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Child Care and Early
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History of the National Survey of Early Care and Education, Part II: The Development of the 2019 NSECE and the NSECE COVID-19 Longitudinal Follow-up

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Overview for OPRE Research Brief Series on the History of the National Survey of Early Care and Education (NSECE)

Interest in understanding the supply of and demand for child care and early education (CCEE)^a across the United States was addressed 30 years ago with the development and fielding of two landmark surveys: 1) the Profile of Child Care Settings: Early Education and Care in the United States in 1990¹ and 2) the National Child Care Survey 1990.² For over two decades, these surveys provided the only national-level information on the characteristics and availability of CCEE, as well as families' use of and preferences for different CCEE settings.

Recent years have seen the development and fielding of several national surveys that permit a more contemporary perspective on both the supply and use of CCEE. Specifically, in 2012, a set of four surveys was fielded with nationally representative samples of CCEE center-based providers, the center-based workforce, home-based CCEE providers, and U.S. households with children under age 13. Collectively, these surveys are referred to as the 2012 National Survey of Early Care and Education (2012 NSECE).

Seven years later, in 2019, a second NSECE was fielded. Soon after, with the onset of the COVID-19 pandemic in March 2020, respondents to the 2019 NSECE center-based and home-based provider surveys and the center-based workforce surveys were re-contacted for a special supplement to capture the experiences of CCEE providers and staff during the first 18 months after the start of the pandemic. Data collection for these additional surveys, called the NSECE COVID-19 Longitudinal Follow-up surveys, was initiated in 2020. In addition, plans are currently underway to field yet another NSECE in 2024.

^a Child care and early education (CCEE) is a term used when referring to programs and workforce providing services to children birth through <13 years, which includes most home-based providers caring for children birth through age 5 and school-age children, as well as many child care centers that serve both age groups.

Glossary

Child care and early education (CCEE): refers to caregiving and educational services for children from birth to age 13. CCEE refers to services for a larger age group than early care and education (ECE), which consists of services provided only for young children (birth to age 5 who are not yet in kindergarten). ECE programs are included within the definition of CCEE.

Center-based provider: an organization providing child care and early education services to at least one child age five and under, not yet in kindergarten, at a single location in a center setting (as opposed to a home-based setting).

Home-based provider: Individuals who provide CCEE services at least five hours weekly in a home-based setting to children under age 13 who are not their own. Listed home-based providers are those that appear on state or national lists of CCEE providers. Listed home-based providers are primarily licensed, registered, or regulated providers, but also include other home-based providers, such as license-exempt providers. Unlisted home-based providers do not appear on state or national lists, including family and friends who may or may not live in the same household as the children they regularly look after. Home-based providers may be paid or unpaid.

Nonstandard-hour CCEE: Nonstandard-hour child care and early education (CCEE)—also referred to as nontraditional-hour CCEE—includes care in the early mornings (before 7 a.m.), in the evenings or overnight (after 6 p.m.), and on weekends.

Auspice and sponsorship: A measure of centers' organizational context, derived from respondents' report of the organization's auspice (for-profit, non-profit, or run by a government agency) and sponsorship (non-profit and programs run by a government agency can either be independently operated or sponsored by another agency such as a public school district or a human services department). Auspice and sponsorship do not take into account types of revenues the center receives.

This research brief series seeks to provide documentation of the historical contexts in which the different waves of the NSECE were developed and fielded, as well as share important research and methodological advances made possible by the NSECE. Included in this series are:

- A brief providing historical context, motivations for, and contributions of the 2012 NSECE
- A brief providing historical context, motivations for, and contributions of the 2019 NSECE and the NSECE COVID-19 Longitudinal Follow-up
- A forthcoming brief that will provide historical context, motivations for, and contributions of the 2024 NSECE

Our hope is that this research brief series will deepen the field's understanding of the NSECE and inspire individuals to make use of these unique, nationally representative data sets to answer important questions about the supply and use of CCEE in the United States to benefit research, policy, and practice.

Introduction

This brief provides historical context to explain what motivated the development and fielding of the 2019 NSECE and the COVID-19 Longitudinal Follow-up surveys. We identify four sets of factors that made gathering nationally representative data at multiple timepoints extremely important: (1) policy developments; (2) demographic changes in the United States; (3) emerging research findings and new research questions; and (4) the identification of needed methodological improvements.

While we summarize major developments in these four areas separately, we note that they are interrelated. For example, research findings about the lifelong importance of the early years of child development contributed to policy change; changes in the demographic composition of the U.S. population prompted new research questions; and the need to provide input into policy decisions with the strongest possible information made clear the need for improved research methodologies.

The 2019 National Survey of Early Care and Education (NSECE)

The 2019 NSECE is a set of four integrated, nationally representative surveys conducted in 2019. These are surveys of: 1) households with children under 13 years of age, 2) home-based providers of ECE, 3) center-based providers of ECE, and 4) the center-based provider workforce. Together they characterize the supply of and demand for ECE in the United States and permit better understanding of how well families' needs and preferences coordinate with providers' offerings and constraints. In sum, the 2019 NSECE followed a similar design to the 2012 study, including surveying households with young children, home-based providers, center-based providers, and staff working in center-based classrooms. These new data will help to shed light on how the ECE landscape changed from 2012 to 2019. The study is funded by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services.³

The COVID-19 Longitudinal Follow-up Surveys

In light of the onset of the COVID-19 pandemic in Spring 2020, OPRE funded a new data collection effort beginning in 2020 to learn how the pandemic was affecting ECE providers and the individuals who work directly with children in ECE settings. The NSECE project team sought to re-interview center-based providers, center-based workforce members, listed home-based providers, and unlisted and paid home-based providers who completed surveys in the 2019 NSECE. Households participating in the 2019 NSECE were not included in the NSECE COVID-19 Longitudinal Follow-up. Data collection for the NSECE COVID-19 Longitudinal Follow-up took place across two waves between late 2020 and early 2022. Respondents were asked to report on their experiences from March 2020 through the interview date.⁴

Our summary of important developments in each of these areas suggests that there has been an accelerating pace of change which, in turn, motivated the collection of nationally representative data on CCEE from both the provider and family perspectives with briefer intervals between surveys.

