A LABOR CRISIS WITHIN THE CHILD CARE CRISIS:

Growing Need for "Non-Traditional Hours" Met by Underpaid In-Home Providers

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EXECUTIVE SUMMARY

A CHALLENGING POLICY AND ECONOMIC CONTEXT

- The U.S. is the only wealthy country in the world without national paid parental leave; it also lacks national, universal, early childhood education and care.

- Though economically essential and yielding high economic returns to public investment, child care is largely privately funded, and, as a result, is scarce, unaffordable, extremely poorly compensated, operating in cheap real estate like church basements, and, too often, a one-size-fits-all model.

- Child care should be publicly provided, like all physical and social infrastructure, such as street lighting and K-12 education, and will generate high returns on investment.

- The public child care programs we do have are small, available only to families with low or very low incomes, and to just a fraction of those eligible.

- Child care options are extremely limited for children whose parents work early in the morning, during evenings, overnight or on the weekend. Yet the number of jobs requiring non-traditional hours is large and increasing, particularly in low wage sectors.

- Irregular and unpredictable work schedules are also on the rise, often in industries with non-traditional hours, including retail and health care. Largely unrestrained by wage and hour law which still assumes standard schedules, many employers now demand that employees work beyond their scheduled hours, change schedules with very little notice or require that employees be “on-call.”

IN-HOME CARE PROVIDERS: UNPAID, UNDERPAID AND BADLY SERVED BY PUBLIC POLICY

- In-home child care providers are the most important source of paid child care during non-traditional hours. They also represent critical sources of racial and ethnic diversity, care in languages other than English, care for children with special needs, relatively affordable care and small settings that are the best fit for some children.

- In-home child care providers bear the costs of underfunded child care programs and the lack of effective law on work scheduling practices. They work many hours for free, often working additional unpaid hours on short notice, as parents' employment schedules change, even to the point of being required to work a second shift with no notice.

- Our public programs pay less per child to in-home providers than they pay child care centers, and pay both significantly less than what's increasingly recognized as the "true cost of care," defined as the cost to provide high-quality, developmentally appropriate, safe, and reliable child care staffed by a professionally compensated workforce.

- In-home providers are too often unrecognized for their care of children with special needs, are not compensated for working overtime hours or assisting parents navigating school and public benefits bureaucracies and receive no pay differential for "non-traditional" hours.

- In-home providers' numbers have been dropping over time, in Oregon and nationally, as they are increasingly financially marginalized, and paying a high personal price for accommodating the non-traditional, irregular and unpredictable work schedules of their clients.

URGENTLY NEEDED FEDERAL AND STATE POLICY CHANGES

- In-home child care providers are critical to federal and state child care initiatives, which advocate “mixed delivery” by a diverse set of providers. These initiatives must compensate all child care workers and providers for all hours worked, comparably with elementary school teachers; and offer pay differentials for care during non-traditional hours, on short notice, in languages other than English and for children with special needs; and provide support for professional development, food, materials and equipment.

- Rather than subsidize the development of private facilities, we need a program for building, purchasing and renovating public child care facilities.

I. IN-HOME CHILD CARE: INVISIBLE, ESSENTIAL, AND DISAPPEARING

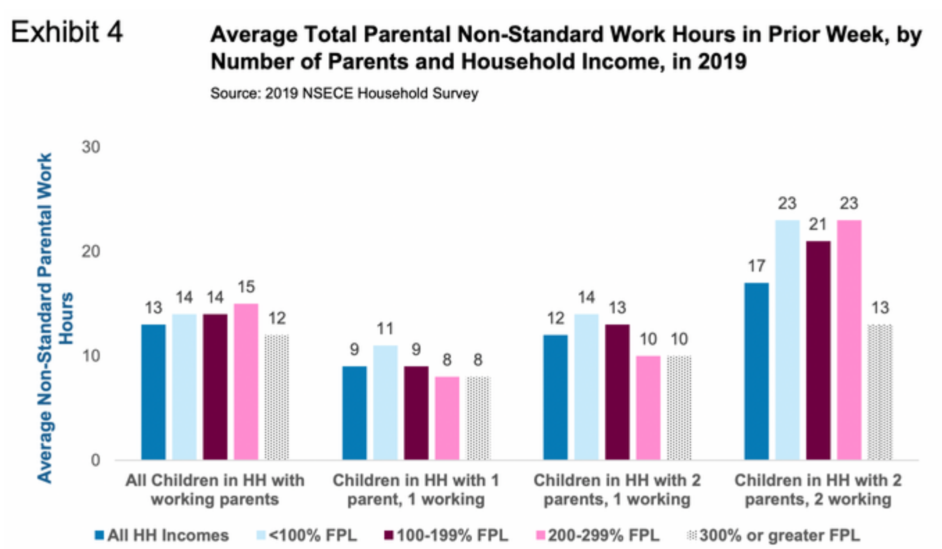
Despite decades of research documenting the powerful, positive impact of early childhood programs on gender, racial and economic inequality, as well as on economic growth overall, the United States has an abysmal track record of investment in young children and families. Indeed, the U.S. ranks 37th of 38 OECD countries in spending on children and families relative to GDP, trailed only by Turkey. Notably, children under 5 have the highest poverty rate of any age group in the U.S.[1]

Public neglect has resulted in a rickety, mostly private, patchwork "system" of scarce, unaffordable and poorly paid care of uneven quality, offered by child care centers, a few schools, and in-home providers - largely financed by parents. Child care is least available to families with low incomes and communities of color, and is provided by an underpaid, overwhelmingly female labor force, disproportionately women of color.

Many parents, primarily mothers, are caught in a no-win trap where they cannot afford to work, given the cost of child care compared to their earnings, but also cannot avoid poverty if they stay home with their children. In the US, families lack public child care, as well as the paid parental leave available in all but six other countries in the world.[2] Given this crisis of affordable care, some parents choose to provide in-home child care, or family child care, as it's also known, to care for their own children while earning money caring for other children as well. That said, in-home care providers are a diverse group, coming to the work from many different paths.

In-home care providers are the most affordable source of child care, and also the most economically marginal, in a field where all workers earn in the bottom 2 percent of occupations.[3] In-home providers work long hours, often for less than the minimum wage, though they are an important - and sometimes the only - source for essential types of child care, particularly during "non-traditional" hours, as shown in Figure 1. Just 8 percent of child care centers are open on weekends or between 6 pm and 8 am on weekdays.[4] Yet, an average family with children under the age of five now spends 13 hours every week working at night or on the weekends.[5] Single parents, who are raising nearly one-third of America's children, average 9 "non-standard" hours a week.

