



The Care Divide:

Child Care Access, Cost, and Quality for Black Families

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The University of North Carolina at Chapel Hill

Equity Research Action Coalition
UNC Frank Porter Graham Child Development Institute

Preamble. This report, *The Care Divide: Child Care Access, Cost, and Quality for Black Families,* is part of a series presenting results from the UNC-Gallup Black Family Census, which is part of the Black FA³M Study.[1] The Black Family Census included a nationally representative sample of more than 500 Black participants from across the United States, including up to 80 respondents who self-identify as Black plus another race. This survey addresses limitations in national data on Black families by assessing ways to protect, promote, and preserve their health, wealth, and overall well-being through an asset-based lens.

Takeaway. *The Care Divide: Child Care Access, Cost, and Quality for Black Families* shows that Black families rely on child care as essential support for work and child development, yet many of those families face high costs, limited feasible choices, and reliance on informal or patchwork arrangements. This brief argues that expanding child care slots alone is not enough; meaningful access must also include affordability, quality, reliability, and trust.

ABOUT THE UNC EQUITY RESEARCH ACTION COALITION

The Equity Research Action Coalition (ERAC), a university-based collaborative, focuses on co-constructing with practitioners and policymakers actionable research and evaluation to support the optimal development of Black children prenatally through childhood across the African diaspora. ERAC works at the intersection of research, program, and practice through anti-racist and cultural wealth frameworks. ERAC focuses on developing a science-based action framework to eradicate the impact of racism and poverty and all their consequences on the lives of Black children, families, and communities, ensuring their optimal health and well-being.



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[1] The Black FA³M study is a collection of projects—surveys, diaries, and focus groups—that provide insight into the realities of Black families, with a particular focus on those with young children under age eight. In particular, the study employs a culturally grounded, asset-based lens that simultaneously showcases the adversities faced by Black families and their resolve, the backbone of the Black community. The Black FA³M Study complements prior research by the UNC Equity Research Action Coalition (ERAC), such as the Black Child National Agenda and Black Parents and Their Babies. You can read more about the origin of the Black FA³M study in the *Rooted and Rising: Black Families Navigating Racism, Hardship, and Hope* report.

INTRODUCTION

Child care[2] is not simply "nice to have." It is essential infrastructure that supports children's development while enabling parents to work and provide for their families. Child care is especially consequential because it coincides with the most rapid period of development in a person's life. By age five, an estimated 90% of a child's brain development has already occurred.[3] During this window, the quality of children's daily relationships and environments helps build the foundation for lifelong learning, health, and behavior. For that reason, the quality of care children receive in these early years is less a matter of convenience than a public priority affirmed by decades of research.

Extensive research demonstrates the impact of high-quality child care, including well-trained, fairly compensated, and well-supported educators; enriching learning opportunities; and safe, healthy learning environments.[4] Seminal interventions, such as the Carolina Abecedarian Study and the HighScope Perry Preschool Program, further show the long-term and intergenerational benefits of high-quality early childhood education (ECE). For example, the Perry Preschool Project, which began in the early 1960s and followed children and their families for decades, found in its 2023 follow-up that adults who attended the program as children earned roughly $8,600 more per year during their child-rearing years and were 33 percentage points more likely to complete high school than those in the control group; they also sustained cognitive gains into their mid-fifties.[5] These benefits extended to the next generation: the children of those who attended the program were 26 percentage points more likely to be employed, 17 percentage points more likely to have never been suspended from school, and 9 percentage points more likely to be in good health as adults than the children of the control group.[6] Findings like these demonstrate the impact of high-quality ECE when care is strong, consistent, and developmentally supportive.

The promise of early education, however, can only be realized when families are able to access it. For Black families, access has long been shaped by structural barriers, including cost, availability, and the uneven distribution of high-quality programs. Understanding where these gaps emerge is therefore a necessary first step toward closing them.

This report examines ECE access for Black families and identifies where gaps exist, drawing on data from the UNC-Gallup Black Family Census Study, a nationally representative sample of more than 500 Black participants across the United States.

[2] In this report, we use "child care" as an inclusive term to represent the variety of child care or early care and education programs and settings that families choose for their children. This can include home- or center-based child care, preschool, or preK, as well as family, friend, and neighbor care.

[3] UNESCO. (2024, September 30). Investing in early childhood care and education yields lifelong benefits. https://www.unesco.org/en/articles/investing-early-childhood-care-and-education-yields-lifelong-benefits

[4] National Academies of Sciences, Engineering, and Medicine (NASEM). (2023). *Closing the Opportunity Gap for Young Children.* The National Academies Press. doi: 10.17226/26743

[5] García, J. L., Heckman, J. J., & Ronda, V. (2023). The lasting effects of early-childhood education on promoting the skills and social mobility of disadvantaged African Americans and their children. The Journal of Political Economy, 131(6), 1477–1506. doi: 10.1086/722936

