Dignified Pay for Quality Care: What New York's Family Child Care Providers Need to Thrive

THE NEW SCHOOL Center for New York City Affairs

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EXECUTIVE SUMMARY

Child care, also called early care and education (ECE), is a hot topic. Despite increased investment in Pre-K and 3-K since 2014, the costs of private care outside these public programs have become burdensome for most families in New York City. It was, therefore, a central issue in the recent mayoral election.

However, what has been missing from the call for universal child care during (and before) that campaign season is the experiences and perspectives of people who own, direct, or work in the over 10,000 licensed ECE programs in New York City, which collectively have the capacity to serve 468,000 children daily.

This report is designed to fill some of that void.

In 2024, the Center for New York City Affairs (CNYCA) at The New School surveyed 465 licensed Family Child Care (FCC) and Group Family Child Care (GFCC) providers – small business owners and independent contractors working from their own homes in all five boroughs.[1] The surveys were conducted in three languages: English, Spanish, and Mandarin. The number of responses we received make this, to our knowledge, the second-largest survey of providers in the country.

FCC and GFCC providers are part of the city's publicly subsidized ECE system, but they have struggled to stay afloat in recent years. Since the launch of Pre-K in 2014, the city has lost 1,400 FCC and GFCC businesses. Of the providers we surveyed, 70 percent currently accept New York State Child Care Assistance Program (CCAP) vouchers. About 22 percent also provide contracted care for New York City Public Schools (NYCPS), typically the City's 3-K program.

We followed up that survey with focus groups including 59 of these providers to further understand their business practices and experiences working with existing government programs and policies. We were seeking insights about what policy and program changes are needed to sustain ECE businesses, including improving job quality in the sector as a way to recruit and retain ECE providers and workers.

We have incorporated some of what these providers told us in these sessions as the highlighted quotes you will find throughout this report. Providers participated in focus groups confidentially, so we have excluded providers' full name from their quotes.

The surveys and focus groups revealed the following key findings and policy recommendations:

Key Findings

There are seven unique characteristics that distinguish home-based care from center-based care, which is why home-based ECE is so critical for child development, parents, communities, and the ECE sector. These special elements are particularly beneficial for children with special needs, single-child and immigrant families, and parents with non-traditional work hours.

FCC and GFCC programs provide:

- A home away from home; a bridge to the larger world for the children involved.
- Mixed-age learning, where children of all ages play and learn together.

1 CNYCA also surveyed legally exempt providers. A future CNYCA report will synthesize findings from the survey of this other home-based ECE program type.

- A long-term, family-style bond for children.
- A long-term relationship that supports parents too.
- Small programs with staffing ratios capable of delivering personalized care.
- Culturally and linguistically responsive care.
- Community-building among families and neighbors.

"When children first come to our family daycare, we're bilingual, so they feel safe and easily adapt. They're not afraid…When they were four, they could go home and teach their parents English." – L., age 39, FCC provider in Bensonhurst, Brooklyn.

"The same kids I took care of when they were three and four are now 13 and 14, and they're hanging together still after all these years, creating a family outside of, you know, what we built in our daycare." – K., age 49, FCC provider in Kingsbridge/Riverdale, the Bronx.

Providers are seasoned professionals, proud of the businesses they've established and their role as leaders in their communities.

- The average provider has been in business for 10 years.
- Providers work hard. In addition to being open 10 hours per day, the median provider works an additional 21 hours per week cooking, cleaning, shopping, and doing lesson planning and paperwork. Half of providers also offer early drop-off and/or late pick-up to accommodate parents.
- Despite long hours and low take home pay, providers aspire to work in ECE. The majority (64 percent) want to continue to do so as small business owners in their homes. Others are interested in transitioning to other program types or occupations due to the ongoing systemic hardships their programs face.
- While there are no education requirements to own and operate a licensed home-based program in New York City, 40 percent of providers have an associate's degree or more and 26 percent have a child development associate (CDA) certificate. An additional 52 percent are interested in obtaining a CDA.

Providers are almost exclusively immigrant women and women of color.

- 94 percent of providers identify as female, and 90 percent identify as Black, Hispanic, Asian, or "other" (non-white). Over half (62 percent) identify as Hispanic.
- Three-quarters were born outside of the U.S. but have lived in the U.S. for a long time – on average, for 23 years.

