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Forgotten Frontline Workers:

A Snapshot of Family Child Care & COVID-19 in New York

Mark Nagasawa and Kate Tarrant



Image: Bank Street College of Education

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"COVID 19 has left an indelible mark in my life,"

wrote one of the 331 family child care providers who participated in a larger survey of 3,355 of New York's early childhood educators conducted in May of 2020. [1]

She went on to tell us, "I lost my brother-in-law... my staff lost her brother. I lost a long time substitute staff member... I am so nervous about the kids in my care contracting the virus while in my care that I work extremely hard in enforcing social distancing and regular hand washing. I have never been this stressed providing care to children [in] all my life."

The details of each of these lives are absent in discussions about child care and reopening the U.S. economy, which themselves have been overwhelmed by the ongoing pandemic, uprisings against pervasive racism, devastating natural disasters, and the impending presidential election. **Against this backdrop, family child care (FCC) providers are arguably among the most forgotten of the many forgotten front line workers.**

Key learnings

While this brief is based upon data collected five months ago, an eternity in COVID-19 time, much of what the survey participants shared with us reflect longstanding issues that have been amplified by the pandemic:

- FCC's were experiencing financial hardships that were significantly different from other early care and education (ECE) programs.
- FCC was the most physically open form of ECE in spring 2020, highlighting the unrecognized, substantial role FCC played – and plays – in supporting families and our broader society.
- The sector has hidden strengths. For example there are FCC providers organizing for mutual assistance, which could be a promising addition to systemic supports that are being put in place (i.e., staffed child care networks, coaching, etc.).

Recommendations

In light of these findings, we echo and add to recommendations advanced by other experts in this area for strengthening FCC. [2]

1 Provide hazard pay/bonuses in recognition of the risks FCC providers have taken and the extra safety-related expenses they have incurred as frontline businesses (i.e., health and safety supplies on top of necessities such as food and diapers).

2 Pay living wages, access to health care, and entrée to deferred compensation plans, which are available to certain eligible ECE professionals in New York through collective bargaining agreements.

3 Coordinate communication about new policies, protocols, and emergency funding, and provide this through multiple channels.

4 Include FCC providers in distance learning guidance and resources, including how to support school-aged children's learning during the school day.

5 Incentivize participation in staffed child care networks and other relationship-based, program quality improvement supports.

6 Regularly and meaningfully consult with FCC providers about policy decisions that affect them.

7 Assist FCC providers to organize for collective action and collective bargaining (where the latter is not in place).


We acknowledge the complexities involved with these recommendations as they mean the **involvement of federal, state, and local agencies; intermediary support organizations; local chapters of national professional organizations; and the labor unions that are organizing the family child care workforce.** However, this is the kind of coordination that is needed to address the longstanding issues in FCC of pay inequity, marginalization, and variable program quality. [3]


What is family child care?

While the term child care often evokes images of nursery school classrooms, it is generally accepted that more young children attend family child care than center-based early childhood programs, although exact accounting is difficult due to the sector's diversity. Home-based child care is an umbrella term that is variously applied to family members, friends, neighbors, or someone operating a child care small business from their home, which is often referred to as family child care (FCC). [4] This research brief focuses on the last group - formal FCC providers who follow state regulations.

As a sector, the FCC workforce is more racially, ethnically, culturally, and linguistically-assets rich (16% Black, 16% Latinx, and 6% "Other") than K-12 education (7% Black, 8% Latinx, and 3% "Other"). [5] Despite the richness that these statistics suggest, it is arguably the least understood and respected form of ECE, as exemplified by FCC providers earning \$10.35/hour (national average). It is critically important note that Black early childhood teachers and those working with infants and toddlers are often paid less than their colleagues. [6]

However, while there is much still to be learned about FCC, there are some important facts that are known that highlight it as a meaningful early education option for families:

 A substantial number of children attend formal FCC, for example in 2011 an estimated 946,000 children attended formal FCC (by comparison, approximately 1.1 million children attended Head Start). [7]

 Many families, across social strata, intentionally choose FCC for their children, particularly those seeking care for their infants and toddlers, as well as Latinx and Black families. [8] This is often because of its intimacy, accessibility, affordability, more flexible hours, as well as for cultural and linguistic reasons. [9]

Why should we care?

