate their likelihood of using each of these models of sick child care. On the whole, families who participated in the survey had unfavorable opinions about using sick child care when their children were sick.

- A substantial number of parents (44.2%) “would not use” any of the sick child care models that were presented, giving all of the models a rating of 1 out of 10.
- Between 80% and 90% of the parents gave each sick child care model a rating of 5 or lower, suggesting usage was unlikely.
- When parents were asked how many days in the past year they would have used any of the three sick child care models, almost two-thirds identified 0 days they would have used any of these sick child care models.

Parents who participated in the survey did value employer benefits that would enable them to have the option of staying home with their sick children.

- Between 49% and 60% of parents rated the ability to use sick benefits, vacation time, flex time, and unpaid time to care for a sick child as a 10 out of 10, indicating that these benefits were “extremely important”.
- Parent ratings were more mixed with regard to employer reimbursement for sick child care and the availability of a sick child care provider at the workplace.

#### Supplemental Results for Parents

Comparisons were conducted between the phone survey results for families who had resources and families who had limited resources (e.g., families with high incomes versus families with low/moderate incomes).

- Families with resources and families with limited resources both had unfavorable opinions about each of the sick child care models presented.
- Sick child care was somewhat more popular among families with low/moderate incomes, single parents, families with a high child illness burden, and families with limited sick benefits.
- Families with limited resources were more likely to identify at least one day they may have used one of the sick child care models in the past year.

Although families with limited resources were less likely to respond unfavorably to the sick child care models, the actual size of the effect was relatively negligible.

- The magnitude of the differences between groups was small and the absolute level of interest among all families remained low.

#### **Perspectives from Milwaukee County Parents with Low Household Incomes**

The telephone survey participants under-represented lower income residents in Milwaukee County. In addition, supplemental results from the telephone survey and findings in the literature have suggested that parents who have limited resources (e.g., low incomes) may have different needs when their children are sick. As a result, a postcard survey was developed to explore the perspectives of Milwaukee County parents with low household incomes.

A random sample of 1,000 parents who were “served” through the state child care payment system in Milwaukee County were surveyed. A total of 158 served parents returned the postcard, for a return rate of 15.8%. Given the small response rate, it is likely that the responders over-represented parents who were interested in the topic of the postcard (i.e., sick child care).

### Description of Parents who Participated in the Postcard Survey

Parents who participated in the survey were primarily residents of the City of Milwaukee and had low household incomes.

- The mean monthly earned income for families who participated in the survey was \$1,198 (equivalent to an annual income of \$14,376).
- Only 30% of the parents who participated in the survey were in the population being served by W-2.
- More than 80% of the parents were receiving child care subsidies because they were engaged in employment or unsubsidized work.

### Main Results for Low-Income Parents

Almost all of the parents who participated in the postcard survey reported they had stayed home from work to care for a sick child at least one day in the past year.

- The mean number of days parents stayed home from work when their children were sick in the past year was 7 days, and the median number was 5 days.

Parents were provided with five settings for sick child care and asked whether they would use each setting if their children were too sick to go to their regular provider. On the whole, parents who participated in the postcard survey were generally open to the possibility of using sick child care when their children were sick.

- 84% (N=133) of the parents who participated in the survey reported that they would potentially use at least one of the sick child care settings.

The two types of sick child care that were most popular with parents who returned the postcard were: 1) a hospital-based sick child care and 2) a separate room at the child's regular provider (a "sick bay").

- 63% of the parents indicated that they would potentially use a sick child care facility in a hospital.
- 57% of the parents indicated that they would potentially use a sick child care room at their regular child care provider.

### Comparisons between Parent Surveys

Overall, families with limited financial resources (and potentially limited support from a second parent or from employment benefits) may have different options and needs when their children are sick than families with reasonably adequate financial resources, two-parent households, and employment benefits.

- Parents who participated in the phone survey, who may be seen as the potential private pay market for sick child care, generally rejected sick child care as an option when their children are sick.
- Parents who participated in the postcard survey, who are the potential publicly funded market for sick child care, may be open to the possibility of using sick child care.
- With a small response rate of 15.8% in the postcard survey, however, it is unreasonable to assume that an equal proportion of non-responding low-income parents would be open to the possibility of using sick child care.

### **Employer Perspectives**

To explore employer concerns and practices related to the issue of sick children, qualitative data was collected from area employers. Thirteen employers were engaged in either in-depth interviews or a group discussion of sick child care.

The results indicated that employers experienced disruptions due to the unplanned absences of parents who stayed home to care for sick children. However, only one employer appeared to have serious problems as a result of these absences. Specific themes that guided employers who participated in the study as they managed the issue of sick children included:

- Employers want to do the right thing to support families.
- Benefits are not entitlements and flexibility in their use raises issues in the workplace.
- Sick child care is the employee's responsibility and employers do not want to dictate whether or not a parent stays home to care for a sick child.
- Employee absences, especially short and unplanned absences, are a challenge to productivity and morale.
- Parents want to stay home with sick children and the stress of not having that choice should be avoided if possible.

Employers who participated in the study had implemented or explored three types of solutions to the problems faced when employees have sick children: 1) benefits to support parents staying home with sick children, 2) means for addressing employer productivity and morale issues, and 3) sick child care alternatives. Most employers had implemented more than one type of solution, recognizing that parents may need a range of options.

Most employers who participated in the study accommodated parent absences by formally or informally allowing parents to use time-off benefits and/or flex time to cover their time away.

- Some employers were less permissive about the amount of time that parents could miss, even if that time away was unpaid time.
- Some employers allowed more flexibility for higher status employees.

Some employers had developed ways to relieve problems of lost productivity and morale when parents were absent to care for sick children.