Figure 1: Non-Standard Work Hours by Family Type



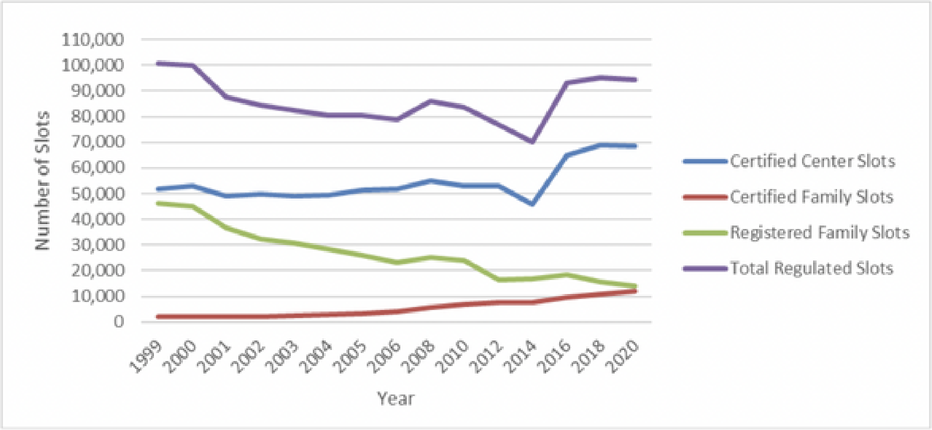
Source: 2019 NSECE Snapshot: Parent Work Schedules in Households with Young Children. 2021. Joshua Borton, A. Rupa Datta, and Ilana Ventura

In-home care providers are also critical for the growing number of families who need "flexible" care hours, because their work schedules are irregular or unpredictable, from day to day or week to week. Oregonian workers in occupations most characterized by last minute schedule changes are just as likely to have young children as those in jobs with regular hours. Parents have to cope with employers extending a shift on the spot, sending workers home early without pay for their full scheduled shift or requiring that employees be available "on demand."[6]

Additionally, many families with children with special needs rely on in-home care providers, as do those seeking care that can attend to a diverse range of cultures and languages.

Despite their essential role, the number of in-home child care providers has been falling for years. In Oregon, from 1999 until early 2020, just prior to the pandemic the number of slots in small in-home care providers fell by 26,000, or more than two-thirds of capacity, while spots with larger in-home child care providers increased by just 10,000.[7] Nationally, between 2005 and 2017, the number of small in-home child care providers fell by nearly half, while the number of large in-home child care providers dropped by more than one-fifth.[8] In-home providers remain central to the best practices visions of child care systems for the future, though they have been going out of business for decades, nationally as well as in Oregon, as seen in **Figure 2**.[9] This trend appears to have been accelerated by the pandemic.[10]

Figure 2: Regulated Oregon Child Care Supply for Children under Age 13: 1999-2020



Source: Oregon's Child Care Deserts 2020: Mapping Supply by Age Group and Percentage of Publicly Funded Slots. 2021. Megan Pratt and Michaella Sektnan

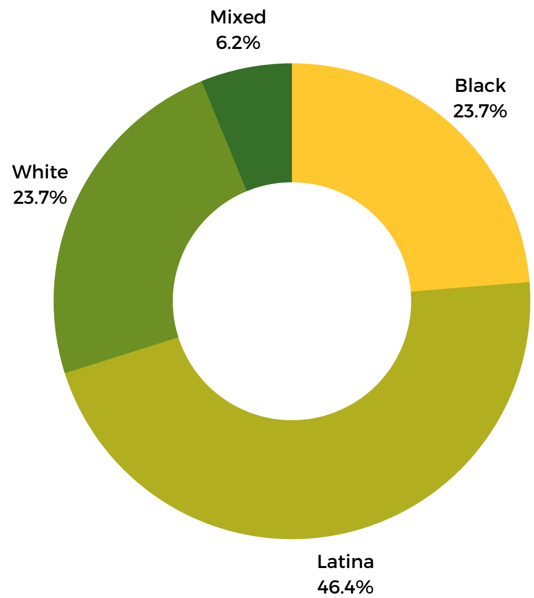
THIS REPORT

In-home child care receives little attention, despite its importance now and in the future. When discussed, the focus tends to be on the quality of the care. In this report, we document the job quality for in-home childcare providers and the challenges they face, particularly with respect to their central role in the provision of care for families with non-traditional, irregular and unpredictable work schedules. Poor job quality is endemic in child care, but it is worst in in-home child care.

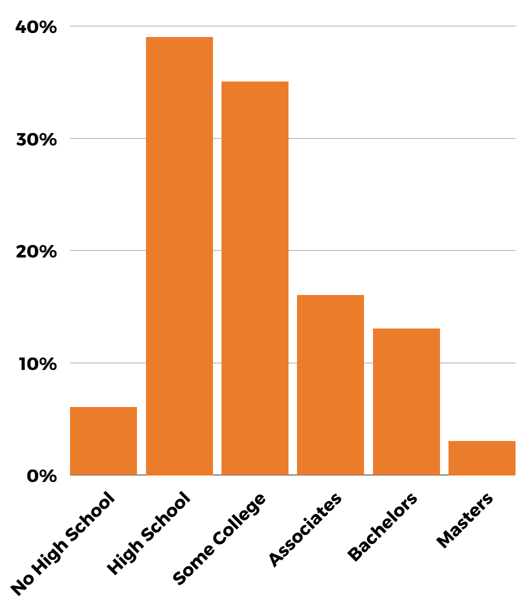
We show that low job quality is the result of the intersection of providing care for parents who are employed in precarious jobs with unpredictable schedules and childcare policies that fail to support minimal labor standards for home-based providers. Underfunded childcare subsidies fail to compensate providers for a wide range of the essential care work they routinely perform, including:

- Off-hour care
- Flexible care
- Caring for children with special needs
- Navigating safety requirements and online schooling during the COVID-19 pandemic

We interviewed 31 in-home care providers in Oregon who provide non-standard or off-hour care, of whom 30 provide care to at least one family with a state subsidy.[11] Nine provider interviews were conducted in Spanish. All the providers we interviewed were women, of whom 23% were Black, 45% Latina, 23% white, and 6% mixed race. The median age of providers interviewed was 43 years old, ranging from 30 to 70 years old.[12]



Three-quarters were licensed and one-quarter were license exempt, though regulated.[13] Their tenure as in-home based childcare providers ranged from 3 months to 27 years, with an average of 11 years. Four fifths of the sample took care of kids with special needs. Many participants in our sample were well-educated: one respondent earned her Master's Degree in Special Education, four earned their Bachelor's of Arts, five completed an Associates Degree and eleven attended some college. Eight participants completed high school and two did not.



