



MARSHALL PLAN FOR MOMS

TASK FORCE REPORT



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Letter from Executive Director Priya Nair

Mayor Mamdani and City Council Speaker Menin,

As chair of the Marshall Plan for Moms Task Force, it is my honor to present you with this report of the task force's work and its recommendations in fulfillment of [Local Law 99 of 2022](#). This task force took a holistic and comprehensive approach to its mission of improving the lives of working caregivers, an approach which centered two of the guiding principles of this new era: affordability and workers' rights. Child care is one of the most substantial expenses for families, and it is a leading cause of working-class families leaving the city they love. And while families spend too much of their hard-earned wages on child care, the workers providing this vital service are some of the lowest-paid, most precarious workers in the city. The majority of these workers are women, people of color, and immigrants. The disproportionate responsibility of caregiving is not accidental. It reflects enduring systemic sexism and racism, and underscores why this is a core gender and racial equity issue.

The Marshall Plan for Moms Task Force is a central part of CGE's economic justice work, which aims to improve the material conditions of girls, women, and transgender, intersex, gender-nonconforming, and nonbinary New Yorkers. This work is also integral to the Mayor's Office of Equity & Racial Justice. It reflects our shared understanding that gender equity cannot be achieved in isolation; it requires addressing intersecting oppressions related to race, class, immigration status, and other aspects of identity.

As we do with all of our work, we took on the scope of Local Law 99 by collaborating with city agencies, community-based organizations, and everyday New Yorkers. Throughout the process, we sought out and drew conclusions from both lived experience and rigorous data analysis. As a lifelong New Yorker and someone who hopes to be a parent one day, I'm thrilled by your transformative investments and relentless commitments to improving the lives of caregivers in the place that I call home. I look forward to collaborating with both of you to advance the tangible recommendations in this report, as we work toward universal child care and building an affordable, gender-equitable city that is welcoming to all.

Thank you,

Priya Nair
Executive Director
NYC Commission on Gender Equity

Chair, Marshall Plan for Moms Task Force

Executive Summary

In fulfillment of [Local Law 99 of 2022](#), the Marshall Plan for Moms Task Force developed this report to address systemic barriers affecting caregivers and child care workers. The task force is chaired by the Commission on Gender Equity and is composed of city agencies, local advocates, and experts.

Over two years, the task force met, conducted research, and formulated recommendations across four working groups: Child Care Industry and Supports; Government Supports, Payments, and Services; Best Workplace Policies; and Access to Culturally Sensitive, Affordable, Quality Health Care. When implemented, these recommendations will make substantial material improvements in the lives of New Yorkers affected by the child care ecosystem. As the city moves toward equity for child care workers and free, universal child care, this report can serve as a crucial road map for action that is rooted in extensive research and stakeholder feedback.

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About The Marshall Plan for Moms Task Force

Local Law 99 of 2022 created The Marshall Plan for Moms Task Force and named the Commission on Gender Equity (CGE) as its chair. The task force brings together leaders from city agencies and offices, advocates, and experienced community members to make recommendations for supporting New York City's working parents and caregivers. The task force addresses systemic barriers facing caregivers and child care workers, particularly those most impacted by economic inequities. Culminating in this report, the task force conducted research and heard from community voices to develop recommendations on the following topics named in the law:

- recurring direct cash payments
- comprehensive paid family leave policy for all employees in the city
- best supports for working mothers, other parents, and caregivers
- best practices for workplaces to support working parents and caregivers
- rent relief, public assistance, and financial support
- child care industry infrastructure and support for child care workers
- access to health care, including mental health

The task force will continue to meet for 180 days after the report's publication before sunseting, as the law outlines.

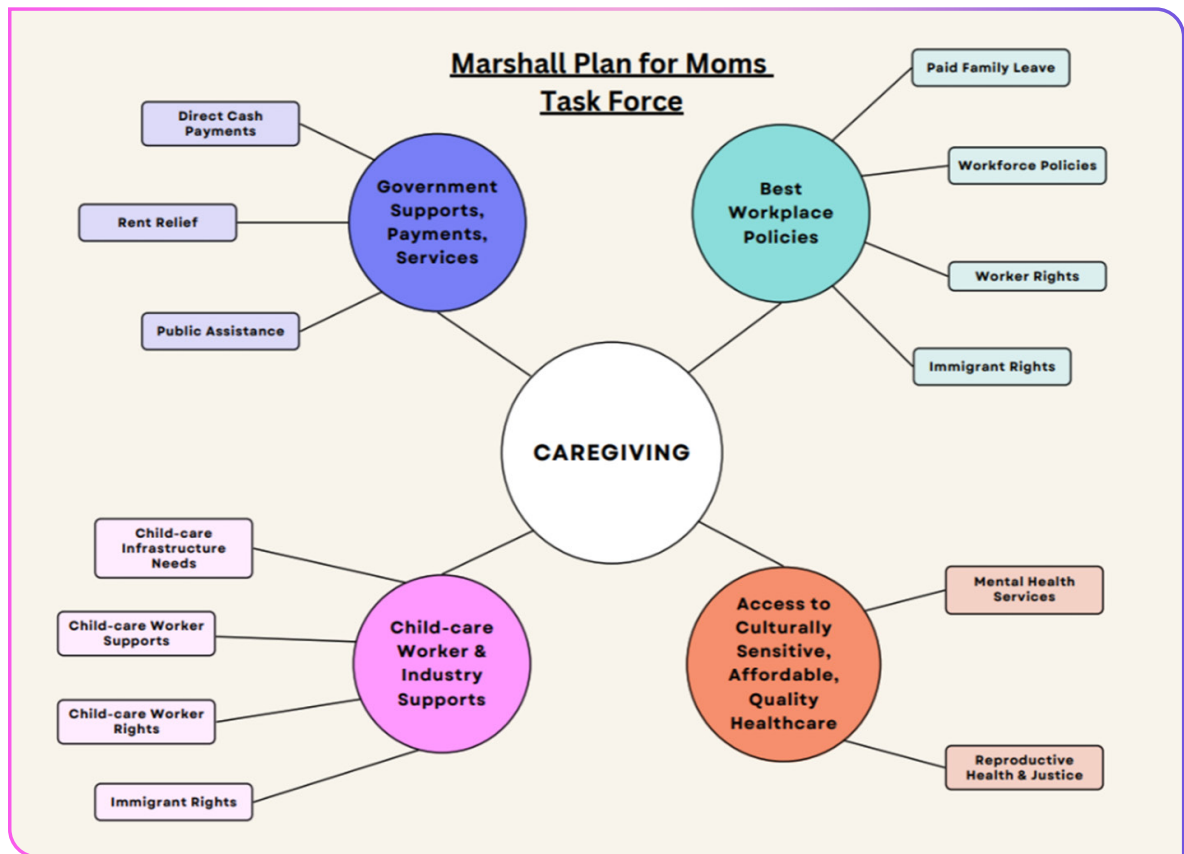
Task Force Process

Vision and Framework

In July 2023, CGE convened the then-appointed members and city government representatives to begin laying the foundation for the task force's work ahead. CGE and task force members reviewed the law's requirements and considered the relevant expertise, experience, and interest each member brought. To ensure alignment and direction, the task force created a vision statement to guide its work:

A New York City where care is accessible, affordable, high quality, and safe; where caregiving is valued and well-compensated; and where caregivers and care workers can receive emotional and physical support to thrive.

