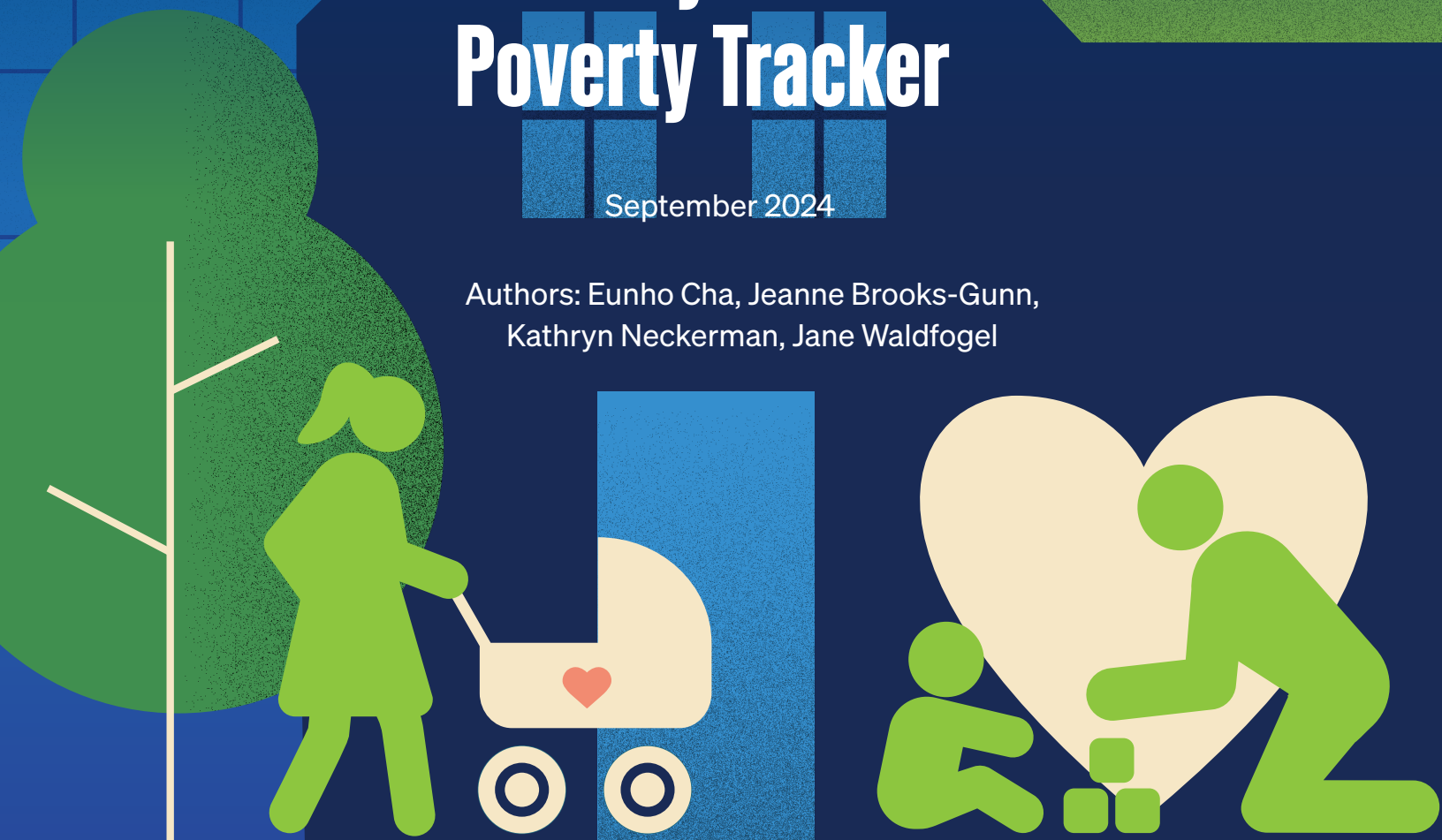


MONITORING POVERTY AND WELL-BEING IN NYC

Spotlight on:
**HOME-BASED
CHILD CARE IN NYC**
in the Early Childhood
Poverty Tracker

September 2024

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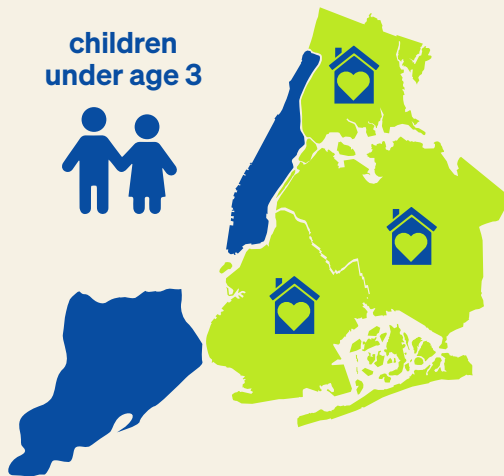


KEY POINTS



→ Many New York City families use home-based child care for their children under age 5. **One out of three families surveyed for the Early Childhood Poverty Tracker (ECPT) used home-based care at some point between 2017 and 2020.**

children under age 3



→ Families with children under age 3, those living in the Bronx, Brooklyn, and Queens, and those who are Black or Latino are especially reliant on home-based child care.



