

City University of New York (CUNY)

## CUNY Academic Works

---

Publications and Research

CUNY Graduate Center

---

2020

### Unprotected on the Job: How Exclusion from Safety and Health Laws Harms California Domestic Workers

Isaac Jabola-Carolus  
*CUNY Graduate Center*

[How does access to this work benefit you? Let us know!](#)

More information about this work at: [https://academicworks.cuny.edu/gc\\_pubs/652](https://academicworks.cuny.edu/gc_pubs/652)

Discover additional works at: <https://academicworks.cuny.edu>

---

This work is made publicly available by the City University of New York (CUNY).  
Contact: [AcademicWorks@cuny.edu](mailto:AcademicWorks@cuny.edu)

# Unprotected on the Job: How Exclusion from Safety and Health Laws Harms California Domestic Workers

Report by Isaac Jabola-Carolus | The Graduate Center, City University of New York

September 2020

## Introduction

Since its creation in 1973, California's Occupational Safety and Health Act has excluded an entire class of workers—those employed in private households as nannies, housecleaners, home health aides, and home attendants. Today, these workers provide vital services to an estimated two million households across the state.<sup>1</sup> This report documents the human cost of their exclusion from safety and health laws at a time when COVID-19 and ecological disaster compound typical workplace hazards.

Predominantly women of color and immigrants, California's domestic workers have long faced low wages, scant benefits, and persistent job insecurity. The devaluation of this workforce is reflected in its systematic exclusion from basic legal protections that apply to most other occupations. The federal minimum wage, for instance, was denied to home care aides for nearly eighty years, from 1938 until 2015, when this exemption finally ended.<sup>2</sup> Domestic workers, however, have not yet gained inclusion in other bedrock labor protections. Their exemption from California's safety and health law is now nearly fifty years old.

This report presents findings from a recent survey of over 700 domestic workers across the Los Angeles and San Francisco metropolitan areas in order to depict the workplace safety experiences of this unprotected group. The survey is part of a larger, ongoing study of work conditions and labor standards enforcement within paid in-home care industries across U.S. cities. Collected between November 2019 and May 2020, the data offers the most current large-scale snapshot of safety and health challenges faced by California's domestic workers.

<sup>1</sup> Saba Waheed, Lucero Herrera, Reyna Orellana, Blake Valenta, and Tia Koonse, "Profile, Practices and Needs of California's Domestic Work Employers" (UCLA Labor Center, 2016).

<sup>2</sup> Noam Scheiber, "U.S. Court Reinstates Home Care Pay Rules," *The New York Times*, August 21, 2015; Editorial Board, "Home Care Workers Can Finally Claim Victory," *The New York Times*, July 2, 2016.



The data indicates that, like those who labor in factories, offices, and fields, California's domestic workers regularly encounter hazards and adverse health outcomes on the job. As past research has shown, large percentages of domestic workers have experienced workplace injuries, been exposed to toxic cleaning chemicals, and contracted contagious illness from sick clients or children. As essential and frontline workers in the current pandemic, domestic workers also face heightened risk of workplace COVID-19 transmission.

**Among the key findings:**

- **Workplace injuries, illness, and violence are common.** Over 75 percent of respondents have experienced at least one job-related injury, illness, or other harm in the past 12 months. Approximately 1 in 4 report that they contracted a contagious illness on the job during the same period. A similar number have experienced verbal or physical aggression.
- **Personal protective equipment (PPE) is limited and is rarely provided by employers.** Among respondents who continued working during the first three months of the pandemic, nearly 1 in 3 report that they lacked adequate PPE.
- **Few workers receive employer-provided training, but most express interest in such training.** Only 25 percent of respondents have been provided safety training by their employer—training that is required by law in other industries.
- **Fear of retaliation silences many workers.** Over 67 percent would expect possible employer retaliation if they refused to perform an unsafe task.
- **Economic necessity compels workers to tolerate health and safety risks.** One in three participants report that, before COVID-19, on at least one occasion they had gone to work even though they thought it was unsafe or harmful to their health. With median hourly wages at \$10.87 and annual income at \$15,600 statewide, domestic workers cannot afford to miss work or lose their jobs.