The task force then divided the issues from the law into four working groups and created the map below to serve as a visual framework for the working groups. CGE and members added "immigrant rights," "reproductive justice," and "worker rights" to the list of topics to reflect the task force's priorities, as well as CGE's intersectional and human rights lenses. CGE also integrated the principle that gender is not binary and encouraged the task force to consider affected New Yorkers of all genders, while recognizing the lasting and historical impact of sexism, racism, and other forms of oppression.



Public Hearing

In 2024, during Women’s History Month, CGE convened a virtual public hearing where over 130 New Yorkers testified live or in writing about their experiences, needs, and ideas regarding the child care ecosystem. The majority of participants were parents and they shared their stories about barriers and struggles with child care, as well as their ideas about how to improve the child care system. Their testimony informed the task force’s work, research, and recommendations.

Data

Over two years, the working groups met and analyzed substantial amounts of data and research. As the law outlined, the task force focused on data from the last five years, which provided broad context for the current state of the child care ecosystem. The report – organized into four sections that reflect the four working groups – focuses on key data and case studies rather than providing a comprehensive review of existing literature. The information in each section is intended to be illustrative but not exhaustive in terms of relevant facts, policies, and programs that impact caregivers, children, and care workers.

Appointments

Although the task force had been conducting research, working group meetings, and the public hearing, the task force could not convene in its entirety or issue its report until the membership was fully appointed. In November 2025, the city council appointed its final task force member and the first full task force meeting occurred in December 2025. Since then, the task force has been meeting quarterly and will continue to do so until 180 days after this report’s publication, per the law.



Child Care Worker and Industry Supports

Landscape Analysis on Child Care Worker and Industry Supports

The child care landscape in New York City is complicated for parents, children, and child care workers. This section outlines important features of the child care industry, what it means for families and workers, and recommendations to improve it for all involved.

This report section builds on the comprehensive analyses found in the [Child Care Advisory Board reports](#) issued by the Office of Child Care and Early Childhood Education (OCCECE), a task force member and city partner. The Marshall Plan for Moms Task Force fully supports OCCECE's [Child Care Advisory Board reports](#), which lay out the importance of universal child care for businesses, child care workers, families, and New York City as a whole.

However, until universal child care is achieved, access to affordable, safe, high-quality care is essential for children, families, and communities. For children, this care means truly [“life-changing” benefits](#), ranging from higher test scores, to higher earnings later in life, even to improved outcomes for these children's children. Child care is a crucial way to combat these and other persistent inequities perpetuated by systemic oppressions. For parents and caregivers, [this care improves economic security outcomes and lessens gender and race pay gaps](#).

As the city builds toward free, universal child care in the coming years, the information and recommendations in this report aim to address hardships caused by the current system. It is important to note that several significant gaps exist in research around child care, including unregulated care like nannies, information about the experiences of transgender and gender-expansive child care workers and parents, and experiences of undocumented and immigrant child care workers, parents, and children. The task force hopes to see future research examine these topics to ensure a comprehensive and intersectional understanding of the child care ecosystem.

Child Care Availability

About two thirds of children in New York City need some sort of child care because their available parents are in the workforce. However, [most parents agree, especially parents of color, that there are not enough child care options for working parents](#). The vast majority of children aged 0-4 live in neighborhoods with [insufficient child care options](#), and nearly half of the city's neighborhoods are considered [infant care deserts](#), with [some neighborhoods having more than ten times as many infants as seats](#).

TYPES OF CARE AND CARE-WORK ENVIRONMENTS

While there are not enough child care spaces, and many neighborhoods lack enough care, there are a variety of care options, which families choose from for a range of reasons. The [chart below shows some key distinguishing features of each type of care](#), including location, age of children served, and regulatory body. The most affordable and convenient care, such as 3-K and pre-K programs, often do not operate after the school day ends. And among all of these types of care, there is a shortage of care available for nontraditional hours, creating a significant barrier for parents who must work late nights, early mornings, or weekends.

TYPES OF CARE IN NEW YORK CITY

CARE TYPE	LOCATION	CHILD AGE / SIZE	LICENSE	HOURS OR LIMITATIONS
Family Child Care	In someone's home	6 wks. to 12 yrs. / care for up to 2 children under 2 yrs. / up to 8 children total	Licensed with OCFS through DOHMH	Many operate 10 hrs./day, year-round
Group-Family Child Care	In someone's home	6 wks. to 12 yrs. / care for up to 4 children under age 2 / 12 children (w. assistant)	Licensed by OCFS through DOHMH	Many operate 10 hrs./day, year-round
Center-Based Care	Center	6 wks. to 5 yrs.; mostly over 2 yrs. / ratio varies w. age	Licensed by DOHMH	Many operate 10 hrs./day, year-round
School-Age Child Care Program	Variety of nonresidential sites, including schools and community settings	Serves youth in grades K-8	Licensed with OCFS through DOHMH	Care after school, and during some school breaks and holidays
Universal Pre-K	Schools and early childhood centers	Children eligible in the fall of the calendar year they turn 4	Varies by setting type	Most full school day during the school year, with some up to 10 hrs./day, year-round
3-K	Schools and early childhood centers; some group family child care	Children eligible in the fall of the calendar year they turn 3	Varies by setting type	Most full school day during the school year, with some up to 10 hrs./day, year-round
Head Start	Early Head Start, Head Start programs, or as part of other early childhood programs	Birth to 5 yrs.	Varies by setting type	Typically year-round, up to 10 hrs./day; Federally funded; services include other family supports
Informal Child Care	Child's or caregiver's home; provider can be child's relative	Fewer than 3 non-related children	Exempt from state registration/license	Hours vary
Nontraditional Hour Care	Few options in centers, some in regulated family child care and group family child care; more often a relative or neighbor	Varies in adherence with laws and regulations applicable to type	Licensed as either family or group family care, with hours indicating nontraditional	Before 6 a.m., after 7 p.m., overnights, and weekends

OCFS: New York State Office of Children and Family Services
DOHMH: New York City Department of Health and Mental Hygiene

NUMBER OF NEW YORK CITY CHILD CARE CENTERS THAT OFFER NONTRADITIONAL HOURS

EXTENDED HOURS	NUMBER OF GROUP DAY CARE PROGRAMS
Saturdays	43
Sundays	33
After 8 p.m., M-F	11
24/7	0
8 p.m.-7 a.m.	0
Grand Total	87

As of July 2023. Counts are not unique programs.