three in five families who used home-based child care

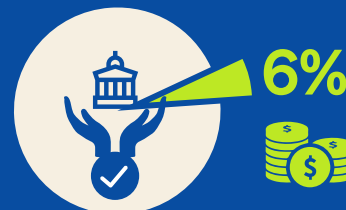


paid more than **7%** of their annual income

→ While home-based child care can be less costly than center-based care, it remains a strain on the family finances. Among families who used home-based care for their child enrolled in the ECPT study, **three in five paid more than 7% of their annual income** — a commonly used threshold for affordability — for that care.¹



→ Without a subsidy, more than **two in three working families** in the city could not afford to pay the typical costs of home-based child care.



→ Even with a subsidy, only about **6% of families can afford to pay the “true cost of care,” allowing home-based care providers to earn salaries commensurate with center-based care staff.**

¹ Administration for Children and Families, “Child Care and Development Fund (CCDF) Program.”

The last four years have been challenging for New York City’s child care providers. The pandemic increased operating costs for both center- and home-based care. At the same time, demand for child care dropped when some parents lost or left their jobs and others began working remotely. More recently, the expiration of federal pandemic aid for child care will place a greater burden on state and local funding for child care services.²

The home-based child care sector has been especially hard hit. Between January 2020 and July 2022, 11% of New York State’s home-based programs closed, compared with 2% of the state’s center-based care programs. In New York City, about 600 home-based child care programs closed during this time, reducing capacity by about 6,900 seats.³

Yet the financial difficulties of New York City’s home-based child care providers began well before COVID. Over the past ten years, even as universal prekindergarten has expanded for the city’s 3- and 4-year-olds, the number of home-based child care providers has fallen. This trend has been especially notable among Family Day Care programs, the smaller type of home-based care program. The number of Family Day Care programs in New York City dropped by 61% between 2014 and 2022.⁴

This report considers the implications of these trends for families who rely on home-based child care. We used survey data from the Early Childhood Poverty Tracker study for the period between 2017 and early 2020, when most children in the study were ages 0-4. We focused on two main questions:

- Which families are most reliant on home-based child care?
- How affordable is home-based child care for families?

About the Early Childhood Poverty Tracker

The Early Childhood Poverty Tracker (ECPT), a collaboration between Robin Hood and Columbia University, is a longitudinal study of New York City families with young children. Launched in 2017 when the children were between the ages of 0 and 3, the ECPT is following a representative sample of families with young children in New York City, to provide a detailed description of the challenges and resources that shape the development of children during the critical early years of life. The ECPT study uses repeated surveys with the same parents to understand how families’ circumstances change as their children grow and develop. The baseline survey included 1,576 parents, each of whom reported on a “focal child” who was 0–35 months old in June 2017 or was born in the subsequent year. Since the baseline survey, parents have been surveyed several times per year about the focal child’s health and development, enrollment in school or child care, and family circumstances, including economic conditions, health, and well-being. The figures presented in this report exclude families who have moved out of New York City. For more detail about the methods used in the ECPT, and for a profile of our sample, see our baseline report.⁵

² On the child care cliff, see Kashen, Valle-Gutierrez, Woods, and Milli, “Child Care Cliff”; Wilensky, Fortner, and Small, “Understanding Federal COVID Child Care Relief Funds in New York.”

³ Nabozny, Kabdullin, and Mullin, “Rebuilding our Future.”

⁴ Melodia, “High Calling, Low Wages,” p. 22.

⁵ Neckerman, Brooks-Gunn, Doran, Kennedy, Maury, Waldfogel, and Wimer, “The Youngest New Yorkers.”

About this Report

This report draws mainly on data from the ECPT baseline and the 12-month and 24-month follow-up surveys, as well as child care information from the first follow-up survey. We analyzed 1,082 families who participated in the baseline survey and provided information about their child care arrangements between 2017 and early 2020 before COVID-19 began. All survey responses are weighted to be representative of New York City families with children who were born in New York City and were age 0-2 in 2017, when the study began.

In the first section of this report, we provide demographic information about who uses home-based child care. We identified families who used home-based child care alone or with other types of child care arrangements from the ECPT. Respondents were asked about what type(s) of child care they used for the focal child at the time of the survey. The response categories included universal prekindergarten program, Head Start, preschool/nursery/daycare center, family day care, paid sitter at child's home, paid sitter at someone else's home, unpaid relative, paid relative, and other. Parents were allowed to select multiple types of child care. Families that reported using family day care for their focal child, with or without other child care options, are defined as home-based child care users. In New York State, there are three categories of home-based care: family day care, group family day care, and legally-exempt family child care, and they are all coded as family day care in the ECPT.

In the second section, we measure how affordable home-based child care is for those families relying solely on this mode of care. The ECPT asked respondent parents about how much they spend on child care for their focal child and how often they make the payment which can vary by weekly, bi-weekly, monthly, and annually, for families who indicated that they use any paid child care.

