

September 9, 2016

The North Carolina Child Fatality Prevention Team (State Team) is making the following recommendations to the Child Fatality Task Force.

Problem:

Between August 19, 2015 and August 17, 2016, the State Team reviewed approximately 44 cases, at least 6 of which contained specific information that indicated some correlation between a lack of affordable/available child care to working parents and the death of the child. The recurrence of these types of fatalities was concerning and resulted in the State Team seeking means to address these issues.

1st Recommendation from the State Child Fatality Prevention Team: Paid Sick and Family Leave

The North Carolina General Assembly should enact legislation that requires fair and family-friendly workplace policies that enable families to accumulate 4 hours of paid sick leave per month to care for children when they become sick, and provide 240 hours (6 weeks is the most common standard used in states) of paid parental leave per 12-month period to use after the birth of a child.

- This would include the type of state-level action being recommended (legislative change, funding, agency collaboration, agency policy change, other-*with* explanation)

Rule or legislation should require workplace policies to address:

- Flexible paid sick leave that allow parents time away from work to care for a sick child who is not able to remain in child care or school
- Paid family and medical leave (at 55% of their usual compensation as done in California) that allows parents time away from work to care for a newborn
- Paid family and medical leave to address a woman's disability related to pregnancy or childbirth
- Paid family and medical leave to care for a spouse or partner recovering from childbirth or with a disability related to pregnancy or childbirth

Evidence to Support

State workers in North Carolina do have access to paid sick leave and paid family medical leave with details found on page 49 of the National Partnership for Women and Families' 2016 report at:

<http://www.nationalpartnership.org/research-library/work-family/expecting-better-2016.pdf>

Not all private businesses in NC provide paid sick leave and paid family and medical leave. SAS full time employees are allowed occasional absences and time away for personal and/or family illness, medical emergencies or appointments as listed in the full time benefit book at:

http://www.sas.com/content/dam/SAS/en_us/doc/other1/fulltime-employee-benefits-program-booklet.pdf

The National Partnership for Women and Families' report gave NC a D for its state laws related to paid family medical leave. It appears that we are one of the minority of states without laws for private businesses. The state by state analysis of laws can be found at:

<http://www.nationalpartnership.org/research-library/work-family/expecting-better-2016.pdf>

The following information can be found in the report from the National Partnership for Women and Families report about the benefits associated with paid family and medical leave and more detail about sources listed are listed with each below:

Better child care placements

Access to paid leave gives parents time to find child care. In Rhode Island, nearly seven out of 10 people who used the temporary caregiver insurance (TCI) program reported satisfaction with their ability to arrange child care, compared to just four out of 10 people who did not use the program. The impact is particularly dramatic for workers in lower-quality jobs. Among Californians in lower-quality jobs who reported having taken leave to care for a new child, 70 percent of those who took leave through the state paid leave program reported that the leave had a positive effect on their ability to arrange child care, and only 58 percent of those who took leave and did not participate in the state paid leave program reported that the leave had a positive effect on their ability to arrange child care.

Sources:

Silver, B., Mederer, H., & Djurdjevic, E. (2015, November 16). Launching the Rhode Island Temporary Caregiver Insurance Program (TCI): Employee Experiences One Year Later (p. 24). Rhode Island Department of Labor and Training and University of Rhode Island Publication. Retrieved 20 July 2016, from <https://www.dol.gov/wb/media/>

Milkman, R., & Appelbaum, E. (2013). Unfinished Business: Paid Family Leave in California and the Future of U.S. Work-Family Policy (pp. 67-68). Ithaca, NY: Cornell University Press.

A reduction in abusive head trauma:

Paid family leave has positive impacts on risk and protective factors for child maltreatment.

Source:

Klevens J, et al. Paid family leave's effect on hospital admissions for pediatric abusive head trauma. Inj Prev 2016;0: 1-4.

More time for parents to establish and build a strong bond with a new child during the first few months of life with reductions in maternal depression and infant mortality

An international study showed that for each additional month of paid leave was predicted to decrease infant mortality by 13 percent

Source:

Gomby, D., & Pei, D. (2009). Newborn Family Leave: Effects on Children, Parents, and Business. David and Lucile Packard Foundation Publication. Retrieved 21 July 2016, from <http://paidfamilyleave.org/pdf/NewbornFamilyLeave.pdf>

Fathers are more likely to be involved in the direct care of their children in the longer term

One study in US showed that fathers who took two or more weeks off after the birth of a child were more involved in the direct care of their children nine months after birth than fathers who took no leave.

Sources:

Harrington, B., Van Deusen, F., Sabatini Fraone, J., Eddy, S., & Haas, L. (2014). The New Dad: Take Your Leave. Perspectives on paternity leave from fathers, leading organizations, and global policies (p. 3). Boston College Center for Work and Family Publication. Retrieved 26 July 2016, from:
http://www.thenewdad.org/yahoo_site_admin/assets/docs/BCCWF_The_New_Dad_2014_FINAL.157170735.pdf

Berger, L. M., Hill, J., & Waldfogel, J. (2005). Maternity Leave, Early Maternal Employment and Child Health and Development in the US. (pp. F39, F44). The Economic Journal, 115(501), F29-F47.