Cost of Care

No matter the type of care chosen, parents and caregivers are severely burdened by the high, and ever rising, costs of child care. In 2024, [the average annual cost of care for infants and toddlers across the city was between \\$18,200 and \\$26,000](#), depending on the type of care chosen. During the five years of data the task force examined, [costs have soared by up to 79%](#), well over five times the growth of parents' wages. And, as mentioned above, much of the city-subsidized free child care ends with the school day.

These costs are a main driver of the current affordability crisis for families and many [parents who have left the city have cited child care costs](#) as a reason. The federal government defines child care as affordable if a family pays less than 7% of its income on child care. According to this standard, [less than 10% of New York City families](#) with young children can afford center-based child care for an infant or toddler. In fact, when [child care costs are calculated as a percentage of median family income](#), New York City has three of the most costly counties in the country: the Bronx is the worst, Kings county is second, and Queens is fourth, meaning that New York City's families are some of the most child care burdened in the nation.





Publicly Funded Child Care Programs

The [NYC Planning Population FactFinder](#) shows there are approximately 480,000 children under the age of five in New York City but only around 160,000 were enrolled in a publicly funded child care program in December 2025, according to agency reports. Of these children, most are enrolled in programs run by New York City Public Schools, some are enrolled using Administration for Children's Services (ACS) vouchers, and some are enrolled through cash assistance administered by the Department of Social Services/Human Resources Administration (DSS/HRA). Each program type has different eligibility requirements in terms of a child's age and immigration status, as well as different hours, types of locations, and whether they are open during the full calendar year, or only the school year.

UNIVERSAL PRE-K AND 3-K

Since 2014, New York City has provided free, high-quality, full-day, and extended-day programs for all four-year-olds, regardless of income. Programs operate through public schools and community-based organizations. [The number of children enrolled in full-day pre-kindergarten grew from 19,287 in 2013 to 68,647 in 2015, and over the first eight years, it served over half a million children.](#) Over 70 percent of these children were in families with incomes in the lower half of the population. In addition to saving parents thousands of dollars a year, the city's universal pre-K has already shown many benefits. Third-grade students who attended Pre-K for All outperformed students who did not attend, and the white-Black and white-Hispanic performance gaps were narrower for students who attended compared to the gaps among students who did not. Pre-K for All also has narrowed citywide income gaps and gender income gaps, primarily by allowing low-income women and women of color who had been providing home care for their four-year-olds to join or re-enter the city job market.

In 2017, New York City launched the first pilot program for free care for three-year-olds, called 3-K for All. In March of 2026, [the mayor announced a major expansion of 3-K across all five boroughs.](#) The administration is adding more than 1,000 new seats across the city, moving New York closer to making 3-K truly universal for the first time. With this expansion also comes a commitment to increasing services and program availability for children with disabilities where there is unmet need. New York City's 3-K for All saves parents more than \$20,000 a year, making it much easier for working- and middle-class families to afford to raise their children. The March announcement addresses cuts made during the previous administration, and expands access, with the governor's support.

FREE CHILD CARE FOR TWO-YEAR-OLDS

In January of 2026, [Mayor Mamdani and Governor Hochul launched free child care for 2-year-olds in NYC,](#) and the governor announced investments to deliver Universal Child Care for New York children under five. The governor committed to fund the first two years of the city's implementation. The first year of the program, the 2026-2027 school year, will [focus on high-need areas based on economic need, projected child care demand, existing access gaps, and provider capacity and readiness.](#) It will expand to serve all interested families across the city by the fourth year. In addition, the governor will partner with the mayor to strengthen and fix the city's 3-K program and ensure it achieves its promise of universal access.

VOUCHERS

Vouchers are one way to address the high cost of care for some New Yorkers. Vouchers may be used at child care centers, family child care providers, or to pay approved relatives, neighbors, or friends for care. Since vouchers can be used at an eligible provider of the family's choice, they provide families maximum flexibility with regard to type and setting of care.

ACS and HRA offer vouchers to families who are income eligible and meet other eligibility requirements. Families are guaranteed child care if they participate in public assistance and need the care to meet work participation requirements. Parents are not required to be U.S. citizens; however, the child receiving care must be a U.S. citizen, a U.S. national, or have a qualified immigration status.

Accessing vouchers requires an application process that can be complex. Historically, funding to support these subsidies has been limited, restricting their reach, and sometimes resulting in a waitlist for low-income families.

Child Care Workers

A child care system that provides high-quality, safe, and trustworthy care rests on the vital work of child care workers. But these irreplaceable workers face tremendous hardship and significant barriers to a just workplace and a sustainable career. These conditions are in many ways a legacy of slavery, Jim Crow, immigration policy, and systemic, historical gender oppression. For example, in 1935 care workers who were nannies and public employees were [excluded from the New Deal's](#) worker protections, denying them collective bargaining rights and protection from employer retaliation. While New York State has made some improvements, the effects persist to today.

In New York City, [there are approximately 32,900 child care educators and directors](#). [The city's child care workforce](#) is nearly 90% women, about 70% people of color, and about 70% immigrants. Child [care workers' median annual income](#), at \$25,000, is about 45% of non-child care workers in the city. In New York State, [65% of child care worker families](#) received support from public income support programs, and [19% of workers live in poverty](#). In one non-random state-wide survey, [child care workers reported difficulty meeting monthly expenses](#) and affording housing (71%), health care (70%), transportation, and food (50%) costs. Despite doing this vital work, which allows parents to have jobs and families to thrive, these workers struggle to survive in our city.

There are also [pay disparities between child care workers who work at community-based organizations and those who work in New York City Public Schools](#). For example, a teacher with a master's degree working in a center-based community program in 2024 earned an average of about \$14,000 less than a New York City Public Schools' educator. Overall, educators working in community-based organizations are [paid 53%](#) of what teachers with comparable experience make in public schools. Some [progress was made toward parity for center administrators](#), but disparities still remain.