The survey findings, paired with analysis of U.S. Census data, also highlight the unique risks posed by the twin crises of COVID-19 and record-setting wildfires:

- The majority of surveyed workers continued to work during the first three months of the pandemic. Among workers surveyed in April and May 2020, 62 percent were still employed and thus encountered new hazards presented by COVID-19, often without PPE.
- Nearly 70,000 domestic workers typically work in the counties where this year's three largest fires have burned, exposing them to further health and safety risks.

**The gravity of these challenges leads to the report's core recommendation: that proposals to extend occupational safety and health protections to domestic workers should be enacted and enforced. California's SB 1257, recently passed by the state Senate and Assembly, affords the most immediate opportunity to do so.**

In the absence of such reform, domestic employers have no legal obligation to provide their employees with basic safety training or with safety training specific to domestic work. Further, domestic employers are not required to inform workers about unsafe conditions or to provide workers PPE when needed. Many of the resulting injuries and illnesses are avoidable and could be mitigated by extending safety and health regulations to domestic workplaces.

## Methods

The data presented in this report is drawn from the Care Worker Survey, a multi-city online survey conducted by the author in 2019 and 2020 with the aim of examining labor standards across paid in-home care industries. The primary survey sample was recruited through targeted Facebook advertisements, an approach shown to be effective in studying hard-to-reach, industry-specific populations.<sup>3</sup> In collaboration with the California Domestic Workers Coalition, a second sample was recruited through worker centers and Facebook groups. For the purposes of this report, the two samples have been pooled and analyzed jointly, as they featured minimal differences on the outcomes in question.

San Francisco area respondents participated between November 2019 and February 2020. Los Angeles area respondents participated between March and May 2020. In both contexts, safety and health survey questions covered the topics of workplace injuries and workplace violence. The Los Angeles area survey included a more detailed module that addressed COVID-19, training and protective equipment, exposure to workplace hazards, and employer retaliation. See Appendix A for further methodological details.

This analysis focuses on domestic workers employed by private households or private agencies, as these workers stand to gain coverage under SB 1257. These domestic workers differ from those employed through Medi-Cal In-Home Supportive Services and other publicly funded programs, who can unionize and are covered by collective bargaining agreements that can set contractual safety and health standards. Comparisons between state-funded and private sector domestic work are further explored in the author's ongoing research.

The total sample of 744 workers comprises 544 Los Angeles area responses and 200 San Francisco area responses. Surveyed workers include 376 housecleaners and housekeepers, 209 childcare workers, and 159 home health aides and personal care aides; for simplicity, these groups are referred to below as housecleaners, nannies, and home attendants. The data has been weighted to be representative of the domestic workforce in the Los Angeles and San Francisco metro areas as estimated by U.S. Census Bureau data. Based on the weighted data, approximately 92 percent of sampled workers identify as women. By race and ethnicity, nearly 60 percent identify as Latino/a or Hispanic, and 23 percent as Asian, Asian American, or Pacific Islander. A large majority, 83 percent, were born outside the U.S, and the median age is 52 years. Analysis of U.S. Census data indicates that median annual income is \$15,000 for domestic workers across the two metro areas.<sup>4</sup> Appendix B presents a more detailed participant overview.

---

<sup>3</sup> Daniel Schneider and Kristen Harknett, "What's to Like? Facebook as a Tool for Survey Data Collection," *Sociological Methods & Research*, 2019, 1–33.

<sup>4</sup> Author's analysis of the U.S. Census Bureau's American Community Survey public use microdata, including both the 2014-2018 five-year sample and 2018 one-year sample. Accessed through: Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek, IPUMS USA: Version 10.0 [dataset], (Minneapolis, MN: IPUMS, 2020).

# Findings

## 1. Workplace injuries, illness, and violence are common

Several studies have documented on-the-job hazards facing domestic workers.<sup>5</sup> This report adds new evidence of those dangers. The table below presents the share of respondents who have experienced adverse health outcomes on the job.

- Overall, 75 percent have experienced at least one of these outcomes in the past 12 months.
- Over 54 percent of respondents have experienced muscle or joint pain while working, and 26 percent have been injured. Nearly 10 percent have been seriously injured, requiring medical attention.