The size of the programs varied. The average number of children each provider cared for was eight, though one provider cared for as few as two children and one as many as thirty nine. Those caring for a large enough number of children in multiple sites were less common: four providers ran child care programs with multiple locations while the rest operated in their own homes.

Differences in program size affect the provider experience, since providers working with staff may themselves experience fewer of the strains of off-hour care. Overall, because our sample is focused on in-home providers who specifically offer care during non-traditional hours, our findings are not representative of all child care providers in Oregon.

Our report focuses on the similarities that emerged among our responses, despite differences in the size of their program, educational background, and racial and ethnic identity. More research, with a larger sample of in-home providers is needed to investigate the potential significance of these differences.

II. IN-HOME CHILD CARE CENTRAL TO NATIONAL AND REGIONAL PLANS FOR THE FUTURE

The Biden administration's campaign plan for universal preschool calls for "mixed delivery"--including in-home providers, schools and child care centers, in line with the best practices recognition that one size does not fit all children or families. It also includes weekend, early morning and evening care, and incentives for providers to offer care during these hours.[14]

The state of Oregon passed the Student Success Act in 2019, dedicating at least $200 million a year in new revenues to early childhood programs, including the state's tiny, flagship programs, Preschool Promise and Baby Promise. Both Preschool Promise and Baby Promise rely in part on in-home child care providers, as does the state's Employment Related Day Care program, funded by federal block grant dollars supplemented by state funds, as described in greater detail below.[15] Also in 2019, recognizing the growing need for care during non-traditional hours, Oregon funded a pilot program to incentivize in-home providers offering off-hour care, which was enthusiastically received but short-lived.

Multnomah County's innovative, new, universal Preschool for All program has the potential to be a national model by offering free, universal, year-round and full-time care with a range of options available for families; guaranteeing living wages for providers and workers, with the potential for union representation; and creating dedicated funding with an income tax on the wealthiest 4 to 8 percent of households.[16] The plan calls for mixed delivery, with choices for families of setting, language, cultural approach and schedule, to best serve the range of community needs and preferences.[17] Preschool for All administrators are working hard to support participation in the program by Multnomah County's ethnically diverse population of in-home child care providers.

The dire need and ambitious plans for robust national, state and local child care systems that include in-home care providers require that new and better policies be enacted. Change is urgently needed in both the largely private sector, market-based approach to child care policy in this country, and in the specific treatment of in-home child care.

Contrary to the almost universal, international understanding that high quality and affordable child care is possible only with significant state investments, federal legislation governing public early childhood programs requires that rates and salaries be tied to current market rates. Yet, child care is a classic example of market failure. Markets underpay women and people of color, whose work has been devalued for centuries. Neither can markets effectively provide services that create high, society-wide gains that aren't captured by individual investors or purchasers of the service, even if they had the ability to pay.

The majority of families cannot afford to pay what is increasingly recognized as the true cost of providing high-quality, developmentally appropriate, safe, and reliable child care staffed by a professionally compensated workforce. Nor could families pay for universal K-12 education, which has been responsible for a tremendous part of the economic growth of the 20th century.

Oregon is currently implementing much needed changes for our largest program, Employment Related Day Care, but these improvements fall well short of the fix that is needed.[18]

III. OREGON'S PUBLIC CHILD CARE PROGRAMS RELIANT ON IN-HOME CARE PROVIDERS

Five public, early childhood education and care programs operate statewide in Oregon, generally combining funds from both the federal and state governments. In order of size, these are Employment Related Day Care, Head Start/Oregon Pre-kindergarten, Early Head Start/Oregon Pre-kindergarten, Preschool Promise and Baby Promise.

Of these five programs, in-home providers participate in three-Employment Related Day Care, Preschool Promise and Baby Promise-described in more detail in Appendix 2.

Employment Related Day Care (ERDC)

Funded almost two-thirds by the federal government and just over one-third by the state of Oregon, the Employment Related Day Care program helped off-set the cost of child care for an average of 7,385 families and 14,890 children, prior to the pandemic.[19] That number represented just one in seven eligible children, as resources have been so inadequate.[20] Families are eligible to participate if all parents are working and household income is below 200% of the federal poverty line, raised January 1, 2022 from 185%.[21]

In-home child care is an essential resource for ERDC recipients as it's relatively affordable and the primary source of ethnically diverse providers, care in languages other than English and care during non-traditional hours.

Nevertheless, ERDC has been paying in-home providers about half what it pays centers, per child, and sometimes less than that.[22] In case of infant care, an in-home care provider would need to care for four babies at a time, in order to earn the minimum wage for their region.

Subsidies for working families with low incomes are paid directly to child care providers, including in-home care providers. ERDC pay rates are set far below both the true cost of care and the true value of care, as defined by the economic returns to good child care.

Providers are directed to also charge ERDC families a sliding scale co-pay, though many report that they don't, as pre-pandemic co-pays were unrealistically high and unaffordable. Co-pays were temporarily waived for the pandemic, and reinstated at a lower level, beginning in October 2021, by 2021 House Bill 3073.[23]

Two other much needed improvements made in that 2021 bill were:

- Beginning to pay providers for the hours for which children are enrolled, rather than only the hours that they actually attended, as is true for children families not receiving ERDC, since the slots are reserved for them, and[24]
- Extending eligibility to non-citizens and for 12 continuous months, so that families would stop cycling in and out of eligibility as their work hours rose and fell, reducing administrative stress for both families and the state, and avoiding non-payment to providers for care for children before their families' change in eligibility was known.[25]

In the short February 2022 session, the Oregon legislature passed HB 4005, requiring increases in ERDC reimbursement rates, in order to come a bit closer to reflecting "the true cost of child care," rather than mirror a market driven by families' limited budgets.[26]

Head Start/OPK

Head Start is the well-regarded, fifty year-old, free, federal preschool program with significant support services for families, and available only to households with incomes below the very low U.S. poverty line, set for 2022 at $18,310 for a two-person family and $27,750 for a family of four, before taxes.[27] It's referred to as Head Start /Oregon Pre-kindergarten, because the state of Oregon provides more than half of the funding, 56 percent in 2019. Even so, the program reaches fewer than two-thirds of eligible children, and often with part-time, part-year programs, all based in child care centers, staffed by people with salaries that are generally low. The minimum hours required of participating programs are only 3.5 hours a day, for 160 days, or 560 hours a year.

