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Giving Voice to New Jersey's Caregivers: The Union Experiences of Home-Based Child Care Providers

A REPORT OF THE CENTER FOR WOMEN AND WORK

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EXECUTIVE SUMMARY

New Jersey is one of twelve states to have authorized and successfully negotiated collective bargaining agreements with home-based child care providers. The unionization of this workforce sector depends in part upon viewing the providers of state-subsidized child care as employees of the state, entitled to taking collective action to secure better wages and working conditions. Through this relatively new but growing approach to union organizing in primarily low-wage, service sector jobs, a historically isolated, marginalized, and hidden group of mostly women workers has gained public recognition (Brofenbrenner, 2005).

The home-based child care workforce grew after 1996 when the Temporary Assistance for Needy Families (TANF) program began to require work as a condition of public assistance receipt. To facilitate this shift in emphasis from cash assistance to a variety of work supports, public spending on child care increased over the next decade, in part because states could supplement child care spending with TANF funds (Chaudry, 2004). Home-based providers of this care, sometimes former TANF recipients themselves, depend on reimbursement from state and local governments for the care of children whose parents are eligible for child care subsidies. They work long hours, are subject to sometimes lengthy delays in pay, and, due to low reimbursement rates, may have average hourly earnings that fall below minimum wage (Bernhardt et al., 2009). As independent contractors, they also have limited access to health insurance and limited ability to take time off from work when sick. In short, subsidized child care providers may face a degree of vulnerability that is similar to that experienced by the families and children they serve; the health and well-being of children and their caretakers are closely intertwined.

This study of home-based child care providers, represented in New Jersey by the American Federation of State, County and Municipal Employees – Council 1 (AFSCME) in the Child Care Workers Union (CCWU), details their experiences three years after the successful implementation of their collective bargaining agreement. A survey mailed to all members of the union yielded 148 responses on topics including education, training, and certification; earnings and work conditions; and union attitudes and participation levels. In addition AFSCME staff members were interviewed about the unionizing process and issues the union has addressed since the negotiation of the bargaining agreement.

Our findings document the impact of unionization on New Jersey's home-based child care workforce. As such, they can inform future organizing efforts in this and similar workforce sectors, guide unions in the service of their members, and add to the growing body of knowledge on organizing trends in the service sector.

Key findings from our study include the following:

- Home-based child care providers exhibited high rates of socioeconomic disadvantage. More than half of all respondents reported having a high school diploma or lower level of education (51%), with an additional 32% having taken some post-secondary courses but with no degree.

Consistent with low levels of formal education, over half of respondents lived in households earning less than $25,000 annually (61%).

- Home-based child care providers were vulnerable to under-insurance; moreover, a majority of those who were insured indicated that their health insurance was through government assistance. In response to providers' insurance needs, CCWU has secured a group health insurance option for its members. This will help members who may earn too much to qualify for publicly-funded insurance or are ineligible for other reasons, but also earn too little to secure insurance on their own, a problem experienced by the working poor across occupations.
- In contrast to their levels of formal education, survey respondents were a highly experienced and well-trained group, with an average of 12.5 years providing child care, and with 91% reporting at least one training in the past 12 months and 42% reporting at least one certificate, permit, or credential.
- A substantial majority (89%) of survey respondents identified themselves as registered providers, meaning that they must document 20 hours of approved training every three years. Because the cost of training can be prohibitive, CCWU has been coordinating county-level sessions of essential trainings for low cost.
- Overall, CCWU members held favorable opinions of both CCWU in particular (87%) and labor unions in general (93%). Between 88% and 89% of respondents agreed or strongly agreed that information provided by CCWU had been helpful to them; that the CCWU is "an important force in fighting for child care improvements with the governor and legislature;" and that "being a union member is a source of pride for me."
- Consistent with past research on other union sectors (Fiorito et al., 2010), awareness and use of CCWU services among its members were relatively low. However, those who were aware of the specific services CCWU provides were significantly more likely to hold a favorable opinion of the union.
- Those who might be seen as needing the most protection from a union (i.e., those with the lowest levels of education and income) were more likely than others to view CCWU positively.
- To maintain connections with geographically-dispersed provider-members and keep apprised of their concerns, CCWU/AFSCME holds monthly meetings in each county. Some of the on-going issues raised at these meetings have included difficulties obtaining referrals from Child Care Resource and Referral Agencies (CCR&Rs), maintaining accurate state provider lists, obtaining co-pay payments from parents, and receiving timely reimbursement payments from CCR&Rs.
- Among those who provided care both before and after unionization, the majority saw conditions for home-based providers as improving in areas including access to training or education opportunities, access to information about child care regulations, access to information about benefits and services, ability to get questions answered, and ability to get complaints or problems as a child care provider solved.

INTRODUCTION

Since the mid-1980s, women have accounted for the majority of U.S. workers successfully organized in union campaigns. Although women are still less represented in unions than in the overall workforce, women-dominated bargaining units have been disproportionately successful in union organizing (Brofenbrenner, 2005) in areas including home care, health care, and, in the past five years, home-based child care. Because such occupations have been historically poorly paid and frequently outside of traditional employer-employee relationships, union organizing has emerged as a way to win both improved compensation and working conditions and, over time, to enhance public interest in caregiving investments (Baron et al., 2009; Brooks, 2003; Mason et al., 2011).

Union membership is beneficial for all workers, but particularly for women. Women who are union members tend to have longer job tenure and higher pay than those who are not, and they may also face less pay discrimination based on gender and race-ethnicity (Braunstein, Shaw, & Dennis, 1994; Spalter-Roth, Hartmann, & Collins, 1994). Given that women have a disproportionate presence in low-wage work where the jobs they typically hold do not offer room for advancement (Lovell & Hartmann, 2001), unions are one of the few avenues for improving the quality of such jobs. For workers who provide care to children and others, unions often emphasize the importance of providing worker training that is crucial for care quality (Burris & Fredericksen, 2012).

As a distinct constituency with distinct needs and interests, home-based child care providers work at the intersection of all the factors described above: they are disproportionately women, they make low wages, and they have access to few, if any, opportunities for advancement (Bernhardt et al., 2009). Understanding the experiences of home-based child care providers is important for other reasons as well: namely, the demographic and policy trends driving expansion of this workforce sector. The number of home-based child care providers has grown dramatically since the 1996 implementation of the Temporary Assistance for Needy Families (TANF) program. As part of the effort to enforce work requirements for TANF recipients, federal funds for child care expanded substantially, and states gained greater flexibility to direct TANF funds toward child care. Home-based providers receive reimbursement from state and local governments for the care of children whose parents are eligible for this subsidized care; in fact, many former TANF recipients themselves have become home-based caregivers (Chaudry, 2004).

Growth in this workforce sector has not, however, been met with wage growth. Because of low reimbursement rates, the average hourly pay of home-based child care providers can – and frequently does – fall below the minimum wage (Bernhardt et al., 2009). Delays in approval and disbursement of subsidy payments (Reese, 2010) also contribute to their economic insecurity.

These factors together highlight the importance of examining the experiences of home-based child care providers to better understand overall trends related to unionizing and low-wage, service sector work.

As of the end of 2011, twelve states, including the state of New Jersey,[1] had authorized and successfully negotiated collective bargaining agreements with their subsidized family child care (FCC) providers and "family, friend, and neighbor" (FFN) care providers (Blank, Campbell, & Entmacher, 2010). Because most of these providers function as independent contractors, they must be granted legal authority to organize, generally through an executive order from the governor, the state legislature, or both. In addition, in most cases, any concessions won through collective bargaining that require additional funds for implementation must be approved by the state legislature. In New Jersey, home-based child care providers are represented by AFSCME and the Communication Workers of America (CWA).

