

# The State of New York's Children



## DATA BOOK 2024

SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY



*for Analysis and Advocacy*  
*Shaping New York State public policy  
for people in need since 1872*

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## Family Well-Being in New York State: Overcoming Barriers, Transforming Systems, and Creating Opportunity

At Schuyler Center for Analysis and Advocacy, we take a data-driven approach to identify problems, generate policy solutions, and hold government accountable. The *2024 State of New York's Children Data Book* kicks off our upcoming advocacy year with a data snapshot of the well-being of New York's children and families. Having good data is imperative to identifying the right solutions.

Within this book we seek to answer the questions: Who is being left behind? Where are the opportunities to support families? What are the most important issues impacting parents and children? How can we meet today's challenges and create a New York State in which every child has the opportunity to thrive? Above all, we lay out a vision for New York State that supports strong families, thriving children, and vibrant communities.

From poverty reduction to child health, from child care to child welfare, you'll notice themes that emerge across issues: affordability of housing, child care, food, and other basic needs; inequities based on race, ethnicity, immigration status, and gender holding families back; benefit cliffs and other barriers that keep people from gaining ground; and workforce shortages that impact everyone. These are all systemic problems that require systemic solutions.

We know that investment and improvements in key policy areas can transform lives, increase opportunities, and eliminate barriers to well-being. At a time when families are leaving New York, the right investments can keep families here: learning, growing, playing, working, and contributing to the future of our state.

Healthy children and supported families are the foundation of a thriving society—these are the investments that pay off for everyone, now and for generations to come. No matter the fiscal challenges facing New York State, our children should never be denied the services and supports they need to thrive, especially those children from low-income, Black, brown, immigrant and other historically marginalized communities.

### Goals for Child and Family Well-Being

The data and recommendations within the Data Book support the following:

- ▶ **Goal 1: Child Poverty Reduction** — Reduce child poverty and racial inequity, starting by ensuring robust tax credits, housing, and nutritional supports reach all families, no matter where they were born.
- ▶ **Goal 2: Child Care** — Make a substantial and sustained investment in New York's child care workforce and extend the promise of care to all children in our state.
- ▶ **Goal 3: Children's Health** — Expand and increase investment in child and family health, including in mental and oral health, as well as in health coverage systems to ensure children have consistent, reliable access to health care.
- ▶ **Goal 4: Child Welfare** — Transform the child welfare system by investing in policies that foster transparency and accountability, prevent system-involvement and unnecessary, harmful family separations, reduce institutional placements, and support child, family, and community well-being.

Our children make up a fifth of New York's richly diverse population. Across the state, more than half of children identify as brown and Black and almost a third speak a second language at home.



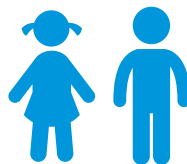
## NEW YORK STATE'S CHILDREN

**4,128,443**

NUMBER OF CHILDREN  
UNDER AGE 18, 2022

**20.6%**

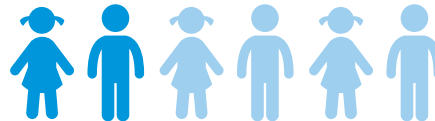
CHILDREN AS A  
PERCENTAGE OF NEW YORK'S  
POPULATION, 2022



**1,121,872**

NUMBER OF CHILDREN  
UNDER AGE 5, 2022

**37.5%**  
**[1,418,000]**



CHILDREN IN IMMIGRANT FAMILIES, 2022

*Newly  
Arrived  
Immigrants*

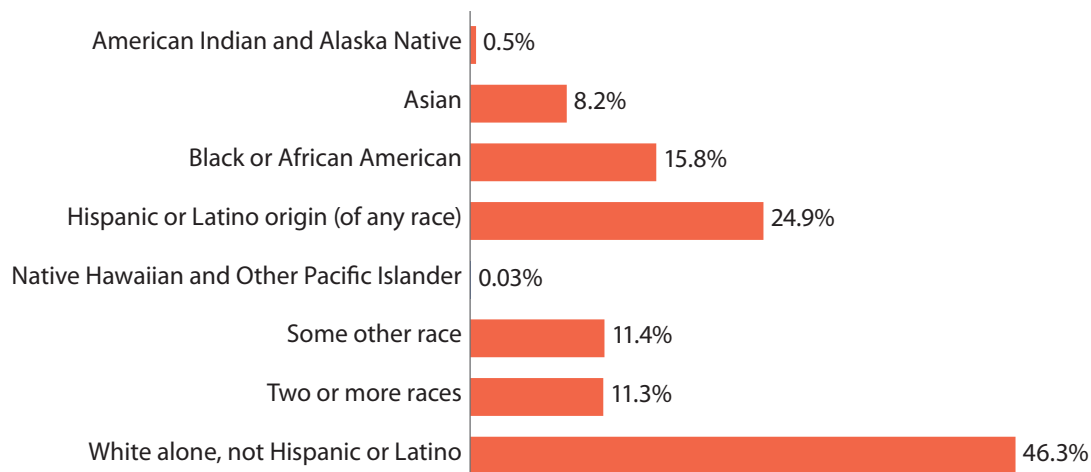
During the period October 1, 2022 through August 2023, approximately 150,000 immigrants have newly arrived in New York, many fleeing violence in their home countries. Among them are more than 30,000 children, nearly a third of whom are babies and toddlers under the age of five.

**9,800** Age 0–4

**12,049** Age 5–11

**8,244** Age 12–17

### Children Under 18 in New York State by Race/Ethnicity, 2022



\*For all sources and computations, go to <https://bit.ly/NYSchildren>

# A State Commitment to Reducing Child Poverty

## The Promise

No child in New York State should grow up enduring the hardships of poverty. Recognizing this, New York leaders passed the landmark Child Poverty Reduction Act, committing in statute to cutting child poverty in half by 2032. Now it is time to make good on this promise and fight child poverty, support the economic stability of families, and set up all the state's children to thrive.