CHILD CARE WORKER EXPERIENCES

In addition to low wages and difficulty affording basic necessities, child care workers face barriers and lack of support in the workplace, which makes these crucial jobs even harder. Child care workers in New York State [reported workplace issues](#) including intimidation, favoritism, or a lack of opportunities for input within their program. [Many lacked break rooms](#) or secure places for their belongings. Family care providers across New York State have [identified benefits](#) as the most pressing need in addition to higher pay and consistent funding for their businesses. Providers, including task force members, have also highlighted streamlining regulations and increased support from licensers. In New York State, [family child care providers reported paying themselves with the amount remaining](#)



[after expenses are paid](#), instead of a set salary. Further, in some cases, child care workers go above and beyond their duties to [provide necessities like food and clothing](#) to students and to help families access health insurance and public assistance. Lastly, compared to K-12 teachers, [membership in unions](#) and professional organizations is far rarer for early educators, meaning that these child care workers often lack access to labor organizations that could advocate for better benefits and working conditions in the industry.

STAFFING LEVELS AND TURNOVER

Compounding the experiences of low pay and insufficient benefits, child care workers often [reported](#) staffing levels as insufficient to promote children’s learning and to improve the workers’ practice. [A non-random workforce survey in 2022](#) showed that 45% of child care workers with one year or less of experience said they are considering leaving the field. In some cases, [teaching staff reported using time while supervising children on the playground or during naps](#) — or even unpaid time — to complete their professional responsibilities, including classroom planning and paperwork. [A 2023 survey](#) found 90% of child care centers are short staffed in New York State and 28,462 children couldn’t receive care because of staff shortages. The Day Care Council of New York reported that 83% of centers dealt with staff vacancies in the past year. Unfortunately, these staffing challenges are part of a negative cycle: child care workers face difficult workplace conditions and low pay, leading to increased turnover and insufficient staffing levels, which then further worsens working conditions and results in even higher turnover.

Impact of the COVID-19 Pandemic on the Child Care Industry

The COVID-19 pandemic coincided with the first year of information this task force considered. [The child care industry was hit hard by a “seismic shock”](#) at the beginning of the pandemic and impacted by the restrictions put in place to stop the spread. [New York City schools closed March 15, 2020](#), and a few days later, all “non-essential” workers were ordered to stay home. Then, on March 27, the [Federal Coronavirus Aid, Relief and Economic Security Act was signed, allocating \\$163 million for emergency relief of the child care system in the state.](#)

[While this provided a long-overdue \(but brief\) raise in worker salaries, and allowed 65% of state-licensed child care providers to stay open](#), many operated at only 30% capacity due to staffing shortages and social-distancing mandates. A [2023 Child Care in the State of New York](#) report showed that in the second quarter of 2020, the [private-sector child care industry across the state lost 27,100 workers](#), or 35% of total employment. [In New York City, there were 30% fewer child care workers in summer 2020 than in the prior winter.](#) These closures forced many families into precarious makeshift arrangements. Many parents – overwhelmingly mothers – left their jobs, creating a [“shecession.”](#)

Even with these substantial financial stressors, child care [workers reported that emotional and mental stress was more significant](#). In New York City, over one fourth of these workers lost a loved one. And a [survey of pre-K teachers](#) found they experienced work-based stress at nearly twice the rate of other workers.

By 2022, [the number of child care workers had returned to 98 percent of its pre-pandemic levels](#). In fact, in New York City, from 2012-2022, [the number of child care workers increased by 24%](#). However, [experts believe the field is at great risk of shrinking](#). And the ephemeral but justified praise for child care workers has dwindled, with limited current recognition of the importance of child care work.



Task Force Recommendations on Child Care Worker and Industry Supports

The task force offers the following recommendations to address the issues and barriers parents and workers face when seeking or providing child care, and to build towards free universal care.

- **Advocate with New York State to make policy changes and budget investments that build toward universal child care and support workers.**
 - Support workers and providers to make careers and businesses sustainable:
 - Earmark \$1.2 billion for a child care workforce pay equity fund, for example by enacting [Senate Bill S5533 \(Brisport\)](#), with special attention to New York City’s home-based providers.
 - Change state child care payment funding, for example by allowing child care providers to be reimbursed prospectively based on enrollment rather than retrospectively based on attendance, to stabilize cash flow for child care providers.
 - Provide support for small minority- and women-owned businesses (M/WBEs) in the child care industry to cover parental leave for their employees.
 - Provide subsidies for extended hours, drop-in care, summer programming, and serving special-needs students.
 - Create a state insurance program for providers.
 - Support parents’ ability to access subsidized care:
 - Eliminate the requirement for parents to earn at least minimum wage to receive subsidized care, for example by enacting [Assembly Bill A2218 \(Clark\)](#).
 - De-link authorized hours of subsidized child care from hours parents are engaged in qualifying activities, including work, to allow parents more flexibility and to accommodate schedule fluctuations, for example by enacting [Senate Bill S2001 \(Brisport\)](#).
 - Improve eligibility for publicly funded care:
 - Ensure funding to maintain current low-income voucher enrollments.
 - Support [New York State government’s new pilot of a community care model](#).
 - Amend state regulations for documentation requirements to pave the way for a simpler child care application form, which the city is required to use.
 - Continue driving toward implementation of income adjunctive eligibility, for example allowing recipients of the Supplemental Nutrition Assistance Program and Home Energy Assistance Program to be automatically income eligible for child care assistance.
- **Increase enrollment in child care programs where funding allows.**
 - Continue to improve MyCity to make it easier for families to apply and recertify for child care.
 - Create a centralized “one-stop-shop” website that provides child care information to families

and a texting system for the city to communicate with parents and guardians of young children. Include community-based organizations and child care programs so there are multiple points of access for families to get support where they feel comfortable.

- Ensure families with mixed immigration statuses know how to get the care they are eligible for, and update program language to encourage access and combat other inaccurate or chilling messaging.

○ **Support care workers to improve wages, career paths, and professional development.**

- Ensure child care providers, including in licensed family child care programs, are paid a living wage, and consider how to create a compensation plan that creates equity across early childhood settings.
- Explore how to acknowledge experience, expertise, and a variety of credentials in a compensation structure.
- Provide skilled and experienced child care workers with options to receive credentialing through a variety of training institutions and eliminate other barriers to credentialing where allowed by the state.
- Explore creating a financial incentive program for people with or pursuing degrees in early childhood education and care.
- In partnership with private businesses, build on and expand the Childcare Business Pathways program to low-to-middle income women residing outside of New York City Housing Authority (NYCHA), make it a hybrid model, and advocate for pilot apprenticeship programs for the child care workforce.
- Partner with higher education institutions to develop leadership initiatives and scholarships to help teachers and administrators advance their careers.
- Improve language access by engaging, training, and offering professional development to care workers in accessible ways, including materials and credentialing pathways.