Contributors to the 2019 NSECE Surveys

Below, we summarize the policy developments, demographic changes, emerging research findings, and methodological needs identified during the period between the fielding of the 2012 NSECE and 2019 NSECE.

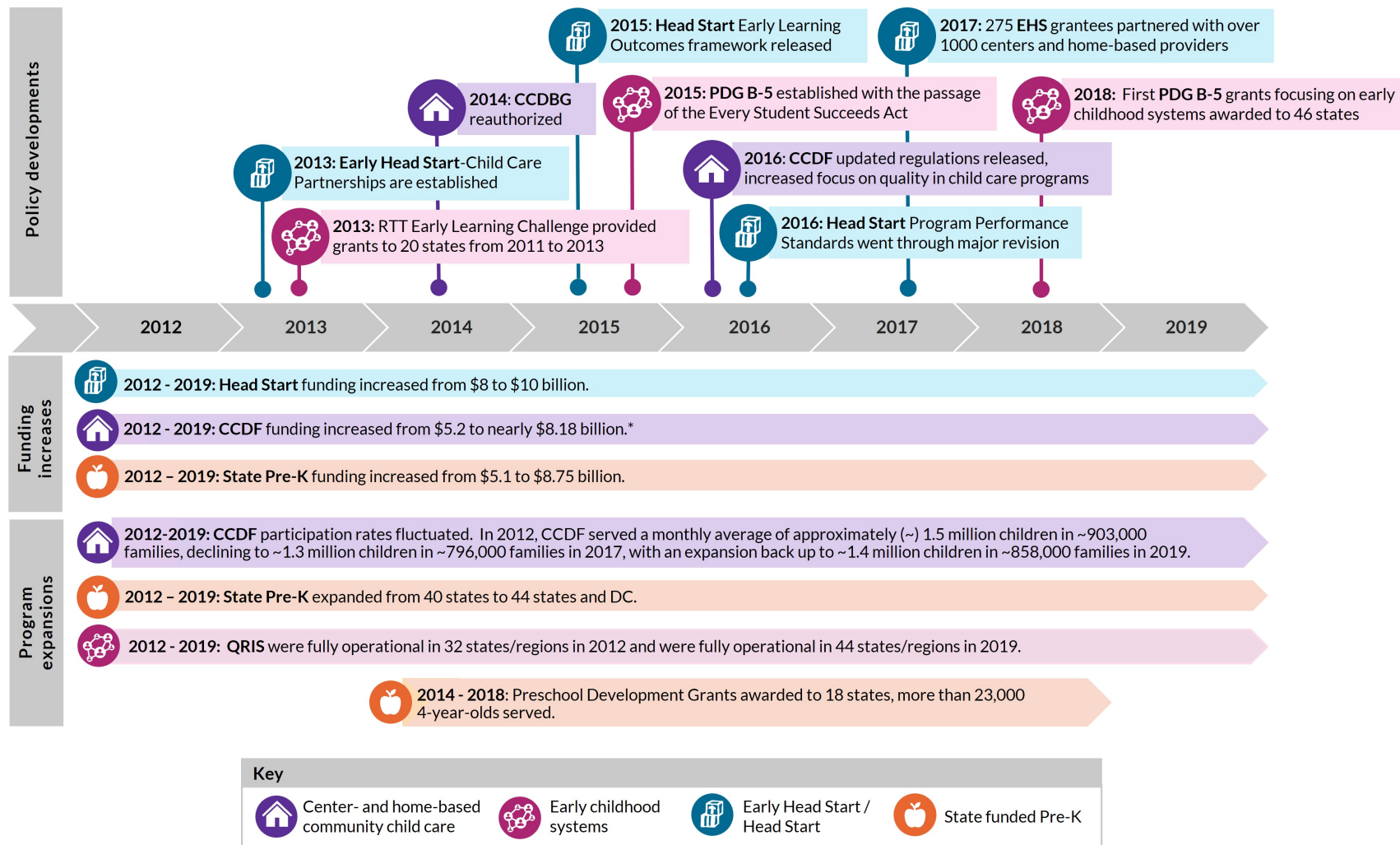
Policy developments: 2012 to 2019

The period from 2012 to 2019 was marked by major developments in public funding for CCEE and in the laws and regulations governing implementation of publicly funded programs (see Table A1 and also Figure 1). For example:

- **Revision to the Head Start Program Performance Standards and Early Learning Outcomes Framework.** The year 2016 saw a major revision of the Head Start Program Performance Standards (HSPPS), the regulations—first published in 1975—that set out requirements for how Head Start programs operate.⁵ The revised HSPPS call for a gradual phase-in of increased program duration for both preschool-age children enrolled in Head Start and infants and toddlers enrolled in Early Head Start (EHS);^{6,7} the use of developmental screenings and child assessments to guide individualized instruction; and the use of a curriculum that is content-rich and has a developmental scope and sequence.⁸ They call for supporting the development of both home language and English for dual language learning (DLL) children; providing individualized and inclusive services for children with disabilities; providing improved services for children experiencing homelessness; monitoring child attendance levels for individual children as well as at the program level; banning expulsion of children for behavior issues; and weaving family engagement more fully into all program components.⁹ The updated HSPPS also require coordination of instructional practices with the Early Learning Outcomes Framework (ELOF), newly updated in 2015,¹⁰ which articulates goals for what children birth to age five should know and be able to do in different age ranges. Reducing administrative burden was also a goal of the revised HSPPS, with a reduction in the total number of standards and reorganization of standards to streamline and simplify requirements.¹¹
- **Child Care and Development Block Grant (CCDBG) Act of 2014.** Another significant policy development during this period was the reauthorization of the CCDBG Act in 2014, which governs the Child Care and Development Fund (CCDF). The U.S. Department of Health and Human Services (HHS) updated the CCDF regulations in 2016, including important new provisions.¹² These provisions include establishing a 12-month eligibility redetermination period for subsidies (even if families were experiencing a change of employment or an increase in income within a specified range); requiring criminal background checks for CCEE staff; and introducing health and safety training requirements for staff as well as requirements for on-site monitoring and inspection. Provisions also focus on extending the information about CCEE programs available to families, including a requirement to make available the results of monitoring and inspections of child care programs. States, territories, and Tribes must have training and professional development requirements for CCDF providers tied to a professional development progression. The 2014 reauthorization also phased-in an increase to how much states, territories, and Tribes had to spend to improve the quality of CCEE in their states (across programs that do and do not receive subsidies) from 4 percent to 9 percent,¹³ and requires states to spend an additional 3 percent to improve the quality of care for infants and toddlers.¹⁴
- **Preschool Development Grant Program.** The continued growth of state pre-K programs was given a boost during this period by the Preschool Development Grant (PDG) program, a competitive grant program administered by the US Department of Education between 2014 and 2018 which awarded funding to 18 states to expand access to high quality pre-K for four-year-olds from low-income households.¹⁵

- Increases in Public Funding for CCEE.** In all three major public sources of funding for CCEE, Head Start, CCDF, and state funded pre-K, there were substantial increases in funding during this period. Funding for Head Start increased from nearly \$8 billion in 2012¹⁶ to just over \$10 billion in 2019.¹⁷ Child care subsidy funding increased from \$5.2 billion in 2012¹⁸ to \$8.18 billion in 2019. There was a historic expansion in child care subsidy funding in 2018 when “Congress increased funding for CCDF by \$2.4 billion to \$8.1 billion, the largest single-year increase to that point” (p. 6).¹⁹ This was followed by a smaller increase in 2019.²⁰ State funding for preschool programs reached more than \$8.75 billion during the 2018-2019 school year,²¹ up from \$5.1 billion in 2012.²²
- Focus on Systems Development.** Important policy developments during this period also focused on systems development, fostering greater coordination across CCEE programs. “By 2019 there were 44 fully operational QRIS” (p. 1),²³ up from 32 in 2012.²⁴ The Race-to-the Top Early Learning Challenge (RTT-ELC) program provided competitive grants to 20 states between 2011 and 2013 to improve the quality and integration of early learning programs.²⁵ Passage of the Every Student Succeeds Act (ESSA) in 2015 established the Preschool Development Grant Birth Through Five (PDG B-5) program, administered by the Department of Health and Human Services, with the aim of improving states’ early childhood systems by coordinating and building on existing programs.²⁶ A first round of grants was awarded to 46 states in December 2018 for state-level needs assessments and strategic planning.²⁷ We note that while the PDG program described earlier (administered by the U.S. Department of Education) focused specifically on the expansion of access to high quality pre-K for 4-year-olds, the PDG B-5 program (administered by the U.S. Department of Health and Human Services) focuses on the full period from birth to age five and on the further development and coordination of states’ early childhood systems.

Figure 1. Timeline for CCEE policy developments, funding increases, and program expansions: 2012 - 2019.



* There was a gradual increase in a requirement to set aside a percent of the CCDF funding for quality improvement, from 7% in 2016 to 8% in 2019 (that increased further to 9% for 2020 and ongoing), with an additional 3% set aside for quality for infant and toddler care beginning in 2017. We note that Tribes were on a different timeline for the quality set aside, and that not all Tribes have the requirement for the set aside for infant and toddler care.

Source: This figure was developed by Audrey Franchett and informed by the authors' scan of CCEE policy developments. For more information on these developments, see Appendix Table A1 in the brief.

Demographic changes in the United States: 2012 to 2019

As noted in Table A2, the period from 2012 to 2019 marked continued recovery from the Great Recession of 2008 – 2009. Rates of parental employment increased, and rates of child poverty declined.^{28,29} During this period, there were gradual shifts in the racial and ethnic composition of the U.S. population, with the youngest children “leading the way” in a shift toward greater racial diversity. For example, among all children (0-17 years) in the United States, while 53 percent of children were White non-Hispanic in 2012, by 2019 this figure was 50 percent. For young children (0-4 years), the percentages of children who were White non-Hispanic were 50 percent in 2012 and 49 percent in 2019.³⁰ While the statistical significance of differences year to year are only reported selectively in federal social indicator reports, the 2019 *America’s Children* report indicates that the decline between 2017 and 2018 in the percentage of all children 0-17 in the U.S. who were White non-Hispanic (a decline from 50.7% to 50.3%) was statistically significant.³¹ An increasing proportion of children (0-17 years) in the United States were also living with at least one foreign-born parent (24% in 2012³² and 26% in 2019³³), pointing to the importance of a continued focus on the development of dual language learners in CCEE.