Given who attends FCC, how many, why they attend, and what is now known about the equity-opportunities related to supporting young children's development, FCC must receive greater attention. In part this is because the science showing the importance of supporting young children's development is largely settled; however, policies and programs for infants and toddlers, a period of particular developmental sensitivity, lag behind those for three- and four-year old children. [10] The science is also quite clear that continuing to neglect infants and toddlers has substantial opportunity costs, for the potential returns on earlier investment outstrip remedial interventions that occur later in life, such as public job training, adult literacy, and criminal justice. [11]

However, the attention we are calling for must not be limited to the potential benefits for children at the expense of valuing these child care providers and their other contributions. For instance, it bears remembering that FCC providers are part of the small business sector which, as a whole, contributes approximately 44% of economic activity and two thirds of net new jobs in the U.S. [12] Furthermore, economists have shown that the child care sector has multiplied economic effects through business purchasing, their employees'

purchasing, and by supporting parents' ability to work. To illustrate, it is estimated that in New York State every \$1 million in child care revenue sees a multiplied effect of \$2 million – a figure that does not include working parents' economic output. [13] FCC is much more than babysitting.

What we learned in more detail.

As we looked more closely at the survey data it became clear that FCC providers' experiences were a little different from other early childhood educators', experiences which we clustered into four themes: **Forgotten Frontline Workers**, **Committed**, **Resilient**, and **Getting Organized**. [14] While the findings we report cannot be used to draw conclusions about all FCC providers in New York because they are not based upon a representative sample, these findings do have relevance to conversations about better recognizing and supporting the FCC providers who have truly been forgotten front line workers during this pandemic.

Forgotten frontline workers

From the outset of New York State's emergency declaration, child care was listed among essential services in support of other essential workers. As plans for reopening the economy advanced early in the summer, there was increased public recognition that child care was foundational to any recovery plans. [15] But what early educators were

experiencing, FCC providers specifically, was absent from these discussions. As one survey respondent proudly shared,

"Actualmente soy provedora de cuidado infantil para niños de empleados esenciales, es gratificante poder brindar un poco de apoyo a todas esas personas que estan en primera linea del frente de batalla y luchan dia a dia contra un enemigo invisible..."

[Currently I am a child care provider for children of essential workers, it is gratifying to be able to provide a little support to all those people who are on the battle's front line and fighting daily against an invisible enemy...]

What has been taken-for-granted, even by this survey participant, is that she (the vast majority of FCC providers identify as female) exists to support others, rather than being recognized and celebrated for also being on the "front line." [16] However, one of the FCC model's strengths – its female, diverse workforce and its intimacy – also places these child care providers, and their financial precarity, out of the public eye.

"...es gratificante poder brindar un poco de apoyo a todas esas personas que estan en primera linea del frente de batalla..."

Another respondent explained,

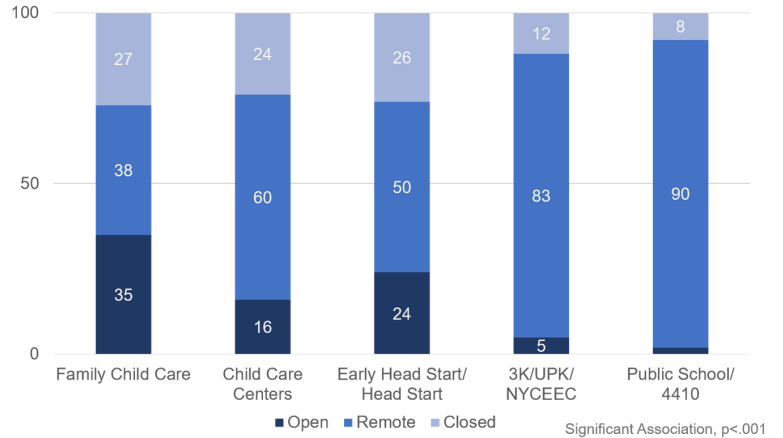
"COVID-19 has been a tornado in my life.... I had to close for two weeks because a dad thought he was exposed.... [I am] only receiving [a part] of my income as families are either unemployed or working from home and do not need or want services. They have friends, neighbors, or family that will watch the kids."