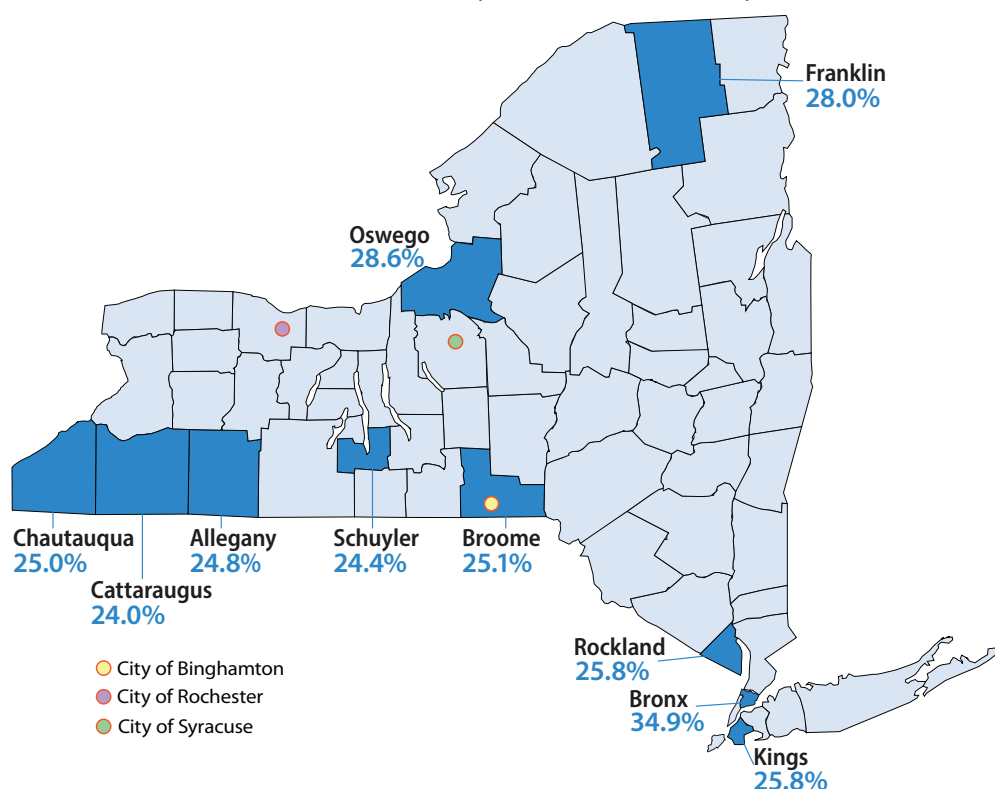
## The Challenge

New York State has repeatedly, over time, made the policy choice to allow hundreds of thousands of children to experience poverty. There are serious consequences to this choice: evidence shows a lack of economic resources for families compromises children's ability to grow and achieve adult success, hurting them and our communities.

## What We Know

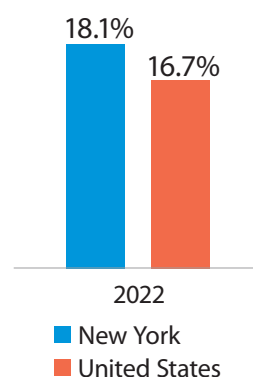
Child poverty in New York State exceeds the national rate, as it has for more than a decade. In 2022, approximately 734,756 children, over 18%, experienced poverty, as measured by the Federal Poverty Level.<sup>1</sup> Those rates are significantly higher in many areas around the state—some urban, some rural, some suburban. For instance, nearly 35% of children in Bronx County and more than 28% in Oswego County live in poverty.<sup>2</sup> Among the large New York cities with the highest child poverty rates in New York are Syracuse (46%), Rochester (42%), and Binghamton (41%).<sup>3</sup>

**The Ten New York Counties With the Highest Rate of Child Poverty in the Past 12 Months as Measured by the Federal Poverty Level, 2022<sup>4</sup>**



**Source:** U.S. Census Bureau. Poverty Status in the Past 12 Months American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701.

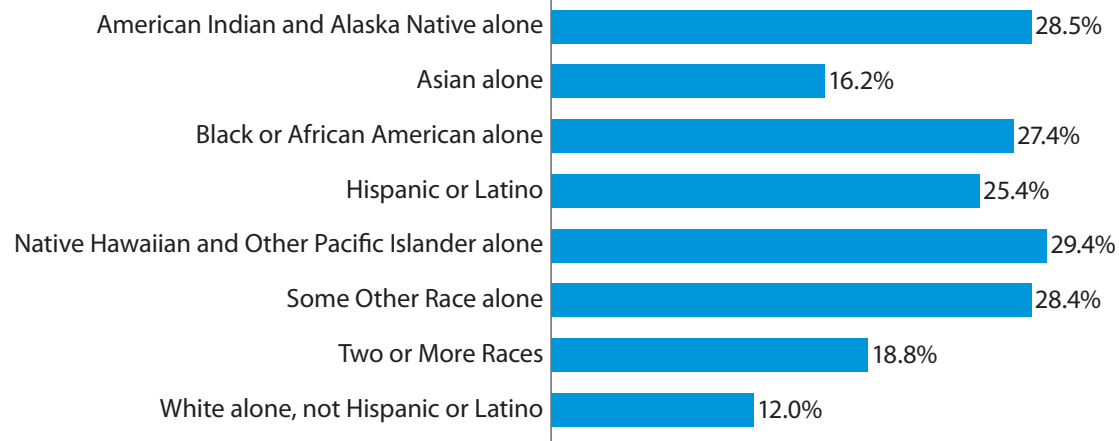
**Children Under 18 Living in Poverty (Federal Poverty Level)**



**Source:** U.S. Census Bureau. Poverty Status in the Past 12 Months American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701.

The impact of systemic, historic, and ongoing racism embedded in housing, education, employment, and other systems is reflected in the relative rates at which children experience poverty based on their race. Public policy solutions must be shaped with intention to address the root causes of these disparities and bring an end to poverty for all children.

### New York Children in Black, Hispanic/Latino, and Multi-Racial Families Experience Poverty at Much Higher Rates Than Non-Hispanic White Children—Results of Longstanding Racial Inequities, 2022



**Source:** Computations by Schuyler Center based on U.S. Census Bureau's American Community Survey, ACS 5-Year Estimates Detailed Tables.

## Policy Solutions

Government has the capacity to quickly and sharply reduce the number of children experiencing poverty. This was made particularly clear when a 2021 temporary expansion of the federal Child Tax Credit resulted in a nearly 50% reduction in child poverty nationwide, and in New York State.<sup>5</sup> The federal government allowed the CTC expansion to expire, resulting in a steep tax hike for middle and low-income working New York families with children, coming just as food, gas, and housing costs had skyrocketed, leaving many families struggling to pay household bills.<sup>6</sup>

In the absence of federal action, New York State must take the lead to become a family-friendly state by supporting families and meeting its child poverty reduction goals.

Proven solutions to support families and combat child poverty include providing:

- ▶ Child care assistance to *all* families that need it, regardless of immigration status, and free from unnecessary administrative burdens;
- ▶ Robust, refundable tax credits and cash assistance;
- ▶ Continuous Medicaid coverage for children 0-6 years old; and
- ▶ Housing and nutritional supports for all families, no matter where they were born.

<sup>1</sup> U.S. Census Bureau. (2022). *Poverty Status in the Past 12 Months. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*.

<sup>2</sup> U.S. Census Bureau. (2022). *Poverty Status in the Past 12 Months. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*.

<sup>3</sup> U.S. Census Bureau. (2022). *Poverty Status in the Past 12 Months. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*.

<sup>4</sup> The U.S. Census Bureau measures poverty two ways. The Federal Poverty Level (FPL) is the "official" measure. It looks solely at income, without regard to other incoming measures. The Supplemental Poverty Measure (SPM)—considered more accurate by many—takes into account family resources and expenses in addition to income, including geographic variation and the value of benefits like refundable tax credits. United States Census Bureau. 2017. *Measuring America: How the U.S. Census Bureau Measures Poverty*.

<sup>5</sup> Wilson, D., Collyer, S., Hardy, B., and Wimer, C. (2023). *State-Level Poverty Impacts of the Child Tax Credit in 2021. Poverty and Social Policy Fact Sheet*.

<sup>6</sup> Coalition of Human Needs. (2022). *Household Pulse October 5 – 17, 2022 (Week 50) Food, Household Expenses, Rent, And Utilities Hardship Data For All States*.

\* For all sources and computations, go to <https://bit.ly/NYSchildren>

# Tax Credits to Help Families Make Ends Meet

## The Promise

Robust tax relief for New York's families, especially those earning the lowest incomes, is among the most effective and equitable ways for New York State to fulfill its commitment to reduce child poverty and support family economic security.