Early Head Start

Also for families with incomes below the federal poverty line, Early Head Start is available for children aged 3 months up to 3 years old, as well as for expectant mothers. Funded almost entirely by the federal government, with just 2.5 percent of resources coming from the state in 2019, the program is small, reaching just over 2,000 children, or 8 percent of those eligible in that year. The minimum number of operating hours for participating programs is 1,380 a year, two and a half times the Head Start/OPK minimum.

Preschool Promise

Though tiny, Oregon’s Preschool Promise represented a model program in many respects when launched in 2016. It was designed to improve on the Head Start/OPK model, especially by:

1. beginning to pay providers for the hours for which children are enrolled, as is true for families not receiving ERDC, since the slots are reserved for them, rather than only the hours during which children actually attend, and expanding eligibility to families with incomes up to double the federal poverty line;
2. being “mixed delivery,” offering more choices of languages and settings - including in-home child care providers and culturally specific approaches;
3. aspiring to pay lead teachers comparably with kindergarten teachers, if they have a bachelor's degree and to encourage teachers to gain a college degree, with pay rates falling with educational attainment; and
4. providing regional administrative hubs to serve as intermediaries between the state and small providers, as well as provide professional development to providers and workers, in several languages.

Baby Promise

An even newer program, for children from 6 weeks to 3 years old,[28] Baby Promise, started up in the Fall of 2021,[29] and now has 169 slots in three regions, Central Oregon, the South Coast and Multnomah County, including 56 children with in-home care providers. Care is free, and includes the cost of food,[30] formula, diapers and wipes. In-home care providers represent 22 of the 39 participating programs, and 56 of the 169 children.

The hope is to develop a scalable program that increases the supply and quality of infant and toddler care accessible to families with the greatest needs and to allow children to maintain their placement in a high quality care environment with lower staff turnover than exists in child care generally.

Families are eligible to enroll if they are eligible for ERDC, and similarly is funded by the federal Child Care and Development Block Grant.

Multnomah County's Preschool for All (P4A) to Go to the Next Level

In the November 2020 election Multnomah County voted 2 to 1 to create a new, free, universal preschool program available year-round and on weekends. It's being described as a national model.[31] Building on the design of the Preschool and Baby Promise programs, families can choose in-home providers or other settings, as well as different schedules, languages and cultural approaches. Rather than pay in-home providers less per child than paid to centers and schools, as both ERDC and Preschool Promise do, it will pay providers according to the array of services offered.

The right for in-home providers to unionize without fear of employer intimidation is ensured by the Multnomah County Labor Harmony Policy, newly adopted in time for preschool contracts to be written. Finally, P4A is funded in a manner designed to decrease economic inequality, levying a local income tax on approximately the highest income 5% of households.[32]

All five of the state's early childhood programs will continue to operate in Multnomah County.

IV. UNSUSTAINABLE CONDITIONS FOR IN-HOME CHILD CARE PROVIDERS OFFERING ESSENTIAL CARE

Non-standard, Flexible, and Unpredictable Schedules for Providers of Critical Care

Parents working unpredictable and nonstandard schedules are likely to choose family child care providers as they are known to be more accessible, flexible, and affordable.[33] Hence, the providers also often work similarly long hours involving unstable and non-standard schedules. Of the providers we interviewed, 78% advertised that they provide off-hour care or non-traditional hours. Yet, whether advertised or not, all providers routinely altered their arrangements to provide care outside standard hours in response to parents' last minute requests. Like other workers in this situation, the providers we interviewed experienced negative consequences of schedule instability and long work days on their health, family and personal life.

Offering Much Needed Non-Standard Care

Relating her experience providing non-standard hours, Aurelia, a 30 year-old Latina working as an FCC provider for over a decade shared, "A lot of the families are low income families of color so they need those non-standard hours, just because they're working, you know, different shifts, not that typical nine to five job, but more of that early, early shift or that super late shift. They worked in grocery stores, warehouses, packing facilities, and even some working in the fields."

For many providers, non-standards hours became a part of their schedules in order to accommodate specific parents' requests and needs, offering night, weekend, early morning and late evening care:

"I open from 7 am to 6 pm...but I also have kids that I take care of at night, because their mom works' nights, so with them I start at 11 pm and [she] picks them up at 6 am, and as soon as they leave I go pick up the other kids..."

...in-home providers are especially suited to the flexibility that parents who work non-traditional hours need...

Julieta, a 33 year-old Latina providing childcare for the last five years told us: "I normally work from 6am to 6pm, but lately I have been taking care of kids whose parents work in the fields, and their work hours are very early. Now I'm starting to get kids at 4am." She continued: "I have a kid that comes on Saturdays although I only work Monday through Friday. I take care of him because his parents work in the field and I feel like it is hard for them to find someone to take care of their kid that day."

Kimberly, a 31 year-old white woman, noted that in-home providers are especially suited to the flexibility that parents who work non-traditional hours need:

"I've extended my hours in the past for like, people who work 12 hour shifts like first responders police officers, firefighters, people who work in the medical field like the hospital like in the hospital like a nurse or something like that because they usually work 12 hour shifts so I extended my hours for those children to be able to accept them, and that's something that a center can't do."

Though some providers said they stopped explicitly offering off-hour care, especially as they are not compensated extra for non-standard hours, they found themselves agreeing to special arrangements. Nicole told us:

"I used to provide weekend care, but not anymore. Families have tried to have a backup plan, but if they're like, "Hey I really tried and I can't find anybody," at that point I will provide weekend care. But it's not an every week thing."