Emerging research findings and new questions: 2012 to 2019

The growing extent and depth of the research on child care and early education during this time period is perhaps best indicated by the release of a sequence of major reports of consensus committees convened by the Board on Children, Youth and Families of the National Academies of Sciences, Engineering and Medicine (see Table A3).^b Three landmark reports provided not only reviews of the evidence but also recommendations for how to strengthen CCEE. It is noteworthy that each of these reports included summaries of findings from analyses of the 2012 NSECE. While not all of the evidence summarized in these landmark reports was published during the period of interest, the years from 2012 to 2019 appeared to be a tipping point when the evidence had accumulated to such an extent and was considered of sufficient importance to warrant careful review by consensus committees.^c

Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation, the first report in this noteworthy sequence, released in 2015, concluded that “Secure and responsive relationships with adults (and with other children), coupled with high-quality, positive learning interactions and environments, are foundational for healthy development of young children. Conversely, adults who are underinformed, unprepared, or subject to chronic stress themselves may contribute to children’s experiences of adversity and stress and undermine their development and learning” (p.4).³⁴ The report makes a number of specific recommendations aimed at strengthening the quality of professional practice by the CCEE workforce, including strengthening competence-based and practice-based qualification requirements, developing pathways and timelines for a transition to a minimum bachelor’s degree qualification with specialized knowledge and competency focusing on young children, and further developing programs in higher education for CCEE professionals as well as the learning supports for ongoing practice.

Promoting the Educational Success of Children and Youth Learning English: Promising Futures, the second report in this sequence, released in 2017, concluded that “Children given the opportunity to develop competence in two or more languages early in life benefit from their capacity to communicate in more than one language and may show enhancement of certain cognitive skills, as well as improved academic outcomes in school. Moreover, research indicates that children’s language development benefits from the input of adults who talk to them in the language in which the adults are most competent and with which they are most comfortable...”(p. 4).³⁵ The report notes that “All ECE

^b A reorganization at the National Academies took place during this period. As a result, there is variation in the specific auspice of the three reports.

^c We note that a fourth committee report published at the end of this period (National Academies of Sciences, Engineering, and Medicine (2019). A roadmap to reducing child poverty. The National Academies Press. <https://doi.org/10.17226/25246>), while not reviewing the evidence on CCEE in depth, did consider the role of CCEE in approaches to diminishing child poverty. This report, too, included results from analyses of the 2012 NSECE.

teachers of [dual language learners] can learn and implement strategies that systematically introduce English during the infant, toddler, and preschool years while simultaneously promoting maintenance of the home language—an important principle. Not all teachers can teach in all languages, but all teachers can learn specific strategies that support maintenance of all languages.” (p 6)

Transforming the Financing of Early Care and Education, released in 2018, summarized the evidence on the cost and financing of CCEE, concluding that “Despite the great promise of early care and education, it has been financed in such a way that high-quality early care and education has only been available to a fraction of the families needing and desiring it and does little to further develop the ECE workforce. It is neither sustainable nor adequate to provide the quality of care and learning that children and families need—a shortfall that further perpetuates and drives inequality” (p. 1).³⁶ Recommendations for transforming financing of CCEE include:

- establishing consistent standards for high quality across programs, with receipt of funding linked to attaining and maintaining these standards;
- ensuring that all children and families irrespective of such characteristics as family income or work status have access to high quality CCEE;
- increasing federal and state funding levels and revising tax preferences to ensure adequate funding for an equitable, sustainable and unified high-quality system of CCEE;
- beginning family payments at zero for families at the lowest income level and progressively increasing as income rises; and
- providing the CCEE workforce with “financial assistance to increase practitioners’ knowledge and competencies and to achieve required qualifications through higher-education programs, credentialing programs, and other forms of professional learning” (p. 12).³⁷

The evidence on state-sponsored pre-K programs also reached a tipping point during this period in terms of the breadth and depth of available evidence of programs across the country. An interdisciplinary group of scientists convened independently to review this body of evidence and to reach consensus on the major conclusions that the research warranted. In their report, this group concluded that, “the scientific rationale, the uniformly positive evidence of impact on kindergarten readiness, and the nascent body of ongoing inquiry about longer-term impacts leads us to conclude that continued implementation of scaled-up pre-K programs is in order as long as the implementation is accompanied by rigorous evaluation of impact” (p. 28).³⁸

This period also generated CCEE-focused research on a wide range of topics, as summarized on Research Connections, the website sponsored by the Office of Planning, Research, and Evaluation (OPRE) that draws together peer reviewed journal articles as well as research and policy briefs focusing on child care and early education. The topics for which there was sufficient evidence to develop research summaries by Research Connections included: quality in home-based CCEE; qualifications and professional development for CCEE program leadership; employment in subsidy-receiving families; provider participation in the child care subsidy system; supporting parent engagement among linguistically diverse families; factors associated with staff turnover; CCEE for children who have experienced trauma; CCEE during nonstandard hours; parents’ CCEE decision-making; preventing preschool expulsion; measurement of quality in QRIS systems; CCEE teacher well-being; and CCEE supports for children experiencing homelessness.^d

Taken together, the policy developments and reviews of the evidence during this period gave rise to important new research questions. Answering these questions required nationally representative data, or data at state or regional levels, to examine the current context and change over time (see Table A3). High-priority research questions were identified in meetings of a Technical Expert Panel (TEP) for the 2019 NSECE with OPRE together with staff from NORC and Child Trends. Examples of such emerging questions focusing on change over time considered by the TEP included whether

^d These and other research summaries developed by Research Connections are available here: <https://www.researchconnections.org/research-library/publications-research-connections>.

there have been changes in the characteristics of CCEE settings receiving subsidies; whether there have been changes in the working conditions of members of the workforce, including their wages and benefits; and whether the search process has changed for parents in light of the greater emphasis being placed on making information about CCEE settings available to parents. Examples of the important emerging questions for which recent nationally representative data for a single year would be extremely valuable include how providers are combining multiple sources of public funding; what the qualifications and ongoing professional development are for leaders of CCEE programs; and the extent to which children with a home language other than English are in CCEE settings with a staff member who speaks their home language.