○ **Increase physical space available to house more child care programs.**

- Build on city's first-ever [Municipal Child Care Pilot Program](#) for Department of Citywide Administrative Services workers and identify additional city-owned spaces and Economic Development Corporation assets to support child care for city employees.
- Raise awareness of the Child Care Center Abatement Tax Credit Program.
- Use "City of Yes" and Office Conversion Accelerator model to facilitate child care center growth.
- Require that developers receiving tax breaks reserve a portion of their ground floor space for small NYC certified M/WBE child care providers with rent subsidies that make these spaces accessible.

- Continue to amend zoning laws to allow child care centers in appropriate neighborhoods where they are currently excluded.
 - Create a public portal to connect child care operators to viable commercial real estate spaces in child care deserts.
 - Provide support in the build out of child care spaces for small M/WBEs.
- **Improve school-based care to meet working parents' needs.**
- Facilitate connections between schools and after-school programs.
 - Address the burden of school holidays on working parents.
- **Conduct a holistic asset assessment of child care supply and demand.**
- The assessment should include a forecast analysis and be mindful of the different types of providers and the projected impacts of the proposed free child care expansion on M/WBE child care businesses.



Government Supports, Payments, and Services

Landscape Analysis on Government Supports, Payments, and Services for Caregivers

Government supports and services play a critical role in caregivers' financial stability and their ability to meet basic needs such as housing, food, health care, and transportation. Federal, state, and local programs help mitigate poverty, reduce material hardship, and stabilize families during periods of caregiving intensity. At the same time, many caregivers face barriers to accessing these supports due to eligibility restrictions, administrative complexity, limited benefit levels, and gaps between need and uptake.

Caregivers and Public Supports

A significant share of caregivers in New York City rely on public benefits to meet basic needs. In 2025, approximately [1.8 million New York City residents participated in the Supplemental Nutrition Assistance Program \(SNAP\)](#), and [over 7.5 million visits were made to food pantries](#) citywide in 2023, reflecting both widespread food insecurity and the limits of income supports. [Hundreds of thousands of New Yorkers also received cash assistance and Medicaid through city-administered programs](#), with many beneficiaries being children.

Despite the scale of need, participation in public assistance programs does not fully align with caregiver poverty rates. According to task force member NYC Opportunity, in 2022, nearly one in five mothers in New York City lived below the NYC Opportunity poverty threshold, yet only one in 15 participated in a public assistance program. This gap suggests that while benefits are available, caregivers may face barriers related to eligibility, awareness, or the “[time tax](#)” of administrative burdens that limit access.

Caregivers, Housing Instability, and Rent Relief

[Housing costs](#) are one of the greatest sources of [financial strain for caregivers](#). At the start of 2024, [46,600 children were living in shelters](#) in New York City, showing just how precarious housing can be for families. During the COVID-19 pandemic, [temporary eviction moratoria](#) and [emergency rental assistance programs](#) helped prevent widespread displacement, demonstrating the effectiveness of government intervention during crisis periods. New York State's Emergency Rental Assistance Program (ERAP) provided critical short-term relief by covering missed rental and utilities payments for households at risk of homelessness. In New York City, the majority of [ERAP participants](#) were women and disproportionately Black and Latino households, reflecting broader patterns of [housing insecurity among caregivers of color](#). However, ERAP was time-limited, and its expiration has left many families once again vulnerable to eviction and housing instability.

Ongoing housing supports like housing vouchers, public housing, and city-administered placement and prevention programs remain essential but limited in scale. Eligibility requirements, referral-based access, long waitlists, and landlord participation constraints can make these [programs difficult for caregivers to navigate](#), particularly during periods of crisis.

Public Assistance and Income Supports

Cash and near-cash assistance programs (for example, Electronic Benefit Transfer, also known as EBT) are designed to help families meet basic needs while supporting employment and caregiving responsibilities. Programs such as SNAP, cash assistance, energy assistance, and transportation subsidies reduce material hardship and help caregivers maintain stability during periods of reduced earnings.

At the federal and state levels, Temporary Assistance for Needy Families (TANF) provides recurring cash assistance. [Maximum benefit levels](#) in New York City for a single parent family with two children are \$789/month, which is a 26% reduction from 1996 levels (the year TANF was created) when adjusted for inflation. These benefits are only 38.1% of the federal poverty level, and do not account for the rising cost of living. Participation has also declined significantly over time. [Cash assistance reached 79% of families](#) with children living in poverty in 1995, but by 2020, it reached only 39% of these families in New York State, reflecting both policy choices and restrictive eligibility and work requirements. Asset limits, income thresholds, and work participation rules can further limit caregivers' ability to qualify, particularly those pursuing education or managing complex caregiving responsibilities.

In contrast, refundable tax credits such as the Earned Income Tax Credit and Child Tax Credit (CTC) have demonstrated strong poverty-reducing effects. In New York, expansions to the [CTC increased benefits](#) for hundreds of thousands of families, significantly boosting household income for low and moderate-income caregivers. And when the CTC was reversed in 2022, [poverty returned](#) to pre-COVID levels. These credits illustrate how income supports that are simple, refundable, and broadly accessible can reach caregivers and provide support when they need it most.

Accessing Benefits: Systems and Barriers

New York City has made investments in centralized benefits access tools, including online portals that allow residents to screen for eligibility, apply for benefits, and track applications. These systems can reduce administrative burden and improve coordination across programs. However, digital access, language barriers, documentation requirements, and the need to navigate multiple agencies can still pose challenges, particularly for caregivers managing work schedules, child care responsibilities, or housing instability.

For immigrant caregivers, eligibility restrictions and fear related to immigration status can further limit participation, even when children or other household members qualify. These barriers can result in under-enrollment in programs designed to support family stability.

Direct Cash Payments and Emerging Models

In recent years, direct cash payment pilots have emerged as a complementary approach to traditional public assistance. These payments are typically unconditional and designed to provide flexible income support that caregivers can use to meet their most pressing needs.

Evidence from [municipal pilots, like Stockton, California](#), and more recently, [Mount Vernon, Ithaca, and Rochester](#), indicates that direct cash supports can reduce income volatility, improve mental wellbeing, increase access to child care, and support housing stability without discouraging employment. In [the Ithaca study](#), many unpaid, full-time caregivers were able to find employment, experienced more housing stability, and saw improvements in physical and mental health. In fact,

local and national examples demonstrate that recurring cash assistance can be particularly impactful for families with young children and caregivers exiting homelessness.

