



**Center for the
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Ideas into Action



THE CHILD CARE PARADOX

HOW CHILD CARE PROVIDERS BALANCE PAID AND UN-PAID CAREGIVING

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ABOUT CSSP

CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

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TABLE OF CONTENTS

| | |
|--|-----------|
| Introduction..... | 4 |
| The Shared Struggles of Professional Child Care Providers..... | 6 |
| The Particular Struggles of Providing Paid and Un-Paid Care Work..... | 9 |
| What Child Care Providers Would Do If They Had a Magic Wand..... | 12 |
| Conclusion..... | 14 |

INTRODUCTION

Care work is some of the most important work in our society, supporting children, families, and individuals across their lifespans. Often called “the workforce behind the workforce,” child care in particular is essential, skilled work critical both to the healthy development of children and as a support for caregivers and families. As research has consistently shown, children of all ages benefit from forming relationships with other adults who are not their primary caregivers.¹ Caregivers also rely on child care in order to work, go to school, have respite, and balance other responsibilities, all while benefiting from the information and support they receive from trusted child care providers regarding their child’s development, parenting strategies, and more.²

Despite the critical work child care providers do for families and society as a whole, their work is systematically undervalued. Even with the recent federal investments to stabilize a child care sector that has been decimated by the pandemic, child care continues to lack the infrastructure to ensure that all families have access to and can afford the type of child care they need.³ Policies also do not exist to ensure that child care providers are fairly compensated, have fair schedules, can access necessary supports for their jobs and their own families, and are respected in their work.⁴

The undervaluing of care work is a product of a long history of exploiting the labor of Black and immigrant women, and a direct legacy of slavery. Under slavery, Black women were enslaved to work in White households, caring for and raising generations of White children even as their work caring for their own children was unrecognized and frequently thwarted by enslavers’ attempts to maximize their own profits by selling and separating families.⁵ Later, to reinforce white supremacy, minimum wage and other labor protection legislation excluded domestic workers (along with agricultural workers) from coverage, thereby intentionally excluding the majority of Black workers at the time.⁶ Other women of color were also harmed, as Latinx, Asian, and other women of color made up a disproportionate share of the domestic labor force outside the Deep South.⁷

To this day, the vast majority of child care workers are women, and they are disproportionately Black, Latinx, and immigrant women.⁸ Despite the fact

that child care providers are now protected by the federal minimum wage, their wages remain low and they too often lack other basic workplace standards, such as paid leave and health insurance. Nationally, the median hourly wages of child care workers is \$11.65.⁹ In every single state, child care providers earn wages less than what is considered a living wage, and they experience shockingly high rates of poverty.¹⁰ Even as wages for early educators are low overall, Black, Latinx, and immigrant women on average are paid the lowest wages in child care, both because they are relegated to the lowest paying positions in the sector, which paradoxically include jobs working with the youngest children, and they experience pay discrimination even within those jobs.¹¹ For example, Black educators who work with infants and toddlers are paid on average about \$0.77 less per hour than White educators in the same role.¹² Not only are professional caregivers and the work they do undervalued, but the care provided by parents and caregivers for their own families is entirely unpaid and rarely recognized as work. Taking care of children is seen as a parent’s individual responsibility, and overwhelmingly a mother’s responsibility. The assumption that women “naturally” do care work, and therefore do not need to be compensated feeds the narrative that leads to the undervaluing of both professional and family caregiving.¹³

All caregivers balancing paid work with unpaid caregiving face challenges, but child care providers who are also family caregivers outside of their paid work often face greater obstacles to balancing all of their responsibilities. In one of the most profound

ironies, because of their low pay, many child care providers cannot afford child care for their own children. In more than half of states, a child care provider earning average wages with two children in center-based care would pay 86 percent of their income or more toward child care.¹⁴ Even in the most affordable state, child care providers with two children in center-based care would pay almost half of their income toward child care. Too often other aspects of child care providers' work also make balancing paid and unpaid caregiving difficult—including limited paid time off and inflexible or unpredictable schedules.