As one of the earliest states to authorize union organizing among child care workers, and as a state facing a significant budget shortfall and change in leadership in the past two years, New Jersey presents rich opportunities for research on the impact of unionization on its home-based child care workforce. To date, we know very little about the unionizing experiences – both achievements and concerns – of New Jersey's home-based child care provider community. With three years of successful implementation of their collective bargaining agreement behind them, care providers and their union representatives are a valuable source of insight and "lessons learned." As such this research can inform future organizing activity within this important workforce sector and help unions better serve their members.

This study is also relevant for the labor movement as a whole, given the increasing importance of the service sector in the economy and the new forms of non-traditional labor organizing that the home-based child care experience exemplifies. The expanded organizing rights of home-based child care providers are particularly noteworthy when considered against the backdrop of the well-publicized efforts in several states to curtail the bargaining rights of public sector unions. In this broader social and political context, this study explores the value of unions for their members and, by extension, for the people who rely upon and benefit from member-provided services. While subsidized home-based child care providers may indeed be viewed as independent contractors in service to the state, their days are spent caring for some of the most vulnerable of the state's citizens: its children.

[1] States having union contracts at some point since 2005 include Illinois, Iowa, Kansas, Maine, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Washington, and Wisconsin. In addition, subsidized home-based providers have been granted, through legislation, Executive Order, or both, the right to form a union in California, Massachusetts, Minnesota, New Mexico, Pennsylvania, and Rhode Island. To arrive at these numbers, we conducted an online search to update the information collected for the June 2010 *Getting Organized* report (Blank et al., 2010).

BACKGROUND AND SIGNIFICANCE

Unionization of the home-based child care labor force occurs in the context of interrelated public policy and collective bargaining trends. Recently, more union organizing has occurred outside the National Labor Relations Board (NLRB) context, and organizing has increased for occupations in which work is partly government-funded, such as home care and child care (Boris & Klein, 2008). Union density is low in health care and social service occupations, but they offer a great deal of potential for organizing both because they are less affected by globalization trends and because the workers overrepresented in them, especially women of color, are more likely to vote in favor of unions than are men (Bronfenbrenner, 2005).

CONTEXT OF CHILD CARE WORK

Child care is vulnerable work in part because of the policy framework underlying it. While preschool care providers previously excluded from the Fair Labor Standards Act (FLSA) came under its protection in 1972 (WHD, 2009), and most domestic workers who had been initially excluded were covered in 1974 (Cobble, 2010; Sonn, 2011), by contrast, many home-based care providers are today legally considered to be independent contractors, and thus are not covered by the National Labor Relations Act (NLRA) (Smith, 2008) or FLSA.

Child care work is in the service sector, where there has been both greater job growth (Milkman & Dwyer, 2002), and greater relative progress in unionizing than in the shrinking manufacturing sector (Bronfenbrenner, 2005). Much of the job growth observed in the child care industry can be attributed to the demand generated by demographic shifts in employment: as of 2010, nearly three of every four children (72.3%) had either both parents or their only parent in the labor force, up from roughly 60% in the mid-1980s (U.S. Census Bureau, 2010).

At the same time, public policy changes have exacerbated demographic shifts in two fundamental ways: first, by moving public assistance dollars away from cash assistance and toward work supports including child care; and second, by requiring work activity in exchange for receipt of a variety of publicly funded benefits. The 1996 passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) replaced the entitlement to assistance that had existed under the Aid to Families with Dependent Children (AFDC) program, with a "work first" program called Temporary Assistance for Needy Families (TANF), pushing low-wage women workers into the formal labor force (Chaudry, 2004). The implementation of TANF led to an increase in the number of home-based providers relative to center-based providers in part because public assistance recipients themselves began providing care for children whose mothers entered the workforce (Chaudry, 2004; Boris & Klein, 2008).

To facilitate "returns to work," child care funding was expanded. Federal funds supported child care during TANF's initial years, and state and local governments directly reimbursed care providers. Public spending on child care grew in this time, in part because states could supplement child care spending with TANF funds (Chaudry, 2004).

Led by a weakened economy and state budget constraints, recent policy changes have squeezed public funding for child care (Reese, 2010). In some instances, spending cuts have included the lowering of reimbursement rates for providers caring for children whose parents receive subsidies (Reese, 2010).

Child care workers overall are poorly compensated: in 2009, child care workers (excluding those providing care in private households) made an average of $9.88 an hour in the U.S. and $10.92 an hour in New Jersey, which ranked 9th in the level of pay for workers (Center for the Child Care Workforce, 2011). For home-based child care providers, pay can be much lower because low reimbursement rates for subsidized care can result in average hourly pay below the minimum wage. In addition, providers may face delays in approval and disbursement of care subsidy payments (Reese, 2010), and they work long hours because of the flexible times associated with children's arrivals and departures (Boris & Klein, 2006).

UNIONIZATION TRENDS

Organizing in the home-based child care sector represents just one example of broad new directions for unionizing. From 1997 to 2002, the service sector boasted higher win rates in NLRB elections than did the manufacturing sector. Partly for this reason, the majority of new workers organized have been women, primarily women of color (Bronfenbrenner, 2005).

Research indicates the potential ripple effects of unionizing women. Women are more likely than men to vote in favor of unionizing, and have more positive attitudes toward unions. Bronfenbrenner's research on late-1990s organizing revealed the following: a higher number of wins and votes for unions among majority-women units; particular success unionizing women of color, especially when organizers were women of color; and the use of a wider range of unionizing tactics among majority-women units (Bronfenbrenner, 2005). Thus, while union rates overall have fallen, union density for African American women increased from 2000-02.

Despite presumed obstacles to women's participation in unions such as child care responsibilities (Fiorito, Gall, & Martinez, 2010), women can be and are active participants in unions, sometimes involving their families and bringing children to activities. For example, Cranford (2007) reported that while some Latina members of Justice for Janitors in Los Angeles found it difficult to attend protests because of childcare problems, on the whole children were an integral part of public demonstrations organized by the union. Furthermore, as women became more involved over time in leadership and organizing, they influenced how the union framed its concerns. As Cranford notes, "…the new women leaders brought with them a conception of motherhood that included both wage earning and caregiving and felt that women's greater childcare responsibilities informed a broader unionism" (p. 378).

This is important because perceptions and attitudes toward unions are related to worker activism and willingness to organize (Fiorito et al., 2010). Expectations that membership will yield benefits can encourage "attachment" to the union (Tetrick et al., 2007, p. 825). Beliefs such as a perception of support or loyalty can contribute to participation (Tetrick et al., 2007) and to a

positive disposition toward unions and belief about their importance to activism (Fiorito et al., 2010).[2]

THE HISTORY OF CHILD CARE WORKER UNIONIZATION IN NEW JERSEY

Historically, New Jersey has had high levels of union membership. According to the Bureau of Labor Statistics, U.S. Department of Labor (2012), it is one of the seven states that together account for over half of the 14.8 million union members in the U.S.[3] New Jersey currently ranks sixth among the 48 contiguous states[4] in the total size of its unionized population (0.6 million), but ninth both in the percentage of employed residents who are union members and in the percentage of employed residents who are represented by unions (BLS, 2012).

The formation of New Jersey's child care providers' union followed a two-year campaign for the right to unionize, centered in workers' homes. The American Federation of State, County and Municipal Employees (AFSCME) and the Communication Workers of America (CWA) were both active at this time and opted to form a co-union. After a year of working to identify providers, partially through word-of-mouth, a group of child care providers who supported unionization reached out to other care providers in the local community to invite them to meetings in their homes (AFSMCE Local 2779, Personal Communication, 2011).

In August 2006 then-governor Jon Corzine signed an executive order granting more than 7,000 subsidized and unsubsidized family child care (FCC, "registered") providers and subsidized "family, friend, and neighbor" (FFN, "approved") providers collective bargaining rights as the Child Care Workers Union (CCWU), with 11 counties represented under AFSCME and 10 counties represented under CWA (*Figure 1*). The agreement, as ratified in November 2007, established a schedule of subsidy rate increases, authorized a survey of providers' health insurance coverage status, and arranged for a centralized process for disseminating information and responding to provider concerns (Blank, Campbell, & Entmacher 2010).