New York City has taken steps to explore these models through legislation authorizing pilot programs and by exempting direct cash payments from income calculations for other benefits. These efforts reflect growing recognition that flexible income supports can address gaps left by existing assistance systems, and that the positive effects of these supports are particularly helpful for caregivers and parents.



Task Force Recommendations on Government Supports, Payments, and Services for Caregivers

As outlined above, the evidence suggests that government supports are essential to caregivers' economic stability, but their effectiveness is uneven. Programs that are time-limited, highly conditional, or administratively complex often fail to reach caregivers most in need, while simpler, more flexible supports like refundable tax credits and direct cash payments demonstrate stronger uptake and impact.

Strengthening government supports for caregivers will require reducing access barriers, improving benefit adequacy, coordinating across housing, income, and care systems, and expanding models that provide flexible, dignified support aligned with caregivers' real-world needs.

Specifically, the task force offers the following recommendations to improve government supports and bolster the financial stability of working families and caregivers.

- **Improve city operated systems that support child care providers to reduce administrative barriers.**
 - Streamline payment processes so providers are paid promptly and on predictable schedules.
 - Ease regulatory and permitting requirements to reduce delays and costs for providers.
 - Improve payment systems and coordination across city agencies.
 - Support child care options that operate during nontraditional hours to better align with caregivers' work schedules.
 - Assess the feasibility of portable background check clearances that follow individual workers rather than being tied to specific programs or providers.
- **Expand financial and technical assistance for child care providers, particularly small and M/WBE providers.**
 - Explore subsidizing commercial rent for child care providers.
 - Support care provided in home-based, family, or neighbor settings.
 - Identify and connect providers to existing city services they can already leverage.
 - Pilot a program modeled on NYC Small Business Services' Commercial Lease Assistance Program to provide legal support for small child care business owners.

- Develop a resource guide tailored specifically to child care providers.
- **Reduce barriers for families and caregivers accessing public benefits and services.**
 - Increase access to services and programs for caregivers with diverse family structures.
 - Advocate for New York State to use all allowable flexibility in TANF for caregivers pursuing higher education.
 - Provide stipends or subsidized child care for parents enrolled in city-sponsored workforce training programs.
- **Meet caregivers where they are by improving outreach, coordination, and enrollment across systems.**
 - Take a more holistic approach to sharing resources with working parents and caregivers.
 - Streamline benefit information across systems caregivers already interact with, such as hospitals, prenatal care providers, benefits offices, and free tax preparation sites.
 - Leverage existing platforms such as MyCity and Women.NYC to increase awareness of and enrollment in benefits.
- **Provide tailored assistance during critical transition periods, such as families experiencing housing insecurity.**
 - Provide families with children under five who were formerly unhoused and living in Department of Homeless Services master lease buildings with light-touch, stabilization services.
 - Conduct further research on place-based housing models — such as co-located housing and library facilities — that better support families.
 - Pilot recurring cash assistance for families with children under five exiting shelter to promote stability and reduce returns to homelessness.



Best Workplace Policies

Landscape Analysis on Best Workplace Policies to Support Caregivers

Caregivers face unequal pay, constrained job options, and child care barriers that limit workforce participation. Workplace policies supported by government incentives and worker protections are a critical tool for advancing gender equity and economic stability.

Caregiving, Pay Inequity, and Occupational Segregation

Caregivers' experiences in the workplace are shaped by longstanding gender and racial inequities in pay and job quality. In New York State, [women workers' wages](#) are approximately 78% of men's, with [working mothers' wages being 65% of fathers' pay](#). These gaps are compounded for women of color, who are disproportionately concentrated in lower-paying occupations that tend to offer fewer benefits, less flexibility, and limited access to paid leave.

Occupational segregation reinforces these disparities. Nationally, a large share of [working mothers are concentrated in education, health care, and social assistance](#). These sectors are essential to the economy but often characterized by rigid schedules, nontraditional hours, and high caregiving strain. These structural conditions mean that caregivers are more likely to experience wage penalties, limited advancement, and difficulty balancing paid work with caregiving responsibilities.

Data on transgender and gender-expansive workers remains limited, but available [evidence from New York State](#) indicates that employment discrimination remains a common experience for these workers, including termination. Unfortunately, the lack of comprehensive data obscures the full scope of inequities faced by caregivers with diverse gender identities.

Caregiving Responsibilities and Workforce Participation

Support for caregiving responsibilities, like access to child care and paid leave, directly affect caregivers' ability to participate in the workforce. During the COVID-19 pandemic, [over 500,000 people](#) in the New York City metropolitan area left the workforce because they had to take care of a child at home, underscoring the central role that care infrastructure plays in employment stability.

While [labor force participation among mothers](#) has increased since the height of the pandemic, significant gaps persist between mothers and fathers, especially for caregivers of young children. [Mothers of children under age six](#) are substantially less likely to be working than fathers of young children, reflecting the combined effects of caregiving demands, child care costs, and workplace inflexibility all due to historical and harmful entrenched gender norms. In New York City, [the vast majority of families with young children](#) cannot afford market-rate child care, and only a small share of single parents can do so, making continued employment difficult without workplace supports.

These disparities are not the result of caregiving itself, but of workplaces and labor markets that are not designed to accommodate caregiving responsibilities.

Worker Rights: Protections and Impact

Federal, state, and city laws provide important baseline protections for caregivers and care workers. These include protections against [pregnancy](#) and [caregiver](#) discrimination, requirements for reasonable accommodations related to [pregnancy and lactation](#), [minimum wage standards](#), [protected time off](#), and specific protections for [domestic and home care workers](#).

These laws are especially important for low-wage workers, [domestic workers](#), and immigrant workers, who are [more likely to experience unsafe working conditions](#), retaliation, or job loss when caregiving needs arise. However, while worker rights protections are necessary to prevent harm, they do not ensure that caregivers can access paid leave, flexible schedules, or child care supports. Enforcement challenges, fear of retaliation, lack of awareness, and power imbalances (for example, immigrant workers and workers in informal or nontraditional employment) can limit the impact of these protections.

Paid Family Leave

The usage and popularity of New York State's Paid Family Leave (PFL) program demonstrates the importance of paid leave for caregivers' health, family stability, and workforce attachment. New York City residents account for a significant share of PFL usage statewide, and [claims data](#) indicate that the program is particularly utilized by low- and moderate-income workers who are least able to forgo wages during caregiving periods.

Employer-Supported Caregiving Policies and Persistent Gaps

Employers play a critical role in shaping caregivers' access to supports such as paid leave, flexible scheduling, and child care assistance. Examples from [unions](#) and [individual employers](#) demonstrate that caregiving supports, such as subsidized child care, backup care, extended paid leave, flexible schedules, and dependent care accounts, can improve worker retention and stability when intentionally designed.