[6] Ibid

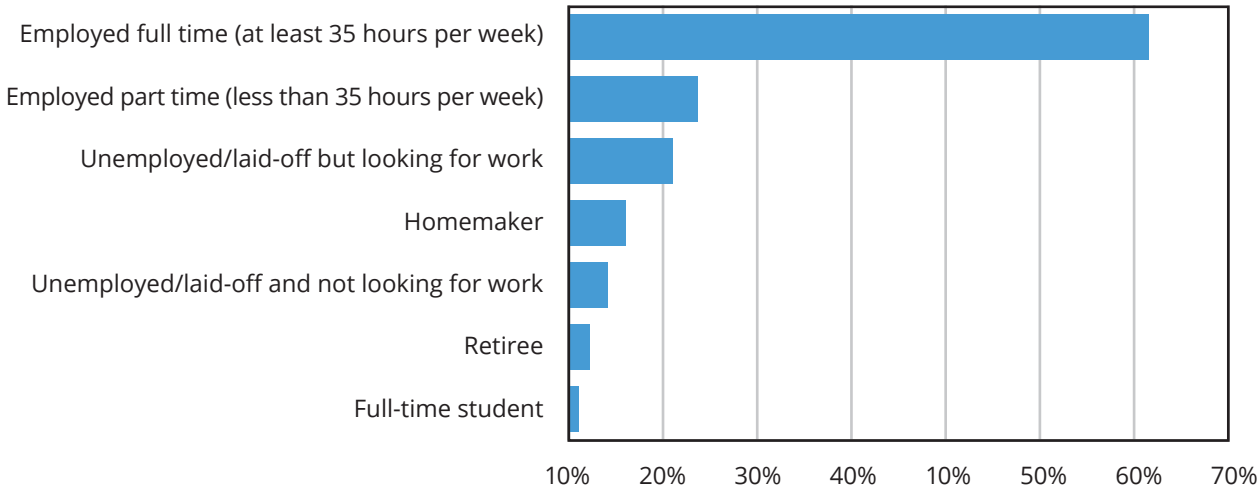
WORK AND THE NEED FOR CARE

Child care is inseparable from a family's economic life. A large majority of Black children under age six live in a household where every parent is employed, and a majority of working Black mothers (66%) are single parents.[7] For Black families, this highlights the importance of reliable child care. It becomes less of a choice and more of a necessity to sustain a household on a single income. That dependence is also what makes disruptions costly. In late 2023, when federal child care stabilization funding expired, Black and Latine families reported tuition increases at higher rates than white families. Additionally, among parents who lacked child care in 2024, one in four Black women (25.4%) reported leaving or losing a job as a result, compared with 18.9% of white women and 15.3% of white men.[8] The supply and support of care have not kept pace with the demand, and this gap tends to have an exacerbating effect on Black families.



The UNC-Gallup data showed a similar pattern in the distribution of working Black families (Figure 1). Three in four Black parents (75.3%) reported being employed either full-time (61.6%) or part-time (13.7%). A smaller but meaningful share was out of work: 11.1% unemployed but actively looking for work, while 4.2% were unemployed and not currently looking. The remainder consisted of homemakers (6.1%), retirees (2.2%), or full-time students (1.1%).

Figure 1. Percent of Black Parents by Employment Status



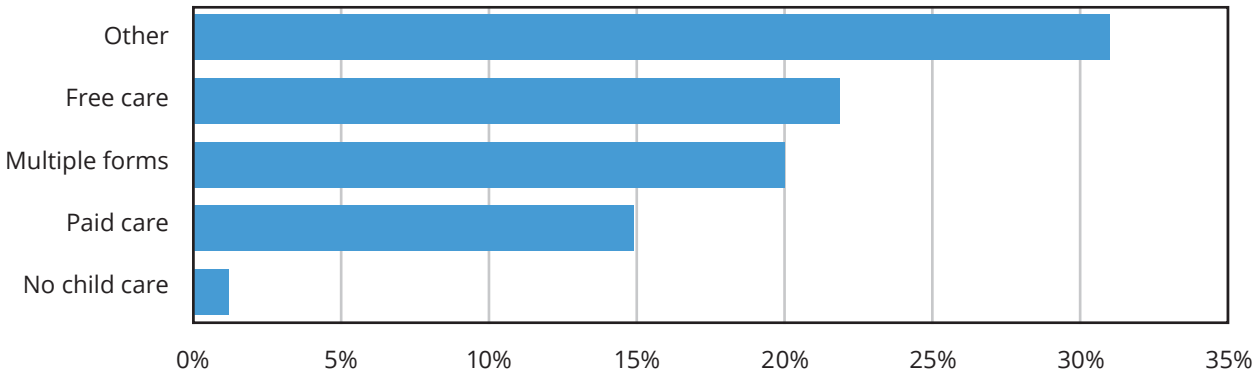
[7] Lloyd, C. M., Alvira-Hammond, M., Carlson, J., & Logan, D. (2021). Family, economic, and geographic characteristics of Black families with children. Child Trends. https://www.childtrends.org/publications/family-economic-and-geographic-characteristics-of-black-families-with-children