Out-of-pocket child care costs are standardized into an annual cost. For example, for a family that pays \$100 per week for the focal child, we standardized it to \$5,200 of annual child care expenditure by multiplying the weekly cost by 52. It is important to note that our analysis of child care cost is based on surveys administered once a year; thus, our annualized child care cost may differ from the actual annual cost that the family spent for the focal child.

Background: Home-based child care

In this report, we use “home-based child care” to refer to regulated or licensed child care offered in a residential setting. In New York State, **family day care** has a capacity of six children (or eight if two are school-aged children). **Group family day care** has a capacity of 12 children, or 16 if four are school-aged. Regulated home-based care also includes **legally-exempt in-home child care**, with a maximum capacity of 8 children including no more than two unrelated children. Center-based care, by contrast, is provided in non-residential settings including schools, community organizations, and child care centers.

Home-based child care has advantages for parents and families. These may include family-like, trusting, and supportive relationships that may emerge between care providers and both parents and children. In

addition, the mixed-age context can allow siblings to attend child care together, and may promote learning and socialization. Lastly, at least in New York City, most home-based care providers are immigrants and more than half speak Spanish; as a result, many of the city’s immigrant parents may be able to find care providers who share their language and culture.⁶

There are practical advantages as well. Home-based child care programs typically provide full-day, year-round care, and may even offer evening or weekend hours. In contrast, most center-based child care provides weekday care only; while some offer full-day and full-year care, many prekindergarten programs are open only during school hours from September to June. The schedules offered by home-based care providers are especially helpful for parents who have long commutes or who work inflexible or nontraditional work hours.⁷ The need for child care during nontraditional hours is clear from a recent analysis by the Urban Institute, which found that among children under age 6 in nonparental care, 40% spent some time in care during nontraditional hours, defined as weekdays before 7am or after 6pm, or any time on weekends.⁸

Home-based child care providers face significant financial challenges. As small business owners, these providers must cover the cost of housing, insurance, utilities, food, and supplies, as well as wages and benefits for any staff they hire. After covering these expenses, the Center for New York City Affairs (CNYCA) estimated, New York City’s home-based care providers netted an average hourly wage of \$10.61, far below New York’s minimum wage. Not surprising given their low income, a quarter of New York City’s home-based care providers received SNAP benefits, almost half were on Medicaid, and more than one in six reported no health insurance. Many were severely rent-burdened.⁹

For families who are eligible for a child care subsidy, New York State pays the provider directly for this care, up to a maximum subsidy rate based on type of care, age of the child, and region. Over the past few years, New York State raised these maximum rates, providing a needed boost to revenue for care providers.¹⁰ However, subsidy rates for home-based care remain well below the level that would provide a living wage for these early childhood educators. According to the CNYCA, “most New Yorkers cannot afford the true cost of care. So home-based providers charge parents what they can afford to pay, not what it costs to provide ECE.”¹¹

Recent analyses have sought to estimate what is sometimes called the “true cost” of child care, or the cost of high-quality child care. These analyses account for the operating costs of home-based care. Most critically, they assume salary parity between child care staff in school or center-based settings and providers of home-based care, in order to ensure a stable and professionally compensated child care workforce.¹²

⁶ Bromer, Porter, Jones, Ragonese-Barnes, and Orland, “Quality in Home-based Child Care”; Melodia, “High Calling, Low Wages.”

⁷ On parents’ need for child care outside weekday schedules, see Citizens’ Committee for Children of New York, “The Youngest New Yorkers.”

⁸ Schilder, Lou, and Wagner, “Child Care Use for Young Children during Nontraditional hours.”

⁹ Melodia, “High Calling, Low Wages,” pp. 38-43.

¹⁰ For example, reimbursement rates were increased for providers serving families with child care subsidies. In addition, New York State – which pays providers based on attendance, not enrollment – began reimbursing for up to 24 absences per year. The cap was later raised to 80 absences per year. On these and other policy changes, see Wilensky, Fortner, and Small, “Understanding Federal COVID Child Care Relief Funds in New York.”

¹¹ Melodia, “High Calling, Low Wages,” pp. 6, 46; Workman and Jessen-Howard, “Understanding the True Cost of Child Care for Infants and Toddlers”; Workman and Jessen-Howard, “New York State Cost of Quality Child Care Study.”

¹² On the cost of quality care, see Workman and Jessen-Howard, “Understanding the True Cost of Child Care for Infants and Toddlers”; Melodia, “High Calling, Low Wages”; The Education Trust, “Executive Summary - True Cost of High-Quality Child Care Model.”

Ultimately, the goal is to create conditions to support high-quality care that promotes children’s cognitive, social, and emotional development and engages families in an inclusive way.¹³

Who uses home-based child care?