"... only receiving [a part] of my income as families are either unemployed or working from home and do not need or want services. They have friends, neighbors, or family that will watch the kids."

In addition to the pandemic's human and financial impacts, she raises a fundamental issue about the applicability of free market logics to ECE. It is rational for parents to choose low or no-cost care, particularly under these conditions, but there are hidden, negative economic multipliers as a result, both in the form of providers' ability to maintain their businesses (e.g., lost wages, reduced purchasing power, and tax contributions), as well as competition in the form of, frequently uncompensated, invisible work from another facet of home based child care (family, friend, and neighbor care). This is labor that data from the Organisation for Economic Cooperation and Development shows is disproportionately born by women. To illustrate a cost of this hidden work, if we take the average hourly wage for FCC providers (\$10.35) and the average hours children spend in child care per week (33 hours), that amounts to \$341.55/week of invisible work by the family member or friend. [17]

What the survey data also showed was that FCC providers, particularly those from NYC, were significantly more affected economically than the other early childhood educators. many of whom worked at larger programs with at least some public funding. For instance they were both the most frequently physically open and closed ECE programs (fig. 1). [18]

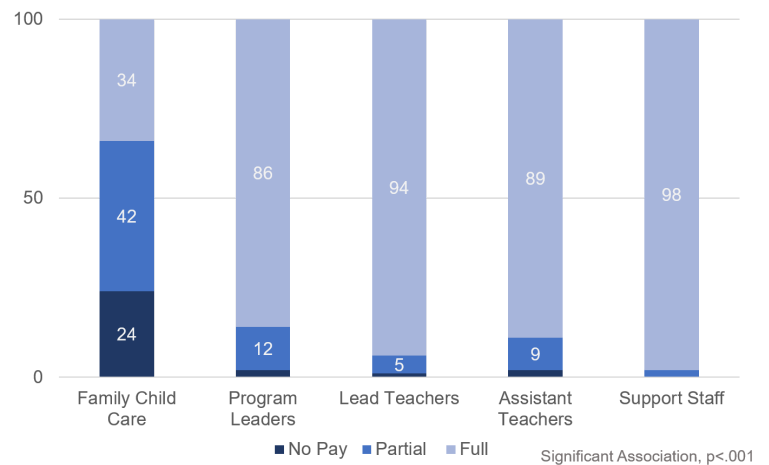
fig. 1 Program Status by Program Type (%)



Analytic details can be found in the endnotes.

The survey's respondents also more frequently reported personal pay loss (fig. 2); having a family member experience a pay reduction or job loss; and struggling with work-life imbalance. [19]

fig. 2 Pay Status by Job Role (%)



Analytic details can be found in the endnotes.

Another FCC provider decried that,

"Providers are in need of financial assistance due to the fact that not all ... had children with [public] subsidies.... hardly surviving and no one seems to care."

While federal emergency assistance was available in

the form of refundable family and medical leave tax credits for people who were self-employed; expanded unemployment and food assistance; increased funding for child care subsidies; and small business loans previously inaccessible to the self-employed, access to these supports appeared to be uneven based upon what survey participants told us, our own searches for information about these services from government agencies' websites, and from firsthand accounts from those working directly with FCC providers. [20] Despite these hardships, respondents also gave us a clear sense of their commitment to their work.