Starting in 2019, before the COVID-19 pandemic hit the United States, and continuing through the pandemic into early 2022, CSSP conducted interviews with Black, Latinx, and immigrant women working in child care to understand how they balanced their work as paid child care professionals with their work as unpaid caregivers. Our goal was to learn from the child care providers whose work is most undervalued about the structural problems in child care, and how the sector should change in order to accord caregiving its true value.

This brief reports the findings from our interviews and the recommendations from providers. While the pandemic exacerbated the struggle to make ends meet and balance caregiving responsibilities for many early educators, overall we found remarkable continuity in the struggles providers faced before and during the pandemic. These findings drive home the need to transform the way we approach child care—to build out a comprehensive child care system that meets the needs of all families, including those of providers, and is not predicated on child care providers sacrificing their own economic and social and emotional well-being to care for other people's children. Valuing professional child care is a critical first step toward valuing all caregiving in the United States.

THE PROJECT

Between 2019 and 2022 CSSP conducted qualitative, semi-structured interviews with 26 Black, Latinx, and immigrant women in the child care workforce. The providers shared their joys, their struggles, how they meet their basic needs, how they balance paid and unpaid caretaking responsibilities, and what they think needs to change so that they can best care for their own families and the children they care for every day. The 26 women interviewed live across the United States and provide child care in various settings and roles. They all have a range of unpaid caregiving responsibilities of their own outside of their paid jobs, and many having multiple caregiving roles at once such as parenting, taking care of older relatives, sick relatives, extended family, and disabled family members.

In this brief we define:

Caregiving as a broad term used to describe the entire spectrum of care provided to a person of any age by anyone, but especially by a professional caregiver, parent, grandparent, family member, or friend.

Professional Caregiving/ Professional Child Care Providers as a term used to describe caregivers that do care work (child care, elder care, caring for the sick, etc) as a profession—who are experienced, skilled, and paid.

Family Caregiving as a term used to describe the typically unpaid and informal care work done for family members, such as children, elders, a relative with a disability, close friends, and neighbors.

Home-Based Care to describe providers who care for children out of their own homes, typically serving six or fewer children, but sometimes serving more if they have additional staff. Home-based providers are also sometimes called family child care providers.

Center-Based Care to describe providers who care for children outside of their homes, typically serving larger numbers of children in multiple classrooms.

Aftercare as child care provided for school-aged children at the end of the school day.

THE SHARED STRUGGLES OF PROFESSIONAL CHILD CARE PROVIDERS

Child care providers, whether or not they have unpaid family caregiving responsibilities, often struggle to make ends meet. Their struggles are a direct product of policymakers' failure to recognize child care as a public good. The true costs of providing nurturing quality care are high, and out of reach for families.¹⁵ Because wages and salaries are child care providers' largest expense, the only way for them to reduce costs and put child care within reach of more families is to pay themselves and their staff lower wages. So they do; but even then, child care is unaffordable to many families. It is, as the U.S. Department of Treasury noted in a recent report, a classic market failure.¹⁶ The child care providers we spoke with highlighted these structural flaws in child care, and tied them directly to the lack of respect their work has traditionally been accorded. For the most part, the pandemic did not change the underlying, structural problems that they identified, but instead illuminated them.



Child care providers are underpaid. Both before and during the pandemic, providers highlighted low pay as the central problem for workers in the field. Some providers we talked to had additional jobs to support themselves and their families such as cleaning houses, braiding hair, working at a coffee shop, or owning another side business. Others relied on their church for groceries or local meal delivery assistance to help cover some of their needs. "I'm just right on the borderline," Janet, a lead teacher in North Carolina told us. "You know, if anything would have just happened, I don't know what we would do. You know, it could really set us all the way back."

The wages in the child care field are notably flat, and there is not much room for upward mobility. Evelyn, who runs a home-based preschool in California, ends up making about \$20 an hour, pays the lead teacher \$19, \$18 for a second teacher, and \$15 for a part-time teaching assistant. Another provider, Felicia, makes about \$18 an hour as a lead teacher at a center in Maryland, where she described the raises as "change." As she explains, "We get little couple pennies here, couple pennies there...it helps, but, you know, that's not a lot." Additionally, for many home-based providers or child care owners, there is not a clear line between income and business costs. Evelyn said, "The whole first year I started, I think it all went back to the school. I don't think I got a salary."