## The Challenge

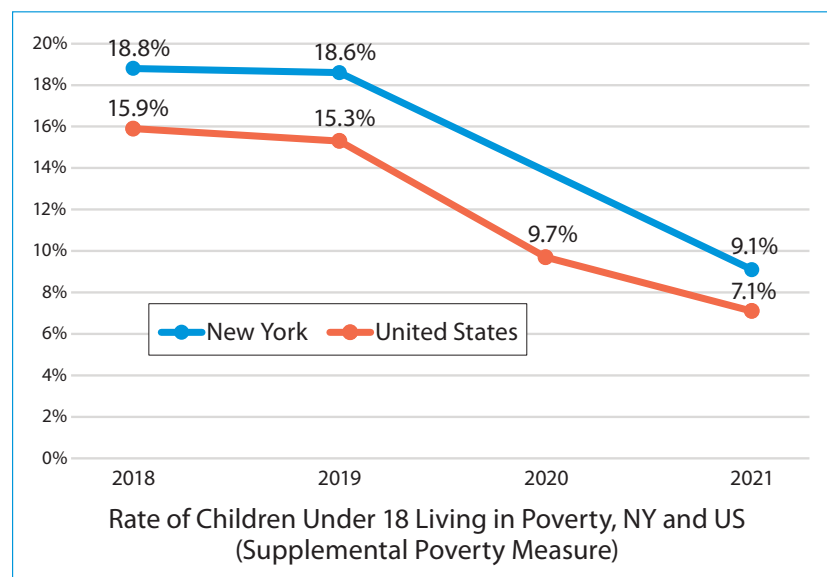
Faced with stubbornly high inflation and record high food costs, families across New York State are struggling to make ends meet.<sup>1</sup> At the same time, COVID-19 pandemic relief initiatives have been rolled back, including expanded SNAP benefits, school meals, and enhanced child tax credits. For more than a decade, New York's child poverty rates have been among the highest in the nation.

## What We Know

New York families need relief. Meaningful, refundable tax credits for families can provide that relief, enabling families to meet immediate needs and deliver long-term benefits. Extensive research shows that cash and near-cash benefits (such as tax credits) improve children's health and educational outcomes, increase future earnings, and decrease costs in the realms of health care, child protection, and criminal justice.<sup>2</sup>

We now have powerful evidence confirming the effectiveness of child tax credits from the 2021 pandemic expansion of the federal Child Tax Credit. That expansion—which increased the credit, particularly for low-income families, and paid it out monthly—dramatically and quickly cut child poverty nearly in half nationally and in New York State. Congress allowed the expanded federal child tax credit to expire, ending that relief for families. As a result, in 2022, nearly all but the wealthiest New York families with children paid more in taxes; many of the state's lowest income families received no federal or state child tax credit.

## The Temporary Expansion of the Federal Child Tax Credit and Other Pandemic Supports Caused Child Poverty Rates to Plummet in New York and the Nation<sup>3</sup>



The U.S. Census Bureau measures poverty two ways. The Supplemental Poverty Measure is considered by many experts to be more accurate and comprehensive because it takes into account family resources and expenses not included in the official measure, geographic variation, and the value of in-kind benefits like nutritional assistance (SNAP), subsidized housing, home energy assistance, refundable tax credits. In contrast, the official poverty measure looks solely at income, without regard to other incoming resources.<sup>4</sup>

**Source:** U.S. Census Bureau. State by Age SPM Rates: 2009-2019, and 2021. American Community Survey, ACS 1-year estimates.



New York State has two refundable tax credits for families: the state Earned Income Tax Credit (EITC) and the Empire State Child Credit. The current structure of both excludes the lowest income families from receiving the maximum credit through their use of an income-based phase-in which results in those most in need of financial support receiving the smallest credit, or none at all. Further, New York's EITC excludes immigrant taxpayers who file using an Individual Taxpayer Identification Number (ITIN) rather than a Social Security Number.

### NYS Empire State Child Credit, 2021



**1,294,855**

Total claims



**\$421**

Average credit for family



**\$330**

Maximum credit per child



Families living in extreme poverty **excluded from receiving the full credit**

### NYS Earned Income Tax Credit, 2021



**865,844**

Total claims, 1 or more qualifying children



**\$980**

Average credit family / 2 children



**\$1,794**

Maximum credit family / 2 children



Young, childless adults 18-24, New Yorkers living in extreme poverty, and many otherwise eligible immigrant New Yorkers **excluded entirely from credit**

**Source:** NYS Department of Taxation and Finance. Empire State Child Credit Study by Filing Status.

**Source:** NYS Department of Taxation and Finance. Earned Income Tax Credit (EITC) Claims by Credit Type and Size of Earned Income.

## Policy Solutions

To make New York more affordable for all families, and fulfill the State's child poverty reduction commitments, the State must act this year to expand and strengthen its tax credits for families.

New York State's design of tax relief for families limits their power to reduce child poverty and entirely excludes many children whose families are unfairly burdened with taxes and in the most dire need of economic support.

Providing tax relief for low-income families is a matter of equity. Financial hardship disproportionately impacts children and families of color. In fact, Black children in New York State are more than twice as likely to live in poverty as their white peers.<sup>5</sup> New York can and must strengthen its tax relief for families by:

- ▶ Ensuring the maximum state child tax credit reaches the lowest-income New Yorkers and increasing the credit amount to meaningfully impact family budgets; and
- ▶ Strengthening the EITC so all working New Yorkers may access the credit, including those filing with an ITIN.

### Lived Experience: Child Tax Credits



With the Child Credit, I could shop for my family every two weeks, instead of having to plan everything around once a month, which was much less flexibility. Over time, I have been able to depend less and less on community services. I have been able to plan more and be more consistent. That makes me feel more sufficient and independent and also makes my kids feel that way, because it is true.

—Candace Cabral, parent advocate and member of the Child Poverty Reduction Advisory Council, on the impact of the expanded federal Child Tax Credit

<sup>1</sup> United States Government Accountability Office. (2023). *Food Prices: Information on Trends, Factors, and Federal Roles*.

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. (2019). *A Roadmap to Reducing Child Poverty*. Washington, DC: The National Academies Press.

<sup>3</sup> Collyer, S., Hardy, B., Wimer, C., & Wilson, D. (2023). *State-Level Poverty Impacts of the Child Tax Credit in 2021*. Poverty and Social Policy Fact Sheet.

<sup>4</sup> U.S. Census Bureau. (2022). *Measuring America: How the U.S. Census Bureau Measures Poverty*.

<sup>5</sup> Schuyler Center computations based on U.S. Census Bureau's American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17001B. For all sources and computations, go to <https://bit.ly/NYSchildren>

# Keeping the Youngest New Yorkers Insured

## The Promise

When a child has uninterrupted health insurance coverage, parents can access regular check-ups, scheduled vaccines, and preventive health services for their child, setting them up for a healthy start.

Medicaid and Child Health Plus (CHP) provide that coverage for nearly half of New York children. The State can ensure the youngest New Yorkers remain covered by providing continuous Medicaid and CHP eligibility from birth to age six.

## The Challenge

New York is a leader in providing affordable, comprehensive health insurance coverage to children mainly by providing broad access to Medicaid and CHP, which cover nearly half of New York children. These are public insurance programs funded by federal, state, and local dollars. Gaps in coverage are problematic for children for many reasons—missed checkups, untreated asthma, and conditions that become severe when they could have been prevented.<sup>1</sup>

National data show the uninsured rate among children fell between 2020 and 2022.<sup>2</sup> This is primarily due to special rules invoked during the pandemic to protect Medicaid and CHP enrollees from losing health coverage, including the Medicaid continuous enrollment provision, which prevented states from disenrolling people from public insurance coverage during the pandemic emergency. This helped stop “churn” among enrollees, which is the temporary loss of coverage in which enrollees disenroll and then re-enroll within a short period of time. Churn often happens during renewal periods.