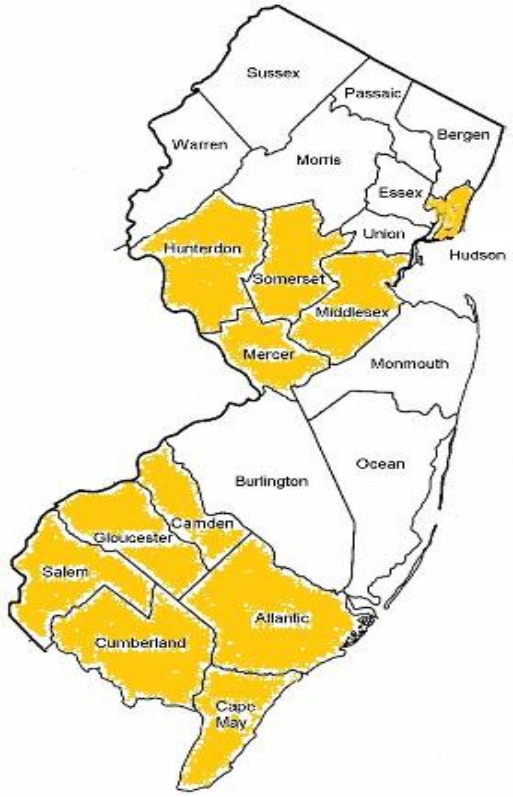
[2] This survey of 269 union members was conducted in 2003 for AFL-CIO, and the survey's sponsorship was not revealed.
[3] The others are California, New York, Illinois, Pennsylvania, Michigan, New Jersey, and Ohio.
[4] Alaska and Hawaii are excluded from this list. Though they have relatively small populations, they are heavily unionized with 22.1% and 21.5% of their respective employed populations being union members and 23.7% and 22.5% of their respective employed populations represented by unions (BLS, 2012).

OVERVIEW OF THE STUDY

To gather information about the unionization experiences of home-based child care workers in New Jersey, a survey was mailed to all of the CCWU members identified by AFSCME (roughly 2,000), the union representing both FCC ("registered") providers and subsidized FFN ("approved") providers in 11 counties (CWA, which represents workers in 10 counties, was contacted for this project but did not participate).

We prepared informed consent documents and surveys, available both in English and in Spanish, and placed them into envelopes, along with self-addressed, stamped, return envelopes directed to us. AFSCME provided the mailing labels, to ensure that we did not have access to union members' identities without their consent. The survey was anonymous; respondents were asked not to include their names or contact information on the survey. As an incentive for survey completion and compensation for respondents' time and effort, we offered a $10 gift card for each completed survey. Respondents were instructed to place return addresses on survey envelopes; upon receipt, these envelopes were separated immediately from the surveys and destroyed after gift cards were mailed.

Figure 1: New Jersey County Map: Counties Organized by AFSCME



The survey gathered information about the background and work experiences of members, training received, attitudes toward the union, and participation in the union. In addition, we

partnered with AFSCME on the development and inclusion of four questions pertaining to an electronic child care tracking system called e-Childcare, a state-led system change of substantial concern to union leaders and some members.

A total of 148 completed surveys were received by February 15, 2012. We also received roughly 100 envelopes marked undeliverable for a variety of reasons (e.g., a recent move, inaccurate addresses), adding to union representatives' concerns with the quality of the provider listings received from state Child Care Resource and Referral Agencies (CCR&Rs).

Despite the modest response rate, our sample is large enough for both descriptive and inferential analyses. Still, given the relatively small sample size and the self-selection attached to voluntary survey completion and return, these results should not be construed as representative of the total population of home-based child care providers in the State of New Jersey or even of the total population of CCWU/AFSCME provider members. Nonetheless, they provide an important "window" into the experiences and opinions of an under-researched but important segment of the labor force. According to AFSCME staff, our sample demographics are highly consistent with the observed demographics of CCWU members.

In addition to the survey, we conducted an interview with two key informants from CCWU, one of whom is both a CCWU organizer and a child care provider, to discuss their perspectives on the organizing process leading up to the Executive Order, the achievements and concerns of the union, and the union's current activities and organization.

FINDINGS

Our study adds to a growing body of literature on the union organization of women-dominated, service sector occupations. As the first such study of home-based child care providers in New Jersey, it provides an important introduction to this diverse, historically independent and isolated labor force.

We present our findings in five topic areas: respondent demographic characteristics, trainings and credentials, the characteristics of care provision, opinions of CCWU and labor unions, and areas of current union focus. In addition to presenting descriptive statistics for variables derived from the survey, we present results of bivariate analyses.[5]

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

Between November of 2011 and February of 2012, we received 148 completed surveys, with all but one survey coming from women. *Table 1* shows the demographic profile of respondents. Union representatives confirmed that this profile is consistent with their understanding and observation of the full CCWU membership demographic.

Slightly more than half of survey respondents (51%) identified themselves as Black or African American, 26% as Hispanic or Latina, 15% as White, and 8% as Asian, American Indian, or Pacific Islander. The majority of survey respondents were middle-aged or older (69%), including 30% in the age 45 to 54 category and 31% in the age 55 to 64 category; 43% reported being married.

Indicators of socioeconomic disadvantage were widespread. More than half of all respondents reported having a high school diploma or lower level of education (51%), with an additional 32% having taken some post-secondary courses but with no degree. Consistent with low levels of formal education, over half of respondents lived in households earning less than $25,000 annually (61%).

Only 64% reported access to paid health coverage, and 61% of those with access had health coverage through government assistance.

[5] Correlation, Pearson's chi-square, t-tests, and ANOVA, as appropriate.

Table 1: Demographic Profile of Respondents

Characteristic	N	Percent (%)
Age	146	
18 to 24		2
25 to 34		10
35 to 44		19
45 to 54		30
55 to 64		31
Over 65		8
Marital status	147	
Married		43
Unmarried but living with partner		6
Separated or divorced		16
Never married		29
Widowed		6
Education	147	
Less than a high school diploma		18
High school diploma or GED		33
Some college courses but no degree		32
Post-secondary credential or 2-year degree		7
Four year degree and beyond		10
Family's yearly income	137	
Under $15,000		36
$15,000 to $24,999		25
$25,000 to $34,999		14
Over $35,000		25
Race/Ethnicity	144	
White		15
Black or African American		51
Asian, American Indian, Pacific Islander		8
Hispanic or Latino(a)		26

TRAININGS AND CREDENTIALS

Oversight of the registration and approval of home-based child care providers in New Jersey is maintained by County Child Care Resource and Referral (CCR&R) agencies, under the direction of the Department of Children and Families (DCF). The CCR&Rs maintain lists of registered and approved providers, monitor existing providers, offer trainings for a fee, provide technical assistance to new and existing providers, and make subsidy payments to providers based on the age of the child and the number of hours of care provided monthly to children approved for

subsidized child care.[6] When New Jersey families are seeking child care, they can contact a CCR&R and receive a list of both center- and home-based options; the CCR&R can guide families that have been approved for subsidized care to local providers who will accept subsidies.

As noted, home-based child care providers in New Jersey are of two types: registered and approved. Registered providers, or family child care (FCC) providers, are authorized to care for 5 or fewer "day care children" below age 13 in a private residence.[7] Prior to receiving a Certificate of Registration, providers must receive 8 hours of training in areas such as child growth and development, discipline, health and sanitation, and nutrition. Certificates of Registration are good for 3 years, at which time providers must renew their registrations, including showing documentation of 20 hours of in-service training, other than Cardiopulmonary Resuscitation (CPR) or first aid, over the prior 3-year period (Manual of Requirements, 2009). As discussed further below, unions can be valuable sources of otherwise costly and inaccessible training opportunities (Burris & Fredericksen, 2012).