Nandi, A., Hajizadeh, M., Harper, S., Koski, A., Strumpf, E. C., & Heymann, J. (2016). Increased Duration of Paid Maternity Leave Lowers Infant Mortality in Low-and Middle-Income Countries: A Quasi-Experimental Study (p. 6). PLOS Medicine, 13(3). Retrieved 20 July 2016, from
<http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1001985.PDF>

Supplemental Information:

According to a report from the National Partnership for Women and Families in 2015, 1.46 million private-sector workers in North Carolina are not entitled to any earned paid sick leave. That constitutes 44.7 % of the private-sector workforce that must give up needed wages and possibly risk their jobs so they can care for their own health needs or the health needs of family members.

<http://www.nchild.org/supporting-fathers-and-family-values-the-need-for-paid-leave/>
<http://www.nationalpartnership.org/research-library/work-family/psd/workers-access-to-paid-sick-days-in-the-states.pdf>

Potential Supporters and Stakeholders:

Division of Child Development and Early Education, NC Justice Center, Smart Start, NC Infant Mental Health Association, NC Pediatric Society, NC Academy of Family Physicians, NC Child Care Health and Safety Resource Center, NC Public Health Association, NC DSS, NC DMH/DD/SAS, DPH, private foundations, and NC Child

Potential organizations, agencies, or individuals who should be consulted about this recommendation OR who may raise concerns about it:

Businesses and employers, Better Business Bureaus, Chambers of Commerce

Experts who could educate the CFTF on this recommendation:

Dr. Marian Earls, at CCNC, researchers at academic universities who do work on ACEs such as Duke Center for Child and Family Policy and UNC Gillings School of Public Health Department of Maternal and Child Health

2nd Recommendation of the State Team: Support of the NCIOM Essentials for Children Task Force about child care subsidies.**Recommendation 6.1 (c) (3): The North Carolina General Assembly (NCGA) should enhance child care subsidies by:**

Allocating additional recurring funding for child care subsidies and, in conjunction with DCDEE and the Social Services Commission, examining eligibility requirements including household income, employment/education and redetermination periods in order to ensure children's continuity of care and allow parents to remain in the

workforce, weather family transitions, and increase families' economic security without jeopardizing short-term subsidy eligibility.

Problem

In 2014, several changes were made to the subsidy eligibility requirements. The income limit for families with children 5 and under and children with special needs changed from 75% of the state median income (SMI) to 200% of the federal poverty guideline (FPG). For children ages 6-12, the maximum income limits changed from 75% of SMI to 133% of FPG. In addition, beginning January 1, 2015, the child care subsidy eligibility requirements changed to include step-parents and non-parent relative caretakers (and non-parents' spouses and children, if applicable) in the accounting of the family "income unit" used to determine eligibility, if a child's parent does not live in the household. These changes to the eligibility requirements have resulted in some children in relative care arrangements no longer being eligible for child care subsidies. There are currently approximately 398,000 children statewide (ages 0-11 years) who meet the eligibility requirements to receive subsidies. However, available subsidies do not adequately meet the need. According to the Division of Child Development and Early Education's (DCDEE's) Subsidized Child Care Reimbursement System, in October 2014 (the last month for which data are available) approximately 71,000 children in North Carolina received child care subsidies. There were an additional 29,806 children on the wait list. Child care subsidies offer an opportunity for children who may be at risk for school readiness to participate in high quality center-based care. Some counties have chosen to incentivize quality by offering higher subsidy rates to higher quality centers. One drawback to this approach is that it inevitably means there will be fewer subsidized child care slots without commensurate increase in resources. The Task Force concluded that the solution must focus on both increased quantities of care and better quality care. However, the Task Force emphasized that the ultimate goal is not to put more money into subsidies, but to improve families' financial independence, thereby decreasing the number of eligible families and children.

Sources listed in the report:

Changes to child care subsidy (November 2014). Partners for Children and Families website.
<http://www.pfcfmc.org/child-care-news-0#sthash.e7oS1I5T.dpuf>. Accessed January 10, 2015.

NC must rethink changes in child care subsidies. *News and Observer*. January 2, 2015.
<http://www.newsobserver.com/2015/01/02/4445704/nc-must-rethink-changes-in-child.html>. Accessed January 20, 2015.

North Carolina Office of State Budget and Management. July 1, 2013 - County Total - Single Year Ages. North Carolina Office of State Budget and Management website. http://www.osbm.state.nc.us/demog/countytotals_singleage_2013.html. Published October 13, 2014. Accessed January 28, 2015.

American Community Survey 5-Year Estimates 2008-2012. Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents. US Census Bureau website.
<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Accessed January 28, 2015.

American Community Survey Tables: 2008-2012 (Five Year Estimates). Age by Ratio of Income to Poverty Level in The Past 12 Months. U.S. Census Bureau website.
https://www.socialexplorer.com/data/ACS2012_5yr/metadata/?ds=American+Community+Survey+Tables%3A++2008+-+2012+%285-Year+Estimates%29&table=B17024. Accessed January 28, 2015.

Schoenbach S. *The Importance of Child Care Subsidies in NC: Thousands of Parents Wait for Affordable, Quality Child Care Before, During, and After the Shutdown*. Raleigh, NC: North Carolina Justice Center; 2013.
http://www.ncjustice.org/sites/default/files/Child%20Care%20Subsidies%20in%20NC_0.pdf. Accessed March 27, 2014.