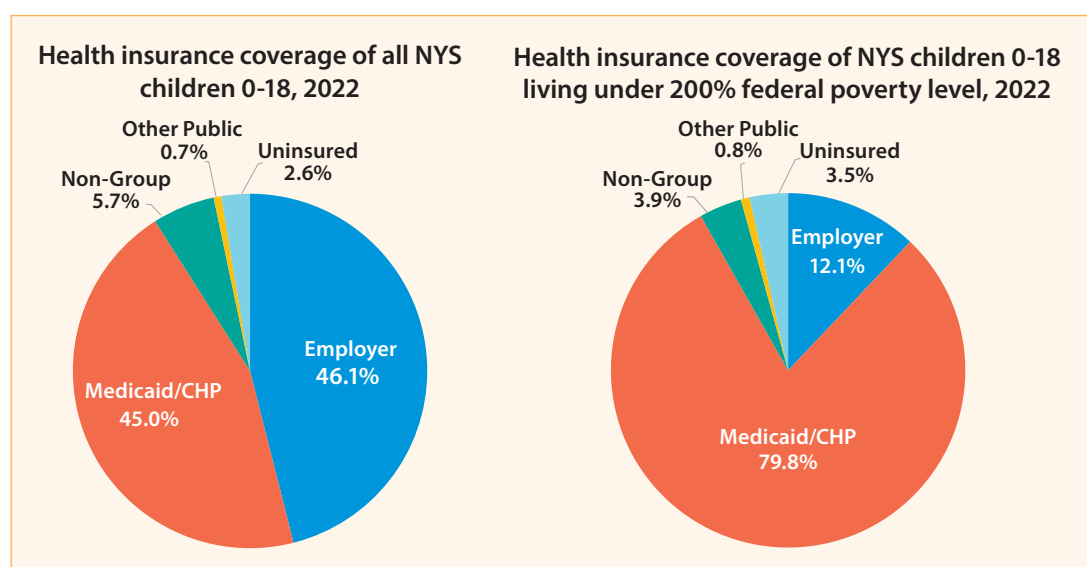
New York State is in the process of resuming the annual renewal process for Medicaid, CHP and the Essential Plan. Data show that many people have lost coverage in the renewal process.

To implement continuous coverage from birth to age six, New York State must apply for approval from the federal government.

## What We Know

**Forty-five percent of New York children are covered by Medicaid/CHP** (left pie chart)

**Four out of five low-income children are covered by Medicaid/CHP** (right pie chart)



**Sources:** KFF. (2023). Health Insurance Coverage of Children 0-18.  
KFF. (2023). Health Insurance Coverage of Low Income Children 0-18 (under 200% FPL).



- New York currently provides 12 months of continuous coverage for everyone in public insurance programs. Eliminating the requirement for the youngest New Yorkers to be re-enrolled every year would ensure that children have continuous access to health services in the most critical years of their development.
- Several other states have committed to provide continuous coverage for young children. These include Colorado, Minnesota, Ohio, Oregon, and Washington.<sup>3</sup>
- Data on post-pandemic renewals of public insurance coverage show that of the children who completed renewal for CHP, only 1% lost coverage because they were no longer eligible.<sup>4</sup>
- Churn results in higher administrative costs, less predictable state expenditures, and higher monthly health care costs due to pent-up demand for services. Of note, the postpartum period is a particularly high-risk time for churning and new parents are more likely to experience a coverage gap after delivery if they do not speak English at home or have a family income between 100–185 percent of the federal poverty level (FPL).<sup>5</sup>
- Data from Washington State shows that children of color experience coverage gaps disproportionately more often than other children.<sup>6</sup>

## Policy Solutions

To ensure enrollment barriers are eliminated for the youngest New Yorkers, the State should:

- ▶ Seek permission and matched funding from the federal government to keep children continuously enrolled in Medicaid and Child Health Plus until they are six years old; and
- ▶ Increase awareness about the importance of streamlined coverage by investing robustly in clear communication with families, and providing resources for community partners.



Continued care is essential. Renewing every year is pointless when there are no changes needed. All children deserve health care without limitations!

—Patty, parent, Rochester, NY

<sup>1</sup> Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

<sup>2</sup> Conmy, A. B., Lew, N.D., Peters, C., & Sommers, B. D. (2023). *Children's Health Coverage Trends: Gains in 2020-2022 Reverse Previous Coverage Losses (Issue Brief No. HP-2023-07)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

<sup>3</sup> Burak, E.W. (2023). *Legislative Roundup: Eight states now committed to multi-year continuous eligibility for young children as Colorado, Minnesota, and Ohio pass new legislation*. Georgetown Center for Children and Families.

<sup>4</sup> New York State Department of Health. (2023). *New York State Public Health Emergency Unwind Dashboard - September 2023*.

<sup>5</sup> Sugar, S., Peters, C., DeLew N, Sommers, B.D. (2021). *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10)*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

<sup>6</sup> Washington State Health Care Authority & Washington State Department Of Social And Health Services. (2022). *Washington State Medicaid Transformation Project*.

\* For all sources and computations, go to <https://bit.ly/NYSchildren>

# Investing in Childhood Oral Health Equity

## The Promise

All children deserve to be free from the pain and lasting impacts of dental disease. Families should have easy and affordable access to preventive and treatment services to maintain good childhood oral health.

## The Challenge

Children's oral health has improved in recent decades, but dental caries remains the most common chronic disease of childhood and notable oral health disparities persist.<sup>1</sup> Improvements have not been uniform, with oral health problems disproportionately impacting young children, uninsured children, children living in poverty, non-Hispanic Black children, children from non-English-speaking households including immigrants and refugees, and children with special health care needs—all of whom are less likely to receive needed preventive oral health care.<sup>2</sup>

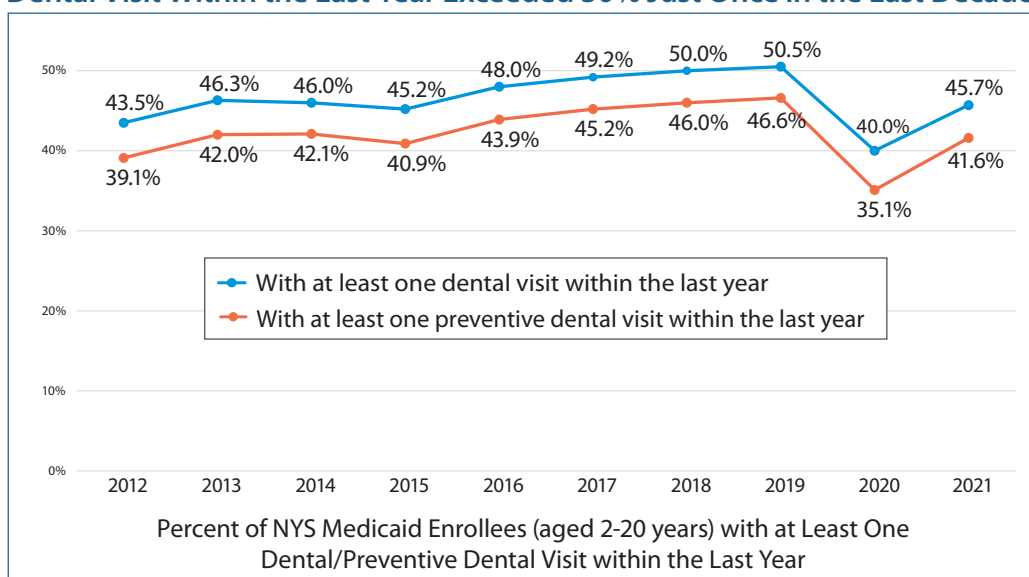
These disparities relate to many of the same social and economic factors that drive other health disparities.<sup>3</sup> Access to medical and dental care, along with factors such as poverty, racism, education, access to healthy foods, culture, and physical environment, influence oral health status in the same way these factors influence overall health.<sup>4</sup> The lack of providers with language and cultural proficiency can pose a significant barrier for immigrant and refugee populations.<sup>5</sup>