However, access to these supports remains uneven. [Larger employers and unionized workplaces are more likely to offer comprehensive caregiving benefits](#), while smaller employers often face financial, administrative, or capacity constraints. Public incentives, including federal, state, and city tax credits intended to encourage employer investment in child care have not yet produced child care access at the scale needed to meet caregivers' needs. [Complex eligibility requirements, upfront costs, limited applicability to nonprofits and public-sector employers, and administrative burden can deter participation](#). As a result, many caregivers remain without meaningful workplace supports, even as policy tools exist.



Task Force Recommendations on Best Workplace Policies

Improving workplace policies for caregivers requires more than individual employer action. Addressing wage inequities, occupational segregation, and caregiving-related workforce exits will require coordinated efforts to strengthen paid leave, expand access to flexible and predictable work schedules, increase employer incentives, and ensure that worker rights protections are meaningful in practice. The task force offers the following recommendations to strengthen workplace policies,

which are a critical complement to government supports and care infrastructure. They are also a key lever for advancing gender equity and economic stability for caregivers across New York City.

- **Strengthen employer incentives for child care programs so more employers can participate.**
 - Advocate for reforms to the New York State Employer-Provided Child Care Tax Credit to better meet employers' needs.
 - Encourage employers to implement recommendations from Women.NYC's [child care toolkit](#).
- **Increase employer engagement and awareness with an emphasis on smaller employers with limited administrative capacity.**
 - Engage employers through roundtables and other forums to highlight existing tax credits, abatements, and city resources.
 - Dedicate targeted engagement efforts to small and mid-sized employers, recognizing their financial and operational constraints.
- **Expand partnerships between the public and private sectors to reduce cost for families while supporting workforce stability and retention.**
 - Facilitate additional partnerships modeled on New York State's Employer-Sponsored Child Care Pilot Program and similar cost-sharing approaches.
- **Recognize, celebrate, and incentivize employers to create care friendly workplaces.**
 - Create a recognition system or public campaign to highlight employers that provide strong support to caregivers and effectively use city incentives.
 - Encourage employers to assess and respond to employee caregiving needs, allow schedule flexibility and greater worker autonomy, actively encourage parents, particularly fathers and non-birthing parents to take leave, and offer equal and sufficient paid leave policies.
- **Leverage unions as key partners by expanding access to benefits in unionized and nontraditional work settings.**
 - Engage with unions to encourage inclusion of child care benefits in contracts and benefit packages, with an emphasis on unions representing workers in nontraditional trades or with nonstandard hours.
- **Improve access to existing financial tools and supports for child care.**
 - Provide clear information to employees about child care-related tax benefits and programs, including the Federal Child and Dependent Care Credit, NYC Child Care Tax Credit, and Dependent Care Assistance Program.
 - Pilot child care benefit financing tools such as tuition assistance programs and employer matching accounts.



Access to Culturally Sensitive, Affordable, Quality Health Care

Landscape Analysis on Access to Culturally Sensitive, Affordable, Quality Health Care

Access to culturally sensitive, affordable, high-quality health care is critical to enabling working families to thrive across the city. In particular, task force members focused on mental health and reproductive health, and their intersections. This section highlights relevant data on existing challenges in health care access and conditions that particularly affect caregivers and young people. It also highlights relevant local and state programs and policies that are available to New Yorkers to facilitate access to care. For parents, family health care access improves parents' and children's health, [removing many barriers](#) across all aspects of their lives.

Mental Health

Throughout the city, mental health issues affect residents across all classes, races, genders, and ages. In a given year, [nearly one in four people](#) experience a mental health disorder. However, despite mental health being a universal concern, over a third of [New York City adults](#) report unmet mental health needs, such as not receiving as much treatment as they would have wanted, not receiving it as soon as they wish they had, or not easily accessing it at any point when they wanted it, which can be due to cost or stigma.

Significant racial disparities in access persist, with New Yorkers of color being [less likely to be connected to mental health care](#) than white New Yorkers, and Asian New Yorkers [least able to access care](#). Connection to mental health care also [differs significantly by neighborhood](#), ranging from nearly 70% of those with mental health needs receiving treatment in the neighborhoods with the highest connection, to only around 20% in the neighborhoods with the lowest connection. [Providers identified workforce shortages](#) and lack of care integration as the primary barriers for New Yorkers accessing mental health care.

CHILDREN

Access to mental health care is also an issue for the city's children, where [rates of serious mental health concerns](#) are rising. For example, in 2021, 20% of children age three to 13 experienced one or more mental health conditions, including 8% with anxiety. Among the city's high school students, 38% of students reported feeling sad or hopeless nearly every day, while the rates of suicidal ideation have risen among NYC adolescents from 11.6% to 15.6% in the past 10 years. Digital media use, increasing academic pressure, limited access to mental health care, alcohol and drug use, financial stress, income inequality, gun violence, and climate change have [all been noted](#) to increase mental health concerns in youth and families.

PARENTS AND CAREGIVERS

Pregnant people, parents, and caregivers face unique mental health challenges. Mood or anxiety disorders are the most common mental health illnesses during the perinatal period, with [one in](#)

[five pregnant or postpartum people](#) experiencing them. Across the city, [13% of people who were pregnant](#) reported experiencing postpartum depression and a [national survey](#) found that caregivers are more likely to experience anxiety and depression compared to non-caregivers. However, [over half of caregivers](#) said it is not realistic for them to take a day off for their emotional and mental health, even though nearly three quarters said they need regular mental and emotional health breaks. In 2025, New York State received a C rating on the Policy Center for Maternal Mental Health's annual [Maternal Mental Health State Report Cards](#) due to New York's low provider-patient ratios and lack of screening reimbursements and requirements.

Insurance Options

Insurance coverage often dictates the kind of care people are able to access and at what cost. More than half of the city's children [are insured through Medicaid](#) and the [Children's Health Insurance Program](#) (CHIP), which is for children under the age of 19 who do not qualify for Medicaid but lack access to other health insurance. Comprehensive coverage of New York State Medicaid and CHIP is also available to postpartum individuals for [12 months after pregnancy](#).

In the absence of a single-payer health care insurance system, there are various insurance programs in addition to Medicaid and CHIP that are available to lower-income or under-insured New Yorkers. While these programs fill some gaps, many persist. In the city, immigrant adults (15%) [are nearly twice](#) as likely as U.S.-born adults (8%) not to have health insurance. Immigrants who are Latino (26%) or born in Mexico (46%) are most likely to lack insurance. Two programs, the [Family Planning Benefit Program](#) and the [Family Planning Extension Program](#), together provide free, confidential sexual and reproductive health services to teens and adults who meet certain requirements. They provide up to 26 months of additional access to family planning services for women, regardless of immigration status, who were on Medicaid while they were pregnant, but lost Medicaid coverage when the pregnancy ended (no matter how it ended).