"I'm 30, but I will be old one day. I hope I make it, and it would be sad if I had given my life working [in] this country–paying taxes, paying everything–and to not get a pension with the way we work…We work hard." – L., age 31, GFCC provider in Brooklyn.

FCC and GFCC providers are economically precarious, earning less than the minimum wage.

- Almost half (48 percent) of FCC providers and one-quarter (26 percent) of GFCC providers do not pay themselves a set wage. Their personal income is what is left after all business expenses are paid.
- Even when accounting for open business hours only, the median provider in 2023 earned far less than the minimum wage. As independent contractors or small business owners, providers do not have employment contracts that legally guarantee them at least the minimum wage.
- While the median FCC and GFCC provider earned \$7.33 and \$5.98 per hour, respectively, their hourly wage increases threefold if they have "good enrollment," to \$18.84 and \$17.62, respectively.[2]

2 "Good enrollment" is defined as an FCC program with six or more children enrolled or a GFCC program with 10 or more children enrolled. It is used throughout the report to compare to the assumptions included in "true cost of care" models by Simon Workman, co-founder and principal of Prenatal to Five Fiscal Strategies.

Figure 1

Providers are earning less than the minimum wage

Median provider by license type and enrollment

	FCC		GFCC		All	
	All*	With 6 or more enrolled	All*	With 10 or more enrolled	All*	With 6 or more enrolled
Annual Take-home Pay	$19,047	$58,666	$15,431	$47,942	$15,485	$29,942
Hourly Pay #1 Open Hours Only	$7.33	$18.84	$5.98	$17.62	$6.01	$11.20
Hourly Pay #2 All Hours	$4.81	$15.52	$4.16	$11.07	$4.30	$7.58

"Hourly pay #1" uses the provider's open business hours only. "Hourly pay #2" includes both open business hours and additional working hours each provider reported (see Section 2-A).
*Excluding providers who had zero children enrolled in 2023. Number of providers surveyed = 408

Source: CNYCA GFCC/FCC Provider Survey, January - August 2024

- The median FCC or GFCC provider earns less per hour than ECE assistant teachers (Figure 2). Even when controlling for good enrollment, FCC and GFCC providers earn significantly less than the professionals with the most similar work responsibilities: center directors.
- Not only are providers unable to pay themselves fairly; they struggle to bring in enough revenue to cover their operating costs, including offering competitive salaries to teachers and assistants. According to a baseline estimate of the true cost of care, in 2023 an FCC or GFCC program would need annual revenue of $130,288 or $245,630, respectively, to break even.[3] However, only 12 percent of FCC providers have annual revenue above $100,000 and only 13 percent of GFCC providers have annual revenue above $200,000.
- In addition to low revenue, providers also experience significant hardship due to reimbursement payment policies by government agencies, as well as late and non-payment by parents, government agencies, and Family Child Care Networks (FCCNs).[4] These include: extra costs due to late payment fees and interest on loans and credit card debt; late payment to staff and lower take-home pay; and disruptions in housing utility services.

"So, in the beginning, I undercut myself…You want to get people in and you'll start low, which I did, and yeah, it did get people in. But then I realized I was subsidizing the daycare out of my salary…I wasn't getting a salary." – T., provider in Central Harlem.

"We make about $6 an hour, but we need to pay [staff] $16.50." – Y., age 32, GFCC provider in the northeast Bronx.