Tooth decay is largely preventable. Investing in prevention by increasing access to services, promoting the integration of dental care into primary care, implementing public health programs such as community water fluoridation, and educating families and communities about oral health, will result in better oral health for New York children.

## What We Know

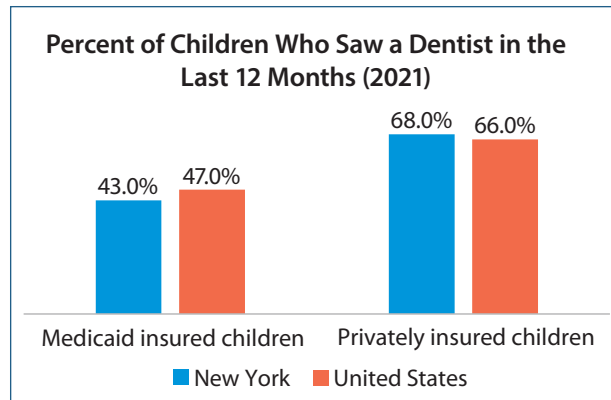
Having dental insurance—public or private—improves access to dental care.<sup>6</sup> Yet utilization of dental services among children covered by Medicaid and Child Health Plus was only 50% before the pandemic and, post-pandemic, has not recovered to even that rate. Among the reasons for low utilization is a lack of dental providers in some geographic areas and a shortage of dental providers accepting Medicaid.<sup>7</sup>

**The Percentage of Medicaid-Enrolled New York Children Who Had at Least One Dental Visit Within the Last Year Exceeded 50% Just Once in the Last Decade**



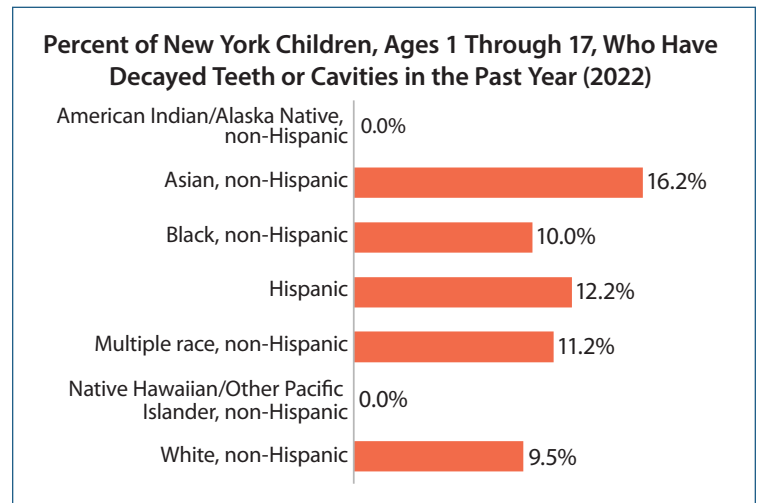
Source: NYS Department of Health. New York State Community Health Indicator Reports (CHIRS) Dashboard

## Children With Commercial Coverage Are More Likely to Have a Dental Visit Than Children Covered by Medicaid



Source: American Dental Association. Dental Care Utilization Among Children Dashboard.

## Disparities in Dental Disease Exist by Race and Ethnicity, but New York Does Not Have the Necessary Data to Understand Which Specific Population Groups Are Most Impacted and Why the Disparity Exists



Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) Data Query.

The results of an inadequate dental delivery system for children covered by Medicaid and Child Health Plus can partially explain the inequity in care. Other factors could include low oral health literacy in families, as well as language and cultural barriers.<sup>8</sup>

## Policy Solutions

Most oral health problems are preventable, and many preventive services are covered by Medicaid and commercial health insurance. To improve children's oral health, New York should:

- ▶ Expand/strengthen the oral health workforce and consider: 1) strategies to increase the number of dentists in the Medicaid program; 2) expanding the scope of practice for dental hygienists; and 3) licensing dental therapists.
- ▶ Increase funding for school-based programs, mobile dental, and tele-dental services.
- ▶ Dedicate additional funding in the NYS Department of Health to provide technical assistance, training, and resources on oral health to early childhood programs.
- ▶ Reimburse community health workers and community dental health coordinators to provide oral health education and care coordination.
- ▶ Allow additional practitioners to administer fluoride varnish and allow parents to apply fluoride varnish under instruction of a dental provider.
- ▶ Continue to provide resources for community water fluoridation.

<sup>1</sup> Crall J.J., & Vujicic M. (2020). *Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement*. *Health affairs (Project Hope)*, 39(10),1762-1769.

<sup>2</sup> Corr, A., Wenderoff, J. (2022). *Inequitable Access to Oral Health Care Continues to Harm Children of Color Analysis of outcomes among third-graders highlights gaps in data*.

<sup>3</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

<sup>4</sup> Krol, D.M., & Whelan, K. (2023). *Maintaining and Improving the Oral Health of Young Children*. American Academy of Pediatrics.

<sup>5</sup> Le, H., Hirota, S., Liou, J., Sitlin, T., Le, C., & Quach, T. (2017). *Oral Health Disparities and Inequities in Asian Americans and Pacific Islanders*. *American Journal of Public Health*, 107(S1), S34–S35.

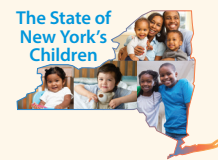
<sup>6</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

<sup>7</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.

<sup>8</sup> National Institutes of Health. (2021). *Oral Health in America: Advances and Challenges*.