[8] National Women's Law Center. (2025). Child Care Problems Disproportionately Impacted Black Women, Latinas, Disabled Women, and Those with Lower Household Incomes in 2024. https://nwlc.org/wp-content/uploads/2025/12/Child-Care-Problems-Disproportionately-Impacted-Black-Women-Latinas-Disabled-Women-and-Those-with-Lower-Household-Incomes-in-2024.pdf

Among Black parents who were working (Figure 2), more relied on free care (34.9%) compared to paid care (24.6%). This care was largely provided by family, friends, or public programs rather than a paid private facility or preschool. Nearly a quarter of working parents (22.5%) combine more than one type of care, suggesting that even among employed parents, a single type of child care may not be enough or dependable on its own. Additionally, "free" does not imply low effort or minimal risk. Leaning on a relative or an informal arrangement carries its own trade-offs in reliability and flexibility.

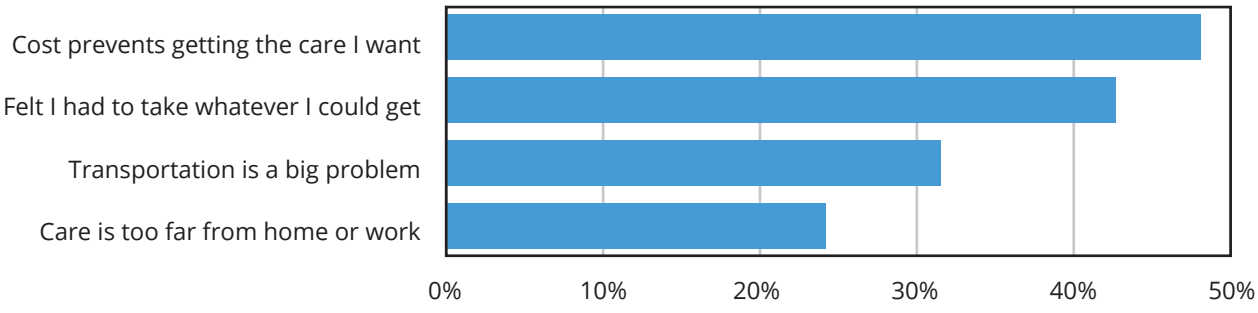


Figure 2. Paid vs. Free Child Care Among Black Parents



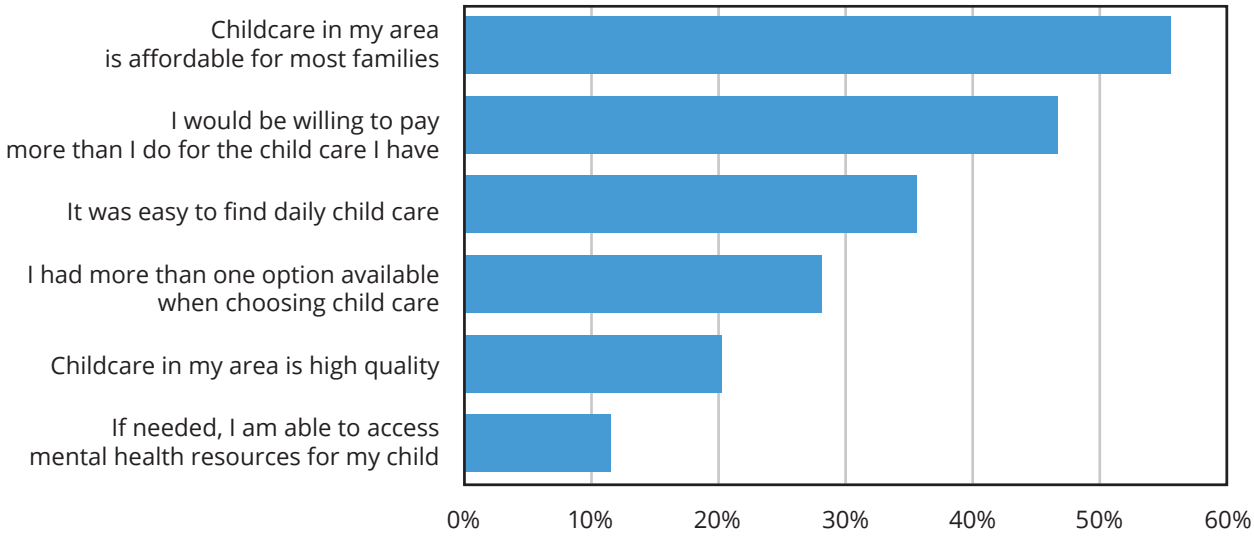
For working Black parents, cost was the most significant and consistent barrier, with 48.1% agreeing or strongly agreeing that the cost of child care in their area prevented them from getting the kind of care they want, and a majority (55.6%) did not consider child care in their area to be affordable for most families. The cost pressure also shaped the choice of care, with 42.7% reporting that they either agreed or strongly agreed that they felt they had to take whatever they could get, even though only 28.1% reported actually lacking more than one option, suggesting the choices available often do not feel like viable options (Figure 3).