Approved providers, or "family, friend, and neighbor" (FFN) providers, include adults who have been chosen to provide child care by a parent eligible for subsidized care. The parent contacts her or his local CCR&R to initiate the approval process. If the environment is deemed suitable, the provider is approved to care for the child or children in question. This latter group of providers tends to provide care only for a particular child or children and only until the particular child or children no longer need care. Approved providers receive substantially lower subsidy payments than do registered providers. For example, in 2009, the maximum monthly rate for the full-time care of a child age birth to 30 months was $617.46 for registered FCC homes compared to $371.52 for approved FFN homes (NJ-DHS, 2008). Thus, the union representatives we interviewed shared that they encourage approved providers to become registered and assist providers with this process.

A substantial majority (89%) of survey respondents identified themselves as registered providers. As noted, registered providers must document 20 hours of CCR&R-approved training every three years. Because the cost of training provided through the CCR&R or elsewhere can be prohibitive for home-based care providers, CCWU coordinates county-level sessions of essential trainings, such as CPR and first aid training, for very low cost. Union organizers shared that one of the union's goals is to increase its training offerings to offset providers' financial burden.

Survey respondents were a highly experienced group, with an average of 151 months, or 12.5 years, providing child care (n=142). As shown in *Table 2*, 82% of them planned to continue to provide care in their homes even after the children currently in their care left. They were also a well-trained group, with 91% reporting at least one training in the past 12 months, and 42% reporting at least one certificate, permit, or credential. Nearly a quarter of respondents reported

[6] For a list of Maximum Child Care Payment Rates for 2009 in the State of New Jersey, see http://www.state.nj.us/humanservices/dfd/programs/child/forms/sfy09_ccwu_6per_0708.pdf

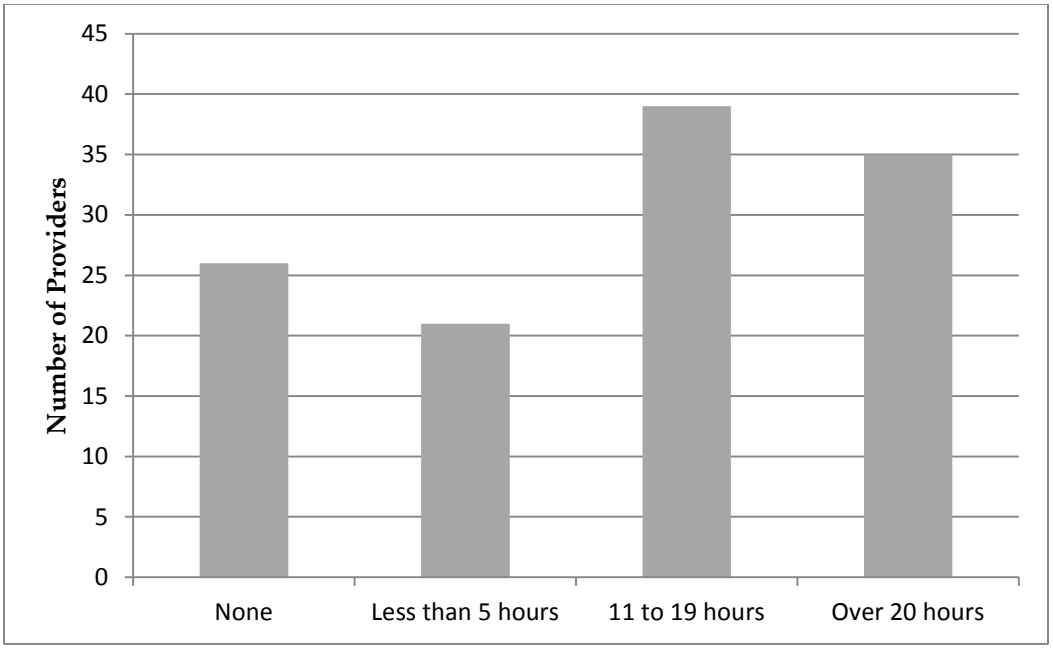
[7] In addition to the 5 day care children, the provider may care for up to 3 children who live in the home.

holding a Child Development Associate (CDA) credential, and 10% reported having a Montessori, Early Childhood Education, or Elementary Education teaching certificate. As shown in *Figure 2*, more than 2 of 3 providers reported 5 hours of training or more in the past 12 months (67%).

Table 2: Training, Tenure, and Occupational Attainment

Characteristic	Percent (%)
Registered provider in New Jersey (n=147)	89
Will continue to provide care after current children are no longer in care (n=144)	82
Providing care for children with special needs (n=148)	20
Reports any certificates, permits, credentials (n=147)	42
Reports any training in past 12 months (n=142)	91
Credential: Child Development Associate (CDA) (n=148)	24
Credential: Other teaching (Montessori, Early Childhood or Elementary Education (n=148)	10
Credential: Other (n=148)	18
Time spent in child care-related training, past 12 months (n=148)	
None	18
Less than 5 hours	14
5 to 10 hours	27
11 to 19 hours	17
Over 20 hours	24

Figure 2: Number of Hours in Child-Related Training Programs



We asked providers to identify not only trainings they had taken already, but trainings they would like to take in the future. As shown in *Table 3*, about one-fifth of respondents expressed interest in CDA training and one-fifth expressed interest in training related to the care of children with special needs.

Table 3: Training Taken and Requested by Providers (n=148)

Training	Percent that Have Taken the Training	Percent that Would Like the Training
Child Development Associate	43	20
Workshops in the community	68	11
Workshops at professional meetings	53	13
Child care courses in high school or vocational school	31	n/a
Taking care of children with special needs	45	19
Other training	53	n/a

CHARACTERISTICS OF CARE PROVISION

For the average respondent, care provision was a full-time job. Providers reported spending, on average, 39 hours per week providing care for 3 children, with a maximum of 128 weekly care hours and 9 children in care. On average, they cared for 1 relative, and 2 children receiving subsidized care. One of every 5 survey respondents reported caring for a child with special needs.

Consistent with New Jersey regulations mandating a higher adult-to-child ratio for younger children in home-based care, providers with 1 or 2 children were more likely than providers with over that number to be caring for children under the age of 2. Providers tended to specialize in particular age groups: there was a statistically significant inverse correlation between caring for children under age 2 and caring for children age 6 and older ($p<.01$). The distributions of children, by care status and at various ages, are shown in *Figures 3 and 4*, and the averages on *Table 4*.

Figure 3: Number of Children in Care, by Subsidy, Relation, and Special Needs Status