Committed

84% of FCC survey participants from across the state and 69% in NYC reported being either physically open or providing remote instruction, with a handful indicating they were providing both physical and remote services to accommodate families. Further, **65% intended to continue in FCC** past the pandemic, and none planned to leave the field (the remainder were uncertain about their futures).

These percentages should not be discounted, as they were working under the dual stressors of economic hardship and uncertainties about the virus's health risks to children, its spread from children to adults, and the role of child care in in the pandemic. While an October 2020 prepublication of a study in the journal *Pediatrics* reports that child care has not been shown to have a major role in transmission, this was not known in May. [21] That so many FCC providers were operating under these conditions suggests their resilience in the face of great uncertainty and pressures.

Resilient

While being significantly more affected financially than other ECE programs, and similarly impacted emotionally, with **91% of all respondents saying that their emotional well-being had been negatively affected** (38% a lot/greatly), these statistics do not tell a full story. [22] The FCC providers who answered the survey demonstrated considerable resilience, with one COVID-19 survivor telling us, *"I got COVID-19 on March 19. Thank God I finally overcome this sickness. All I can say, [I] must have a strong mind to say, I CAN OVERCOME IT!"*

Another told us how she used her experiences with the illness generatively,

"...I got the worst case of the virus, and my son's eldest [too], but thank God we are all better. This experience has helped me to help other people who have had the virus. Now, since I don't have many children, what we do is collect food and distribute it to the families of our program in need of food, and if they need other services, we refer them to professionals in the community to guide them on other needs."

This extra effort closely relates to the theme of commitment and professional dedication that was evident in responses across program types; however, in light of their differing experiences, it was expressed particularly by FCC providers – but this commitment and resilience are not inexhaustible.

"Now, since we don't have many children, what we do is collect food and distribute it to the families of our program..."

Getting organized

These important strengths notwithstanding, we must emphasize that the data clearly showed that these respondents were under considerable stress and strain, with one participant poignantly writing,

"...we risk our lives and yet we can't get reasonable priced health insurance, a pension plan, or any other benefits that people receive. Because this is a female dominated industry, we are getting the short end of the stick. Men would never put up with what we endure."

However, to our finding about resilience, we heard from two others (in different geographic areas) about actions they were taking to address these working conditions,

"We have formed an association with FCC providers, trying to lean on each other for support, seeking guidance with CCR&Rs [child care resource & referral - support organizations], TRYING to make the union work for us. Stakeholders and mandating agencies abandoning us.... We are essential workers, without any support."

This speaks to efforts, originating in the 1940s, to organize ECE for stronger collective bargaining, which today are being led nationally by the Center for Child Care Workforce, a project of the American Federation of Teachers Educational Foundation and by the Community and Social Agency Employees Union and Civil Service Employees Association/VOICE in New York, the latter specifically focused on FCC. While a complex undertaking, given FCC's predominant economic model (parents' fees),

"Because this is a female dominated industry we are getting the short end of the stick."

this resurgent collective action is a promising development that may parallel the recent creation of what are called staffed FCC networks, often housed in CCR&Rs, whose purpose is to provide one-on-one and group technical assistance to FCC providers.

These staffed networks emerged from the 2014 reauthorization of the federal Child Care and Development Block Grant, which subsidizes child care tuition for families who meet income guidelines. While still in development, there is early evidence that these networks are a promising approach to address the longstanding problem of how to provide quality-improvement support to, and greater connections between, child care providers who are working in the isolation of their homes. [23]

"We have formed an association with FCC providers, trying to lean on each other for support..."

FCC & collective action

Without a doubt the COVID-19 pandemic has been a disaster but one that also presents opportunities to think of new ways to address vexing social problems,

in this instance:

- * Longstanding concerns about variable FCC program quality, which as discussed earlier has much broader implications for children and society;
- * The segment's financial precarity – including lack of access to forms of compensation that many in other industries take for granted (i.e., health care and pensions); and
- * How pre-existing working conditions, exacerbated by the pandemic, relate to early childhood teachers' and children's holistic well-being, which is encapsulated in this FCC provider's experiences,

So paying my bills has been a nightmare... The stress of not being able to sustain my own home, finances, and having to get food assistance has really broken my psyche. To be completely helpless as what is to come with no relief is overwhelming."