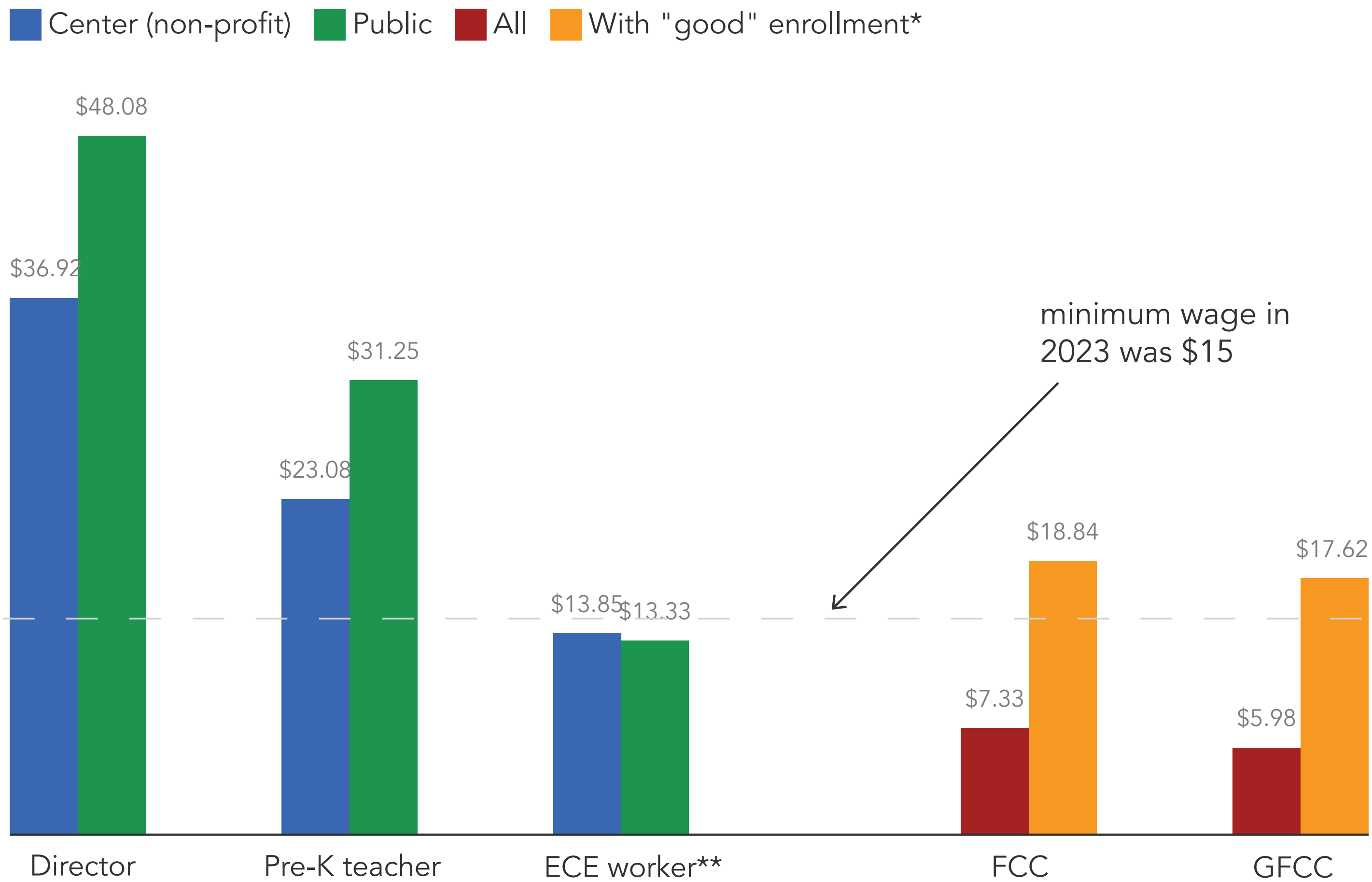
3 CNYCA analysis of Simon Workman and Steven Jessen-Howard, "New York State Cost of Quality Child Care Study" (Center for American Progress, November 2019), adjusted for inflation.

4 An FCCN is a non-profit member organization. FCC providers are required to join an FCCB if they want to contract with the NYCPS to provide 3-K. See Appendix A: Glossary for more details.

Figure 2

Median wage by ECE occupation and program

2023



*With "good" enrollment is defined as an FCC with 6 or more children enrolled or a GFCC with 10 or more children enrolled.
**ECE worker includes lead and assistant educators.
Excluding providers who had zero children enrolled in 2023. Number of providers surveyed = 408

Source: CNYCA GFCC/FCC Provider Survey, January - August 2024; CNYCA analysis of American Community Survey 2023 5-Year Data, U.S. Census Bureau

As a result of low take home pay, many providers are extremely dependent on public assistance, which also helps to offset operating costs and increase the stability of their programs.