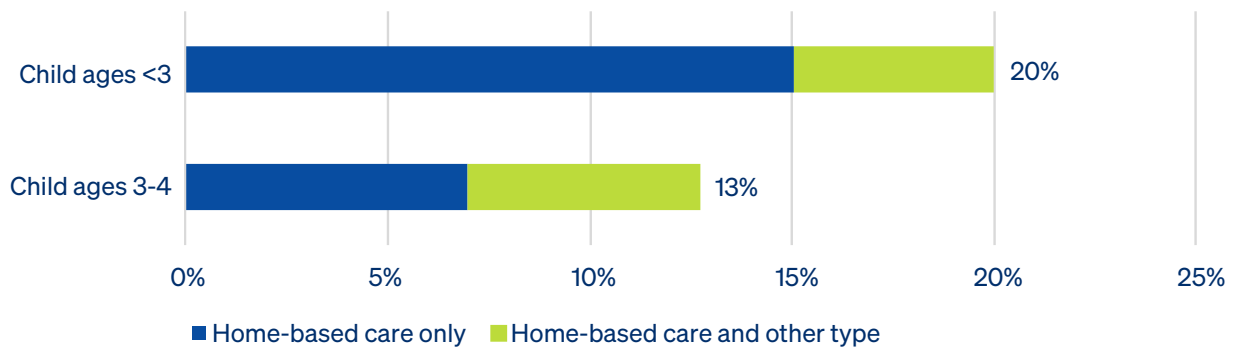
Use of home-based child care is widespread in New York City. Among all parents surveyed for the ECPT study, one out of three had used home-based care at some point between 2017 and 2020. In this section, we examine patterns of home-based child care use by age of the child, borough of residence, Spanish language use, race and ethnicity, and income among families using any form of non-parental child care.

Almost three in four ECPT parents with a child aged 0-4 used some form of non-parental care for the child enrolled in the study. Of those using child care, 15% used home-based care, either alone or in combination with another type of care. Although all types of families use home-based care, some rely on it more heavily than others. If home-based care providers continue to struggle financially, these are the families who will be the most severely impacted.

Families with children under age 3. Home-based care is especially important for families with children under age 3, who are too young for New York City’s 3-K and Pre-K programs. About 20% of parents with infants and toddlers used home-based child care for those children.

Figure 1

Use of home-based care by age of child, among families using any non-parental care



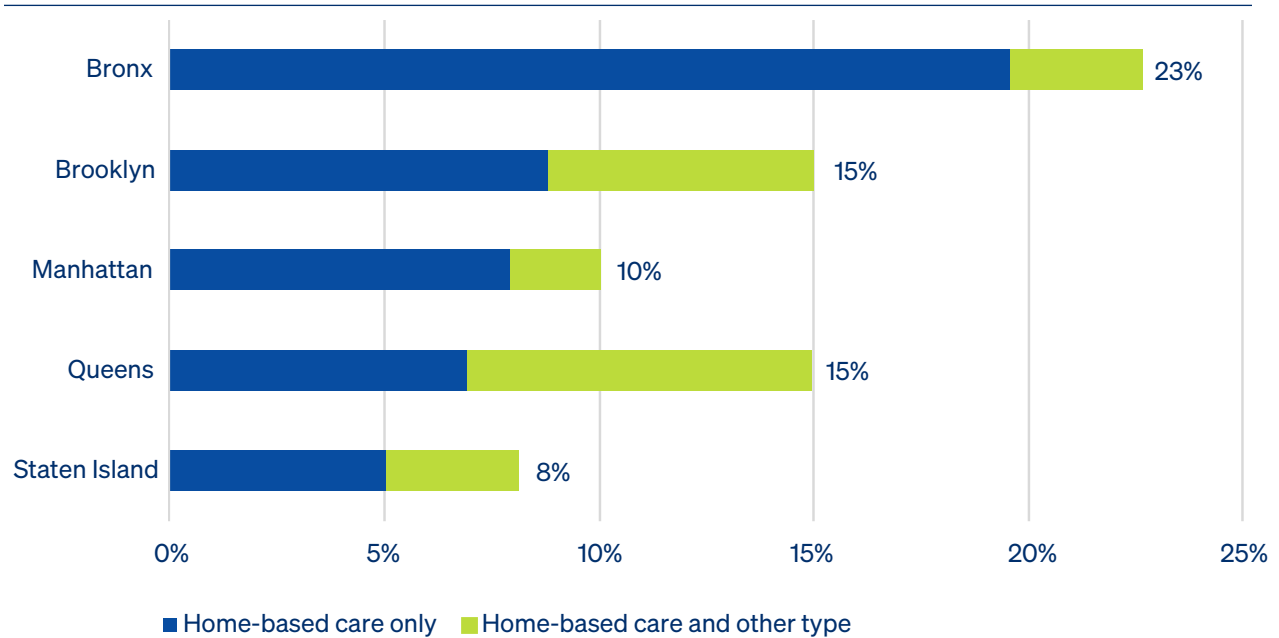
Source: First three annual surveys and first follow-up survey with ECPT parents

Parents living in the outer boroughs. Among ECPT parents, those living in the Bronx were most likely to use home-based care, followed by parents in Queens and Brooklyn. These patterns parallel differences in the locations of home-based care providers. In the Bronx, half or more of all child care seats are in home-based care. Southeast Queens and eastern Brooklyn also have high rates of home-based care providers. The long commutes faced by many outer-borough parents may make home-based child care more attractive.¹⁴

¹³ For discussion of high-quality care, see for instance Robin Hood, Century Foundation, and Next100, “From Crisis to Opportunity,” p. 17.
¹⁴ Melodia, “High Calling, Low Wages,” pp. 24-25.