### Incidence of Adverse Workplace Health Outcomes in the Last 12 Months

	Housecleaners (%)	Nannies and Home Attendants (%)	All (%)
Muscle or joint pain	54.7	54.1	54.3
Injury	30.1	24.2	26.1
Serious injury requiring medical attention*	9.3	9.7	9.6
Skin or eye irritation	26.5	11.7	16.3
Breathing difficulty	10.3	6.9	7.9
Headaches or dizziness	26.5	30.8	29.5
Contracted an illness, such as the flu	29.1	23.7	25.4
Any of the above	73.7	75.6	75.0

\* Reference period for serious injuries was the last 3 years; reference period for all other outcomes was the last 12 months.

<sup>5</sup> UCLA Labor and Occupational Safety and Health Program, "Hidden Work, Hidden Pain: Injury Experiences of Domestic Workers in California," 2020; Linda Burnham and Nik Theodore, "Home Economics: The Invisible and Unregulated World of Domestic Work" (National Domestic Workers Alliance, 2012); Nik Theodore, Beth Gutelius, and Linda Burnham, "Home Truths: Domestic Workers in California" (National Domestic Workers Alliance, 2013) and "Workplace Health and Safety Hazards Faced by Informally Employed Domestic Workers in the United States," *Workplace Health & Safety* 67, no. 1 (January 2019): 9–17.

As past research has shown, back injuries are particularly common among domestic workers, whose job responsibilities often involve lifting children or aging clients. In fact, injury rates among home attendants are comparable to those among construction workers, due largely to back injuries.<sup>6</sup>

Certain adverse health outcomes are more common among housecleaners, who report higher rates of injury (30.1 percent), skin or eye irritation (26.5 percent), and breathing difficulty (10.3 percent). Nannies report the highest rate of contracting illness from work—38 percent—likely due to their close contact with children. But contracting illness is common across each occupation, with 1 in 4 respondents reporting such incidence.

**In addition to physical harm resulting from ordinary job activities, violence on the part of employers or clients also undermines workplace safety for many domestic workers:**

- 1 in 4 respondents have experienced verbal or physical aggression, reporting that they have been yelled at, threatened, pushed, or physically hurt by an employer or client.
- While precise estimates are unavailable, domestic workers are also uniquely vulnerable to sexual harassment and sexual violence.<sup>7</sup>

Domestic workers often have little choice but to endure dangerous work conditions. **One third of participants reported that, before COVID-19, on at least one occasion they had gone to work even though they thought it was unsafe or harmful to their health.**

Two key trends emerge in workers' open-ended explanations of such incidents:

- Respondents cite exposure to sick children and clients as the most common circumstance in which they knowingly encountered health risks—a pattern especially pronounced among nannies. One nanny, referring to the child she works with, recounted: “When the girl was sick I had to work, even when she had a fever” (*Cuando la niña estaba enferma de todas formas, tenía que trabajar incluso cuando la niña tenía fiebre*). The COVID-19 pandemic raises the stakes of such vulnerability to infectious disease transmission.
- Other workers cited physical hazards such as exposure to wildfire smoke, to construction dust from an employer's home renovation, and to harmful cleaning products. A housecleaner in Los Angeles reported: “My employer really likes me to use bleach. She insists I use it in large amounts, often when it's unnecessary...I know it's very bad for my health, but she doesn't understand” (*Mi empleadora, a ella le gusta mucho que use el cloro. Me insiste mucho en usarlo en porciones grandes y en muchas ocasiones innecesaria...Sé que es muy malo para mi salud, pero ella no lo entiende*).

*“My employer really likes me to use bleach. She insists I use it in large amounts, often when it's unnecessary...I know it's very bad for my health, but she doesn't understand.”*

<sup>6</sup> U.S. Bureau of Labor Statistics, “Industry Injury and Illness Data - 2018 - Table 1 - Incidence Rates - Detailed Industry Level,” 2018; for Cal/OSHA on back injuries, see Mario Feletto and Walter Graze, “A Back Injury Prevention Guide for Health Care Providers” (Cal/OSHA, 1997).

<sup>7</sup> At the end of the survey, participants were asked whether they had experienced sexual harassment and sexual violence, but the question saw a high non-response rate, perhaps due to the highly sensitive topic and the location of the question at the survey's end. Given that limitation, the validity of the data was questionable, and thus it is not reported here.