- While the average provider has lived in her current place of residence for 13 years, 78 percent of providers are renters and, therefore, face some level of housing insecurity compared to homeowners. Of these renters, one-third (32 percent) of FCC providers and 14 percent of GFCC providers live in public housing or receive a housing subsidy voucher.
- Thirty percent of FCC providers and 20 percent of GFCC providers are SNAP recipients.
- Over half are on a public health insurance plan, either because they qualify for Medicaid or, in some cases, receive Medicare or veterans' benefits. Only 20 percent, largely GFCC providers, purchase health insurance on the market. Ten percent are

uninsured. Thirty percent, largely GFCC providers, reported that they have lost health insurance in the past because of fluctuation in take home pay.

There are five systemic causes of low take-home pay and business instability.

1. Low and Unstable Enrollment

Providers are severely under-enrolled. In 2023, the average provider was operating at approximately half capacity. The average FCC provider had 4.1 children enrolled and the average GFCC provider had 8.8 children enrolled, regardless of whether or not they had a NYCPS contract. Enrollment has a significant impact on revenue and pay. The median hourly wage for FCC and GFCC providers increases threefold if they have "good enrollment." (See Figure 1.) However, only 29 percent of FCC providers and 51 percent of GFCC providers surveyed had good enrollment in 2023.

Efforts to increase parent's access to ECE programs since 2014 through the creation and expansion of Pre-K and then 3-K (which contract with center- and home-based programs) have had a negative impact on many FCC and GFCC providers. Providers are more likely to have experienced a decline in enrollment, rather than an increase in enrollment as one might expect from such substantial public investment. While CNYCA was unable to obtain sufficient data from the City to do a neighborhood-level analysis of supply and demand, low enrollment signifies that the challenge parents have accessing ECE is not lack of overall supply, but the inability to afford the price of care outside of subsidized options.

"It's not an easy profession. And it does mean that, like, if you lose one student or lose a few students, you know, you might not be able to pay the rent that month ...because the profit margin is so small." – A., age 36, GFCC provider in Bushwick, Brooklyn.

2. Public Program Design and Promotion

Prior to the launch of Pre-K and 3-K, providers, who offer mixed-age child care were able to recruit a family when a child was an infant or toddler and retain that family as a client for years. Now, given that many children leave at the age of three or four for 3-K or Pre-K, providers have much more enrollment turnover. Moreover, they must focus their enrollment on children of younger ages that require additional staff.

There is a significant disparity between the contract rates for center-based programs and the FCCN-affiliated FCC and GFCC programs. The current FCCN extended-day contract pays $16,900 per child per year, which is $10,573 less than the $27,473 the City paid the average center-based program for offering the same service in City Fiscal Year 2025 (New York City Mayor's Office of Operations 2025). For the school-day contract, FCCN-affiliated providers earn $9,900 per child per year in revenue – nearly half the $19,314 the average center-based program received for offering the same service in FY 2025. This creates significant disparities between what home- and center-based programs are able to offer. It poses a challenge in a 3-K enrollment process that is centered around parent choice.

"It's not an easy profession. And it does mean that, like, if you lose one student or lose a few students, you know, you might not be able to pay the rent that month ...because the profit margin is so small."

"The pay is different. If we were provided with the same amount of money as the center, we could hire better teachers." – Y., age 50, GFCC provider in Sheepshead Bay, Brooklyn.

"You're dealing with younger parents. A lot of times because they've just had these children, so they usually have less cash saved."

Furthermore, NYCPS's centralized enrollment process and the requirement that most FCC and GFCC providers be affiliated with an FCCN in order to contract with NYCPS creates extra barriers between providers and parents. Numerous providers report that they are unable to help parents navigate the enrollment process to actually secure a seat at their program.

"It's hard to fill your programs now because you can have these children come at infancy. And then by the time they're three, the parents are taking them out. Whereas before Pre-K-For-All, before Covid, if you had a child that was in your program, the likelihood is that…they was there 0 to 10 years old, 0 to eight. Now they're leaving you at three years old." – S., age 46, GFCC provider in East New York, Brooklyn.

"There were so many requests for children under two. Because I had so many children in September, I hired an extra teacher. I hired six people with three teachers. With six staff, I could only fill 10 slots. We had to fill 10 slots. I have 10 students, three teachers, and rent, and it's less than even working part-time, right?... the large 3K program has the ratio of one teacher to four children, while we can only have one teacher care for two children under two years old. If we have the ratio of one teacher to three children, our life might be a little easier." – H., GFCC provider in Flushing, Queens.