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# Fostering Transparency and Accountability in New York's Child Welfare System



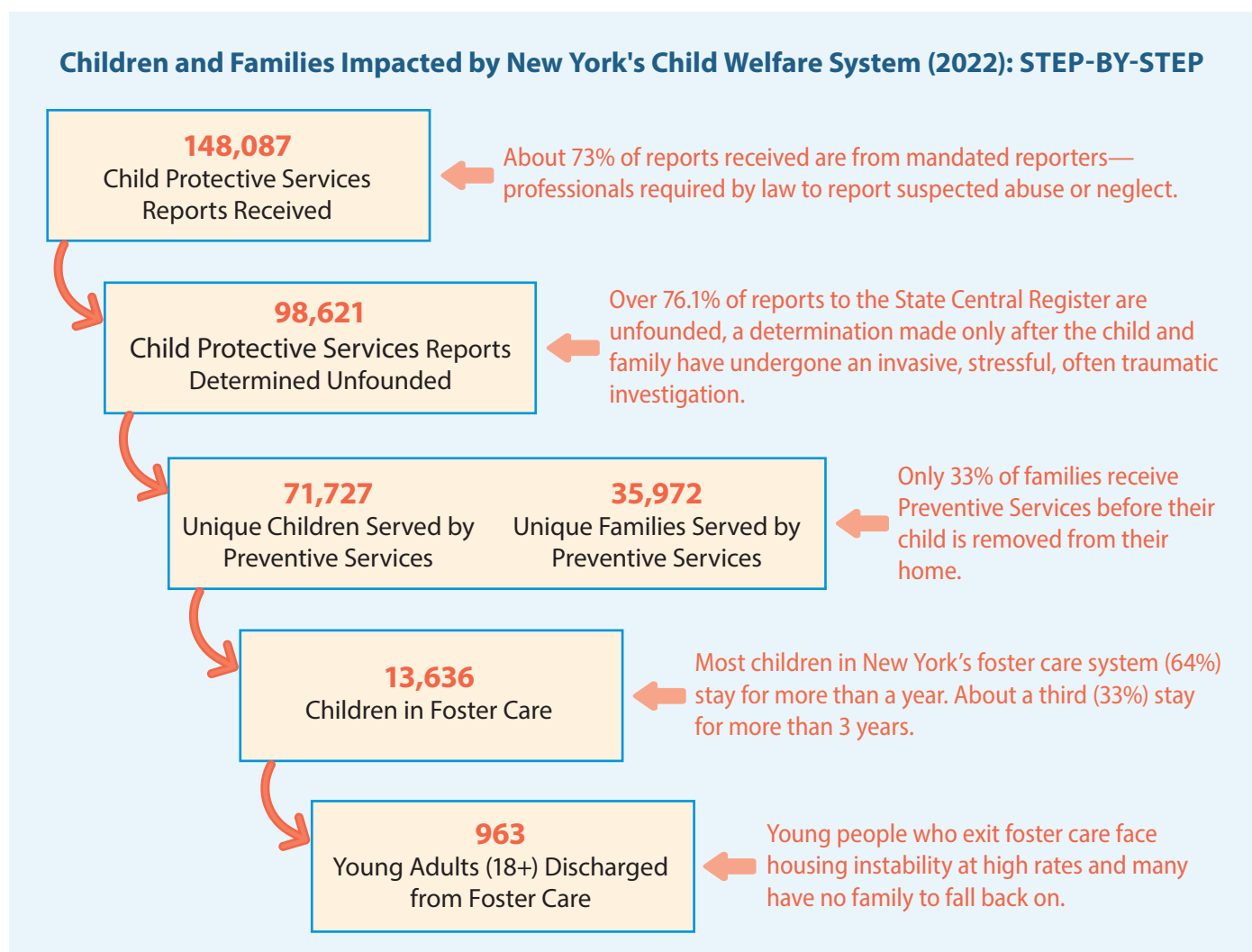
## The Promise

When families have easy access to economic supports and trusted resources in their neighborhood, children thrive — even when their parents earn low incomes.

## The Challenge

Every year, thousands of families experience intervention by New York's child welfare system. From investigations to required Preventive Services that often don't address the real challenges facing most families, namely inadequate economic supports (food, cash, housing assistance), a child welfare case causes families tremendous stress and upheaval. When intervention leads to the separation of a child from their family, if they do not reunite or develop a new, loving, permanent relationship with an adult, they "age out" of foster care as early as 18 years old without a family to fall back on.

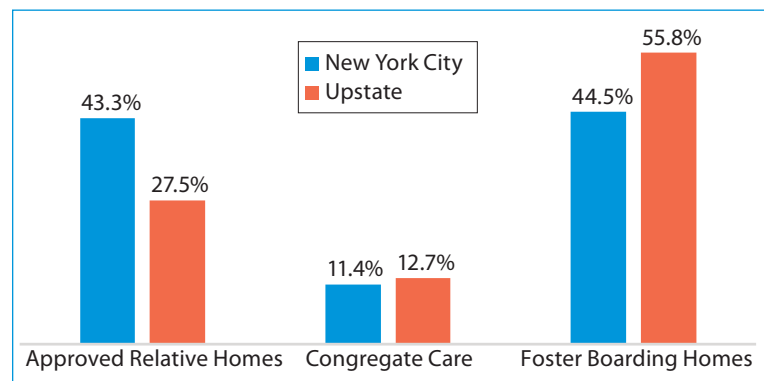
## What We Know



**Source:** NYS Office of Children and Family Services, 2022 Monitoring and Analysis Profiles; Preventive Services Data Report for NYS, CY 2022.

In New York in 2022, 12% of children removed from their families to foster care were placed in institutional settings (referred to as congregate care or group homes),<sup>1</sup> significantly higher than the national rate of 9%.<sup>2</sup> Separating a child from their family can bring extraordinary tumult to a child's life, the impacts of which can be worsened by placing the child in an institutional setting, which increases the chances of children suffering long-term detriments—including decreased ability or inability to attach to caregivers, slowed physical growth, delayed cognitive and language development, and behavioral issues—especially children under the age of 13.<sup>3</sup> When it is necessary to separate a child from their family, they have better outcomes when placed with relatives or adults who know them well.

### New York City Has a Significantly Higher Placement Rate of Children with Relatives Than the Rest of New York



**Source:** NYS Office of Children and Family Services, 2022 Monitoring and Analysis Profiles with Selected Trend Data: 2018-2022. (NYC and Upstate).

**What We Don't Know** — Of the more than 3,000 complaints received by the child welfare system every year, it is unknown how many are digitally tracked or how these complaints have been addressed.<sup>4</sup> Further, there is no public reporting, analysis, or recommendations for systemic change made based on these complaints.

This lack of accountability in the child welfare system is problematic given the extraordinary power to separate families that is afforded this system. Among the reasons that thorough public accounting of complaints is urgent: disparities exist in every step of the child welfare system, the result of decades of bias and systemic racism.

### Policy Solutions

Community-driven solutions help children in neighborhoods impacted by New York's child welfare system:

- ▶ Invest in community-based programs and services that contribute to child and family well-being.
- ▶ Strengthen the child welfare housing subsidy, which provides crucial support to families and young people.
- ▶ Ensure families know their rights when they first come into contact with the child welfare system.
- ▶ Ensure pregnant people and new mothers have provided informed consent before they or their babies are drug tested.
- ▶ Prevent unnecessary calls to the State Central Register by ending anonymous reporting, among other strategies.
- ▶ Collect, publicly report, analyze, and address systemic complaints in the child welfare system.

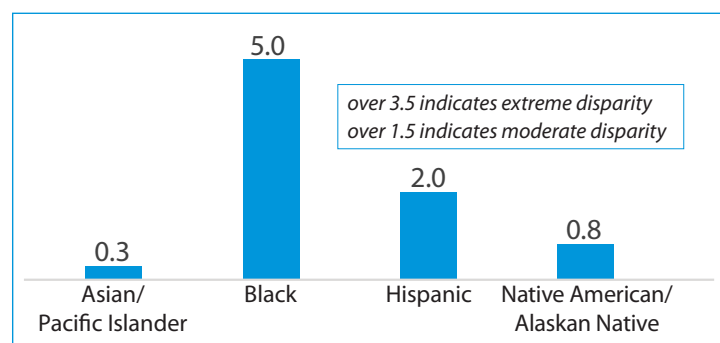
### What We've Learned from People with Lived Experience



I still remember the first moment I walked into my new home, a residential facility, and I remember feeling overwhelmed and so alone...I dreaded every day I was there until I was able to leave... I won't get into every detail of each day, what I will say is I spent the next year and a half surviving.