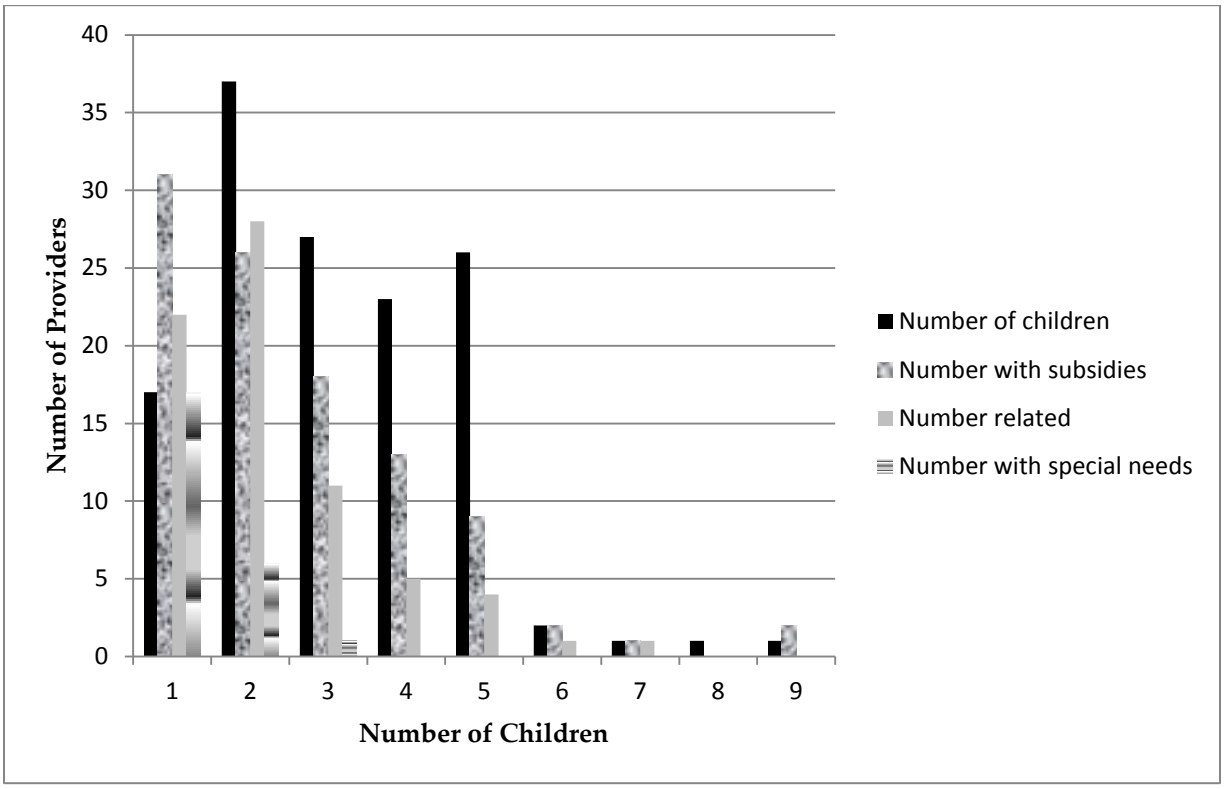


Figure 4: Number of Children in Care, by Age

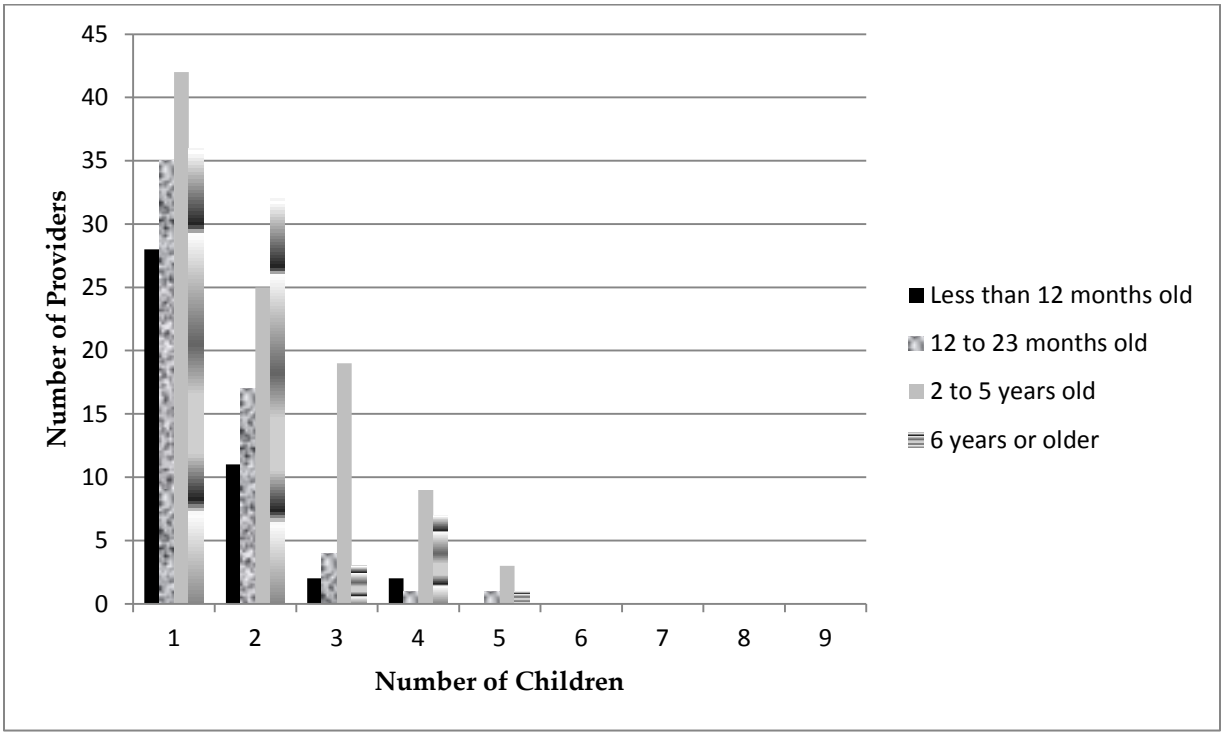


Table 4: Characteristics of Care Provision

	Mean (SD)	Median	Range
Number of children (n=135)	3.19 (1.70)	3	0:9
Number of related children (n=144)	1.14 (1.48)	.5	0:7
Number of children with subsidies (n=149)	1.82 (1.88)	1	0:9
Number of children at ages… (n=146)			
Less than 12 months old	.44 (.81)	0	0:4
12 to 23 months old	.62 (.93)	0	0:5
2 to 5 years old	1.37 (1.33)	1	0:5
6 years old or older	.97 (1.14)	1	0:4
Hours per week spent providing care (n=127)	38.57 (22.84)	40	0:128

OPINIONS OF CCWU AND LABOR UNIONS

A substantial majority of respondents had favorable or mostly favorable opinions of both CCWU specifically (87%, n=111) and labor unions in general (93%, n=136). Consistent with past research on other union sectors (Fiorito et al., 2010), awareness and use of CCWU services in the sample were relatively low. There was a statistically significant relationship between awareness and having a favorable opinion of CCWU ($p<.10$), with those who were aware of the specific services CCWU provides being significantly more likely to hold a favorable opinion of the union. However, there was no relationship between *participation* in union activities and having a favorable opinion of CCWU.

Table 5: Awareness of and Participation in Union Services and Activities (%)

Statement (Total Number of Responses)	Aware	Have Done	Plan to Do
Contact my union representative by phone, email, or mail (n=111)	63	18	26
Notify the union of a complaint (n=109)	66	15	26
Receive help from the union with a complaint (n=106)	69	10	25
Attend a union meeting (n=101)	56	26	34

We found some differences in awareness and participation by race/ethnicity and by income. Hispanic and Latina respondents were significantly less likely to be aware of union services and activities including contacting the union representative by phone, email, or mail ($p<.01$), receiving help from the union with a complaint ($p<.01$), and attending a meeting ($p<.01$); however, they were significantly more likely to indicate planning to do these things in the future ($p<.05$). Conversely, White respondents were significantly more likely to be aware that they *could* attend a meeting ($p<.05$), but significantly less likely to *plan* to attend such a meeting ($p<.05$). There were no statistically significant relationships between being Black or African American and levels of union participation or awareness.

Those whose household incomes were between $15,000 and $24,999 were significantly less likely than those from other income groups to report having contacted their union representative ($p<.05$), but were significantly more likely to report planning to do so in the future ($p<.05$). They were also significantly more likely to plan to attend a union meeting in the future ($p<.10$), suggesting that the survey itself may have served as an important vehicle for promoting awareness about CCWU.