Figure 3. Challenges Directly Reported by Working Black Parents (Agree or Strongly Agree)



Beyond cost, other strains also surfaced. Over a third (35.6%) said it was not easy to find daily child care, and one in five (20.3%) did not consider the care in their area to be high quality (Figure 4). A smaller percentage (11.5%) said they cannot access mental health resources for their child if needed, which is a reminder that child care for working parents means more than a place to be during the workday. Distance and transportation were present but secondary concerns, cited by about a quarter (24.2%) and a fifth (21.5%) of working parents, respectively. Collectively, the strain on working Black parents is not primarily about finding a slot, but also about affording care, trusting it, and feeling like they have a choice.

Figure 4. Unmet Expectations in Child Care Among Working Black Parents (Disagree or Strongly Disagree)



Altogether, these findings describe a workforce that is overwhelmingly employed, yet whose stability rests on child care that is inconsistent, costly, and often chosen out of necessity rather than confidence. For Black families, reliable child care is not a benefit gained through working, but rather the foundation that makes Black families' ability to work possible.





WHAT CARE COSTS BLACK FAMILIES

Knowing what type of care Black families rely on is only part of the picture; understanding the cost of that care is also important. National data highlight these elements. The average annual cost of child care for two young children is now a little less than $30,000, about 52% of the typical Black household's income.[9] Among parents who work full-time and year-round, 73% of those who are Black spend more than 7% of their income on child care, which exceeds the federal government's threshold for affordable center-based care (Walters et al., 2026).[10] This section examines these patterns and whether the type of care a family relies on shapes the specific barriers they report and influences the burden of affording care.

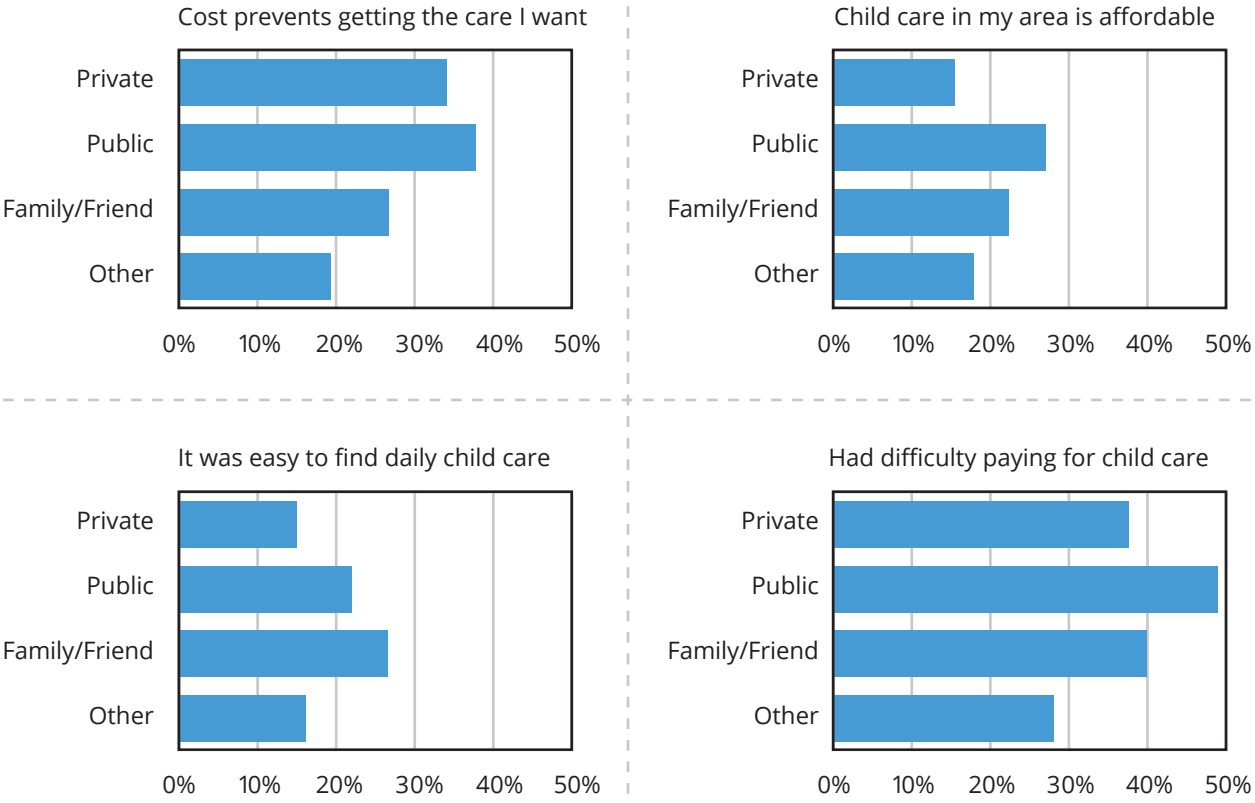


Examining care by type reveals a pattern that complicates the common assumption that paid care is where families feel the most strain. Family and friend care, in particular, appears less like a preferred option than a fallback (Figure 5). Among parents relying on family or friends, 65.9% agreed that costs prevent them from getting the care they actually want; this rate was nearly double compared to parents using paid private care (37.4%). Public care complicates this further. Parents using public options were most likely to describe care in their area as affordable (56.0%) and easy to find (69.7%), yet they also report the highest rate of financial difficulty paying for child care in the past year (49.0%). One reason for this could be that families who turn to public care are already financially stretched, not because public care itself is uniquely burdensome. In comparison, those families who used paid care were less likely to report that cost prevented them from accessing the care they wanted (37.4%) or that they had financial difficulty paying for care (37.6%).