Priorities for methodological development: 2012 to 2019

The emerging research questions identified in meetings of the TEP for the 2019 NSECE with OPRE as well as staff from NORC and Child Trends (as summarized in Table A3), required that a priority be placed on 2019 NSECE surveys that made it possible to examine change over time at a national level for providers (both center- and home-based) and for staff as well as for families (as noted in Table A4). As also indicated in Table A4, where sample sizes suffice, the TEP noted that it would also be extremely valuable to be able to examine change over time at a state level or at the level of the geographical area that served as the primary sampling unit for the NSECE. These goals were addressed to the extent possible in the design of the 2019 NSECE.

Issues emerging in the larger research literature and specific findings from the 2012 NSECE identified the need to strengthen the measurement of certain constructs. For example, as indicated in Table A4, better measurement was needed for:

- CCEE funding to permit examination of how funds from multiple sources are used not only at the level of the program but also for specific classrooms and individual children;
- use of child care subsidies to permit examination of provider and parent perceptions regarding participation in the child care subsidy system, and specific provider practices (such as whether centers ever turn families receiving subsidies away);
- a description of the mental health of members of the CCEE workforce; and
- participation in CCEE of families experiencing homelessness.

These issues, and their corresponding operationalization, were prioritized in designing the 2019 NSECE surveys.

Contributions of the 2019 NSECE: Selected Findings from Published Analyses Using 2019 NSECE Data

Although 2019 NSECE data have only been available for analysis since October 2021, reports from initial analyses with these data are already yielding important findings.

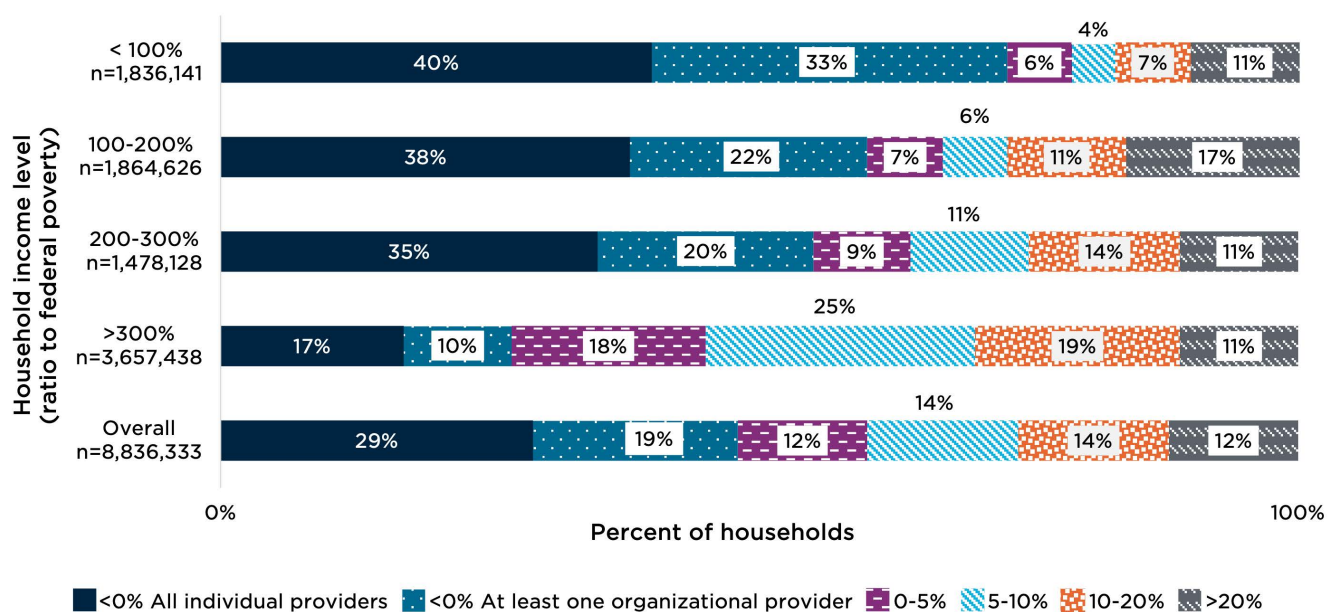
Examples of findings that have the potential to inform policy

CCEE staff in centers as well as paid home-based providers (both listed and unlisted) are uninsured at higher rates than other educators.³⁹ Analyses of the data from the 2019 NSECE indicate that 15.7 percent of center-based CCEE staff, as well as 8.1 percent of listed and 16.5 percent of paid unlisted home-based CCEE providers, lacked health insurance. Analyses of American Community Survey data

for the same year indicate that 4.2 percent of all teachers (encompassing teachers in preschool and kindergarten, elementary and middle school, secondary school, special education, teaching assistants, and post-secondary teachers) were uninsured, though 8.9 percent of respondents who reported being preschool and kindergarten teachers were uninsured compared to 2.9 percent for elementary and middle school teachers, 2.4 percent for secondary school teachers and 3 percent for postsecondary teachers.

In 2019, nearly half (48%) of households with young children that had a regular CCEE arrangement had no out-of-pocket costs. However, of households with young children that paid for a regular CCEE arrangement, 26 percent had out-of-pocket costs of more than 10 percent of household income for all children in the household under the age of 13.⁴⁰ Figure 2 shows that households with incomes below the federal poverty level (FPL) that had a regular CCEE arrangement were most likely to have no out-of-pocket costs (73%). For households at or above the FPL that had a regular CCEE arrangement (including those with incomes of 100-200%, 200-300% and more than 300% FPL), when they paid for CCEE, at least one quarter spent more than 10 percent of household income on care for all children under the age of 13. Further, among households with a regular CCEE arrangement, those with incomes just above poverty (100-200% of the FPL) were the most likely to have out-of-pocket costs of more than 20 percent of their incomes.