## 2. Personal protective equipment is limited and is rarely provided by employers

The California Occupational Safety and Health Act requires employers to provide and pay for their employees' personal protective equipment (PPE). Survey data suggests that this practice is rare in excluded domestic work industries, and that many workers were left without PPE as the COVID-19 pandemic unfolded.

- Despite extensive COVID-related job loss, a majority of surveyed workers continued to work during the first three months of the pandemic. Among workers surveyed in April and May, 62 percent were still employed and thus encountered new hazards presented by COVID-19. This included 52 percent of housecleaners, 59 percent of nannies, and 68 percent of home attendants in the sample, many of whom reported reduced hours or clients.
- Among respondents who continued to work, nearly 1 in 3 reported that they lacked adequate PPE. This rate was highest among housecleaners: 42 percent.

Under normal circumstances, housecleaners particularly need PPE, as they are more often exposed to dust, harsh cleaning chemicals, and hazardous waste. Among this group:

- 66 percent report that they typically use gloves while cleaning.
- 14 percent report that they typically use a face mask or respirator.
- 27 percent report that their employer provided them with PPE. The majority of sampled housecleaners who use PPE buy their own supplies.

PPE costs pose an obstacle for housecleaners, whose median hourly wages are only \$11.05 in the Los Angeles area and \$10.87 statewide—lower than those of other domestic workers.<sup>8</sup>

*“We care workers need masks and gloves, to protect and be protected.”*

*“Many nannies are accustomed to doing whatever is needed... If parents are not taking proper precautions, I don’t know what rights nannies have. I haven’t heard anything stating protections for domestic workers during these times.”*

<sup>8</sup> Julia Wolfe, Jori Kandra, Lora Engdahl, and Heidi Shierholz, “Domestic Workers Chartbook: A Comprehensive Look at the Demographics, Wages, Benefits, and Poverty Rates of the Professionals Who Care for Our Family Members and Clean Our Homes” (Economic Policy Institute, 2020).

### 3. Few workers receive employer-provided training

Among the core provisions of the state's Occupational Safety and Health Act are its training and instruction requirements. Employers are mandated to provide employees with training about both general and job-specific safety practices, such as proper use of cleaning products and prevention of back injuries. (Employers may arrange for trainings to be provided by a third party, a potentially useful option for domestic employers.) Currently, however, such employer-provided training is uncommon in the area of domestic work, leaving workers underprepared to avoid and to remedy workplace hazards. Among surveyed workers:

- Only 25 percent of respondents have been provided safety training by their employer.
- Overall, only 51 percent have received any job-related safety training at all.

#### Percent of respondents who have received job-related safety training:



Among those who received safety training from sources other than their employer, most were trained through community organizations or worker centers. Several workers also report that they have received training, but only through past jobs in other occupations or industries.

Disaggregated by training type:

- One in three respondents has received training about protecting themselves or their clients from contagious illness.
- One in four has received training on working with toxic cleaning chemicals.
- One in five has received training on heavy lifting.

**Workers want more training and information.** The vast majority of respondents, 91 percent, say that it would be helpful if their employers provided more information about health and safety risks in the workplace.



#### 4. Fear of retaliation silences many workers

One result of their legal exclusion is that domestic workers are not protected from retaliation in the event that they voice a safety concern or resist unsafe conditions. An employer can retaliate, with impunity, by firing or threatening a worker, reducing their pay or hours, or reporting them to immigration authorities. These severe risks discourage workers from speaking out, increasing the likelihood of injury, illness, or other harm.

To better understand workers' fear of retaliation, the survey asked participants the following question: "Imagine that your employer or client asked you to do an unsafe task, such as lifting something too heavy for you or using bleach without gloves to clean. How likely is it that you would refuse to do an unsafe task like that?"