[9] Ford, L. D., & Harvey, C. (2026, March 25). How the affordability crisis threatens the financial security of Black Middle-class children. Urban Institute. https://www.urban.org/urban-wire/how-affordability-crisis-threatens-financial-security-black-middle-class-children

[10] Walters, A. N., Joshi, P., & Shafer, L. (2026). Who can afford child care? A national and state analysis of affordability for working parents. diversitydatakids.org. https://www.diversitydatakids.org/research-library/research-brief/who-can-afford-child-care-national-and-state-analysis-affordability

Figure 5. Child Care Barriers by Type of Care

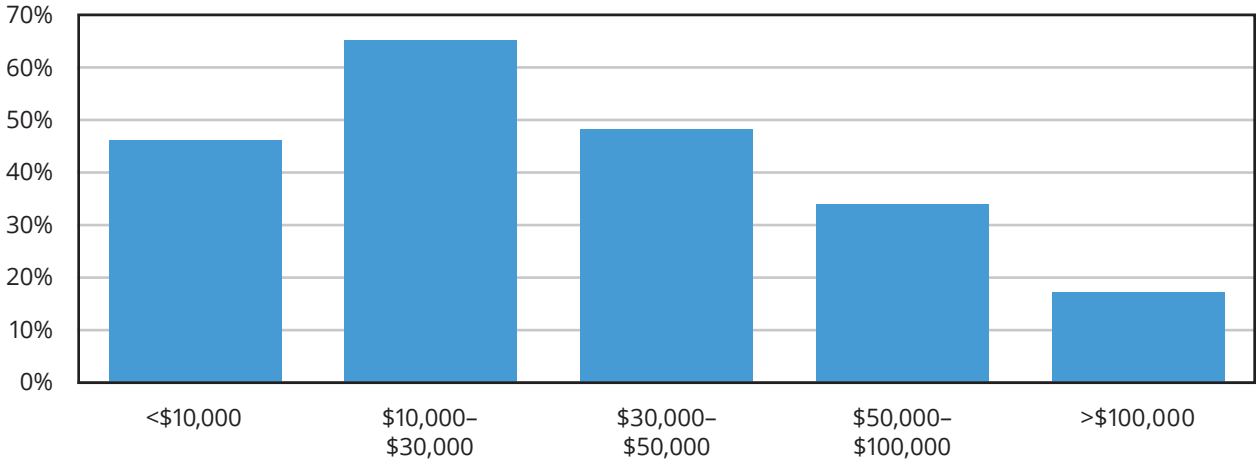


Financial difficulty across income tiers followed an unexpected shape: it rose sharply just above the very bottom, then fell steadily from there (Figure 6). Families earning $10,000–$30,000 reported the highest level of financial difficulty of any income tier (65.3%), compared to 48.2% in the $30,000–$50,000 tier, 33.9% in the $50,000–$100,000 tier, and just 17.1% among families earning over $100,000. The exception to this trend was the lowest-income tier, which reported less financial difficulty (46.2%) than the tier directly above it. One likely explanation is that fewer of these families were paying for child care to begin with. Only 9.8% of families earning under $10,000 used any paid care, compared to 14.7% of families earning $10,000–$30,000, so they may simply have had less of a direct childcare bill to cause difficulty.