3. Market Failure and the Government's "Market Rate Methodology"

"You're dealing with younger parents. A lot of times because they've just had these children, so they usually have less cash saved." – A., age 36, GFCC provider in Bushwick, Brooklyn.

The problem of inadequate tuition rates is rooted in the dynamic between private pay clients and providers. Based on extensive experience, providers know that most parents cannot afford the true cost of care or even the CCAP voucher rate. Therefore, FCC and GFCC providers' average private pay rates are 30 percent and 38 percent lower, respectively, than a baseline estimate of the true cost of care.

Because New York currently uses a "market rate methodology" to determine CCAP voucher rates, the market failure that results in inadequate private pay rates is embedded in public rates. The CCAP voucher rate, determined by the State Office of Child and Family Services (OCFS) through a survey it conducts with providers every two years about their private rates, is not surprisingly also inadequate to cover the true cost of care. In 2023, the maximum CCAP voucher rate was, on average, 28 percent and 36 percent lower than a baseline estimate of the true cost of care for FCC and GFCC providers, respectively.

In addition, New York State law prohibits providers from accessing the maximum CCAP rate unless they already charge their private pay clients the same or more. Thirty percent of providers surveyed by CNYCA reported not receiving the maximum rate. Efforts to make the application process easier with an "attestation form" in recent years have not eliminated this problem. Instead, this attestation form has complicated private rate setting in general, leading to further problems with the market rate methodology.

CCAP voucher rates are also the rates NYCPS pays FCCN-affiliated providers who contract to provide 3-K programming to the public. Approximately 20 percent of providers in the city are impacted by this contract. Currently, providers receive the maximum 2024 CCAP voucher rate ($325) if they have an extended-day contract (10 hours of care per day) and a reduced rate ($275) if they have a school-day contract (six hours and 20 minutes of care per day). This contract rate is woefully inadequate given that the CCAP voucher rate does not cover the baseline cost of care in an ECE program, much less one with the higher credential and program requirements needed to meet NYCPS standards.

4. The Impossible Challenge of Staffing a High-quality Home-based Program

ECE is labor intensive, and ECE quality is directly linked to children developing a long-term bond with experienced, trusted ECE staff.

The most immediate impact of inadequate private pay and public rates is on staffing. Providers have to compete with other ECE programs to recruit and retain staff. Because of lower public rates and higher required staff-to-children ratios than center-based and public ECE programs, providers are severely constrained in their ability to offer competitive wages and benefits.

Providers also compete with other industries offering minimum wage jobs that have fewer training requirements and shorter onboarding periods. The ECE background check process is incredibly long (it can take months or sometimes a year to complete) and the lack of agency transparency about the processing time is extremely stressful for providers and new staff.

Current public program design, which funnels three- and four-year-olds towards NYCPS-contracted care, puts providers in an impossible position to adequately staff programs for the infants and toddlers that require higher staffing ratios. Furthermore, given fluctuations in enrollment, providers have to choose between asking staff to accommodate variation in weekly hours worked or paying for staff even when their enrollment doesn't justify it.

"I wish I could pay them more, much more, because they do their CDA, their credentials, everything. Then there are home attendant jobs that pay $20, $22 an hour. What are people going to do if they have papers, work permits? They would rather leave." – T., age 43, GFCC provider in Bushwick, Brooklyn.

"I want to bring another staff member. I want to be able to take a break…But money is the problem. Because just when I thought I was able to afford to bring in a new staff member, I lost four kids off my roster. So, it's just hard, like getting the staff and when things is sometimes not consistent." – T., age 37, GFCC provider in Hunts Point, the Bronx.

5. Providers Are Lost in a Sea of Agencies and Organizations

Providers engage directly with one State agency – OCFS – and as many as four separate City agencies (the Department of Health, Human Resources Administration, Administration for Children's Services, and NYCPS) as well as the Mayor's Office of Child Care and Early Childhood Education. Twenty percent of providers are affiliated with an FCCN, which also engages with NYCPS (and the State Education Department) on their behalf. Also, 44 percent are union members of the United Federation of Teachers (UFT). Providers also receive support from many community-based organizations, some of which are funded by OCFS, such as those that make up the NYC Child Care Resource & Referral Consortium (NYC CCR&R).