At a time when public sector unions in particular have been subjected to close scrutiny (Fischer, 2011), the high rates of union approval found on our study are worth noting. As shown in *Table 6*, opinions concerning both CCWU in particular and labor unions in general were mostly favorable. Between 88% and 89% of respondents agreed or strongly agreed that information provided by CCWU had been helpful to them; that the CCWU is "an important force in fighting for child care improvements with the governor and legislature;" and that "being a union member is a source of pride for me." Between 83% and 84% of respondents agreed or strongly agreed that that the union had helped to solve problems for New Jersey's family child care providers and that the union was "very important" in securing opportunities for child care training. The high rate of agreement with the latter point is particularly striking given that expanded access to training was not part of the original collective bargaining agreement between the state and CCWU. As previously noted, however, efforts to expand access to and to reduce the cost of training have been a substantial focus of CCWU's efforts in recent years.

According to union organizers, CCWU has recruited leaders from within its membership; home-based child care providers who were organizers in the union campaign are now part of the union's current leadership. In short, one strategy for maintaining good relationships between CCWU/AFSCME and its provider-members is to recruit organizers who are providers and, quite often, community leaders. As will be discussed further below, we find some evidence that favorable opinions of CCWU and positive assessments of its effectiveness are more widespread among socioeconomically vulnerable care providers than among their more socioeconomically secure counterparts.

Table 6: Responses to Statements about CCWU and Labor Unions (%)

Statement (Total Number of Responses)	Strongly Agree	Agree	Disagree	Strongly Disagree
Information provided by our union has been helpful to me. (n=142)	28	60	8	4
Our union has helped to solve problems for NJ's family child care providers. (n=140)	22	61	14	3
Our union is an important force in fighting for child care improvements with the governor and legislature. (n=138)	34	55	9	2
Being a union member is a source of pride for me. (n=140)	33	55	10	2
Our union is very important in making child care training opportunities available to me. (n=142)	33	52	13	2
Labor unions are necessary to protect the working person. (n=144)	53	42	5	<1

Responses to statements about CCWU and labor unions varied significantly by age, race/ethnicity, income, and education. Those age 55 and older were more likely than those younger than age 55 to hold favorable opinions of CCWU ($p<.10$), and more likely to take pride in being a union member ($p<.10$).

Hispanic and Latina providers – who comprise 26% of the sample - were less likely than others to indicate that the union had helped to solve problems for New Jersey's child care providers ($p<.05$), though it is important to note that this group of providers was also less likely to be aware of CCWU activities and services.

Those providers with household incomes under $15,000 were more likely than those with higher incomes to take pride in being a union member ($p<.10$), and more likely to see unions as important in increasing child care training opportunities ($p<.05$).

Those with postsecondary degrees were less likely than those without postsecondary degrees to take pride in being a union member ($p<.05$), and to agree that CCWU has helped make training opportunities available ($p<.10$).

To maintain connections with geographically dispersed provider-members and keep apprised of their concerns, CCWU/AFSCME holds monthly meetings in each county. Some of the ongoing issues raised at these meetings include difficulties obtaining referrals from CCR&Rs (which reportedly favor centers in their referrals), maintaining accurate state provider lists, obtaining co-pay payments from parents, and receiving timely reimbursement payments from CCR&Rs. Union organizers believe that, in some cases, parents are provided only with lists of centers and

may not know to ask for home-based providers. There are also variations from county to county in the provision of training by CCR&Rs.

Among those who provided care both before and after unionization (n=112), the majority see conditions for home-based providers as improving in areas including access to training or education opportunities, access to information about child care regulations, access to information about benefits and services, ability to get questions answered, and ability to get complaints or problems as a child care provider solved (see *Table 7*).

Table 7: Perceived Changes Following Unionization (%)

Statement (Total Number of Responses)	Getting Better	No Change	Getting Worse
Amount of subsidy per child (n=111)	44	45	11
Access to training or education opportunities (n=108)	63	36	1
Access to information about child care regulations (n=112)	71	27	2
Access to information about benefits and services that might be helpful to me (n=112)	63	36	1
Ability to get my questions answered (n=112)	62	34	4
Ability to get my complaints or problems as a child care provider solved (n=110)	56	42	2

The only area in which this was not the case was in the amount of subsidy received per child. Though this did in fact increase after unionization (in their first contract, workers received a 44% pay increase over 3 years), union organizers gave us some sense of why providers might perceive this increase differently. Prior to unionization, workers were uninformed about reimbursement levels, which also varied from CCR&R to CCR&R. In addition, some CCR&Rs were reimbursing workers for the amount they said they were willing to take, even if it fell below accepted reimbursement levels. Following CCWU's success at standardization, those substantially below would perceive the increase in ways that those receiving the maximum allowable rate would not. It is also possible that providers are picking up on news of downward pressures on subsidy levels and reflecting this concern in their responses.

There was markedly little demographic variation in opinions about whether conditions have improved since unionization. Those with postsecondary degrees were less likely than those without postsecondary degrees to indicate that access to training and education opportunities ($p<.10$), and access to information about child care regulations ($p<.05$) have improved since unionization.

AREAS OF CURRENT UNION FOCUS

Our interviews with CCWU/AFSCME organizers, coupled with the survey results, revealed a number of challenges and opportunities for this still emergent union as it moves forward.

Inaccuracies in state provider list

In distributing our survey, we relied on the same list of subsidized and unsubsidized FCC providers and subsidized FFN providers as had been provided to the union by the CCR&Rs. The approximately 100 envelopes returned due to incorrect addresses represent only one piece of the problem experienced by CCWU/AFSCME with the provider list generated by the CCR&Rs. Union organizers report that some CCR&Rs send updated lists only sporadically and that inconsistencies between the list, reported "opt-outs,"[8] and dues collected are common.

Referrals from CCR&Rs

As noted, CCWU/AFSCME organizers are concerned that when parents approach a CCR&R looking for child care referrals, some agencies may not be volunteering lists of registered home-based child care providers unless parents request these lists by name. This is an important marketing issue for provider-members.

Co-pay and reimbursement payments

Provider opinion concerning changes in the amount of subsidy payment from before to after unionization was mixed, with 44% indicating improvement, 45% indicating no change, and 11% indicating that things were "getting worse." Certainly, reimbursement amounts are now standard across providers. Moreover, discrepancies in subsidy amounts prior to unionization mean that some providers saw larger post-unionization increases than others. Union organizers worry, though, about the uncertainty introduced both by parents who do not keep up with their co-payments and by CCR&Rs that are tardy with reimbursements. Both issues threaten the immediate economic security of provider-members.

One union organizer described the process from referral to payment as follows: first the CCR&R helps a subsidy-eligible parent find a provider or, if the family has a preferred provider, makes sure that the provider is registered or approved. Over the next 2 to 3 weeks, contracts are worked out, signed, and returned, after which the CCR&R generates subsidy vouchers. It may then be another week until the provider sees a payment. As one put it, "I've been keeping this child for 2 weeks, and all I have is a phone call from CCR&R."

Another threat to the regularity, consistency, and certainty of provider reimbursement is families' movement into and out of eligibility for subsidized care. Increasingly so in this time of cutbacks to child care spending, waiting lists have become commonplace (Matthews, 2011; Schulman & Blank, 2010). Although families receiving support through the Temporary Assistance for Needy Families (TANF) program generally bypass the waiting list, any abrupt ending to a TANF spell may lead to a similarly abrupt end to provider reimbursements (Houser et al., in press).

[8] Those providers who "opt out" of union membership and, therefore, do not have dues deducted from their subsidy payments.

Health insurance

Survey results suggest that home-based child care providers are vulnerable to under-insurance, and that, when they are insured, they are disproportionately likely to be insured through government assistance. Of the 143 individuals who responded to the series of health insurance questions, 64% (n=92) indicated that they had health insurance access. Of these, 27% had access through a spouse or partner's plan, 16% through a privately purchased plan, and 61% through government assistance.