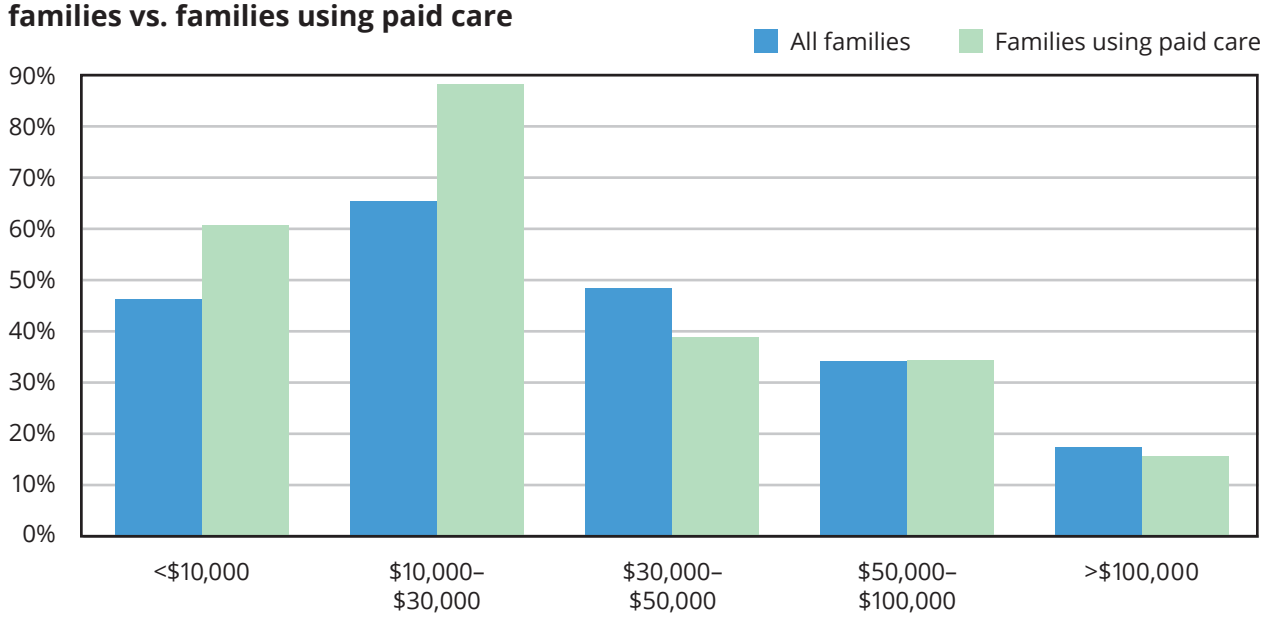
Note: Estimates for families using paid care in the two lowest income tiers were based on a small number of respondents (n=5 and n=13, respectively) and should be read as suggestive of a pattern rather than precise figures.

Figure 6. Financial Difficulty Paying for Child Care, by Household Income Tier



A comparison of all families with those using paid care showed a similar overall shape, but the two groups diverged sharply below $30,000 (Figure 7). Families earning under $10,000 who were paying for child care reported notably more financial difficulty than the income tier as a whole (60.6% vs 46.2%), and the gap widened further in the $10,000–$30,000 tier, where 88.4% of paying families reported difficulty compared to 65.3% of the tier overall. Once income crossed $30,000, the two lines converged and swapped or moved almost identically: 38.6% vs. 48.2% in the $30,000–$50,000 tier, 34.2% vs. 33.9% in the $50,000–$100,000 tier, and 15.3% vs. 17.1% among families earning over $100,000. Essentially, the strain of paying for child care hit hardest and deviated from the broader population for families earning under $30,000. Above that threshold, paying families and the general population moved together, with difficulty easing steadily as income climbed.

Figure 7. Financial Difficulty Paying for Child Care, by Household Income Tier, for all families vs. families using paid care



WHEN ACCESS MEETS QUALITY

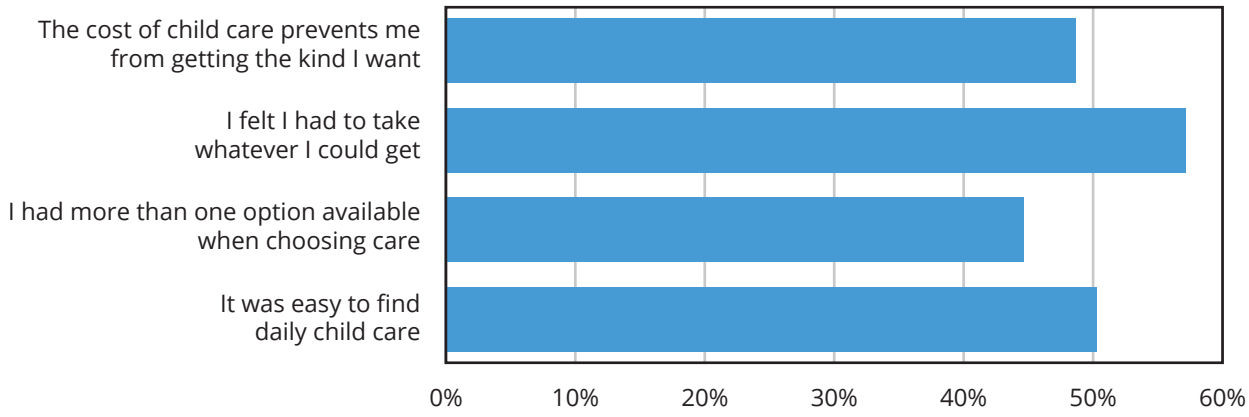
Many conversations about child care treat access and quality as separate problems, asking whether a family can find an open slot and then whether that slot is of high quality. Research on how to actually measure access complicates that split. Researchers Paschall and Maxwell (2022) argue that meaningful access exists only when a family can enroll their child "with reasonable effort and affordability" in care that also supports the child's development.[11] Quality is not separate from access; it is one of the conditions that determines whether access is real. A family located near a slot they cannot afford or that does not meet their child's needs does not have functional access at all. This section delves deeper into this connection and illustrates how Black families described their experiences of access and how satisfied they were with the care their children received.