Figure 2

Use of home-based care by borough of residence, among families using any non-parental care

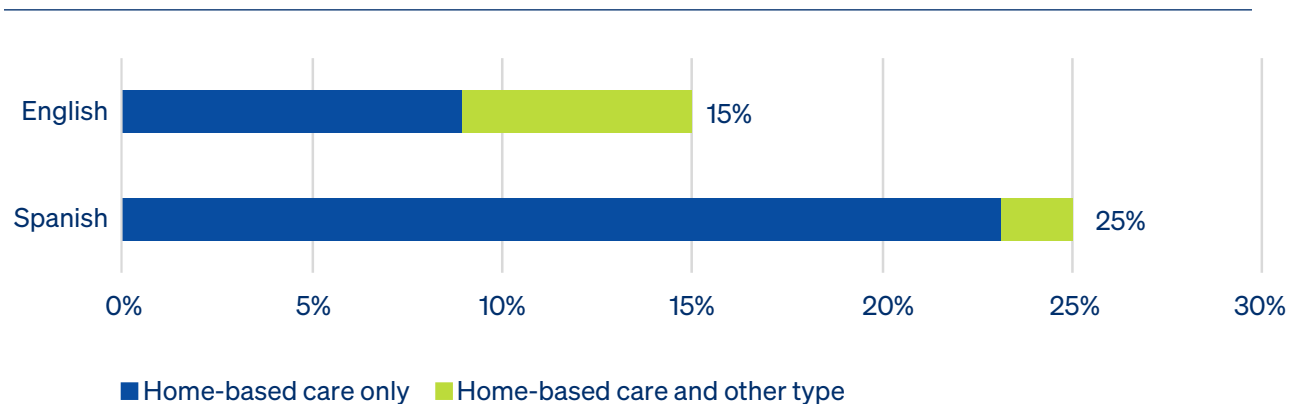


Source: First three annual surveys and first follow-up survey with ECPT parents

Spanish-speaking parents. The ECPT study surveyed parents in English and Spanish. Among ECPT parents who were surveyed in Spanish, 25% used home-based care, compared with 15% among parents surveyed in English. According to the CNYCA, 72% of home-based child care providers are immigrants, and 56% speak Spanish. English is not the first language for many New York City parents; for these parents, finding a care provider who speaks their language is a critical advantage.¹⁵

Figure 3

Use of home-based care by survey language, among families using any non-parental care



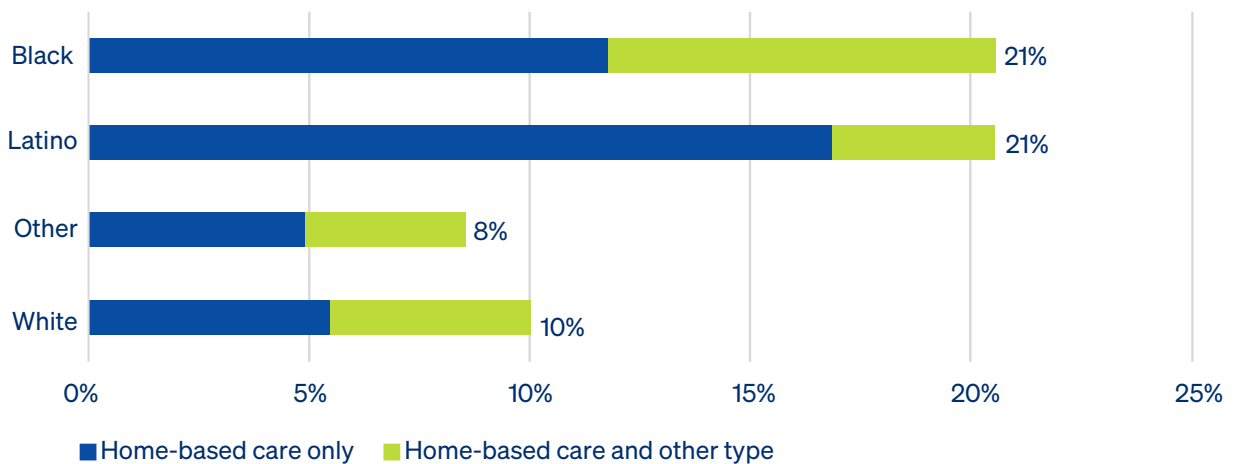
Source: First three annual surveys and first follow-up survey with ECPT parents

¹⁵ Melodia, "High Calling, Low Wages," p. 29.

Black and Latino parents. Black and Latino parents were about twice as likely as other parents to use home-based child care. In part this may reflect residential patterns, with Black and Latino New Yorkers disproportionately living in lower-income neighborhoods with an inadequate supply of center-based care, especially for infants and toddlers.¹⁶ As noted above, this may also reflect some Latino parents' preference for care providers who speak Spanish.