As we argued in the survey reports that proceeded this one, this crisis has made it clear that, as a part of a broader agenda for a caring society, ECE systems must be reconceptualized as trauma-informed* –

rethinking everything from how administrative systems can be more mindful of the ways their expectations and requirements help or hinder providers' attunement with children and families, to the kinds of professional support provided through collegial relationships, with not only CCR&R/Network staff and other coaches but also with each other through collective action focused on compensation justice and improving workplace conditions, which are foundational to quality improvement efforts. [24]

"The stress of not being able to sustain my own home, finances, and having to get food assistance has really broken my psyche."

*For more consideration of trauma-informed ECE systems, click here to read our reports: [*The COVID-19 and New York Early Care & Education Survey*](#) and [*Who Will Care for the Early Care and Education Workforce?*](#)

The New York Early Childhood Workforce and COVID-19 Survey was a collaboration between:



New York Early Childhood Professional Development Institute



The New York Early Childhood Professional Development Institute (PDI) is a public-private partnership that brings together a range of city agencies, a consortium of private funders, and the nation's largest urban university to build a comprehensive system of professional development for individuals who work with young children in New York. The three primary dimensions of the institute's work - system building, public policy and communication, and innovation and implementation reinforce, intersect with, and converge with one another to form a comprehensive system of professional development.



The Straus Center for Young Children & Families at Bank Street College of Education was founded in 2015 to conduct and promote practice-oriented, policy-relevant, and equity-committed research, with a particular concern for inequities caused by the interaction of racism, poverty, and trauma. The center continues Bank Street's long research tradition through participatory research, ground-up policy analyses, and promoting research-based practices.

Notes

[1] The survey was available between May 5 and May 12, had Spanish and English versions, and asked about: location; program type; job roles; programs' status (e.g., closed); stressors (e.g., job loss, social isolation); emotional well-being; supports (e.g., receiving/wanting); and their experiences. It was sent to 25,192 members of the New York's database of early childhood educators who worked in direct care roles and had a 13% response rate (n=3,355). See Tarrant, K., & Nagasawa, M. (2020, June 18). *New York early care and education survey: Understanding the impact of COVID-19 on New York's early childhood system*. New York: Early Childhood Professional Development Institute, City University of New York (CUNY); Nagasawa, M., & Tarrant, K. (2020, July 15). *Who will care for the early care and education workforce?* New York: Early Childhood Professional Development Institute, CUNY.

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[3] Bromer & Porter, 2017; NCEQA, 2020; Boller, K., Tarrant, K., & Schaack, D. (2014). Early care and education quality improvement: A typology of intervention approaches. *OPRE Research Brief No. 2014-36*. Washington, DC: U.S. Administration for Children and Families, Office of Planning, Research and Evaluation.; Porter et al., 2020

NOTE: While quality is often discussed as a matter of settled science, the most common, "objective" measures in use have not been found to have consistent or strong associations with children's outcomes, e.g., Burchinal, Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I., & Rathgeb, C. (2009, May). Early care and education quality and child outcomes. *Research to Policy Research to Practice Brief, #2009-15*. Washington DC: Office of Planning, Research and Evaluation and Child Trends.; Perlman, M., Falenchuk, O., Fletcher, B., McMullen, E., Beyene, J., Shah, P.S. (2016). A systematic review and meta-analysis of a measure of staff/child interaction quality (*the Classroom Assessment Scoring System*) in early childhood education and care settings and child outcomes. *PLoS ONE 11(12)*: e0167660. <https://doi.org/10.1371/journal.pone.0167660>

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[5] Ibid.; United States Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service (2016). *The state of racial diversity in the educator workforce*. Washington, DC: U.S. Department of Education.; Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). *The early childhood workforce index, 2018*. Berkeley, CA: Center for the Study of Child Care Employment, University of California-Berkeley.