OVERALL LOOK AT ACCESS

For Black families, access to child care is not a simple yes-or-no answer; instead, responses shift depending on which dimension of access is being considered (Figure 8). A slim majority of families (57.2%) reported having more than one option when choosing care, but fewer reported the process as being easy: 48.7% said it was not easy to find daily childcare, and 44.7% said they felt they had to take whatever care they could get. Additionally, half of all Black families (50.3%) said that cost prevented them from getting the kind of care they actually wanted, reinforcing the strain experienced by families when cost enters the picture.

Figure 8. Perceived Access to Child Care Among Black Families



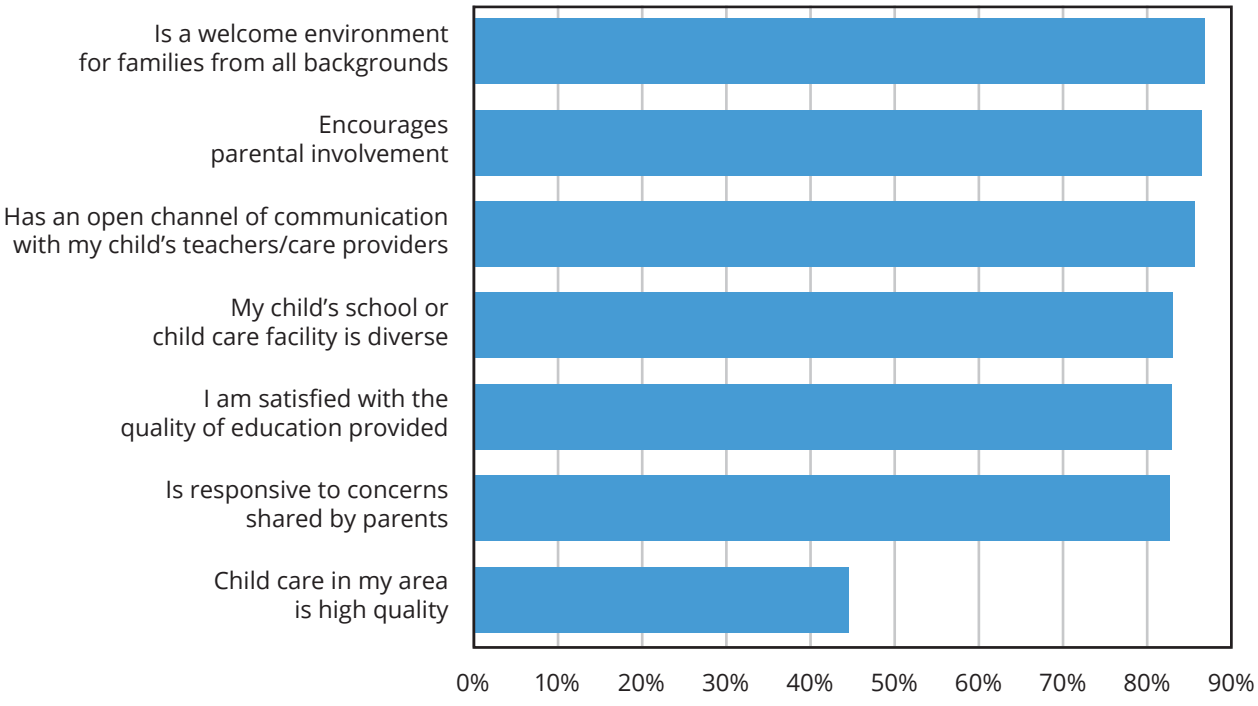
[11] Paschall, K., & Maxwell, K. (2022). *Defining and Measuring Access to Child Care and Early Education with Families in Mind.* OPRE Report #2021-232. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

OVERALL LOOK AT QUALITY

Despite difficulty accessing child care, Black families rated the care their children received positively across most of the dimensions measured (Figure 9): whether their provider was responsive to parents (82.8%), encouraged parental involvement (86.6%), offered a welcoming environment for families from all backgrounds (86.9%), maintained an open line of communication with teachers and care providers (85.7%), and reflected a diverse setting (83.1%). When asked whether they were satisfied with the quality of education their child received, families reported largely positive experiences (83.0%). However, when asked a more general question about whether child care in their area was high quality, that number dropped to less than half (44.6%). Families seemed to have a strongly positive lived experience with their own child's care; however, their broader perception of the child care landscape around them did not reflect this sentiment. That gap suggests families may see their own arrangement as something they found or built despite the system—and not because of it.