Kim, a director of a child care center in Michigan, noted how she frequently lost staff to better-paid and easier jobs. If there were better investment in early childhood, she suggested, "Maybe I won't be losing staff for the elementary school system. Or, last week a person who left the office setting, worked here for a year and a half and was like, 'I'm going back to the office.'"



Home-based providers and center directors face hard decisions about how much to charge families. Both before and during the pandemic, providers shared their hesitancy about setting their rates too high because they do not want to charge families more than they can afford, especially their families with low incomes. For example, Helen, a home-based provider in California charges about \$50 a day per child, which has only gone up \$10 since she started in child care 23 years ago. She stopped working in another field herself because of how expensive child care was for her own children, so she understands how difficult it is for parents to afford care and deal with all of the challenges of balancing responsibilities. Other

* All names in this report are pseudonyms, to protect the privacy of the child care providers we interviewed.

providers we spoke with also empathized with families' struggle to afford child care, and sometimes lowered fees, or eliminated them entirely, for families who cannot pay. Irene, a home-based provider in Oregon, does not charge anything for care if families really cannot afford the rates and only charges for food reimbursement. Susan, the director of a small center in Mississippi, does not charge families out of pocket at all—they care for the majority of the children for free, and pay staff with the proceeds from the few children they serve who receive child care subsidies.

“I’ve seen people who pay and all they’re doing is paying for daycare, but they can’t survive because they got to pay daycare. I’m always thinking in the background, you know, I gotta be reasonable, but I know I have to do it, but I gotta be reasonable. I can’t take food out the kids’ mouths.”

—Cynthia, Child Care Provider in Massachusetts

Providers frequently worry that raising their rates will ultimately harm the children they care for. Cynthia, a home-based provider in Massachusetts provides care for a child who lives in a shelter. She worries about her rates being too high, even though she relies on the income. She says, “I’ve seen people who pay and all they’re doing is paying for daycare, but they can’t survive because they got to pay daycare.” When telling families what her rates are, she struggles, “I’m always thinking in the background, you know, I gotta be reasonable, but I know I have to do it, but I gotta be reasonable. I can’t take food out the kids’ mouths.” Most of the children Cynthia cares for use child care subsidies, but they still have to pay some portion of the cost out of pocket. The child care system is currently surviving on the goodwill of providers like Cynthia, Susan, Irene, and Helen but they cannot continue to work for such low wages—or in some cases for free. Nor should they be expected to.



Child care providers often lack employer-provided health insurance, or pay high rates out-of-pocket. Both before and during the pandemic, providers noted how difficult it was to afford health insurance. Many of the providers we spoke with relied on their partners for health insurance. Owners of centers typically could not afford to offer health insurance to their employees, or if they did, they offered plans that charged high co-pays. The providers who received health insurance through their jobs said the cost was incredibly high. Janet, a lead teacher at a center in North Carolina, pays an “unbelievable” amount for health insurance—half of her paycheck. Others participated in Medicaid, which comes with its own challenges. One provider who we talked to before the pandemic said Medicaid is “horrible” right now and was struggling to find a doctor to get her son glasses. Another provider said that a salary increase made her ineligible for her subsidized health insurance and she is struggling to find a solution.



Child care providers work long and sometimes unpredictable hours. Both before and during the pandemic, providers noted that their hours were often long and sometimes unpredictable. Center-based staff usually worked more regular 40-hour work weeks, and would typically get paid overtime if they had to stay longer for any reason, but some noted that they could be expected to stay late at the last minute. Home-based providers often worked more than 40 hours per week with no technical overtime pay for the hours they spent cleaning, setting up, and completing administrative paperwork. Carolyn, a home-based provider in North Carolina, noted that she typically works 12-hour days, starting set up at 6:30 in the morning to be prepared to greet her first child at 7:15 a.m., and finishing clean up at 6:30 in the evening. On days she attends Zoom trainings or needs to run to the grocery store for more milk, her evenings could extend to 8 p.m. or later. Many expressed that they try to be flexible to accommodate families' schedules, sacrificing sleep or their own

time with their family to be there for the children in their care. Cynthia easily works a 50-hour week Monday through Friday, starting as early as 4:30 a.m. some days to accommodate one child she cares for whose single mom has to be at work early.