Figure 4

Use of home-based care by race and ethnicity of parent, among families using any non-parental care



Source: First three annual surveys and first follow-up survey with ECPT parents

Low-income families with infants or toddlers. Among families with a child under age 3, lower-income families were more likely than higher-income families to use home-based care. As with differences by race and ethnicity, this difference may reflect residential patterns, with home-based child care providers more prevalent in lower-income neighborhoods. For instance, in some neighborhoods in the Bronx, more than two-thirds of child care seats are in home-based care. In addition, home-based care may be more affordable than center-based care for families who don't receive child care subsidies.¹⁷

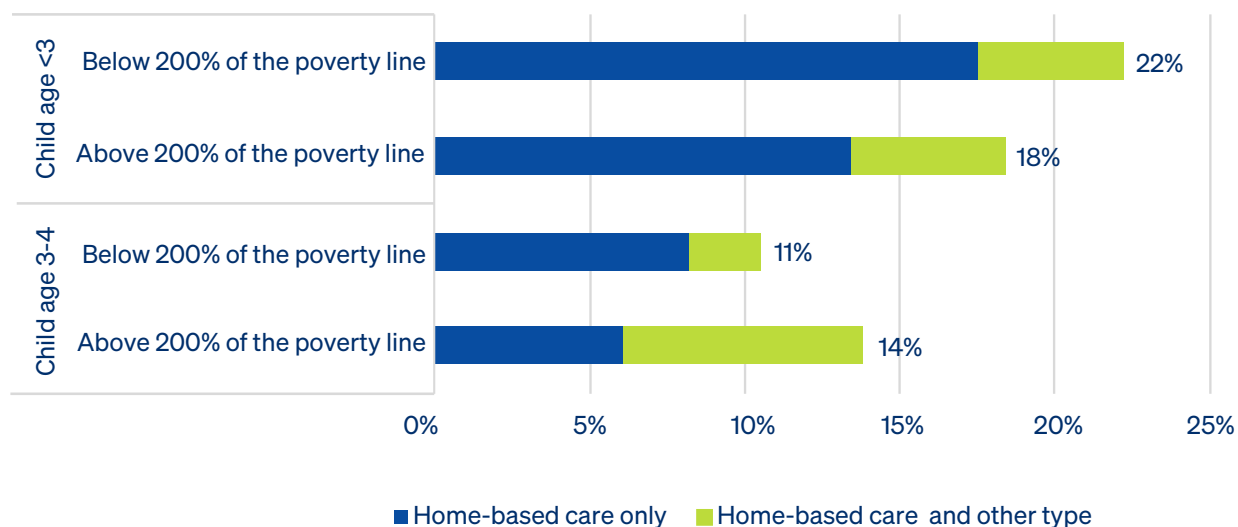
For children aged 3-4, there was little difference in the use of home-based care by income level. This is likely to reflect the availability of 3-K, Pre-K, and Head Start programs, which provide center-based care free of charge for 3- and 4-year-olds.

¹⁶ New York City Comptroller. "NYC Under 3."

¹⁷ 5BORO, "Investing in Families and Our Future," p. 19. Office of Children and Family Services. "New York State Child Care Market Rate Survey."

Figure 5

Use of home-based care by poverty status and child age, among families using any non-parental care



Source: First three annual surveys and first follow-up survey with ECPT parents

How affordable is home-based child care?

The cost of providing home-based child care has risen significantly since the start of the pandemic. Even before the pandemic, however, it was difficult for many families to afford home-based child care.

Based on analysis by the U.S. Department of Health and Human Services, we define child care as affordable if the cost to families is less than 7% of a family's annual income.¹⁸ Among ECPT families, the cost of home-based care was unaffordable for about three in five families who used it. That is, even before the pandemic, more than half of families using home-based care were paying more than 7% of their income for that care.

Table 1.

Care cost and affordability for ECPT families using home-based child care, 2017-20

	Families with working parents
Median annual home-based child care cost	\$6,240
Median cash income	\$70,200
Median affordability threshold (7% of income)	\$4,914
% spending more than 7% of income on child care	60%

Source: First three annual surveys and first follow-up survey with ECPT parents

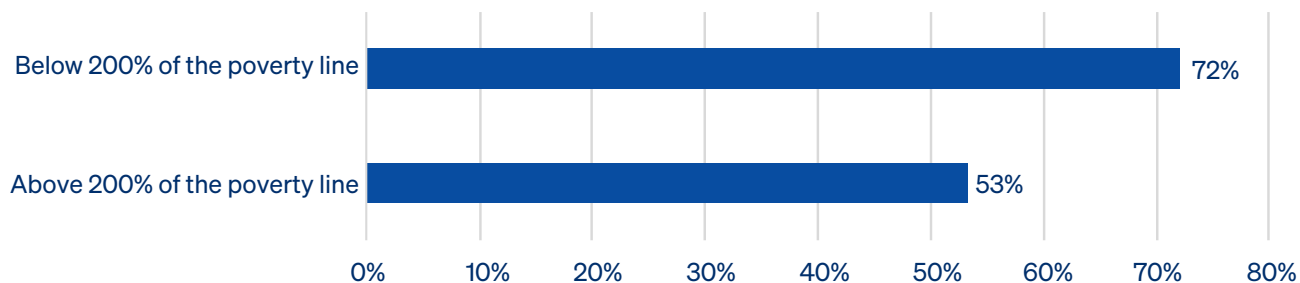
Note: Figure excludes families using multiple types of child care. The child care cost includes only care for the child enrolled in the study, and excludes any child care costs associated with other children in the family. Parents who did not work in the past 12 months are excluded.