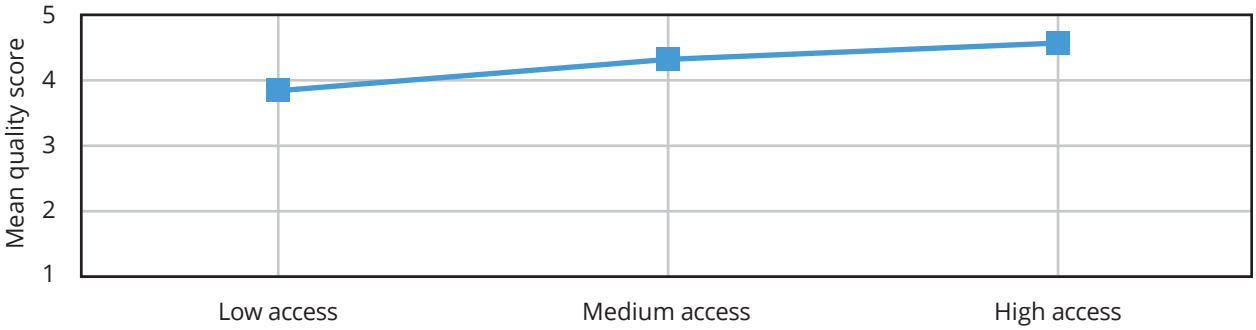
Figure 9. Perceived Quality of Child Care Among Black Families



When directly comparing access and quality, a trend emerged: these two aspects moved in the same direction (Figure 10). Families with the lowest access reported a mean perceived quality score of 3.84 out of 5. This rose to 4.32 among families with medium access and to 4.57 among families with the highest level of access. The relationship appeared consistent and directional, showing that those with a more difficult path to child care tended to report lower quality of care.

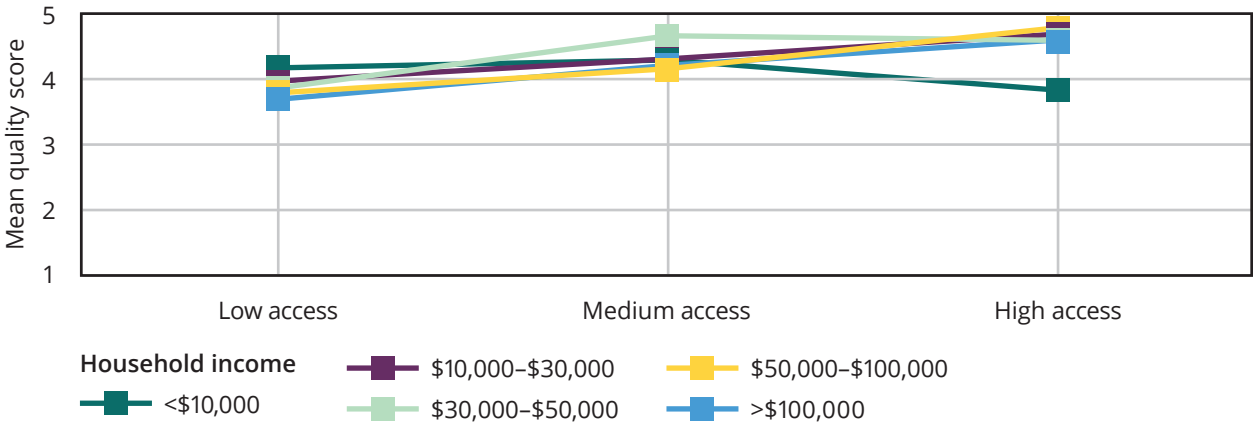
Figure 10. Perceived Child Care Quality by Level of Perceived Access

Weighted mean quality score (1-5 scale), by access tier



Household income seemed to further shape how closely access and quality were related (Figure 11). Among every income tier at $30,000 or above, perception of quality steadily rose, with families earning over $100,000 showing the steepest climb of any group, from 3.79 to 4.79, a full point of separation between the lowest and highest levels of access. Families earning $10,000–$30,000 followed a similar rise before leveling off between the medium and high tiers. However, one tier deviated strongly from this pattern: families earning under $10,000. Rather than continuing upward, this group was the only one whose line fell drastically at the highest access tier, ending as the lowest-rated group in the entire comparison, despite starting as the highest-rated at the lowest access level.

Figure 11. Perceived Quality by Access Tier, by Household Income



Together, these findings raise a more difficult question: **what happens once Black families find care?** Expanding access alone will not close the gap identified here. Securing a slot does not guarantee that care will meet a child's needs, particularly when income constraints limit the quality and stability of available options. Many current efforts focus on increasing the number of child care slots, but availability addresses only one part of a problem that also involves affordability, quality, and trust.

CONCLUSION

Across every angle examined in this report, the same questions recur: **whether care can be sustained, whether it is affordable, and whether it can be trusted.** Even families with stable employment often rely on a patchwork of paid, free, and informal arrangements just to make coverage work. Reliance on formal paid care rises sharply with income, while reliance on free and informal care falls just as steadily. Cost is the barrier families encounter most consistently, regardless of the type of care they use, and families who default to informal care often do so because they already have been priced out of their preferred arrangements.

Taken together, these findings describe a system where piecing together good child care is less a matter of what is available to a family and more a matter of what a family can afford to make available given their circumstances. That distinction should shape how we weigh solutions. Expanding the number of available slots addresses only one part of the problem. Without attention to affordability, added capacity will remain out of reach for the families who need it most. For Black families in particular, whose reliance on care is heightened by high labor force participation and a greater likelihood of single-earner households, the question is no longer whether child care matters. **It is whether the systems meant to provide it will be built to match what families actually need.**