Our interviews with CCWU employees indicated that they are deeply aware of and concerned about access to health care for their membership. Indeed, child care workers are but one piece of an alarming national story that links poor health care access and quality, as well as limited options for missing work, to those very jobs that bring workers into daily, intimate contact with those populations most vulnerable to serious illness: namely, young children, aging adults, and disabled persons of any age (Baron et al., 2009). It is, therefore, a particularly noteworthy accomplishment that CCWU has recently secured access for its members to a group health insurance plan, which will serve those who earn too little to secure insurance on their own, but too much to qualify for publicly-funded insurance programs.

e-Child Care

Union organizers have expressed concern about a newly mandated system for verifying attendance: e-Child Care. The system requires that parents call an automated phone system, from the provider's land line phone, to verify that their child has been dropped off and picked up. The possibility of error, either human or technical, and the time and logistical challenge that this system may present to parents and providers, increases the risk that providers will not be paid. In a very real way, making parents responsible for confirming their child's drop-off and pick-up times shifts the power over subsidy reimbursement from providers' to parents' hands.

Full implementation of e-childcare requires that providers have land line phones, internet access, and a dedicated banking account for their business. In collaboration with CCWU/AFSCME, we included a series of questions relevant to e-Child Care in the survey.

We first asked respondents to identify their primary phone system. This item may under-report the number of individuals with any given phone system, because the wording of the question (i.e., *primary* phone system) may have led some respondents to choose only one of the systems actually available to them. Still, for the purposes of e-Child Care roll-out, it is noteworthy that only 64% of respondents reported having a land line phone, with 45% reporting cell phones, and 13% cable phone systems.

Only 26% of providers had a separate banking account for business at the time of the survey, and 76% had access to the internet from home.

Even with what appears to be a concerning lack of technical preparation for the implementation of this New Jersey-wide, mandated system, provider opinion of e-Child Care technology was

generally favorable, with 63% of respondents rating implementation as favorable or mostly favorable and 36% as unfavorable or mostly unfavorable.

Bivariate and multivariate analyses of survey data suggest that it is the most vulnerable of child care workers who are least equipped to implement the e-Child Care system. For example, those with postsecondary degrees are far more likely than those without to have a separate banking account for their child care business ($p<.01$). Not surprisingly, those with the lowest levels of household income – under $15,000 – were less likely to be able to get online from home ($p<.001$).

CONCLUSION

Our study contributes to a growing body of literature on union organizing in low-wage, women-dominated, service sector occupations. As the first study of the unionized home-based child care workforce in New Jersey, it provides an important window into the experiences, challenges, and opinions of this diverse, historically independent, and marginalized labor force.

What is perhaps most striking about the women we surveyed is the extent to which high levels of economic vulnerability intersect with high levels of work effort. More than half of all respondents reported household incomes of less than $25,000 annually, yet, on average, they provided nearly 39 hours a week of care. Even the subgroup of those reporting household earnings of less than $15,000 per year provided an average of 30 weekly hours of care.

Moreover, these workers, a third of whom have no health insurance, are caring for a similarly vulnerable population of families: working families with young children earning incomes low enough to qualify for subsidized care. Indeed, child care providers, much like many other low-wage providers of intimate personal care, have limited access to health care as well as limited options for missing work. This should be of serious concern, if only because of the immense value of the work they perform daily: caring for those groups most vulnerable to serious illness: namely, young children (Baron et al., 2009). Thus, much of what is good for child care workers is good for the children and families they serve.

In our study, the link between supporting child care workers and supporting families with children was most evident in two areas: health insurance and training. We find that home-based child care providers are under-insured (a third have no health insurance) and over-reliant on public insurance, especially given job hazards such as exposure to sick children. From our interviews with AFSCME Local 2779 officials, we learned that they were well-aware of their members' insurance needs and had recently arranged for a group health insurance option. Expanding access to affordable health care insurance continues to be a key union priority.

Our survey also uncovered a high level of provider interest in training, particularly those trainings needed to earn a Child Development Associate degree and training in the area of caring for children with special needs. A vast majority of providers (91%) reported at least one training in the past year, and 42% held at least one certificate, permit, or credential. Home-based child care providers may perceive the provision of access to training opportunities as a major, and particularly visible, contribution of their union. To the extent that training is linked to child care quality (Fukkink & Lont, 2007), the provision of accessible, low-cost training is another area in which union efforts to enhance the well-being of providers may benefit children and families.

Overall, the home-based child care providers we surveyed held favorable opinions of both their union and unions in general, with levels of agreement on CCWU qualities and achievements ranging from 83% to 89%. A great majority of respondents (87%) indicated an opinion of CCWU overall as "favorable" or "mostly favorable." Strong relationships were found between

demographic indicators, opinions of unions in general, and opinions of a local union in particular. Importantly, those who might be seen as needing the most protection from a union (i.e., those with the lowest levels of education and income), were most likely to view CCWU positively.

Awareness of union services and activities was an important contributor to assessing the union positively. While overall levels of union participation found in this study exceeded those found in most other survey work (Fiorito et al., 2011), this is probably a selection effect, associated with voluntary survey completion.

For the union, maintaining contact with a network of independent contractors poses distinct challenges and points to the importance of relationships between the union and state agencies. According to CCWU organizers, a variety of provider issues have been raised at monthly provider meetings. First, CCWU and its members are concerned about low levels of CCR&R referrals; they worry that families seeking services may be unaware that they have the option of choosing home- rather than center-based care. Second, as evidenced by the frequency of unopened returned envelopes from our own mailing, CCWU has had widely variable success with receiving accurate state provider lists from CCR&Rs on a regular basis. Third, the economic insecurity linked to providers' already low rates of pay are further compounded by difficulties obtaining co-payments from parents and receiving timely reimbursement payments from CCR&Rs. If CCR&Rs allow parents who are delinquent with co-payments to change providers, without resolving prior debts, providers have little recourse.

Lastly, as noted, union organizers have expressed concern about the implementation of e-Child Care, a newly mandated system for verifying attendance. The system requires that parents call an automated phone system from the provider's land line phone, to verify the times that their child has been dropped off and picked up. Our survey finds that a substantial majority of respondents (63%) favor e-Child Care technology. Not surprisingly, however, we find a strong, statistically significant link between having access to the requisite components for e-Child Care implementation (i.e., a landline phone, internet access, and a separate business banking account) and indicators of socioeconomic disadvantage, particularly household income. The State should anticipate problems with the implementation of e-Child Care, given that 24% of the voluntary sample reported no at-home online access.

Subsidized home-based child care providers spend their days caring for some of New Jersey's most vulnerable citizens: its children. A majority of those providers who responded to our survey reported favorable impressions of and experiences with the Child Care Workers Union. However, members and union organizers alike continue to face a great many concerns and challenges. Their responses give us a first look into the challenges and successes of union organizing within an independent and highly vulnerable workforce sector.

REFERENCES

Baron, S., McPhaul, K., Phillips, S., Gershon, R., & Lipscomb, J. (2009). Protecting home health care workers: A challenge to pandemic influenza preparedness planning. *American Journal of Public Health, 99*(S2), S301-S307.

Bernhardt, A., Milkman, R., Theodore, N., Heckathorn, D., Auer, M., DeFilippis, J., Gonzalez, A.L., Narro, V., Perelshteyn, J., Polson, D., & Spiller, M. (2009). *Broken laws, unprotected workers: Violations of employment and labor laws in America's cities*. Retrieved May 7, 2012, at http://labor.ucla.edu/publications/reports/brokenlaws.pdf

Blank, H., Campbell, N.D., & Entmacher, J. (2010, June). *Getting organized: Unionizing home-based child care providers*. Washington: National Women's Law Center. Retrieved December 13, 2011, from http://www.nwlc.org/resource/getting-organized-unionizing-home-based-child-care-providers-2010-update.

Boris, E. (2008). Labor on the home front: Unionizing home-based care workers. *New Labor Forum, 17*(2), 32-41.

Boris, E., & Klein, J. (2006). Organizing home care: Low-waged workers in the welfare state. *Politics & Society, 34*(1), 81-108.