¹⁸ Administration for Children and Families, "Child Care and Development Fund (CCDF) Program." This affordability measure refers only to the amount paid by families, including any copayments for families receiving child care subsidies.

The cost burden is more severe for lower-income families. About 72% of families who used home-based care and had income below 200% of the federal poverty line faced unaffordable child care costs. Among those above 200% of the federal poverty line, home-based care was unaffordable for 53% of families. Some low-income families were eligible for child care subsidies, reducing their child care costs.¹⁹

Figure 6

Families using home-based child care: Percent with unaffordable care



Source: First three annual surveys and first follow-up survey with ECPT parents

Note: This figure excludes families using multiple types of child care. The child care cost includes only care for the child enrolled in the study, and excludes any child care costs associated with other children in the family.

Affordable child care budgets and the true cost of care. While families struggle to cover the cost of child care, child care providers also face financial difficulties. As small-business owners, home-based child care providers must cover expenses for rent or mortgage, insurance, and supplies, as well as wages and benefits for any staff they employ. When these costs increase, for instance due to inflation in housing costs or a rise in the minimum wage, providers often absorb these added costs because they know many families cannot afford to pay more for child care. After covering these costs, the net income for home-based care providers often falls below minimum wage.²⁰

The policy challenge is to ensure that child care providers can earn a living wage while families can afford the child care they need. To inform this discussion, we examined the resources of ECPT families surveyed in 2017-20. We began by assuming that a reasonable family budget for child care was 7% of annual income. We excluded working families in which the parent worked less than 10 months in a year.

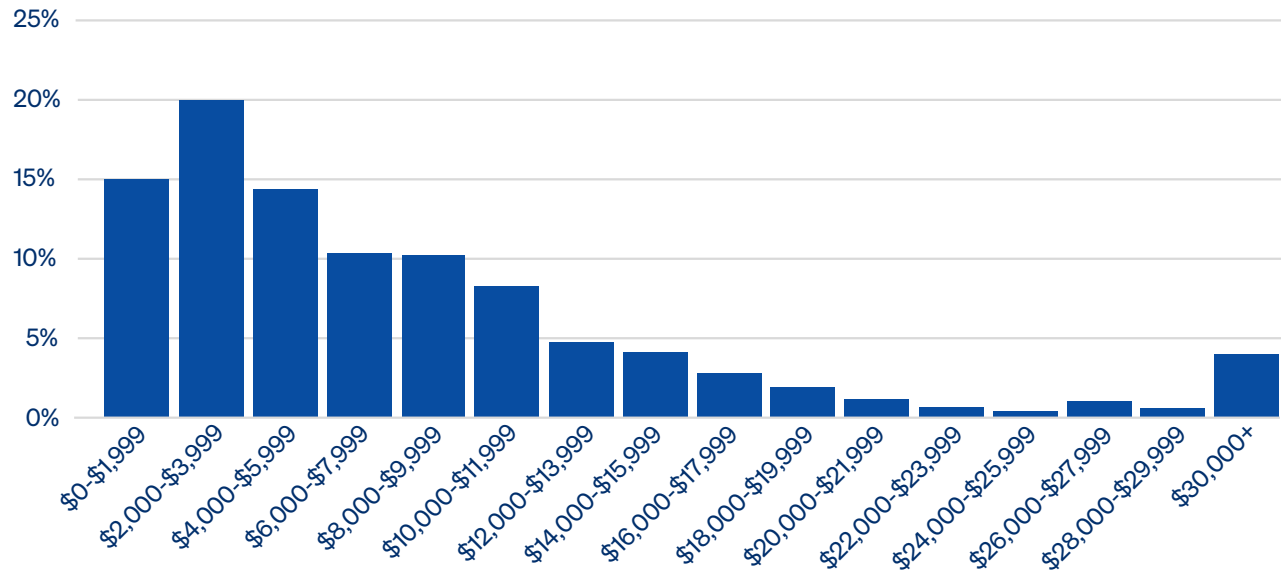
Figure 7 displays this affordable child care budget for ECPT families in 2017-20. About 35% of families could afford less than \$4,000 a year for child care, while another 35% could afford up to \$10,000. By contrast, only 8% of families could afford to spend \$20,000 or more on child care.

¹⁹ Before 2022, families under 200% of the Federal Poverty Line might be eligible for child care subsidies through the New York State Child Care Block Grant program. Other eligibility criteria for the program, now called the Child Care Assistance Program, or CCAP, included public assistance receipt, parent employment or participation in training or education, and homelessness.

²⁰ Melodia, "High Calling, Low Wages."

Figure 7

Affordable child care budget, ECPT families, 2017-20



Source: First three annual surveys with ECPT parents

Note: The affordable child care budget is defined as 7% of the family's annual income, inflation-adjusted to 2019 dollars.