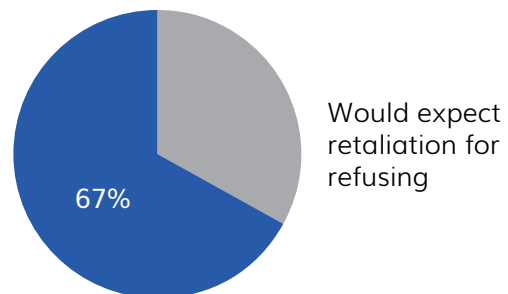
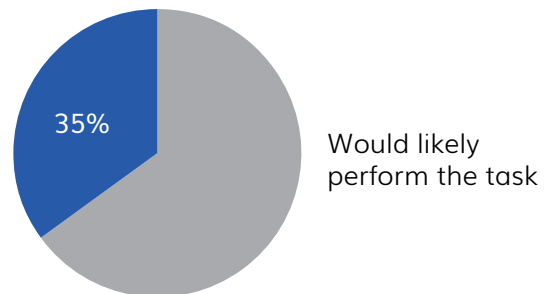
- If asked by their employer to perform a dangerous task, 35 percent of respondents would be unlikely to refuse.

The survey then asked participants what would happen if they refused to perform such a task: "Do you think your employer or client would retaliate against you in any way? Retaliation includes firing you, threatening you, reducing your pay, or harming you in any other way."

- 67 percent of respondents would expect possible retaliation if they were to prioritize their own safety over an employer's directive. Workers' hesitance to refuse unsafe tasks thus stems in part from fear of reprisal.

Prohibiting retaliation alone will not guarantee that workers will voice safety concerns or report workplace violations. Domestic workers, for instance, are already covered by minimum wage laws and related anti-retaliation measures, yet wage theft is rampant and worker complaints are rare.<sup>9</sup> These patterns suggest that anti-retaliation protections are important but must be accompanied by robust labor standards enforcement in order to be effective.

#### If asked to perform an unsafe task:



<sup>9</sup> Daniel J. Galvin, Jenn Round, and Janice Fine, "A Roadmap for Strategic Enforcement: Complaints and Compliance with San Francisco's Minimum Wage" (Rutgers University Center for Innovation in Worker Organization, 2020).

## 5. Economic necessity also compels workers to tolerate health and safety risks

The survey results indicate that, in addition to fear of retaliation, the compulsion of economic necessity leads domestic workers to tolerate dangerous or harmful work conditions.

As noted above, one third of respondents report that, before COVID-19, they had gone to work even though they thought it was unsafe or harmful to their health. When asked to explain their experiences, workers frequently invoked economic necessity:

- "If I don't go to work, I won't survive. So I might as well take the risk to survive."
- "I'm a single mother and undocumented. I have no help if I don't work." (*Soy madre soltera e indocumentada. No tengo ayuda si no trabajo.*)
- "This is the only source of my living and financial assistance to my family in the Philippines."

With a median annual income of approximately \$15,600, California domestic workers can scarcely afford to miss a day of work.<sup>10</sup> As a result, they often continue to report to work even when conditions are dangerous. Existing research has found that this dynamic is exacerbated during economic recessions, as low-wage workers become increasingly desperate to remain employed.<sup>11</sup> The current COVID-19 recession is likely producing the same effect, rendering employed domestic workers even more vulnerable.

Recent wildfires illustrate how, in the absence of safety and health protections, economic necessity drives domestic workers to risk their safety. In chaotic scenes during the 2019 Getty fire, housekeepers showed up to work in evacuation zones lest they lose pay or be fired.<sup>12</sup> In other cases, employers have tasked domestic workers with cleaning up homes and properties after wildfires settle, exposing them to toxic debris.<sup>13</sup> **The number of workers who potentially face such challenges is vast: nearly 70,000 domestic workers typically work in the counties where this year's three largest fires have burned.**<sup>14</sup>

<sup>10</sup> Author's analysis of American Community Survey, 2018 one-year public use microdata. Access through: Ruggles et al., IPUMS USA.

<sup>11</sup> Janice Fine, Daniel J. Galvin, Jenn Round, and Hana Shepherd, "Maintaining Effective U.S. Labor Standards Enforcement through the Coronavirus Recession" (Washington Center for Equitable Growth, 2020).

<sup>12</sup> Brittney Mejia, "Getty Fire: Housekeepers and Gardeners Go to Work Despite the Flames," *Los Angeles Times*, October 29, 2019; Frank Shyong, "Why Did No One Warn the Housekeepers about the Getty fire?" *Los Angeles Times*, November 4, 2019.

<sup>13</sup> Socorro Diaz, "Domestic Workers like Me Deserve Health and Safety Protections like Other Workers," *CalMatters*, September 6, 2020.