—C.M., Lived Expert, excerpt from the *Are You Listening?* report (January 2023)

### Black Children in New York State Are Over Five Times More Likely to Be in Foster Care Placement as White Children; Hispanic Children Are Twice as Likely, 2022



**Source:** NYS Office of Children and Family Services. Disproportionate Minority Representation in Child Welfare Services Dashboard 2022.

<sup>1</sup> New York State Office of Children and Family Services. (2023). *2022 Monitoring and Analysis Profiles With Selected Trend Data: 2018-2022 New York State*.

<sup>2</sup> Kids Count Data Center. (2023). *Children in Foster Care by Placement Type In New York*. The Annie E. Casey Foundation.

<sup>3</sup> Dozier, M., Shaffer, C., Zeanah, C.H., & Wallin, A.R. (2012). *Institutional Care for Young Children: Review of Literature and Policy Implications*.

<sup>4</sup> Poole, S.J. (former OCFS Commissioner) personal communication, May 4, 2022

\* For all sources and computations, go to <https://bit.ly/NYSchildren>



# Lowering Barriers to Assistance for a More Equitable Child Care System

## The Promise

Every family should have access to high-quality, universal child care that meets their needs by providing the option of family- or center-based care in their community, ensuring that children thrive in culturally affirming care and education. Child care educators must be valued through sustained investment in the workforce.

## The Challenge

New York has made important strides in expanding access to child care. However, significant barriers remain in the way of accessing child care and early education that works for families and meets the developmental needs of children.

## What We Know

### Families cannot afford the cost of child care on their own

Without assistance, the cost of child care is out of reach for nearly all New York families.

Child care is the largest monthly bill for many New York families, costing an average of:



**\$3,357 per month** for an infant and a 4-year-old in a child care center (\$40,286 per year)

**\$1,516 per month** for an infant in family-based child care (\$18,200 per year)

**\$1,686 per month** for two school-age children in family-based afterschool care (\$20,240 per year)

Source: Child Care Aware Price of Care: 2021 and 2022 Child Care Affordability Analyses.

## 2022 and 2023 saw important progress in expanding eligibility and breaking down barriers to child care assistance in New York

Over the past two years, New York has made historic expansions to its Child Care Assistance Program (CCAP), raising the income eligibility cap from **200% of FPL** (or **\$55,000 for a family of 4** in July 2022) to **85% of SMI** (or **\$99,250 for a family of 4** beginning October 2023).<sup>1</sup> Since October 1, 2023, more than **108,000 children** have become newly income eligible for CCAP, adding to the approximately **265,000 children** who became newly eligible in July 2022.<sup>2</sup> **If fully funded, equitably implemented, and accompanied by increased capacity to meet the needs of all families, this expanded assistance could be life-changing for these children and their families.**

### Average Annual Household Savings for Family with New York's New Eligibility for CCAP

Household size/ annual income/ number of children in care	Average annual cost to family: July 2022 (ineligible for CCAP), % of annual income	Average annual cost to family: October 2023 (eligible and able to access CCAP), % of annual income	Annual Savings
Family of 4—\$62,400 (two parents working full-time, \$15/hr)—infant and 4-year-old in child care center	<b>\$40,286</b> <b>64.56%</b>	<b>\$324</b> <b>0.52%</b>	<b>\$39,962</b>
Family of 3—\$79,557 (NYS median household income)—two school-aged children in family-based child care	<b>\$20,240</b> <b>25.44%</b>	<b>\$547</b> <b>0.69%</b>	<b>\$19,693</b>

Source: Child Care Aware Price of Care: 2021 and 2022 Child Care Affordability Analyses.



## Many barriers to accessing child care assistance remain

Despite significant progress, barriers continue to keep many families that need child care from accessing child care assistance, including complicated and cumbersome applications; varied rules by county; processing delays; minimum work hour and wage requirements; and immigration status requirements.

### Barriers caused by administrative hurdles

By regulation, child care applications should be processed within 30 days of receipt of application.<sup>3</sup> In reality, parents report frequent denials because they have trouble meeting the cumbersome application requirements, along with processing delays that often exceed the 30-day time limit. These denials and delays can force parents to forgo job opportunities. Last year, New York introduced categorical income eligibility for families, allowing income-eligibility for CCAP to be established by proof the family is enrolled in another income-dependent program like SNAP, an important step toward lowering administrative hurdles to CCAP.



Less than 10% of families who are eligible for child care assistance are actually enrolled. This is the legacy of a system that is difficult to navigate—by design. That has to change.

— Governor Kathy Hochul in her State of the State Address, 2023<sup>4</sup>

### Barriers due to a child's immigration status

Immigration status bars some otherwise eligible children from CCAP. The need to end this exclusion has become more urgent with more than 150,000 asylum seekers newly arriving in New York this past year. Data indicate that in FY 2023, **about 22,000 of the new arrivals are children under age 12**. While New York leaders have been working hard to pave the way for asylum-seekers to be able to work, those who have children cannot work without child care.<sup>5</sup>

## Policy Solutions

- ▶ New York's Child Care Availability Task Force develops and guides implementation of a phased-in roll-out of universal child care.
- ▶ End the practice of denying New York children child care assistance due to immigration status.
- ▶ Enact presumptive eligibility statewide, allowing families to begin accessing the child care they need immediately as their application is processed.
- ▶ Take steps to increase capacity for non-traditional hours of care by paying enhanced reimbursement rates statewide for non-traditional hour care and exploring other options like providing monthly per-child supplements for non-traditional hour care and start-up grant program for providers seeking to offer non-traditional hour care.
- ▶ Expand access to care for children with special needs by dedicating state funds to provide supplemental payments to child care programs caring for children with special needs.
- ▶ Prohibit requiring parents or caretakers to earn a minimum wage or work a minimum number of hours to be eligible for child care assistance and end the practice of only providing CCAP during the exact hours a parent works; all of these practices can be detrimental to child development and disproportionately bar parents working in the gig economy or fluctuating hours from being able to access assistance.

<sup>1</sup> New York State Office of Children and Family Services. (2023). [23-OCFS-ADM-18 Changes to Child Care Assistance Regulations: Parts 404 and 415](#).

<sup>2</sup> Schuyler Center computations based on U.S. Census American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B17024.

<sup>3</sup> New York State Office of Children and Family Services. (2023). [Title 18. Department of Social Services 18, NYCRR 404.1\(d\)\(1\)\(i\). rev. 2023](#).

<sup>4</sup> Office of the Governor of the State of New York. (2023). [Remarks as Prepared: Governor Hochul Delivers 2023 State of the State](#).

<sup>5</sup> Schuyler Center computations based on TRAC Immigration New Proceedings Filed in Immigration Court by State, Court, Hearing Location, Year, Charge, Nationality, Language, Age, and More (updated through August 2023).

\* For all sources and computations, go to <https://bit.ly/NYSchildren>



# Bolstering the Child Care System with a Well-Compensated Workforce

## The Promise

Well-compensated, well-supported educators perform the essential work of making high-quality universal child care a reality for New York’s children and families. They provide consistent, culturally responsive care and education to our youngest learners and to school-age children outside of school hours and during the summer.