While the pandemic did not alter these underlying experiences, many home-based and center-based providers were forced to close for periods of time over the last two years, due to state-mandated shutdowns or quarantines. In some cases, providers went without pay when their programs closed, exacerbating their struggles to make ends meet. Alejandra, a home-based provider in Michigan, noted that though she was forced to close at the beginning of the pandemic she did not qualify for unemployment, and had to get by with no income until she could reopen and begin caring for children again.



Child care providers are not respected or seen as professionals. The lack of significant government investment in child care, low pay, stereotypes of women and especially Black women, and the history of how care work has been viewed and valued contribute to the lack of respect providers feel in their roles. For many providers, this feeling of disrespect persisted through the pandemic, but for some, the increased federal investments in child care starting in 2021 precipitated a shift in how they felt their work was recognized, and valued.

For nearly all early educators we spoke with, feelings of disrespect were closely connected to the sector's low pay. As Janet, the lead teacher in North Carolina, told us “nobody thinks that we're a profession.” She explained that she and her colleagues needed “more respect” and to be recognized “that we're essential like we are.” For her, and for many of the other child care providers we spoke with, more respect translated to better pay, so they could retain the best workers. As Janet explained, “we're losing the cream of the crop. You know, we get some really good teachers, and no money, so they leave.”

For some early educators, the feeling of disrespect was also connected to other ways their work was under-resourced. As Jordyn, a teacher at a center in Maryland, noted, “You would think that they will take it a little more serious. Or even give us the tools that we need. Like as far as like—like sometimes we don't have paper, we have to like, like spend our own money. Like I spend my own, a lot of money. You know just trying to make sure my room is up to par and like the kids have things to entertain them with.” At the end of the day, she said, “I don't feel appreciated or valued in my work place.”

For others, these feeling of disrespect were compounded by their interactions with the families. Sometimes, the families they served were so harried balancing their own responsibilities, that they had little time to show gratitude and appreciation for the work providers' did. Sometimes providers felt disrespected by families seeking care, sharing instances where they were discriminated against because of their race, ethnicity, or the language they spoke. Families have hung up on them after hearing their accent or stopped responding about enrolling their child when they find out the provider's neighborhood. To avoid potential problems, one provider even shows a picture of her family to prospective families so they can see what they look like and she can sense their reaction. It is especially important to her because she's opening up her home and family as a part of her job.

Each of the providers we spoke with remarked that their work has long been underappreciated, but some sensed a shift in tone over the course of the pandemic. Barbara, a home-based provider in North Carolina, noted how during the pandemic she and her colleagues were suddenly recognized as essential, and provided increased support as a result. In Barbara's state before the pandemic, they were “cutting so many programs,” but during the pandemic the state seemed to say “we see that you are a necessity, you're essential, we need you and we're going to do whatever it takes to keep you afloat.” Her primary concern, however, was “Are these things ... going to continue? Are we no longer going to be essential when the pandemic is over?”

THE PARTICULAR STRUGGLES OF PROVIDING PAID AND UN-PAID CARE WORK

While all child care providers share common challenges due to the undervaluing of their work, child care providers who also have unpaid family caregiving responsibilities face additional struggles to make ends meet and balance all of their responsibilities. The providers we spoke with highlighted the low pay and long, inflexible hours of work as particular challenges, and were keenly aware of the toll that their work took on their own families. As with the broader structural problems in child care, there was remarkable continuity before and during the pandemic in the challenges that educators experienced providing paid and unpaid care work, though for some the additional stress of operating a program during the pandemic exacerbated these struggles.

Many child care providers do not earn enough to pay for child care for their own children. Affording child care is difficult for many workers, and a number of child care providers we spoke with started their child care businesses because they needed to care for their own children but could not afford other professional care on their income. Starting a child care business enabled them to care for their children and others' children while bringing in an income. But those who could not care for their own children while caring for others, or who worked at centers that did not offer reduced rates for staff children, were often in a bind. Irene, a home-based provider in Oregon makes about \$1,300 a month. In Oregon, child care for a four year old costs about \$838 a month on average, over half of Irene's monthly pay.¹⁷ She expressed, "I'm doing everything possible [...] for kids that I care for. And I wish that there was someone that could help us to help with our own kids." Evelyn, a home-based preschool teacher in California, has two children and when they needed infant care, they "couldn't necessarily afford it." She pointed out the paradox, "I'm over here taking care of everybody else's kids, but for my own kids, I can't afford child care."