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[8] Ibid.

- [9] Layzer et al., 2007; NCECQA, 2020; Porter et al., 2020; Porter & Kearns, 2005
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- [13] Committee on Economic Development. (2019). *Child care in state economies, 2019 update*. Arlington, VA: Author., pp. 42-43.
- [14] These themes were developed through a recursive process of examining descriptive statistics, mixed deductive-inductive coding of textual responses ($n=156$), and basic inferential statistics.
- [15] Cain Miller, C. (2020, May 27). Should the child care industry get a bailout? [blog] *The New York Times*. Retrieved from, <https://www.nytimes.com/2020/05/27/upshot/virus-childcare-bailout-democrats.html>; *Guidance on Executive Order 202.6: Continuing temporary suspension and modification of laws relating to the disaster emergency* (2020, March 18). Retrieved from, <https://esd.ny.gov/guidance-executive-order-2026>
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- [18] Chi-square tests of independence were conducted to test the relationship between *program type:program status* for the (1) NY State (NYS) sample ($n=773$) and (2) NYC sample ($n=1193$). In both tests, the expected cell frequencies were greater than five. For test number 1, there was a statistically significant association between NYS program type and program status, $\chi^2(10) = 206.029$, $p < .001$. The association was moderately strong (Cohen, 1988), Cramer's $V = .365$. Test number 2 also showed a statistically significant association, $\chi^2(10) = 133.245$, $p < .001$, Cramer's $V = .236$ (small-moderate). **Note:** While *fig. 1* combines the NY State and NYC samples into one visualization, they were kept separate for these tests because the program categorizations were not equivalent across the two due to differing administrative systems and program definitions.; Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed). Hillsdale, NJ: Erlbaum.
- [19] Chi-square tests of independence: (1) *job role:pay status* ($n=2024$), $\chi^2(12) = 351.831$, $p < .001$, Cramer's $V = .294$ (moderately strong); (2) *job role:job loss* ($n=1920$), $\chi^2(6) = 102.314$, $p < .001$, Cramer's $V = .163$ (weak-moderately strong); (3) *job role:reduced pay* ($n=1846$), $\chi^2(6) = 138.505$, $p < .001$, Cramer's $V = .194$ (moderately strong); (4) *job role:family job loss* ($n=1853$), $\chi^2(6) = 19.227$, $p = .004$, Cramer's $V = .072$ (weak); (5) *job role:family reduced pay* ($n=1832$), $\chi^2(6) = 25.796$, $p < .001$, Cramer's $V = .084$ (weak); and (6) *job role:work-life balance* ($n=1856$), $\chi^2(6) = 12.782$, $p = .047$, Cramer's $V = .059$ (weak). For all tests, the expected cell frequencies were greater than five.
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Note: Emerging evidence as of fall 2020 suggests that younger children and elementary school aged children may not be major sources of spreading SARS CoV-2 to adults as was feared in the spring of 2020: Gilliam, W.S., Malik, A.A., Shafiq, M., Klotz, M., Reyes, C., Humphries, J.E., ..., Omer, S.B. (2020). COVID-19 transmission in US child care programs. *Pediatrics*. doi: 10.1542/peds.2020-031971; Mandavilli, A. (2020, October 22). Schoolchildren seem unlikely to fuel coronavirus surges, scientists say. *The New York Times*. Retrieved from, <https://www.nytimes.com/2020/10/22/health/coronavirus-schools-children.html?referringSource=articleShare>; Park, Y.J., Choe, Y.J., Park, O., Park, S.Y., Kim, Y.M., ..., Jeong, E.K. (2020). Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerging Infectious Diseases*, 26(10):2465-2468.

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