Parents' Unpredictable Work Schedules Mean Providers have Unpredictable Schedules

In addition to offering non-standard hours for parents who need it, providers also find themselves working unpredictable hours due to last minute changes in parents' schedules. This is often the case because, as Monica explained,

> **"A lot of parents don't have a set schedule. It switches from week to week, and I accommodate them."**

Cheryl, a 70 year-old white woman providing care in her home for 8 years explained that a mother asked to bring her child at 6:30 in the morning but within a week her schedule had changed from 6:30am to 3:30pm to 10am to 7pm. This greatly extended Cheryl's day, as she was also watching other children who come in for early morning care.

Beyond accommodating parents' shifting schedules from week-to-week, providers were also flexible when parents' hours suddenly changed that day. Nicole explained:

"My hours are from 5am to 6pm, but I have a mom that's a nurse, and she tries to get off at a certain time, but she doesn't always get off. So I know that I'm going to have a couple of days until 10 at night. I try to work with my family the best that I can when it comes to being flexible."

Pilar also described a willingness to help a mother who had unstable hours:
“There was a mom that sometimes worked double shifts and they would let her know on the spot, no advance notice. And I understand, right? Now and then, why not help her?”

Muriel, a 57 year-old Latina’s work hours, too, reflected an inability to have a predictable schedule: “my hours are from 9am to 6pm but not everyone has the same hours, it rotates…for example, the child who leaves at 6pm usually comes at noon, and sometimes the kid that is supposed to come in at 9am gets here at 2pm.”

Notably, though Oregon is the only state to have a state-wide scheduling law, providers still reported high unpredictability of parents’ schedules.[34] One provider who had not heard of the Oregon FairWork Week legislation stated,

> “I’ve had a mom who, you know, one day she has a normal schedule but she may have to go in overnight, sometimes a double shift. And so it gets really difficult. That’s not their fault, that’s their employers’ fault. I really wish Oregon would set some type of rules so they have to have set hours. Like, why are their hours changing every week? You know your basic business hours aren't changing every week, so why are staff’s schedules changing? It makes it really difficult for families to find child care and secure child care.”

Why Offer Non-Traditional Hours?

We prioritized interviewing providers who offered off-hour care, who might be expected to be more flexible than other in-home providers. Although, as mentioned above, many who formally offered standard hours, worked non-standard hours in practice, in response to parents’ requests. Providers’ flexibility appears to stem not only from the need to maintain their clientele and thereby the provider’s income, but also from the emotional ties built between the parents, the children and the providers.

Elizabeth, a 59 year-old white woman reported this, saying:

"I know some family child care providers that are very strict with their hours, because it interferes with their family life. Like one [parent] worked late last night and would be here at seven this morning anyway so I had the child just stay the night. I'm really flexible. I was a single mom of six, so I understand about life and how life happens. There's a real need. I work with a high needs population that often works odd hours. The first year that we were open, I would say 90% of the families that we had were in homeless shelters or in domestic violence shelters. And all of them worked in fast food, so they worked all weird hours."

The parents' need for flexibility is not a coincidence, as a large number of in-home providers serve ERDC recipients, and with the very low income threshold to receive this subsidy, parents usually work minimum wage, low-quality jobs, with little job stability and irregular and unpredictable hours. The parents' precarity is passed along as in-home providers find themselves having to accommodate frequent scheduling requests to maintain their client bases. Providers are not compensated for the flexible hours that they offer, despite employers' increasing demands for workers to be "on call" without consideration for the costs for families and care providers.

"Currently I don't receive any extra pay for hours outside of my regular business hours. Most of the families that have needed those types of hours are paid by the ERDC subsidy program and they don't provide you anything extra for providing those...I do it already for families that I interviewed and that I really want to have in my program, but I would be even more willing to do it if there was a little more compensation and support from the state." (Kimberly).

Importantly, while Kimberly notes that her relationship to families creates some incentive for providing off-hour care, Monica notes that this is also a business decision: “We’re working out of a typical nine to five hour, and of course I don’t want to get up at 3am and open my door for kids, or have kids sleeping in my home…

> **“… but this is the sacrifice I have to make to keep the business afloat.”**

For some, choosing to provide off-hours care helped to ensure enrollment while also meeting the needs of families who work non-traditional schedules: “I started out doing that when I opened 20 years ago, because nobody does that. I thought, ‘I’m gonna get some kids.’” (Patricia, 63 year-old white woman). Like Kimberly, Kiesha’s experience was that low-income families were especially dependent on off hour care, but Kiesha noted the overrepresentation of people of color and particularly Black workers in low-income jobs with off-hour schedules, hence the need for the care she provided at a cost:

"Even though I was working from 4am to 10pm, I still only grossed $75,000, and after expenses, only had $27,000. Whereas a program that was only open from 8-5 with a caucasian face--I’m an African American woman, and barriers to enrollment are already difficult, and then our people always are working those odd hours, right?--people who don’t look like me don’t have to face those fears."

Finally, both empathy for the parents’ situations, usually connected to the providers’ own experiences as precarious workers, and emotional attachment to the children also play a role in the providers’ decision to accommodate non-standard schedule requests. For many, their relationship with the families they provide care for acted as a significant motivator to provide non-traditional and flexible hours: “I’ve gotten so close to the kids and I don’t want to let them down. I feel like kids don’t need more change, they need stability in their life.” (Diane, 40 year-old white woman with 12 years experience).

For those who had experienced single parenthood or difficulties arranging childcare themselves, empathy was a key factor in their decision to provide non-traditional and flexible hours. One provider commented on the challenges that working class parents face, and wanted to help ease their struggle:

"People come in here and I hear their heart and see what they're going through. I can't just give them the normal that everybody else is giving them. People are working hard trying to make it." (Bethany)

"I was a single parent. I've been there and I know what it feels like to either pay my light bill or put food on the table."

Poorly Paid: Low Rates Reinforced by State Subsidy Program, ERDC

While we know that childcare providers are among the lowest paid workers in the country, our research shows the ways in which state programs serve to shape and reinforce workers' low pay rates. While state programs allow parents to access affordable childcare and create a pathway for providers to obtain clients who they know will provide them an income, the low state subsidy rates effectively anchor in-home child care providers as low-income earners. The state is required by the federal government to base payment on "market rates," but the market is set by what parents can afford, rather than the true cost of care.[35] As business owners, in-home providers have the formal ability to set their own rates, but in practice, we found that the ERDC pay scale operates as an income ceiling for many providers. With few alternatives for work - especially work that could cover the cost of child care for their own children - many providers settle for very low rates as we describe below.