Example New York City Health Care Resources and Programs for Caregivers and Families

The task force reviewed a number of existing city programs that improve access to health care and mental health care, improve quality of care, or attempt to address historic and systemic health disparities for parents, caregivers and children.

REPRODUCTIVE HEALTH CARE

The city offers initiatives and standards to improve access to reproductive health care. DOHMH's [New Family Home Visits Initiative](#) includes the Newborn Home Visiting Program, Nurse Family Partnership, and the Citywide Doula Initiative. These programs train health care workers, such as nurses, doulas, and community health workers to conduct in-home or virtual visits for pregnant individuals in public housing who receive Administration for Children's Services support or reside in [Taskforce on Racial Inclusion & Equity](#) (TRIE) neighborhoods. The Newborn Home Visiting program provides no-cost in-person and virtual home visits for eligible people and parenting families, regardless of age or immigration status. The program has social workers, nurses, and lactation professionals to provide additional support to families as needed. The Nurse Family Partnership program pairs eligible clients with registered nurses to receive regular visits from early pregnancy to the child's second birthday. DOHMH's [Citywide Doula Initiative](#) offers free doula services

to income-eligible New Yorkers who live in TRIE neighborhoods, in shelters, or in foster homes. Reaching every labor floor in the city, the [New York City Standards for Respectful Care at Birth](#) were developed by DOHMH in dialogue with community members to inform, educate, and support people giving birth so that they can know their rights and be active decision makers in their birthing experience. The standards are also integral for providers to respect and be aware of their patients' rights during pregnancy, labor, and childbirth. DOHMH's [New York City Abortion Access Hub](#) provides confidential help finding an abortion provider in New York City, scheduling an appointment, getting financial assistance, and finding transportation and lodging.

MENTAL HEALTH CARE

DOHMH offers mental health resources including [Family Resource Centers](#) which provide services to parents and caregivers of children and youth (under age 25) who have or are at risk of developing emotional, behavioral, or mental health challenges. The [Single Point of Access Program](#) helps providers connect people, both adults and children, with serious mental illness to mental health services that can accommodate them, facilitating access to benefits and treatment. In New York City, there are free and low cost [Child and Adolescent Mental Health Services](#), including outpatient services, community supports and services, emergency and crisis services, and inpatient services. [The Perinatal and Early Childhood Mental Health Network](#) provides mental health services to pregnant and postpartum people, children under 5, and their families as well as training opportunities for professionals. The NYC Health Department offers information and resources related to depression and anxiety following pregnancy. [NYC Health + Hospitals Mental Health Services](#) are a range of affordable mental health services and programs for children, adolescents, adults, and seniors. The task force reviewed these programs, and many others, including DOHMH's [Building Resilience for Youth Programs](#), as well as New York City Public Schools' [School Mental Health Program](#).

INCLUSIVE HEALTH CARE

The task force also examined the intersections of sexual orientation, gender identity, and health care access. It noted the [LGBTQ Health Care Bill of Rights](#), which explains how New York City prohibits discrimination on the basis of a person's sexual orientation and gender identity or gender expression in public accommodations, including in health care settings. These 10 rights outline protections at the local, state, and federal level for members of LGBTQ communities. The city has also developed [Health Tips for Transgender, Gender-Nonconforming and Nonbinary People](#), a booklet with specific information to support transgender people's health, including resources for gender affirming care, primary care services, sexual health services, self-care, and community connections. Additionally, [NYC Health + Hospitals' Pride Centers](#) are designed to focus on the health needs and disparities specific to LGBTQ communities and provide a variety of services including gender-affirming surgery.



Task Force Recommendations on Access to Culturally Sensitive, Affordable, Quality Health Care

The data the task force reviewed show the universal need for access to health care, and also the many barriers caregivers and families face when seeking health care, including mental health care. Physical and mental health are prerequisites for families to thrive in all aspects of their lives. As the pandemic showed, parents prioritize health above other needs, such as employment. However, the current system of employer-based health care insurance, in the absence of a single-payer system, can create significant barriers to care.

The task force offers these recommendations to improve access to health care, including to mental health care and reproductive health care, as a way to improve families' wellbeing. These recommendations would also make substantial strides towards gender equity across the city.

- **Raise awareness of and reduce stigma around accessing public services related to health care.**
 - Highlight existing services that provide care for parents and families before and after birth, such as DOHMH's Neighborhood Health Action Centers.
- **Establish a task force, commission, or other means to study perinatal mood and anxiety disorders.**
- **Improve maternal mental health screening requirements and screening reimbursement in New York State.**
 - Work with New York State to require OB-GYNs to screen for maternal mental health disorders.
 - Advocate with New York State to require Medicaid to reimburse and private insurance to bill for prenatal and post-natal screenings.
- **Improve community health workers' conditions and pay.**
- **Support new and expecting parents with baby baskets for newborns.**
 - Build on the existing baby box program at four city hospitals and NYCHA's Healthy Start initiative to provide NYCHA communities with newborn care packages and support services.
- **Work with DOHMH and NYC Health + Hospitals to continue initiatives to address bias in maternal care.**
- **Support mental health care for young people and expand programs such as DOHMH's Building Resilience in Youth Program, which connects youth in TRIE neighborhoods with mental health services.**
- **Leverage the WorkWell program run by the NYC Office of Labor Relations in partnership with DOHMH to improve the health and well-being of city workers.**

Conclusion

Over the past two years, the Marshall Plan for Moms Task Force took a holistic and comprehensive approach to study ways to improve the lives of working caregivers and eliminate barriers across the child care ecosystem, all while centering two of the guiding principles of this new era: affordability and workers' rights. All across the city, families spend far too much of their hard-earned wages on child care, while the workers providing this vital service are some of the city's lowest-paid, most precarious workers.

CGE and the task force sought to address this gender- and racial-equity issue through collaboration with city agencies, community-based organizations, and everyday New Yorkers, utilizing rigorous data analysis and most importantly, New Yorkers' lived experience.

This report is the culmination of the task force's work, and presents comprehensive recommendations to substantially improve material conditions for all New Yorkers affected by the child care ecosystem, so that workers, parents, and children can have not only greater financial security, but the freedom to enjoy their lives. As the city moves toward equity for child care workers and free, universal child care, the task force hopes this report will be a road map for action.

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