- Solutions included additional staffing to cover parent absences and rewarding employees who had perfect attendance.

Some employers had implemented benefits that supported alternatives to parents staying home to care for sick children. Alternatives included:

- Having a child care center with a sick care program at the work site.
- Having a health nurse come to an employee's home to care for a sick child.
- Providing a subsidy for specialized sick child care that involved separating children from their usual child care setting and/or usual provider.
- Having sick child care provided by the regular provider in the regular setting.

The sick child care alternatives offered were "just options" and were not required of any parent. In the experience of the employers who participated in the study, these alternatives either went unused or were underused by employees.

### **Best Practices and Challenges for Providers of Sick Child Care**

To explore the operations, successes, and challenges of local sick child care programs, qualitative data was collected from providers. Eleven area sick child care providers participated in the study, including representatives from four models of sick child care: hospital-affiliated programs, "sick bays" located within the child's regular child care provider, in-home sick child care agencies, and sick care conducted within the homes of family-based providers.

In general, sick child care providers experienced rewards in their work and felt that they provided an important service. Salient issues that emerged across all models of sick child care included: 1) utilization, 2) approaches to sick child care, 3) staffing, and 4) funding.

Utilization of local sick child care programs varied across each of the models, but generally was reported to be low.

- Utilization was less than 1 child per week for most providers.
- The exceptions were two hospital-affiliated providers who averaged 1 to 3 children per day.
- Compared to national figures on sick child care utilization, the local usage of sick child care was low.

The average utilization rate across all types of programs in one study was 3 to 5 children per day (NASCD, 1998).

The average utilization for programs that served hospital employees and the larger community was 8 to 12 children per day (with an average of 16-22 per day from the months of November to May) (Olsen & Snyder, 1996).

Sick child care programs differed in the degree to which they focused on caring for the child versus managing the child's illness.

- Hospital-affiliated programs appeared to place more emphasis on managing and monitoring the child's illness.  
They often had stringent precautions to decrease the risk of cross-contamination (e.g., isolating the child from all other children, using universal precautions, etc.).
- Programs based in a child care philosophy appeared to place more emphasis on caring for the child.  
They allowed for the social interaction between sick children (within limits) and they tended to value the child's familiarity with the child care setting and the caretaker.

Staffing was identified as a significant challenge by almost all of the interviewed providers.

- Hospital-based programs, who staffed their sick care with nurses or nursing "techs", were often challenged by a mismatch between the staff's nursing training and interests and the child care demands of the sick child care program.
- Providers who relied on a pool of on-call staff found that hiring competent, reliable staff was often difficult due to the unpredictable hours and the fluctuating, unpredictable income.
- Providers working under the "sick bay" model were able to accommodate the low census and adjust to census fluctuations because they had the ability to float staff members between the "sick bay" and their regular child care.

However, at the time of the interviews, the "sick bay" programs had not yet had substantial experience with providing services to a significant number of sick children.

Almost all of the sick child care providers interviewed (with the exception of the two in-home providers) were successful in receiving at least temporary subsidies to support their programs.

- Hospital-affiliated programs were wholly or substantially supported by the hospitals themselves.



Hospitals subsidized fees for hospital employees who used their sick child care, and either fully absorbed or provided substantial financial contributions to subsidize the operating expenses of the programs.

- “Sick bay” programs were primarily supported by time-limited state grant dollars. Providers were clear that the grant funding enabled them to operate their “sick bays” and that they would be unable to offer sick child care in their centers without it.
- Training for family home providers had also been wholly supported by grant dollars and, in the absence of that funding, the project and sick child care services were discontinued.

Despite the success of the programs in obtaining subsidies, many reported feeling under-funded and some reported they were actively losing money providing sick child care. Providers noted that sick child care was “expensive” and that “you’re not going to make money” in this endeavor. As a result, providers who participated in the interviews noted that those who endeavor to provide sick child care need to be stable, financially solvent programs with a strong commitment to providing the service of sick care for children.

### **Summary**

The present study was conducted to provide information to 4C and other community stakeholders about the issues surrounding sick child care in Milwaukee, Ozaukee, Washington, and Waukesha counties. Data was gathered from child care providers, parents, low-income parents, employers, and providers of sick child care. The study found that:

- Child care providers do exclude sick children from child care and they do so based on the symptoms or illnesses children experience. Providers make decisions about exclusion within the context of their legal regulations, which are often more stringent than the medical community’s recommendations for exclusion. Providers view sick children as a “manageable problem”.
- Parents manage when their children are sick primarily by staying home from work a limited number of days throughout the year. Parents who represent the potential private pay market for sick child care generally report that they would not use sick child care when their children are sick. Instead, parents value employer benefits that would enable them to have the option of staying home with a sick child.
- Parents with low household incomes, who represent the potential publicly funded market for sick child care, may be open to the possibility of using sick child care. The two types of sick child care low-income parents favor are hospital-based sick child care and a separate room at the child’s regular provider (a “sick bay”). A low response rate, however, renders the findings for low-income parents tentative.
- Employers experience minor disruptions due to the unplanned absences of parents who stay home to care for sick children. However, employers do not report serious problems as a result of these absences. Employers have implemented or explored three types of solutions to this issue: 1) providing benefits to support parents staying home to care for sick children, 2) developing means for addressing productivity and morale issues related to sick children, and 3) offering sick child care alternatives.
- Providers of sick child care experience rewards in their work and have succeeded in obtaining at least temporary subsidies to support their programs. Programs differ in the degree to which they focus on caring for the child versus managing the child’s illness. Sick child care providers continue to face significant challenges related to low utilization, staffing, and funding.