Boris, E., & Parreñas, R. S. (2010). *Intimate labors: Cultures, technologies, and the politics of care*. Stanford, Calif.: Stanford Social Sciences.

Braunstein, J., Shaw, L., & Dennis, R. (1994). What do unions do for women? *Federal Publications*, Paper 439.

Bronfenbrenner, K. (2005). Organizing women: The nature and process of union-organizing efforts among U.S. women workers since the mid-1990s. *Work and Occupations, 32*(4), 441-463.

Bronfenbrenner, K., & Hickey, R. (2004). Changing to organize: A national assessment of union organizing strategies. In R. Milkman & K. Voss (Eds.), *Organize or Die: Labor's Prospects in Neoliberal America*. Ithaca, NY: Cornell University Press, 17-55.

Brooks, F.P. (2003). What differences unionizing teachers might make on child care in the USA: Results from an exploratory study. *Child & Youth Care Forum, 32*(1), 3-22.

Bureau of Labor Statistics, United States Department of Labor (2012). *Economic News Release: Union Affiliation of Employed Wage and Salary Workers by State*. Table 5. http://www.bls.gov/news.release/union2.t05.htm

Burris, G., & Fredericksen, A. (2012, February). *Training makes a difference: The experience of unionized family, friend, and neighbor child care providers in Washington State*. Economy Opportunity Institute. Retrieved May 7, 2012, at http://www.eoionline.org/early_learning/reports/TrainingMakesaDifference-Feb2012.pdf

Center for the Child Care Workforce. (2011). Wage Data for Early Childhood Educators. American Federation of Teachers, AFL-CIO. http://www.ccw.org/storage/ccworkforce/documents/all%20data_print_2011.pdf

Chaudry, Ajay (2004). *Putting Children First: How low-wage working mothers manage child care*. New York: Russell Sage Foundation.

Cobble, D.S. (2010). More intimate unions. In E. Boris & R. Salazar Parrenas (Eds.), *Intimate Labors*. Stanford University Press, 280-295.

Cobble, D.S., & Merrill, M. (2009). Promise of service worker unionism. In M. Korczynski & C.L. MacDonald (Eds.), *Service Work: Critical Perspectives*. New York and London: Routledge, 153-174.

Cranford, C.J. (2007). Constructing Union Motherhood: Gender and Social Reproduction in the Los Angeles 'Justice for Janitors' Movement. *Qualitative Sociology 30*, 361-381.

Dresser, L. (2008). Cleaning and caring in the home: Shared problems? Shared possibilities? In A. D. Bernhardt, H. Boushey, L. Dresser & C. Tilly (Eds.), *The Gloves-Off Economy: Workplace Standards at the Bottom of America's Labor Market.* Labor and Employment Relations Association Series. Champaign, IL: Labor and Employment Relations Association, University of Illinois at Urbana-Champaign, 111-135.

Fiorito, J., Gall, G., & Martinez, A.D. (2010). Activism and willingness to help in union organizing: Who are the activists? *Journal of Labor Research, 31*, 263–284.

Fiorito, J., Tope1, D., Steinberg, P.E., Padavic, I., & Murphy, C.E. (2011). Lay activism and activism intentions in a faculty union: An exploratory study. *Labor Studies Journal, 20*(10), 1–25.

Fischer, B. (2011, February 23). *Should public sector unions exist?* The Center for Media and Democracy's PR Watch. Retrieved May 7, 2012, at http://www.prwatch.org/news/2011/02/10058/should-public-sector-unions-exist

Fukkink, R.G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. *Early Childhood Research Quarterly, 22*, 294-311.

Greenhouse, S. (2007, May 12). Child care workers get right to unionize. *New York Times.*

Houser, L., Schram, S.F., Soss, J., & Fording, R.C. (in press). Child care subsidies and caseworker discretion in the post-welfare reform era. *Journal of Women, Politics, and Policy*.

Howes, C. (2004). Upgrading California's home care workforce: Political action and unionization. *State of California Labor.*

Kirton, G. (1999). Sustaining and developing women's trade union activism: A gendered project? *Gender, Work & Organization, 6*, 213–223.

Lovell, V., & Hartmann, H. (2001). Increasing economic security for low-wage women workers. In R. Kazis & M.S. Miller (Eds.), *Low-Wage Workers in the New Economy*. Washington, D.C.: Urban Institute Press, 205-221.

Lovell, V., & Kim, E. (2002, February). *The benefits of unionization for workers in the retail food industry*. Institute for Women's Policy Research. Research-in-Brief. IWPR #C351. Retrieved February 22, 2012, from http://www.iwpr.org/initiatives/women-in-unions/#publications.

Manual of Requirements for Family Child Care Registration. (2009, August). Office of Licensing, Department of Children and Families, State of New Jersey.

Mason, T., Wilkinson, G.W., Nannini, A., Martin, C.M., Fox, D.J., & Hirsch, G. (2011). Winning policy change to promote community health workers: Lessons from Massachusetts in the health reform era. *American Journal of Public Health, 101*(12), 2211-2216.

Matthews, H. (2011). *Spending update: Child care assistance in 2009*. Washington, DC: Center for Law and Social Policy (CLASP). Retrieved February 22, 2012, from http://www.clasp.org

Milkman, R., & Dwyer, R. E. (2002). Growing apart: The "new economy" and job polarization in California, 1992-2000. *The State of California Labor 2002*. Berkeley: University of California press, 3-36.

New Jersey Department of Children and Families. (2012). *Child Care Resource and Referral Agencies*. Retrieved March 2, 2012, from http://www.state.nj.us/humanservices/dfd/programs/child/ccrr/

New Jersey Department of Human Services. (2008). *SFY 2009 Maximum state child care payments*. Retrieved March 2, 2012, from http://www.state.nj.us/humanservices/dfd/programs/child/forms/sfy09_ccwu_6per_0708.pdf

Reese, E. (2010). But who will care for the children? Organizing child care providers in the wake of welfare reform. In E. Boris & R.S. Parreñas (Eds.), *Intimate Labors: Cultures, Technologies, and the Politics of Care*. Stanford, Calif.: Stanford Social Sciences, 241-238.

Rose, S., & Hartmann, H. (2004). *Still a man's labor market*. Washington, D.C.: Institute for Women's Policy Research.

Schulman, K., & Blank, H. (2010). State child care assistance policies 2010: New federal policies help states weather the storm. National Women's Law Center. Retrieved February 22, 2012, from http://www.nwlc.org/.

Sonn, P. K., Ruckelshaus, C. K., & Leberstein, S. (2011, August). Fair pay for home care workers: Reforming the U.S. Department of Labor's Companionship Regulations under the Fair Labor Standards Act. National Employment Law Project. Retrieved March 23, 2012, at http://www.nelp.org/page/-/Justice/2011/FairPayforHomeCareWorkers.pdf?nocdn=1

Spalter-Roth, R., Hartmann, H., & Collins, N. (1994). What do unions do for women? In S. Friedman, R.W. Hurd, R.A. Oswald, & R.L. Seeber, R.L. (Eds.), *Restoring the Promise of American Labor Law.* Ithaca, NY: ILR Press, 193-206.

Smith, P. R. (2008). The publicization of home-based care work in state labor law. *Minnesota Law Review, 92*, 1390-1423.

Tetrick, L. E., Shore, L. M., McClurg, L. N., & Vandenberg, R. J. (2007). A model of union participation: The impact of perceived union support, union instrumentality, and union loyalty. *Journal of Applied Psychology, 92*(3), 820-828.

United States Census Bureau. (2010). *Employment characteristics of families*. Retrieved October 25, 2011, from http://factfinder2.census.gov.

Wage and Hour Division, United States Department of Labor. (2009). *Day care centers and preschools under the Fair Labor Standards Act*. U.S. WHD Fact Sheet #46. http://www.dol.gov/whd/regs/compliance/whdfs46.pdf.