Figure 2. Percentage of households that used regular CCEE and had at least one child under age 5, in each cost burden level by household income level.



Source: 2019 NSECE Household Survey

Note: Reprinted from “2019 NSECE Snapshot: Child Care Cost Burden in U.S. Households with Children Under Age 5,” by the National Survey of Early Care and Education Project Team: E. Hardy and J. E. Park. (2022) OPRE Report #2022-05, Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). Data source: 2019 NSECE Household Survey.

In 2019, nearly half (47%) of the 121,000 centers serving children under age 5 and not yet in kindergarten reported having at least one child receiving subsidies from the Child Care and Development Fund (CCDF). In addition to the percentage of centers that had any children receiving CCDF subsidies, another important measure of centers’ utilization of subsidies is subsidy density, which is defined as the percentage of a center’s enrolled children under age 13 whose care is funded by CCDF child care subsidies. Analyses of the 2019 NSECE indicated that centers varied in their subsidy density. For example, 10 percent of all centers had relatively high subsidy density (i.e., half or more of enrolled children were receiving CCDF subsidies), and 16 percent of all centers had much

lower subsidy density (i.e., fewer than one quarter of the children were receiving CCDF subsidies). Centers with lower subsidy density (fewer than 25%) had, on average, larger overall enrollments of children than those with higher subsidy densities (50% or more); however, “there does not appear to be a direct relationship between the number of children served and a center’s subsidy density.”⁴¹

Examples of findings that can increase our understanding of CCEE for key demographic subgroups

Increased hours in parental employment between 2012 and 2019, especially for households in poverty and single-parent households, could be important for understanding families’ needs for CCEE. Average total hours of reported parental employment increased significantly between 2012 and 2019 across all households with children in which one or two parents were working (from 58 to 60 hours per week taking into account hours of work in the prior week for one or two parents). Demographic differences were also found when examining “fully employed households,” defined as “households where all parents work—a one-parent/one-working-parent household or a two-parent/two-working-parents household” (p.1). “The total number of hours per week that all parents were working in fully-employed households was greater in 2019 than it had been in 2012 for all children living in households with incomes below poverty and for the subset of these children in one-parent fully-employed households” (p.12).⁴²

Young children residing in households in poverty and young children living with a single parent relied on CCEE offered during nonstandard-hours in 2019 more than their counterparts in higher-income households and two-parent households, respectively. In 2019, approximately 40 percent of children under age 6 not yet in kindergarten who were in nonparental care spent time at least once a week in nonstandard-hour CCEE, defined as care offered before 7 AM or after 6 PM on weekdays, or anytime on weekends. Nevertheless, “children from groups that have faced greater structural barriers to employment, education, and other opportunities are disproportionately likely to be in care during [nonstandard] hours” (p. 1). For example, 50 percent of children younger than age 6 not yet in kindergarten who resided in households below the federal poverty line (FPL) and who were in nonparental care participated in nonstandard-hour CCEE, whereas 31 percent of young children in households with incomes at or above 300 percent of FPL used nonstandard-hour CCEE. The rate of participation in nonstandard-hour CCEE varied slightly by race/ethnicity: 49 percent of young Black children, 40 percent of White children, and 38 percent of Latino children who were in nonparental care spent time in nonstandard-hour CCEE in 2019. In addition, young children living with a single parent were more likely to be in nonstandard-hour CCEE (52%) compared to children living with two parents (34%). Use of nonstandard-hour CCEE varied by community poverty density, as well. Specifically, in low poverty density communities, 38 percent of children under age 6 but not yet in kindergarten who were in nonparental care participated in nonstandard-hour CCEE, compared to 44 percent of young children living in both high and moderate poverty density communities.⁴³

Examples of findings that extend our understanding of the characteristics of CCEE that can facilitate quality and thereby children’s development

While the number of centers and overall enrollment in centers in 2012 and 2019 was similar, nationally representative data point to increases in younger children enrolled.⁴⁴ The number of children under age 13 enrolled in centers fell by 5.3 percent between 2012 and 2019, but the number of enrolled children under age 5 not yet in kindergarten increased by 2.4 percent. There were also shifts in the proportion of centers serving children of different ages over time. For example, while 43 percent of centers served one-year-olds in 2012, 49 percent of centers did so in 2019. Similarly, while 53 percent of centers served two-year-olds in 2012, 60 percent did so in 2019. The proportion of centers serving 3-year-olds increased from 84 percent in 2012 to 87 percent in 2019, and the proportion of centers serving 4-year-olds increased from 89 percent in 2012 to 90 percent in 2019. It is important to

consider whether these changes in the age distribution of center enrollment are bringing with them changes in children's experiences (for example in classroom composition or in use of a curriculum) or in parents' experiences (such as the cost of CCEE).