"I'm over here taking care of everybody else's kids, but for my own kids, I can't afford child care."

—Evelyn, Child Care Provider in California



Carolyn, the home-based provider in North Carolina, began her child care business 28 years ago, when her oldest son was two years old, to help balance paid and unpaid work. She appreciated that her youngest son was able to grow up in her family child care—that "I could teach him right along with the other children." But she lamented that some child care providers did not have this, and could not afford quality care themselves: "Parents that work in a child care environment, top quality, high quality, five-star child care facilities, but their own children, they can't go to those type of child care facilities because they can't afford them. Because of what they are paid in child care. So I can work there. I can provide five-star quality child care for other children, but I have to take my child down the street to Miss Smith because that's all I can afford."

Providers' inflexible and long hours make balancing both their paid and unpaid care work a challenge. Many providers lacked adequate paid leave and flexible enough work hours to enable them to take the time to care for their own loved ones. Jordyn, the preschool teacher in Maryland, had recently been dealing with family stress because her grandmother was in a coma. She went to the administrators of her program to ask about time off saying, "They're pulling the plug on my grandmother on Monday and

“It makes you think like oh my god like am I gonna lose my job because I want to take my baby to the doctor because he’s got eczema and he’s like scratching holes in his face?”

—Jordyn, Child Care Provider in Maryland



I need to be there with my family.” But the administrator “told me Monday is not a good day.” She wound up working that day. She wished it weren’t so difficult to take a day off: “It makes you think like oh my god like am I gonna lose my job because I want to take my baby to the doctor because he’s got eczema and he’s like scratching holes in his face?” Recently, her center tried to switch her hours, which she did not want to do because it would have caused her to have to pay for aftercare for her older son. She had to fight to keep the hours that worked for her and her family, and it was a struggle.

Kim, the center director in Michigan, noted how her long hours put a strain on her family, as she worked 10-hour days and was often at the center on weekends cleaning the classrooms and emptying trash on the playgrounds. Her children were growing up at the center, with her younger child attending the center and her older child coming to the center after school every day. But she did not want their lives to revolve around the center. Talking to other center leadership—all parents—she said, “In our small conversations, we just have to remind each other, no one else’s child is more important than our own. We can’t sacrifice our families for someone else’s.” But currently the child care sector in the United States is predicated on providers making these sacrifices.

For providers with multiple unpaid caregiving responsibilities, the challenge can be even more stark. Janet, a lead teacher in North Carolina, has two children who are now 23 and 21 years old. One of them no longer lives at home, but one is a college student living at home because of COVID. Janet also cares for her mother who is sick with cancer and needs intensive care, and for her husband who is on kidney dialysis and needs care as well. Janet’s everyday routine is a constant cycle of caretaking, both paid and unpaid. Every day after work, Janet goes to check on her mom. She then goes home briefly, about 20 minutes away, to check on her husband and then usually returns to her mom’s to stay overnight. Balancing all of the caretaking responsibilities is emotionally hard for her and her family. Janet shared that the balance is “something I struggle with daily” and “even though I love my mom and I love my husband, being pulled in both directions... it’s very hard.” It is a lot of “back and forth” she says, “especially after I’ve already been spent during the day taking care of two year old’s.”

Without necessary infrastructure and supports in place, child care providers struggle to balance their many roles as caregivers.

Providers are often seeking out ways to supplement their paid caretaking income and improve their circumstances. To make matters even more difficult, providers are often not just balancing paid and unpaid caregiving, but also balancing continuing their education or taking second jobs to help pay the bills. Christina, an assistant teacher at a child care center in Virginia, attends community college along with balancing taking care of her son and working. “It’s just messy,” she shared describing taking her son to the doctor, catching up on laundry, and taking classes four times a week to get her Associates degree in early childhood. She’s supposed to receive \$266 a month in child support, but by the time she pays \$137 for her son’s aftercare, there is barely any money left. She has made ends meet by relying on her work for support, especially the food pantry the center offers for staff and families.