<sup>14</sup> Author's analysis of American Community Survey, 2014-2018 five-year public use microdata. Accessed through: Ruggles et al., IPUMS USA. This estimate is based on the number of domestic workers typically employed in the following counties directly affected by the August, SCU, and LNU wildfire complexes: Alameda, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Merced, Napa, Santa Clara, San Joaquin, Solano, Sonoma, Stanislaus, Tehama, Trinity, and Yolo. Affected counties derive from: Cal Fire, "Incidents," 2020, accessed September 15, 2020.

Potential harm does not always stem from external workplace conditions. The economic pressure to endure on-the-job risks can also be seen in how workers cope with personal illness. In open-ended survey responses, many participants recounted instances in which they felt obligated to work through pain and sickness, even if doing so might harm their health. One worker recalled such an experience: "I had severe pain in my chest, but I worked 9 hours. When I left, I went to the emergency room. [It turned out] I had pneumonia and was admitted to the hospital." Another, an elder care aide in Los Angeles explained, "Sometimes I feel sick, but I have to suck it up and show up. I have responsibilities with 2 kids to raise and bills to pay. We gotta do what we gotta do."

Such cases underscore the importance of ensuring that domestic workers can readily access adequate paid sick leave, in addition to safety and health protections. Many domestic workers are, on paper, covered by an assemblage of state and local paid sick leave policies. But domestic workers and employers are often unaware of these policies. In Los Angeles County, for instance, only 36 percent of survey respondents are aware of their right to paid sick leave under city and state laws. Such gaps in implementation pose a significant health and safety problem, especially during the current pandemic.

## Recommendations

### 1. Enact SB 1257

**To mitigate adverse safety and health outcomes, and to reverse the historic devaluation of domestic work, the state should enact SB 1257.** Doing so would finally extend safety and health protections to domestic workers after nearly 50 years of exclusion.

This report demonstrates that, although private households differ from most workplaces, the labor performed within them exposes workers to health and safety risks common to other occupations. Joint pain, back injuries, skin and eye irritation, contagious illness, verbal abuse, sexual harassment and assault—domestic workers confront these hazards just as other workers do. Legal protections would help to ensure their safety.

Because regulations will need to be tailored to the household-as-workplace, SB 1257 allows for the Division of Occupational Safety and Health to convene an advisory committee that would help develop industry-specific standards. Composed of an equal number of employee and employer representatives, this committee would have an opportunity to promote smart standards that address the uniqueness of domestic work.

### 2. Adopt effective enforcement practices

**If signed into the law, SB 1257 must be supported with the resources and strategies necessary for effective implementation.** Existing labor standards, such as minimum wage and overtime laws, have a limited impact in domestic worker industries due to the challenges of compliance and enforcement. Wage theft is widespread: a recent study found an estimated 51 percent of private household employees in San Francisco have experienced a minimum wage violation, a higher rate

than in any other major industry.<sup>15</sup> To address such challenges, in 2019, Governor Newsom and the state legislature allocated funds for a novel domestic worker education and outreach program, administered by the Division of Labor Standards Enforcement in partnership with community-based organizations. Regulators should build on that effort and apply its lessons to any new safety and health policies.

As in other areas of labor and employment law, effective enforcement will also require regulators to move away from traditional complaint-driven approaches, which depend on the assumption that workers will speak out when their rights are violated. As evidenced by this report and past studies, fear of retaliation and job loss often lead workers to endure such violations in silence.<sup>16</sup>

Finally, if new domestic worker protections are to have an impact, the state must strengthen California's Division of Occupational Safety and Health. Given that agency's current crisis in responding to COVID-19, boosting its enforcement capacity is crucial for public health and for the safety of workers across all industries.<sup>17</sup>

### 3. Provide PPE and safety guidance now

**Beyond SB 1257, the Division of Occupational Safety and Health should take additional measures to protect domestic workers during the COVID-19 pandemic.** SB 1257 would not take effect until January 2022, so immediate action is necessary to ensure that all domestic workers have adequate personal protective equipment and that domestic employers establish clear safety plans with their employees. Guidance should be provided to domestic employers, who should take responsibility for creating safe work environments even if not yet required by law. Non-profit organizations have already developed such guidance, which should be widely disseminated.<sup>18</sup>