Subsidies Create Income Ceilings

Low ERDC rates came as a surprise to Luciana, a 32 year-old Latina who provides bi-lingual care, and who transitioned into childcare only three months before our interview: **“[ERDC] told me ‘you can charge whatever you want.’ But that’s not the case, because they only reimburse you for their rate…what I was not expecting was the pay through the state to be so low. I didn’t know it was close to $4.25 an hour.**" She continued:

> **"With what they’re giving me, I’m struggling financially myself.”**

Many providers shared that, like Luciana, it was difficult to make ends meet in this business. Though providers can bill at a higher rate than will be reimbursed, those we interviewed tried to limit the out-of-pocket fees charged to parents. Providers recognized that low-income parents eligible for assistance already struggle to make ends meet, and make choices to avoid financial conflicts with parents.[36] Many providers engaged in financial practices like Carla’s, a 42 year-old Latina who provided in-home child care for nearly two decades: **“I charge the pay set by [ERDC], and charge the same whether or not they have [ERDC].”** In this way, the state’s maximum reimbursement also becomes the maximum rate that many providers charge.

When asked what resources could make their work easier, providers were clear that better pay was a top priority:

> “What would make this work easier at this point is getting more funding. Some of us are still struggling. So, getting more funding, helping us to get wages. You know, a lot of providers aren’t able to have health insurance, and we’re not able to give our helpers a decent wage” (Regina, Black woman in FCC for 27 years).

The Rippling Effects of Low Wages

Accommodating low-wage parents and providing affordable childcare often put providers in difficult financial situations as they tried to maintain their business. Providers are simultaneously financially responsible for the often fixed expenses of providing care, yet they feel they must keep rates low for parents. Being a business owner means that in-home providers shoulder the high costs of housing, curriculum and care materials. Pilar, a 65 year-old Latina who has been an in-home provider for 16 years, worried about being able to pay for her expenses:

> "This is a job like any other, and I'm fighting to get paid more. One works for a lot of hours with the kids, and only $4 an hour? You can see it's nothing, it's too little. Personally I can't even cover my expenses, not even my rent."

Most commonly, the expense associated with hiring staff came up time and again, as providers noted that the low rates they charge make it difficult to provide competitive wages:

"Staff will potentially start leaving us because they can make more at McDonald's or pumping gas. We try to up our pay but we're not getting paid enough" (Monica, Black woman provider for about 12 years). Bethany, a 52 year-old Black provider explained how hiring another staff member is not always an economically viable choice, despite being beneficial to her childcare program: "It gets expensive when you think about it. It takes me two kids to hire one employee to make money on it. That's hard." Nicole, too, reported:

"DHS [ERDC] doesn't pay as much for my [geographic] area. I think the most they pay is $650 a month for full-time. And, I mean, if you do the math on how much it costs to pay another staff member, it's not a lot of money leftover. And that makes it hard. Our job is not an easy job. If I could pay my staff more I would, it's just, I also have to pay my bills." (Nicole, Mixed-race woman provider for 12 years).

The cost of providing in-home care became even more untenable during COVID, as providers found themselves required to meet new, time-consuming cleaning requirements with little resources. As Kimberly, a 31-year old white woman caring for 15 children told us, “[the] financial hits from COVID [were] due to restrictions and costs increasing, and cleaning supplies running out. The state did send some PPE two or three times throughout the last year but even what they sent, I mean, it didn’t last long. It wasn’t, you know, it wasn’t enough to sustain a childcare program.”

Improper Pay and Red Tape

Another way in which providers experienced inadequate pay was through bureaucratic processes that made it difficult to get ERDC reimbursements. This happened because of challenges with paperwork and the difficulty of ensuring copay payments, inability to receive the accurate reimbursement rate for the services provided, and issues when parents’ eligibility for the subsidy changed without notification to the provider.

Some providers shared that the extra bureaucratic burden connected to servicing parents who receive subsidies led them to stop accepting them as clients. Muriel explained:

“In the past I have done it [provided care for ERDC recipients] but I didn’t like it. It was too much paperwork. Not only the paperwork, my paycheck was always late. So now when they say I would be paid by the government I say no. I’m really sorry but no.”

Beyond the excess paperwork involved, providers were not guaranteed the recipient would pay the copay. When they would not or could not waive this additional income, the provider received no support to ensure parents properly pay the required copay. This put the provider in complicated situations and led some to stop working with those who receive the subsidies. Pilar, a 65 year old Latina, a provider for 16 years, said: "I had to stop caring for kids under the governmental programs because I had too many issues getting the parents to pay the co-pays."

Providers also faced barriers to obtaining the higher rates reimbursed by the ERDC program for children with special needs. For one, providers noted that though they may feel a child should qualify for a higher rate because of their special needs, parents must go through a process of documenting the special need. For children who are not already documented as having a disability or special needs, bringing this to the attention of a parent is a "sensitive issue." Some providers believed that children may have special needs and found that parents were resistant to believing them. One provider stated: "I believe this child has special needs, but I think the parents were in denial. And when I brought it up, they never brought him back. Finding out years later, someone else told me they did that to another daycare provider. They really just didn't want to. They were in denial about it."

While some parents did acknowledge their child had special needs, they did not go through the paperwork needed to document this: Providers reported that even in cases where they could be compensated at a higher rate, for children with special needs, bureaucratic red tape often led to providing care at a lower than appropriate rate: "Oh my gosh, it's a whole process...

"My one child has ADHD but I'm not getting the ADHD rate. I haven't been compensated for all the kids who have ADHD and autism."

> "...And then if it gets dropped, the ball gets dropped somewhere. It just gets lost in the hole. Sometimes it takes months. And then if that one person isn't there to do something for a month, it doesn't get done."

Moreover, throughout the process providers do not receive back pay, even if the child does qualify for the special needs rate: "You lose a lot of, say, if we're doing a child that enrolled this month, it would take several months before I would even start getting compensated for even caring for that disabled child or a child with behavior issues, because the state just takes so long, and they don't pay back[pay]."

For licensed providers caring for school-aged children, the loss of income that results from a child not appropriately subsidized at the rate for special care is as much as $500 per month, a significant loss to a business operating on the edge of viability.