Betsy, a home-based provider in California, recently opened her child care program after cleaning houses for almost 10 years. She loves working with children, but the income is not enough, so after working Monday through Friday at the child care program, she cleans for some of her former clients

on Saturdays. Sunday is the day reserved for her own children and family and they “try to eat dinner together.” She would like to be able to stop cleaning houses, but she needs the extra income.

Many providers rely on their families for help with both their paid and unpaid responsibilities like support with school pick-ups, staying home with sick children, and even with running their business. When one of her own children is sick and needs to stay home from school, home-based preschool teacher Evelyn says, “it’s a toss up” between her and her husband and comes down to who has the lightest day and can take the day off. When she has to be the one to take off work, she has a teaching assistant that can step in, but those days are “really, really difficult.”

When first opening her school in Georgia, Rosemary relied on her husband, who is a full-time firefighter, to help with researching the accreditation process and how to comply with city policies like zoning. After 15 years, her husband is still the accountant at the school and manages all of the finances. Another home-based provider in Massachusetts, Cynthia, relies on her daughter and granddaughter, who live with her, to help out at the child care program. “They are my other arms” she says.

Managing this balance has a huge impact on the well-being of providers both physically and mentally.

For some providers, the toll on their mental and physical health only grew during the pandemic. School owner Rosemary loves what she does, but has also dealt with significant stress and the affect it has had on her health. “I don’t balance the stress well,” Rosemary told us, describing a scare she had with a brain aneurism that caused her to set stricter boundaries between running her school and caring for her family of three.

Mentally and emotionally, the balance is difficult. Between all of their responsibilities, the providers we spoke with have limited time for themselves. For Janet, “The emotional part is the hardest part” of taking care of her sick mom, husband, and children on top of her job, plus with the additional stress of the pandemic and the strain that it has put on child care providers. “You’re gonna have stress with two year olds,” she says. “But with the COVID, the stress level is so much higher. I can’t even tell you how much higher it is.”

Many providers described the guilt they feel spending time caring for others’ children and having limited time for their own families. Evelyn, described it as “mom guilt” where “you’re spending more time with other people’s children than your own” worrying that “my own children get the tail end of my day. You know, my children get like the exhausted me, the like ‘I’m done with the day’ me.” She struggles with the feeling of being “constantly split” between “I got to go back and take care of my school, but I want to be a mom for them, too.”

“You’re gonna have stress with two year olds. But with the COVID, the stress level is so much higher. I can’t even tell you how much higher it is.”

—Janet, Child Care Provider in North Carolina

Louisa, a home-based child care teacher and owner in California, relies heavily on her network of 30 or 40 other child care providers. They have become her close friends and a “way to destress” after work because of the “social friendship that we developed, because we do the same thing.” After spending time with children all day, she enjoys talking to other adults. It’s “an escape” to be able to share the little stressful things that happen throughout the day, like if “the parents forgot extra diapers” or she planned “all these activities and it didn’t work out because the children wanted to do something else.” They also take trainings together, so it has become a way for Louisa to both maintain close friendships and participate in professional development. But not all providers have this outlet, and the stress continues to compound.

WHAT CHILD CARE PROVIDERS WOULD DO IF THEY HAD A MAGIC WAND

Structural change is necessary in order to ensure child care providers have what they need, and caregiving is properly valued. The child care providers we spoke with shared several recommendations as a starting point for what that change should look like. Most commonly, they noted a need for higher compensation, guaranteed health care, and shorter or more flexible hours. They also raised the need for other supports, and for a re-valuation of caregiving.



Increased Pay and Health Insurance. While pay expectations varied by state, all providers wanted to earn more through their jobs. Of the providers who worked additional jobs, many wanted to be able to make enough through their paid care work to be able to leave their side jobs. On the flip side, owners also wanted to be able to pay their employees more for their work. Many of them shared their dreams of what they could do if they earned more— buying a bigger house for their child care or family, and having more time to spend with their family. Providers also expressed the need for significantly less expensive and more readily available health insurance.