### 4. Raise wages and ensure access to paid sick leave

**Domestic workers tolerate health and safety risks in part because they cannot afford to miss work and lose income. Raising wages and ensuring access to adequate paid sick leave would mitigate that economic coercion.** In recent years, legislators at the city and state level have taken important steps to raise the minimum wage. But these increases, which lag behind living wage standards,<sup>19</sup> have not yet produced sufficient change for domestic workers and for low-wage workers more broadly. State and local policymakers should accelerate minimum wage increases after currently scheduled steps reach \$15 per hour. Past research has found that many domestic employers support such wage increases for their employees but are squeezed by their own financial constraints.<sup>20</sup> Thus, especially for

---

<sup>15</sup> Galvin, Round, and Fine, "A Roadmap for Strategic Enforcement."

<sup>16</sup> Ibid; Janice Fine, "Enforcing Labor Standards in Partnership with Civil Society: Can Co-Enforcement Succeed Where the State Alone Has Failed?," *Politics & Society* 45, no. 3 (2017): 359–88.

<sup>17</sup> Jie Jenny Zou, "California Worker Safety Agency 'Missing in Action' during the Coronavirus, Critics Say," *Los Angeles Times*, July 16, 2020.

<sup>18</sup> See, for instance, this [guidance](#) developed by Hand in Hand: The Domestic Employers Network.

<sup>19</sup> Amy K. Glasmeier and the Massachusetts Institute of Technology, "[Living Wage Calculator](#)."

<sup>20</sup> Waheed et al., "Profile, Practices and Needs of California's Domestic Work Employers," 2016.

publicly funded domestic work, the imperative to raise wages also requires greater state and federal investment.<sup>21</sup> In addition, the state should expand its basic statewide paid sick leave provision, which is currently limited to a minimum of three days (24 hours) of annual paid sick leave.

## 5. Support federal legislation to end OSHA exclusions nationwide

By enacting SB 1257, California would become a leader in promoting safe and healthful workplaces for housecleaners, nannies, and home attendants. But across the country, millions of those workers remain unprotected, as federal and state OSHA laws continue to exclude domestic workers. A federal bill, introduced in the Senate by Kamala Harris, would begin to correct such exclusion, both in relation to health and safety as well as other core labor standards.<sup>22</sup> Joe Biden has pledged to sign that bill, the Domestic Workers Bill of Rights Act, if elected. California's elected officials and advocates should lend support to that proposal, which would further advance fair labor conditions for domestic workers in California and beyond.

## Acknowledgments

Domestic workers who participated in the survey shared their time and experiences to make this report possible. We are grateful for their contributions. The research was supported by grant funding from the Washington Center for Equitable Growth. Design was provided by Jason Luz. Many individuals offered valuable guidance that shaped the Los Angeles and San Francisco surveys, including Rocio Avila, Eileen Boris, Juana Flores, Sarah Gonzaga, KC Ho, Ken Jacobs, Sarah Leadem, Daniel Schneider, Nik Theodore, and Megan Whelan. Worker center leaders and members, as well as online group moderators, generously facilitated survey distribution. Special thanks to Centro Cultural de México, Chinese Progressive Association, Coalition for Humane Immigrant Rights, Dolores Street Community Services, Filipino Migrant Center, Instituto de Educación Popular del Sur del California, Mujeres Unidas y Activas, Pomona Economic Opportunity Center, Pilipino Workers Center, and the National Domestic Workers Alliance.



**Isaac Jabola-Carolus** is a Ph.D. Candidate in Sociology at **The Graduate Center, CUNY**. His dissertation examines the enforcement of labor standards within paid in-home care industries, with a focus on Los Angeles, San Francisco, New York City, and Seattle. He is currently a fellow at the Berkeley-based Center for Engaged Scholarship and a member of the Scholars Strategy Network.

Founded in 2006, the **California Domestic Workers Coalition (CDWC)** is the state's leading voice for the more than 300,000 domestic workers in California. Led by domestic workers, the CDWC is a statewide alliance of community-based organizations, domestic employers, worker centers, students, and policy advocates who have come together to advance the rights and dignity of domestic workers and their communities across the state.