In 2019, one out of three centers (33%) serving young children not yet in kindergarten had high workforce turnover. High workforce turnover was most prevalent in for-profit centers, in centers serving at least one child with a subsidy, in centers serving children only birth to age 3, and in centers that did not provide health insurance and retirement benefits to staff. Turnover affects the continuity of children's relationships with their caregivers and teachers, an important aspect of CCEE as a context for young children's development. Turnover is defined in the NSECE as "the proportion of staff working directly with children ages 0 through 5, not yet in kindergarten, who left the center in the last 12 months" (p.1). A center was considered to have high turnover "if more than 20 percent of their staff working with children left the center in the last 12 months" (p.1). Though about a third of centers nationally had high turnover, this proportion varied according to some important center characteristics. For example, 2019 NSECE data indicate that high workforce turnover occurred more often in for-profit centers (inclusive of independent for-profit centers as well as chains or franchises) than in non-profit centers (inclusive of independently operated non-profit centers and non-profit centers sponsored by an agency such as a public school district or human services department), centers run by the government (inclusive of independently operated government centers and government centers sponsored by another agency), and centers with an auspice other than these. In addition, high workforce turnover varied in light of whether a center served subsidy-receiving children. For centers serving at least one child 0-3 with a subsidy, the percentage with high turnover was 50 percent in contrast with 27 percent serving this age range but with no children receiving a subsidy; the parallel figures for centers serving children 3-5 were 48 percent and 26 percent, respectively. While the percentage of centers with high turnover did not vary by enrollment size, it did vary according to the age range of children served. A smaller proportion of centers serving only 3- to 5-year-olds had high turnover rates (18%) compared to centers serving only children between birth and age 3 (35%) or serving children between birth and age 5 (43%). While no difference was found according to the provision of professional development benefits (i.e., funding for coursework or training, or mentors/coaches/consultants), rates of high turnover were higher in centers that did not provide health insurance and retirement benefits (40%) compared to centers that provided health insurance and retirement benefits to staff (29%).⁴⁶

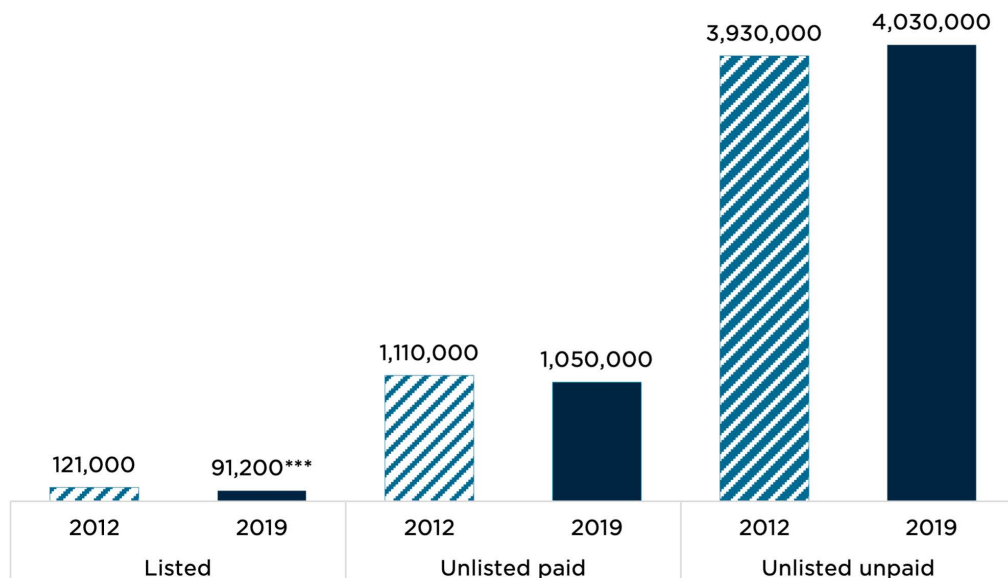
A majority of members of the CCEE workforce working in centers work exclusively with infants and toddlers or with children in the full range from birth to age 5. Of these, the majority report experiencing positive work climates. Yet, one in four also report recently looking for new or additional work; the main reason for this was financial.⁴⁷ Providing continuity of care for infants and toddlers is an important feature of high-quality CCEE. Yet, the working conditions of the CCEE workforce may affect whether teachers and caregivers will remain in CCEE settings. A recent report using the 2019 NSECE explored the working conditions of the CCEE center-based workforce serving infants and toddlers. In 2019, approximately 684,800 members of the early childhood workforce worked with infants and toddlers in CCEE centers that were not in public school settings, comprising 57 percent of early educators working in centers (with 56% of these working only with children between birth and age 3, and 44% working also with children ages 3 to 5 years).⁴⁸ The majority of infant-toddler teachers and caregivers reported positive work climates. Specifically, 91 percent agreed or strongly agreed that teamwork was encouraged in their programs, and 83 percent agreed or strongly agreed that they were treated with respect on a daily basis. At the same time, nearly half (48%) reported that more than once in the past week they had experienced children with behavior problems that were hard to deal with. Further, 27 percent reported that they had looked for a new or additional job in the past three months, with the most frequent reason being to find a job that pays more.

Examples of findings that were made possible by methodological steps taken in the 2019 NSECE

Many of the survey measures that were introduced and broke new ground methodologically in the 2012 NSECE were repeated in 2019 (though new measures were also included in the set of 2019 surveys to focus on newly emerging issues and draw upon further methodological developments). The availability of household, provider, and workforce measures at two time periods makes it possible to consider whether change had occurred in CCEE in cross-sectional, nationally representative samples during this brief but important period given the developments noted earlier.

Consideration of change over time in home-based CCEE nationally indicates a significant decrease both in the number of listed home-based providers and in the number of children under age 13 cared for by listed home-based providers.⁴⁹ Analyses of 2012 and 2019 NSECE data show a decline of 25 percent (from 121,000 to 91,200) in the number of listed home-based providers (those home-based providers who appear on state administrative lists; see Figure 3). There were significant declines in the numbers of children under age 3, between 3 and 5 years and not yet in kindergarten, and school-age children cared for by listed home-based providers. In contrast, across the two timepoints, there were no significant changes in the numbers of unlisted paid and unlisted unpaid home-based providers or in the overall numbers of children they cared for. In 2019, approximately eight million children under age 13 were cared for regularly by unlisted, unpaid home-based providers; 3,490,000 children were cared for by unlisted, paid home-based providers; and 785,000 children were cared for by listed home-based providers. The inclusion of all types of home-based CCEE in both the 2012 and 2019 NSECE surveys made it possible to assess these changes over time using nationally representative data.