Shorter Hours and More Paid Time Off. Many of the providers we spoke with wanted to work shorter hours if they were still able to make enough money to support themselves. Many providers worked significantly more than 40 hours a week, so even reducing their hours and increasing their pay so they could work 40 hours and support their families was ideal for them. Other providers preferred working 30 hours a week or six hours a day, so they would have sufficient time to care for their family members. Providers also raised the need for more paid time off, and for home-based providers, for having a system where they could more easily call a substitute so they could attend to their own health or other needs.



Support for Their Families. Providers described wanting direct support to nurture the growth and education of their own children. For providers with young children, providers suggested meaningful discounts for child care and for providers with school-age children, some wanted support for summer programs or aftercare, or special activities and tutoring.



Public Education. Providers emphasized the need for public education on the importance of child care and early education. This is critical in building public support and respect for early educators and moving toward just pay and working conditions. Parents, as caregivers who share some of the same struggles as child care providers and interact with them frequently, can play a critical role increasing the visibility of child care and advocating for investments that value the work providers do.



Workplace Flexibility for All Parents of Young Children. Providers noted that some of their struggles, such as caring for sick children and working long hours, stemmed from the inflexible work conditions of their children’s parents. As a remedy, they recommended all professions having workplace policies that support families. Parent’s need more flexible scheduling and paid time off so that the burden does not ultimately fall to child care providers.



Professional Development. Overall, providers felt that meaningful and accessible professional development opportunities were important, but too often the opportunities available were superficial, rushed, or did not actually translate to the type of work they do with children. There was a large variation in the types of professional development the providers we spoke with participated in, from “repetitive” annual trainings that had not changed in 15 years to college courses that helped them work toward an Associates, Bachelors, or Master’s degree in the early childhood field. They emphasized that training should not just check a box to comply with requirements, but provide useful information about child development, curriculum development, and more. Some providers pointed out that the incentives for professional development opportunities could be helpful, and incremental raises offered with degree attainment were appreciated. Others noted the importance of being able to do training during the normal work day, so that it did not eat into hours that they spent with their own families, that it be free-of-cost to providers, available in multiple relevant languages, and open to undocumented providers and DACA recipients. Providers also need help navigating the different classes and resources, as they work such long hours and have limited time to seek out supports—an even greater challenge for those who have language barriers or the added barrier of their legal status.



Additional Support for Home-Based Providers. There are specific supports home-based providers need because of the unique position they are in providing care from their homes and often running businesses by themselves. Providers expressed needing help navigating all of the aspects involved in owning and running a business. Home-based providers typically relied on both formal, professional and informal networks of other providers to get information on licensing and setting their rates, navigating professional development, complying with city codes, and to connect with other providers socially. However, providers expressed that these networks can be difficult to find, or not necessarily racially and ethnically representative of the field. Ideally, they would be more coordinated, easier to access, racially and ethnically representative of the providers in the area, and language inclusive.

Many home-based providers also expressed a desire for more financial support for the fixed costs of running a child care program. Some wanted more space for their family and child care, so the two spaces could be separate. They also expressed a desire for funding and stipends to cover the day-to-day expenses related to cleaning and maintaining their houses, and addressing the general wear and tear involved in owning a child care program. For those who had received federal support during the pandemic for these purposes, it had been incredibly helpful.

CONCLUSION

Valuing care work should start with listening to professional child care providers, and taking the concrete steps they recommend to improve their working conditions and enable them to better balance their paid and unpaid caregiving responsibilities. As the child care providers we talked with made clear, first and foremost this requires ensuring their work is compensated to reflect the enormous benefit they provide to society. It also requires ensuring that they have what they need to provide and care for their own families—from paid time off, to more flexible schedules, to reduced hours. Ultimately, realizing this vision will require developing a more robust child care infrastructure that does not rely on child care providers' goodwill toward the families and children they serve, or sacrificing their own health and well-being, in order to ensure the nation's children received nurturing care. It will also require changes well beyond the child care sector, like more flexible, family-friendly policies for all workers, to ensure all families can meet their caregiving responsibilities and have the resources they need to pursue their goals and thrive. Ultimately, we need to accord child care providers, and all caregivers, the respect they are due. As Barbara, the home-based provider in North Carolina, observed: "We shouldn't have to struggle. We [support the development of] your doctors, your teachers, your lawyers, your football players. That's us. We do that from day one."

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—Barbara, Child Care Provider in North Carolina



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