<sup>21</sup> Ibid; Sarah Thomason, Lea Austin, Annette Bernhardt, Ken Jacobs, and Marcy Whitebook, "At the Wage Floor: Covering Homecare and Early Care and Education Workers in the New Generation of Minimum Wage Laws" (UC Berkeley Center for Labor Research and Education, 2018).

<sup>22</sup> See Senate Bill 2112, "Domestic Workers Bill of Rights Act."

## Appendix A: Methodological Details

All surveys were completed digitally, using the survey platform Qualtrics. The primary channel of recruitment was Facebook advertisements. This recruitment method is modeled after the Harvard University Shift Project and its surveys of low-wage workers.<sup>23</sup> This ad-based recruitment was supplemented by email and text outreach through worker centers and community-based organizations that organize and serve domestic workers. The survey link was also posted to Facebook groups for nannies, housekeepers, and home attendants. Comparisons between ad-based and non-ad samples are explored in the author's ongoing research, and further information is available upon request. As a participation incentive, respondents had the option to enter a drawing for one of five \$50 digital Target gift cards after completing the survey. The survey was available in English, Spanish, Russian, Korean, Nepali, Haitian Kreyol, Tagalog (Filipino), and Chinese (simplified and traditional).

Participants completed a set of screening questions upon reaching the survey website. To be included in the survey, workers were required to be at least 18 years of age; to have worked in a private home in the past week as a housecleaner, housekeeper, nanny, home health aide, or personal care aide; and to have performed that work in the Los Angeles or San Francisco metropolitan area.

The timing of the Los Angeles survey provided a unique opportunity to examine the conditions faced by domestic workers as the COVID-19 pandemic unfolded. Given widespread COVID-related job loss in spring 2020, eligibility criteria was broadened, such that workers could participate if they had been employed at any point in the previous 90 days. A survey question was then added to determine whether unemployed respondents had become jobless due to the pandemic, which was the case for nearly all unemployed respondents. A small percentage of workers who had lost their jobs before March 2020 for reasons unrelated to COVID-19 were excluded from the final sample. In the survey questionnaire, certain question wording was adapted for unemployed respondents, instructing them to refer to the last job they held.

Demographic benchmarks from the U.S. Census Bureau's American Community Survey (ACS) were used to set targets for sample recruitment and to weight the final data. Weights account for metro area, occupation, and race-ethnicity.<sup>24</sup> Following previous research and the recommendations of Census Bureau statisticians, home attendants are defined as home health aides (Census occupation code 3601) and personal care aides (3602) who work in one of the following industries: home health care services (Census industry code 8170); employment services (7580); individual and family services (8370); or private households (9290). I exclude home health aides and personal care aides coded as unpaid family workers on the "class of worker" variable. Nannies are defined as childcare workers (4600) in private households (9290) or employment services (7580), and housecleaners are defined as maids and housekeeping cleaners (4230) in the same two industries (9290 and 7580).

---

<sup>23</sup> See Daniel Schneider and Kristen Harknett, "The Shift Project," Harvard Kennedy School.

<sup>24</sup> Weighting strategy was modeled after Theodore et al., "Workplace Health and Safety Hazards"; and Burnham and Theodore, "Home Economics."

## Appendix B: Overview of Survey Sample

		Domestic workers in survey sample (%)	Domestic workers in Los Angeles and San Francisco metropolitan areas (%) (Census Bureau estimates)
Occupation	House cleaner or keeper	31.2	39.5
	Childcare worker/nanny	11.9	15.6
	Home attendant (home health aide or personal care aide)	56.9	44.8
Employer	Private Household	62.5	65.8
	Private Agency	37.5	34.2
Live-in status	Live-in	6.7	n/a
	Live-out	93.3	
Gender	Woman	92.0	88.7
	Man	6.3	11.3
	Non-binary or trans	1.6	n/a
Race/ethnicity	Latino/a or Hispanic	59.7	59.5
	Asian, Asian American or Pacific Islander	22.5	17.6
	White (non-Hispanic)	7.4	13.7
	Black (non-Hispanic)	9.3	6.8
	Two or more, or other	1.0	1.8
Birthplace	U.S.-born	17.0	28.0
	Foreign-born	83.0	72.0
Median annual income	All domestic workers	n/a	\$15,000

Note: Due to rounding, some percentage totals may not sum to 100