Despite, or perhaps because of, this plethora of 'supporters," providers often are unable to find assistance when problems arise and are also burdened by the paperwork required by

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so many agencies. Many providers describe a lack of coordination across agencies resulting in slower processes and redundancies. These create extra work for providers, who often have to submit the same paperwork to multiple agencies or spend countless hours following up with agencies to check on the status of issues that disrupt their daily operations.

Providers' major challenges with City and State agency engagement include:
- Inadequate orientation regarding OCFS regulations, the role of City agencies, and small business law.
- Unclear timelines, poor communication, and the inability to receive human technical assistance regarding licenses, background checks, CCAP voucher and 3-K applications, and inaccurate or late payments.
- Inconsistencies with the inspection process.
- Lack of knowledge of existing efforts to support them, such as scholarships for training and CDA certificates and free dental and vision benefits from UFT.

"They´re always asking me for the same document, the same. I go back and I send it, send it to the supervisor, upload it to FAM, bring it in personally, and like they said, you get your receipt and two days later they´re asking for it again. I have one [assistant] for eight months and the other for a year and a half and they´re not fully approved yet." – L., age 52, GFCC provider in Bushwick, Brooklyn.

"If you have something wrong somewhere, you'll have a six-year violation! Parents these days will check online to see if your center is good...One time I had a violation. Do you know why? The doctor forgot [to] write down a dose he administered." – W., age 49, GFCC provider in Flushing, Queens.

"If you have something wrong somewhere, you'll have a six-year violation!"

Policy Recommendations

Based on our research with providers, this report recommends policy actions that will immediately and in the long-term align ECE supply and demand, decrease the cost burden on families, improve quality, and fairly compensate hard-working providers, who are currently living at or near poverty.

All such actions must:
- Involve meaningful FCC and GFCC provider input.
- Prioritize language justice for a widely multi-lingual provider universe.
- Provide adequate agency staff for human technical assistance and support to providers.
- Involve inter-agency cooperation and collaboration with the NYC CCR&R.

Business instability and low take home pay are the result of structural and systemic challenges that demand policy reform and public investment. There is not simply one policy solution. Our research demonstrates that a five-part policy package can resolve the challenges presented here and result in a high-quality, stable, home-based child care sector. As our research demonstrates, home-based child care is a critical component of early care and education and will continue to be for any plans to expand access to more parents through subsidized or universal care.

Figure 3

1. **A true cost of care methodology** for all public vouchers and contracts would tie public rates to the actual costs of running an ECE program, including adequately compensating staff and providers. If adopted, this would immediately increase provider take home pay, staff wages and benefits, and ECE business stability for the 70 percent of providers that accept CCAP vouchers, and the 22 percent that provide contracted care for NYCPS.
2. **Universal child care** in New York, meaning that all families, regardless of income level or immigration status, can access ECE subsidized by the government (with no or low-cost co-pays for families). All seats in a universal system would be paid through public vouchers or contracts. Therefore, low private pay rates would be eliminated and would no longer put downward pressure on business stability, provider take home pay, and staff wages.
3. **A sector-wide career ladder** that guarantees compensation for similar work across all program modalities will have numerous benefits. Not only will it fairly compensate people that have been historically undervalued (based on working hours, experience, and credentials), it can bring new people into the ECE workforce, reduce the loss of existing ECE staff and providers, and remove pay disparities that cause turnover and quality difference across modalities.
4. **A public marketing campaign for all ECE programs** should describe all such programs and clarify that 3-K and Pre-K are part of a broader sector. It should educate parents about the unique characteristics of FCC and GFCC programs, such as a mixed-age learning, that was overshadowed by the launch of universal Pre-K and 3-K. Such a campaign will immediately improve enrollment at FCC and GFCC programs. If all FCC and GFCC programs had good enrollment, provider take home pay would increase threefold.
5. **A wage subsidy fund** at the State or City-level would be used to fill the gap between current salaries and a minimum wage standard for each ECE occupation. This gap may exist because of low or unstable

"The only time we hear about anybody is when they want their name on a ballot...They send a thousand of the same fliers during the week. I don't know you. I've never seen you in my community before."

enrollment, low private pay rates, or vouchers or contracts using a market rate methodology. As independent contractors or small business owners, providers do not have the protections of an employment contract, so a wage subsidy fund is a necessary protection for them. If the City had a wage subsidy fund for ECE workers today, 6,500 FCC or GFCC providers and their staff would have immediate improvement to take home pay and wages.