We can compare these figures with two child care price points:

- The first is the **market rates** estimated by the New York State Office of Children and Family Services. These rates are based on periodic surveys of child care providers, and are used to set maximum reimbursement rates for subsidized care.²¹ (Private-pay families may pay more than the market rate for care.) Before 2022, market rates were set at the 69th percentile of prices reported in the provider surveys. In 2019, the New York City market rate for home-based child care was \$185 to \$200 per week depending on the age of the child.
- The second price point — what we can call the **“true cost of care”** — reflects efforts to estimate the cost of providing high-quality child care. These estimates take into account the operating costs of home-based care, including most importantly salary parity between child care providers in home-based and center-based or school settings. These models include separate estimates for Family Day Care and Group Family Day Care; an estimate of the true cost of care for Family Day Care in 2019 was \$23,460 per year.²²

We estimated the share of ECPT families who could afford (1) the market rate for home-based care and (2) the “true cost of care.” In addition, because many home-based care providers and families participate in

²¹ New York State's Office of Children and Family Services surveys providers about their usual price of care by child age and type of care. Beginning in 2022, market rates were set at the 80th percentile.

²² On the cost of quality care, see Workman and Jessen-Howard, “Understanding the True Cost of Child Care for Infants and Toddlers”; Melodia, “High Calling, Low Wages”; The Education Trust, “Executive Summary - True Cost of High-Quality Child Care Model.”

New York State’s subsidized child care program, we estimated the share of ECPT families for whom home-based care was affordable under two simplified versions of eligibility for this program:

- Families with incomes below 200% of the federal poverty rate were eligible
- Families with incomes below 300% of the federal poverty rate were eligible

In 2019, income eligibility for the child care subsidy was set at 200% of the federal poverty line; the income limit was raised to 300% in 2022, and later set at the 85th percentile of the median income in New York State.²³

As Table 2 shows, only 29% of families could afford to pay the market rate for home-based child care without a subsidy. If all families below 200% of the poverty line had received a subsidy equivalent to the market rate for home-based care, 59% could afford that rate. If all families below 300% of the poverty line received a subsidy, the share who could afford the market rate rose to 76%. Families who cannot afford this rate are moderate-income families whose income is too high to qualify for the subsidy but too low for the market rate to be affordable.

Table 2

Affordability of market rate and cost-of-quality prices for home-based child care for ECPT families without a subsidy and under two subsidy scenarios, 2019

	Without subsidy	With subsidy for families below 200% of poverty line	With subsidy for families below 300% of poverty line
Market rate is affordable	29%	59%	76%
True cost of care is affordable	6%	6%	6%

Source: True cost of care (or cost of quality) estimates from Melodia, “High Calling, Low ages,” p. 46; ECPT survey data from first three annual ECPT surveys.

Note: ECPT income data include parents working 10-12 months in the past year.

Even with a subsidy, however, the “true cost of care” remained unaffordable for the vast majority of New York City families.

²³ We assumed that all eligible families received a subsidy equivalent to the market rate, making the market rate affordable for all of them. If a family received child care from a provider who charged more than the market rate – including at the “cost of quality” level – their subsidy would be subtracted from the total cost of child care, and the net cost would be considered affordable if it was less than 7% of their income.

CONCLUSION

Even with New York City's landmark expansion of universal prekindergarten, the city continues to face a child care shortage. In 2022, the city's child care centers and home-based care programs had a seat for only 46% of children under age 5 living in New York City.²⁴ In this context, the financial challenges of home-based child care are especially concerning. As the CNYCA has documented, while home-based care programs represent more than a third of the regulated child care seats in the city, their numbers have declined since 2014. The remaining providers face high operating costs and earn much lower wages than their counterparts in schools and child care centers.

If the home-based care sector continues to face decline, the impact will be most severe for families who depend most on this type of care. In New York City, our analysis of ECPT data indicates, these families include those with children under age 3, those living in the Bronx, Brooklyn, and Queens, and those who are Black or Latino.

By themselves, most families cannot afford the typical cost of home-based care. Additional resources from public or private sources are essential to ensure that home-based child care providers can earn a living wage and continue to provide affordable child care for New York City's families. Even with the existing subsidy program, the cost of child care was unaffordable for about three in five ECPT families who used home-based care. If the cost of home-based care was raised to reflect the "true cost of care," allowing providers to cover their operating costs including a salary commensurate with their effort and expertise, only 6% of New York City families could afford it.

Policy changes to support home-based child care should include higher subsidy rates for providers to ensure that these subsidies cover the true cost of care. As well, ensuring that home-based care providers and their staff can access paid leave and other benefits, job training, and professional development will make home-based care work more rewarding and reduce burn-out. City and state agencies and provider networks could do more to share information, reduce operating costs, and address the administrative burden of participation in public programs.²⁵ These steps would do a great deal to preserve and even expand New York City's home-based child care sector.

²⁴ Melodia, "High Calling, Low Wages," p. 4.

²⁵ Adams and Dwyer, "Home-Based Child Care Networks and Federal Programs."

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