Working Unpaid for Extra Hours or at a Lower Rate than Warranted

Providers described many situations when they worked for free. When the ERDC program would not cover particular children or set limits on how many hours a parent was eligible for reimbursement, providers had to make difficult decisions about rejecting parents' requests, or working unpaid.

For example, one provider who cared for the children of a parent for many years expressed to the child's mother that she does not need to be in her care anymore, given the child would soon be turning 13 (making her ineligible for a child care subsidy through ERDC). The provider attempted to reassure the parent, "She's fine, she's a really good kid." She explained to the mother that if she kept her child in care, "you are under the part time rate of what DHS would pay, and so you would owe $200 a month."

The parent responded, “I can’t afford that,” and continued, “if she’s at home she’s getting into trouble. If she goes here I know that she’s safe. I rather her be here if you don’t mind.” The provider complied, stating “I literally take it as a loss. You’re going to school in the summer, they’ll pay the part time rate so I’m going to just take it as a loss. I could charge her, but I know that she’s a single parent and I know that she’s struggling so I just eat it, I just take it as a loss.” Many providers mentioned waiving the co-pay for parents who they know already struggle financially. Colette, a 66 year-old Black women in FCC for 20 years told us:

"Over the years I've lost a lot of money because I seldom charge co-pay, they can barely afford, you know, so I don't charge co-pay.”

In another example, a provider explained how she only charged half of the copay due to the financial situation of the parent, a single mom whose ERDC subsidy only covered one of her two kids:

“This single mom, she would have to pay $715 of copay, because she has two kids but DHS is only covering one, and she can’t make ends meet, so since the other kid is in school, I help her and only ask for half of the copay, actually less than half, basically I only ask for $300...” (Inés, Latina, 39, 8 years in FCC)

Other providers take financial losses by providing overtime care without charging a higher rate: **“After the 10 hour mark there’s an overtime rate. I tend not to charge them just because I see that they’re working. I have a parent who literally works 15 hours a day and I don’t charge them the overtime fee because I see the struggle.”** (Nicole)

V. POLICY RECOMMENDATIONS

Non-Traditional, Irregular and Unpredictable Hours

Three strong findings clearly emerge from the experiences of in-home providers caring for children during non-traditional hours:

1. It’s personally and financially costly for providers to care for children during “off hours”. Their workdays are lengthened, their hourly incomes are reduced and their family time is squeezed.
2. The rise of irregular and unpredictable work schedules for parents negatively impacts providers, who pick up the slack, extending their own workdays with little notice and, again, reducing their hourly income - sometimes to zero.
3. The inadequate pay structures of our public child care programs have not adapted to the reality of care providers’ extended days and reduced incomes associated with care during non-traditional, irregular or unpredictable hours.

These findings inform several policy recommendations at the federal and state level.

Changes Needed to Support Child Care During Non-Traditional Hours

Federal Policy

- Enact higher pay requirements for workers in all fields scheduled during non-traditional hours, as is the case for Australia's minimum wage workers, and as U.S. federal law does for overtime.[37] Non-traditional hours are those between 6 pm and 8 am, and on weekends.

- Enact new provisions in federal wage and hour law for workers in all fields, regulating the scheduling of work, by requiring higher wages for any hours scheduled with less than two weeks notice, and a higher wage still for any hours worked with less than 24 hour notice. Penalties should be implemented for scheduling shifts with fewer than 10 hours between them.

- Require higher rates to be paid contractors, including child care providers, who are paid in whole or in part with federal dollars, for services provided during non-traditional hours, and more for hours requested at short notice.

- Build toward a low-cost, high quality, mixed-delivery, year-round universal child care program that is available around the clock, as was available in some places for the children of war workers during World War II.

Oregon Policy

In the absence of new federal labor legislation, Oregon should update its own, to:

- Strengthen Oregon's Predictive Scheduling Law[38] by
  - Expanding to all industries, not just retail, hospitality and food service,
  - Guaranteeing minimum weekly hours,
  - Extending to employers with fewer than 500 employees, and
  - Eliminating the voluntary standby list and the option of employees to waive their rights to predictability pay

- Require higher pay for all workers during non-traditional hours, as described above, in the absence of federal action.

- Make permanent and improve the state ERDC pilot program of paying an hourly incentive to provide care during non-traditional hours, extending to all child care providers receiving state dollars. Include a new requirement for higher pay for hours provided on short notice.

Additional Changes Needed to Improve the Child Care System, Raising Labor Standards and Improve Job Quality for In-Home Providers: Federal Level

- Plan for a U.S. program of free or very low-cost, sliding scale, universal child care available year-round and around the clock, with significantly higher pay to care workers and providers, reflecting the true cost and value of child care.

- Enact the Build Back Better bill, including subsidized child care for most families, a permanent child tax credit, free universal preschool and national paid family leave of at least 6 months with a plan to extend to a year, in all cases with an additional 3 months available only to fathers.

- Establish a wage floor for all providers and workers in federally supported programs, to raise pay and incomes to the level of kindergarten teachers.

- Remove from the Child Care and Development Block Grant, the inappropriate requirement that federally supported child care be paid at the market rate, and replace it with the requirement that care be valued at the true cost of high quality care. Market failures result in prices that do not correctly capture the value and cost of public goods, and cannot be relied on.

- Build, purchase or renovate public facilities for child care as part of our critical physical infrastructure, ensuring that these are at least as geographically dispersed as public schools, for access, equity and environmental reasons.

- Adopt nationally the improvements Oregon has made to ERDC, so that federal dollars subsidizing child care nationally pay in-home providers for enrollment, rather than attendance; co-pays are low; all resident children are eligible; eligibility lasts for 12 months at a time; and providers are paid the true cost of care.

Additional Changes Needed to Improve the Child Care System, Raising Labor Standards and Improve Job Quality for In-Home Providers: State Level

- Monitor new ERDC subsidy rates, and increase them again if necessary to ensure pay rates cover the true cost of care, are sufficient to cover living wages and benefits for all child care providers and workers, and ensure payment for all hours worked.

- Provide or increase incentive pay to in-home providers offering care to children with special needs and in languages other than English, at a rate commensurate with the value being provided.

- Provide support for professional development, the acquisition of business skills, materials and equipment to in-home care providers, as was done during World War II.

- Develop shared services for in-home providers, including a substitute teacher pool, insurance and benefits for employees.