"The only time we hear about anybody is when they want their name on a ballot...They send a thousand of the same fliers during the week. I don't know you. I've never seen you in my community before. But you say, 'Oh, we're going to do this for child care workers.' Then you get into office…and now that I helped vote you in? I'm just mud." – K., age 45, FCC provider in Mott Haven, Bronx.

In addition to these systemic changes, our report includes 33 specific policy actions that range from short- to long-term and no-cost to requiring significant public investment. Fifteen of them, listed here, are actions the City can take today.

The Mayor's Office should:

1. Replace or improve current City websites, like MyCity.nyc.gov, with one that houses all information about childcare supply and options for families. An improved marketplace will increase public awareness about current ECE options and help the City and advocates understand where (by neighborhood or program modality) there is a supply and demand mismatch. It should educate the public about modalities (home-based, center-based) and program types (full-day care, Pre-K programming) and their unique values. Users should be able to search by key criteria and locate programs on a map. It should easily connect families to application processes for subsidized ECE (CCAP vouchers and NYCPS programs).
2. Develop a new marketing campaign to educate the public about all ECE programs simultaneously and about options for families to affordably access these programs. Integrating a quality rating and improvement system into this marketing (and the related website above) can also improve matchmaking between parents and ECE programs.
3. Commit to using City revenue to guarantee that existing subsidized ECE options are accessible to all eligible families regardless of whether or not Child Care and Block Grant (CCBG) funds adequately cover costs.
4. Submit an annual report to the City Council that evaluates capacity and utilization across private and public ECE programs. Without this knowledge, public programs cannot be expanded in ways that prioritize vulnerable families and established ECE programs.
5. Work with the Fund for the City of New York to amend the rules governing its Returnable Grant Fund (RGF) program so that FCC and GFCC providers can access interest-free loans in the event of late payments from City agencies.

The City Council should:

6. Hold an annual public hearing with all agencies involved in the ECE system as well as relevant community-based organizations (such as the NYC CCR&R), FCCNs, ECE program staff and providers, and parents to respond to the mayor's annual report

(see recommendation #4) and share their perspectives on the current ECE system. This hearing can break down silos between ECE businesses, parents, and agencies; improve understanding across these groups of what is currently working (and not); and facilitate democratic planning for the ECE system.
7. Amend its laws to include FCC and GFCC providers in the existing public pension programs (a process that would also include state legislation).

The Administration for Children's Services (ACS) should:

8. Overhaul the Childcare Attendance & Payment System (CAPS) or replace it with a better one, so that providers can enter enrollment and attendance to be paid accurately and on time.
9. Implement presumptive eligibility, as has been permitted by the governor, permitting the City to use CCBG funding to cover the cost of care while ACS determines family eligibility for a CCAP voucher.

The Department of Health and Mental Hygiene (DOHMH) should:

10. Communicate expected processing times for licenses and staff background checks, as well as contact information for appropriate staff for applications, inspections, and grievances to providers. Work with OCFS to identify strategies for improving license and staff background check processing times.
11. Work with OCFS to develop a written policy in layman's terms and in multiple languages for site visits, violations, and grievance processes that prioritizes education and safety.
12. Facilitate an inspection process that strikes a balance between technical assistance and public safety, pairing providers with the same inspectors when appropriate.

The Human Resources Administration (HRA) should:

13. Partner with the NYC CCR&R and other community-based organizations to actively assist FCC and GFCC providers to maintain their Medicaid, SNAP, and other benefits in light of the 2025 One Big Beautiful Bill Act.

New York City Public Schools (NYCPS) should:

14. Use a true cost of care methodology for its next five-year contract with FCCNs to deliver programs such as 3-K.
15. Work with FCCNs and their affiliated providers to improve the ability of providers to engage with parents during the 3-K enrollment process.