## The Challenge

It takes significant resources to provide safe, high-quality child care. Children thrive when they receive one-on-one attention from adults they know and trust, with consistent hours, and plenty of play and outdoor time. The lower the educator-child ratio, the more well-supported and compensated the teachers, the better the quality.

Educators are the heart and soul of child care—and also the number one cost of operating a child care program. Most parents cannot pay the true cost of providing high-quality child care. As a result, wages in the field have been kept artificially low because programs simply cannot charge the rate that is needed. As U.S. Treasury Secretary Janet Yellen has stated: “child care is a textbook example of a broken market.”<sup>1</sup>

## What We Know

### New York families struggle to find child care programs that meet their child’s needs during the hours parents work or go to school

Due to historic expansions in child care assistance since July 2022, child care is financially within reach for the first time for many New York families (see *Lowering Barriers*). Yet, many families are unable to use the assistance because they cannot find a child care program that meets their needs with capacity to care for their child.

#### Licensed Child Care Capacity in New York State Still Has Not Recovered to Pre-Pandemic Levels Overall, and Has Declined Sharply in Family Child Care

	2019	2022	Change in capacity (number)	Change in capacity (percentage)
Center-Based Child Care	313,951	317,036	+ 3,085	+ 0.98%
Home-Based - Family Child Care	26,340	20,829	– 5,511	– <b>20.92%</b>
Home-Based - Group Family	123,034	118,216	– 4,818	– 3.92%
Center-Based School-Age Child Care	327,578	332,663	+ 5,085	+ 1.55%
<b>Total</b>	<b>790,903</b>	<b>788,744</b>	<b>– 2,159</b>	<b>– 0.27%</b>

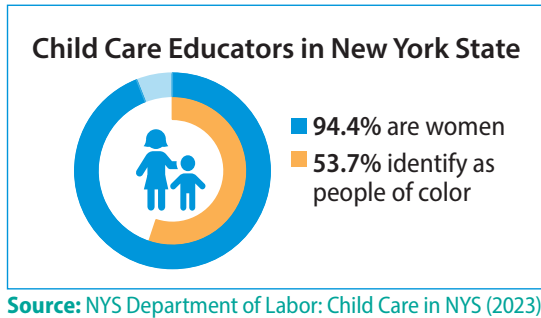
**Source:** NYS Office of Children and Family Services 2019 and 2022 Child Care Facts and Figures.

New York was facing a severe capacity shortage prior to the pandemic, and recent data demonstrate that these shortages persist across the state. In rural communities it is not uncommon to have one licensed child care spot for every 7 or 8 children under age six.<sup>2</sup> Licensed child care capacity has still not fully recovered to its pre-pandemic levels, with home-based care capacity declining dramatically. Home-based care serves a disproportionately high percentage of families receiving child care assistance<sup>3</sup> and is far more likely to serve families needing care during the early mornings, nights and weekends.<sup>4</sup>

Legally exempt care plays an important role in the child care sector in New York State by providing payment to family, friend, and neighbor caregivers. They are subject to less stringent rules because they provide care for a limited number of children over a limited number of hours, generally to children who are relatives or family friends. In 2022, these providers cared for 27% of New York children receiving child care assistance.<sup>5</sup> Often, they provide care during crucial weekend, evening, and overnight hours.

## Low wages paid child care educators contribute to New York's child care shortage

Child care educators earn less than 96% of occupations in New York State.<sup>6</sup> Previous child care stabilization grants designed to shore up staffing were insufficient to meaningfully do so. A March 2023 survey of child care providers found that staffing shortages greatly diminished programs' ability to operate at full licensed capacity, with 28,462 licensed or registered slots empty statewide from 1,600 respondents due to insufficient staffing from uncompetitive wages. Beyond closed classrooms and reduced capacity, this resulted in short-notice closures and reduced hours—imposing further hardships on working families in need of consistent care.<sup>7</sup>



The average wage for a child care worker in New York  
**\$35,190/annual / \$16.92/hour** in May 2022.<sup>8</sup>



Family child care educators earned less than minimum  
wage, approximately  
**\$10.49 / hour** in 2021.<sup>9</sup>

## Children benefit when child care workers earn a thriving wage

Children benefit from consistent, high-quality interactions with well-prepared, well-supported educators.<sup>10</sup> The largest-ever national study of child care educator mental health found that 46% of child care educators demonstrated symptoms of depression, while 67% reported experiencing moderate to high stress during the pandemic.<sup>11</sup> When low pay inevitably leads to high turnover, young children experience anxiety and stress because they cannot bond with their caregivers.<sup>12</sup> Their learning suffers because new staff do not have the level of professional development necessary to provide high-quality interactions. Furthermore, when educators experience depression they are more likely to struggle with behavior management and maintaining quality early learning environments.<sup>13</sup>

## Policy Solutions

- ▶ Create a robustly resourced, *permanent* state child care fund that is sufficient to increase compensation for all child care workers who work in licensed and regulated programs at parity with similar positions in the public school system.
- ▶ Increase rates for legally-exempt child care providers to 75% of the family child care rate and to 85% for providers who are eligible for the enhanced rate.
- ▶ Commit New York State to using a cost estimation model to determine state child care reimbursement rates by 2025 with meaningful input from child care providers and parents.
- ▶ Establish a health insurance premium support program for child care workers.

<sup>1</sup> United States Department of the Treasury. (2021). *Remarks by Secretary of the Treasury Janet L. Yellen on Shortages in the Child Care System*.

<sup>2</sup> New York State Department of Labor Division of Research & Statistics. (2023). *Child Care In New York State*.

<sup>3</sup> Melodia, L. (2023). *High Calling, Low Wages. Home-Based Early Care and Education Providers in New York City*. Center for NYC Affairs.

<sup>4</sup> National Women's Law Center. (2018). *Family, Friends, And Neighbor Care: Facts and Figures*.

<sup>5</sup> New York State Office of Children and Family Services. (2023). *Child Care Facts and Figures 2022*.

<sup>6</sup> Schuyler Center computations based on NYS Department of Labor OEWS Employment and Wage Data (updated to the first quarter of 2023).

<sup>7</sup> Schuyler Center and Empire State Campaign for Child Care. (2023). *Staffing Shortages Due to Low Wages Are Driving the Child Care Crisis in New York*.

<sup>8</sup> United States Bureau of Labor Statistics. (2023). *Occupational Employment and Wages, 2022*.

<sup>9</sup> Melodia, L. (2023). *High Calling, Low Wages. Home-Based Early Care and Education Providers in New York City*. Center for NYC Affairs.

<sup>10</sup> Grunewald, R., Stepick, L. (2022). *What drives the cost of high-quality early care and education?*. Federal Reserve Bank of Minneapolis.

<sup>11</sup> Elharake J.A., Shafiq M., Cobanoglu A., Malik A.A., Klotz M., Humphries J.E., et al. (2022). *Prevalence of Chronic Diseases, Depression, and Stress Among US Childcare Professionals During the COVID-19 Pandemic*. Centers for Disease Control and Prevention.

<sup>12</sup> McMullen, M.B. (2018). *The Many Benefits of Continuity of Care for Infants, Toddlers, Families, and Caregiving Staff*. National Association for the Education of Young Children.

<sup>13</sup> Kwon, K., Jeon, S., Jeon, L., & Castle, S. (2019). *The role of teachers' depressive symptoms in classroom quality and child developmental outcomes in Early Head Start programs*.

\* For all sources and computations, go to <https://bit.ly/NYSchildren>

## Notes

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Sources and computations can be found at:  
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