- Plan to implement a program inspired by the Province of Quebec's introduction of Child Care for $5 a Day for 4 year olds 25 years ago, which has since expanded to child care for children from 0 to 12 for $8.50 a day.

- Require higher rates be paid contractors, including such as child care providers, who are paid in whole or in part with state dollars.

- Invest in childcare infrastructure by developing public facilities.

- Incorporate child care into Oregon's statewide housing plan, Breaking New Ground, so that child care is considered in all plans for emergency, transitional and affordable rental housing, as well as for facilitating home-ownership.

State Level Continued

- Improve renter protections for in-home providers who rent their homes and premises, and add in-home providers to the groups that qualify for low-interest rates loans for home ownership or lower down payment requirements.

- Raise pay rates in Head Start/OPK, Preschool Promise and Baby Promise, so that all classroom staff are paid a living wage with benefits, and public programs no longer anchor the wage floor of child care workers to the lowest 2 percent of occupations.

- Combine Oregon's unused Head Start part-time slots into full-time slots needed by working parents.[39]

- Expand program eligibility by raising the maximum income threshold for families' eligibility for the subsidy.

- Regularly fund evaluations of Oregon's child care programs.

- Follow the example of Multnomah County by adding higher tiers to the Oregon Income Tax, to expand both Preschool Promise and Baby Promise into a system of free, universal, year-round, full-day programs, with extended days and care during non-traditional hours.

- Extend Oregon's Paid Family Leave to at least 6 months, with a plan to go to a full year, and an additional 3 months available only to fathers in each case.

VI. CONCLUSION

In-home child care providers play a critical role in our current child care system and in the new initiatives developing at the federal, state and local level. We need public programs for universal child care; the private sector can not and will not provide high quality, affordable, decently paid child care for all the families that need it. Universal programs produce the strongest outcomes, and enjoy the level of political support required for sustainability.

The U.S. led the world in the development of public K-12 education, and reaped the rewards in economic growth. Now we lag in early childhood education and care, but can catch up. We have the example of our neighbor, Canada - much like us in many ways - now providing federal support to extend Quebec's 25 year-old program for Child Care for $10 a Day to the rest of the country.[40]

It is critical that our federal government quickly starts building the child care system needed by our children, families, communities and economy, however states can contribute, too. Already, Oregon is taking important steps in this direction, and Multnomah County's Preschool for All program appears to be the best-designed model for universal preschool in the nation. The State of New York may up the ante; putting itself "on a path to reach a full, universal system in which all people are eligible for subsidized child care."[41]

We must create a public system that recognizes the value of early childhood education and care; professionally compensates and supports preschool and child care workers and providers; offers families a full range of choices to create the best fit for each child; and equitably funds the new child care system by taxing those who can comfortably pay and have benefited disproportionately from the past several decades of economic policy.

We can't continue to overlook the impact on child care providers, especially in-home care providers, of the child care needs of families whose members are increasingly working irregular, unpredictable and non-traditional hours. These providers must be better supported, financially and professionally.

For too long, child care providers have subsidized the child care demands of the state and nation, paying a big price personally and financially to care for our children and our future.

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APPENDICES

Table A1: Types of In-Home Care Providers in Participating in Oregon State Programs[42]

	Certified Family Child Care	Registered Family Child Care	Regulated Subsidy Providers[43]
License Type	Licensed	Licensed	License Exempt
Representation	Oregon AFSCME Local 132, Child Care Providers Together[44]	Oregon AFSCME Local 132, Child Care Providers Together	SEIU Local 503, The Child Care Workers Union[45]
Number of Children Permitted at a Time	16	10[46]	3 (not including provider's children)
Training Requirements	Training required before license; annual renewal	Training required before license; biannual renewal	Training requirements vary[47]
Primary Language other than English	15 percent	35 percent	Unkown
Subsidy Participation	ERDC, Preschool Promise, Baby Promise	ERDC, Preschool Promise, Baby Promise	ERDC

APPENDICES

Table A2: Oregon's Public Child Care Programs Incorporating In-Home Providers

	Employment Related Day Care	Preschool Promise	Baby Promise
Age of Children Served	0 through 12, or up to 17 with special needs	3 and 4 year-olds	Under 3
Family Eligibility	Family Income < 200% of Federal Poverty Line to Enter Program* May no longer participate when income > 250% of Federal Poverty Line* All Parents Employed If 2 parent household, must have overlapping Work Schedules	Family Income < 200% of Federal Poverty Line	Family Income < 200% of Federal Poverty Line
Co-Pay Required	Yes**	No	No
Participating Providers	Family Members License Exempt Providers License In-Home Providers and Centers	Licensed In-Home Providers and Centers Oregon Pre-K and Head Start Centers Public Schools	Licensed In-Home Providers and Centers Oregon Pre-K and Head Start Centers Public Schools
Number and Percent of Eligible Children Served	14,890 (15%) in 2019	3,800 (8%) in 2020-2022***	169 in Fall 2021
Hours Available	Most providers offer year-round care, some offer non-traditional hours	Kindergarten School Day and School Year	Most providers offer year-round care, some offer non-traditional hours

*Raised from 185% of Federal Poverty Line as of January 1, 2022 **Co-pays waived during first 18 months of pandemic, reinstated at a lower level.
*** Personal Communication, March 24, 2022, Molly Day, Early Learning Director, Early Learning Multnomah.

ABOUT

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Since its inception in 1977, the Labor Education and Research Center (LERC) at the University of Oregon has been dedicated to the presence of a strong, inclusive union movement as an integral element of a just and democratic society. By integrating education, research, and public service, LERC helps to ensure that workers have the skills and support that they need to participate meaningfully in their workplaces and communities. LERC faculty conduct applied research and consult in areas such as labor sector analysis, curriculum development, labor standards and employment policy, race and gender equity in the workplace, and worker health and safety.

ABOUT THE PROJECT FOR MIDDLE CLASS RENEWAL (PMCR)

The Project for Middle Class Renewal's mission is to investigate the working conditions of workers in today's economy and elevate public discourse on issues affecting workers with research, analysis and education in order to develop and propose public policies that will reduce poverty, provide forms of representation to all workers, prevent gender, race, and LGBTQ+ discrimination, create more stable forms of employment, and promote middle-class paying jobs. Each year, the Project publishes critical research studies and holds education forums on contemporary public policies and practices impacting labor and workplace issues.

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