Figure 3. Number of home-based providers, by type of home-based provider and year.



Source: 2012 and 2019 NSECE home-based provider questionnaire, providers serving children under age 13.

Notes: The number of providers that served at least one child under age 13 who are not their own for at least 5 hours a week. Significance testing: *** < 0.01

Citation: Datta, A. R, Milesi, C., Srivastava, S., & Zapata-Gietl, C. (2021). *NSECE chartbook – Home-based early care and education providers in 2012 and 2019: Counts and characteristics*. OPRE Report #2021-85, Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

In 2019 there was closer alignment than in 2012 between the number of young children living in rural, moderate density urban communities and high-density urban communities and the number of CCEE providers in these communities. NSECE household surveys in 2012 and 2019 provide information on the total number of young children (irrespective of participation in CCEE) in communities with differing characteristics, while the provider surveys share data on the presence of different types of providers in light of community characteristics. These data make it possible to consider “whether the distribution of providers relative to the distribution of children is diverging, converging, or staying the same across a particular community characteristic” (p 1-2).⁵⁰ For example, with respect to community urbanicity, findings indicate that “in 2019...the distribution of providers largely mirrored the distribution of children. This marked a subtle shift from 2012 when the distribution of providers was not as closely aligned with the distribution of children. Center-based providers and listed home-based providers in particular were more highly concentrated in moderate density and rural communities relative to the overall distribution of children in 2012” (p.9). In 2012, 10 percent of children under 6 were in rural communities, 21 percent in moderate density urban communities, and 69 percent in high density urban communities. In that same year, the distribution of center-based providers did not mirror that of children: 19 percent of center providers were in rural communities, 26 percent were in moderate density communities, and 55 percent were in high density urban communities. In 2019, 12 percent of children under age 6 were in rural communities, 17 percent in moderate density communities, and 71 percent in high density urban communities. In that year, the distribution of center-based providers more closely paralleled the distribution of young children, with 15 percent in rural communities, 20 percent in moderate density urban communities, and 66 percent in high density urban communities.⁵¹

Between 2012 and 2019, some, though not all, indicators of professional development for those teaching and caring for infants and toddlers in centers showed trends suggesting improvements. A recent report explored the professional characteristics of infant-toddler early educators, examining the possible changes in these characteristics across the 2012 and 2019 NSECE surveys. The authors note that, “during this period, many states rolled out extensive efforts to improve the supply and quality of infant-toddler care under the reauthorization of the Child Care and Development Block Grant, including providing early educators with specialized training and coaching.” (p. 1).⁵² While not reporting on significant differences over time, this report focused on changes over time of 5 percentage points or greater as worthy of note. For example, while there was little change across this period in completion of an associate’s or bachelor’s degree, there was an increase of 15 percentage points, from 20 percent to 35 percent, in teachers and caregivers with a state certification or endorsement to teach in early childhood education. The data on participation in professional development activities of different kinds show an increase in the percentage who received coaching, mentoring or consultation from 23 percent to 31 percent but a decrease in the percentage of infant-toddler teachers participating in college or university coursework from 32 percent to 24 percent and in those attending meetings of a professional organization from 34 percent to 28 percent. “These trends could reflect a shift in the field in terms of what professional development opportunities are more prevalent or available to early educators, such as more direct coaching or consultations than group trainings and coursework” (p. 7).⁵³ It will be important to see whether and how the patterns regarding professional development continued or changed during the pandemic.



Contributors to the NSECE COVID-19 Follow-up Surveys

The COVID-19 pandemic, caused by the spread of the SARS-CoV-2 coronavirus discovered in 2019, started soon after the conclusion of the 2019 NSECE data collection. The COVID-19 pandemic had devastating consequences for CCEE providers. In its Information Memorandum of June 11, 2021, the Office of Child Care (OCC) estimated that one in six child care jobs had been lost up to that point during the pandemic.⁵⁴ While Bureau of Labor Statistics data, as summarized by the Center for the Study of Child Care Employment, show a pattern of slow recovery in employment in CCEE towards pre-pandemic levels, their analyses indicate that as of November 2023, 30,400 jobs in child care were still lost relative to February 2020.⁵⁵ Rates of COVID-19 infection, hospitalization, and mortality as well as the response to the pandemic varied widely across the country,⁵⁶ which likely resulted in CCEE providers facing different challenges and opportunities, as suggested by state and local studies. Challenges also differed across types of CCEE. For example, a study conducted early on in the pandemic in Massachusetts⁵⁶ found that while across all types of providers nearly a third reported that their incomes had been negatively affected by the pandemic, 90 percent of family child care providers specifically reported negative effects on income.

The challenges faced early on in the pandemic nationally were summarized in this way in a report by Burwick and colleagues released by OPRE: “Already operating on fragile margins, child care programs have experienced financial upheaval as a result of mandated closures in some states, fluctuating and unpredictable demand for child care, increased health and safety regulations (including decreased ratios and stringent cleaning procedures) and shifts in school district plans for full or partial virtual learning for K-12 education” (p. 1).⁵⁷ Such findings pointed to the precarious nature of providing CCEE in the context of the pandemic and the need for stabilization.⁵⁸ In recognition of these severe challenges, three rounds of major national legislation, as summarized below in the discussion of policy developments, included components to restore, stabilize, and strengthen CCEE.

The national policy responses to the pandemic, taken together with the evidence of variation in state and local contexts and by type of CCEE, underscore the importance of gaining a national perspective on services essential to families and to the U.S. economy overall both during the pandemic and in a period of recovery.

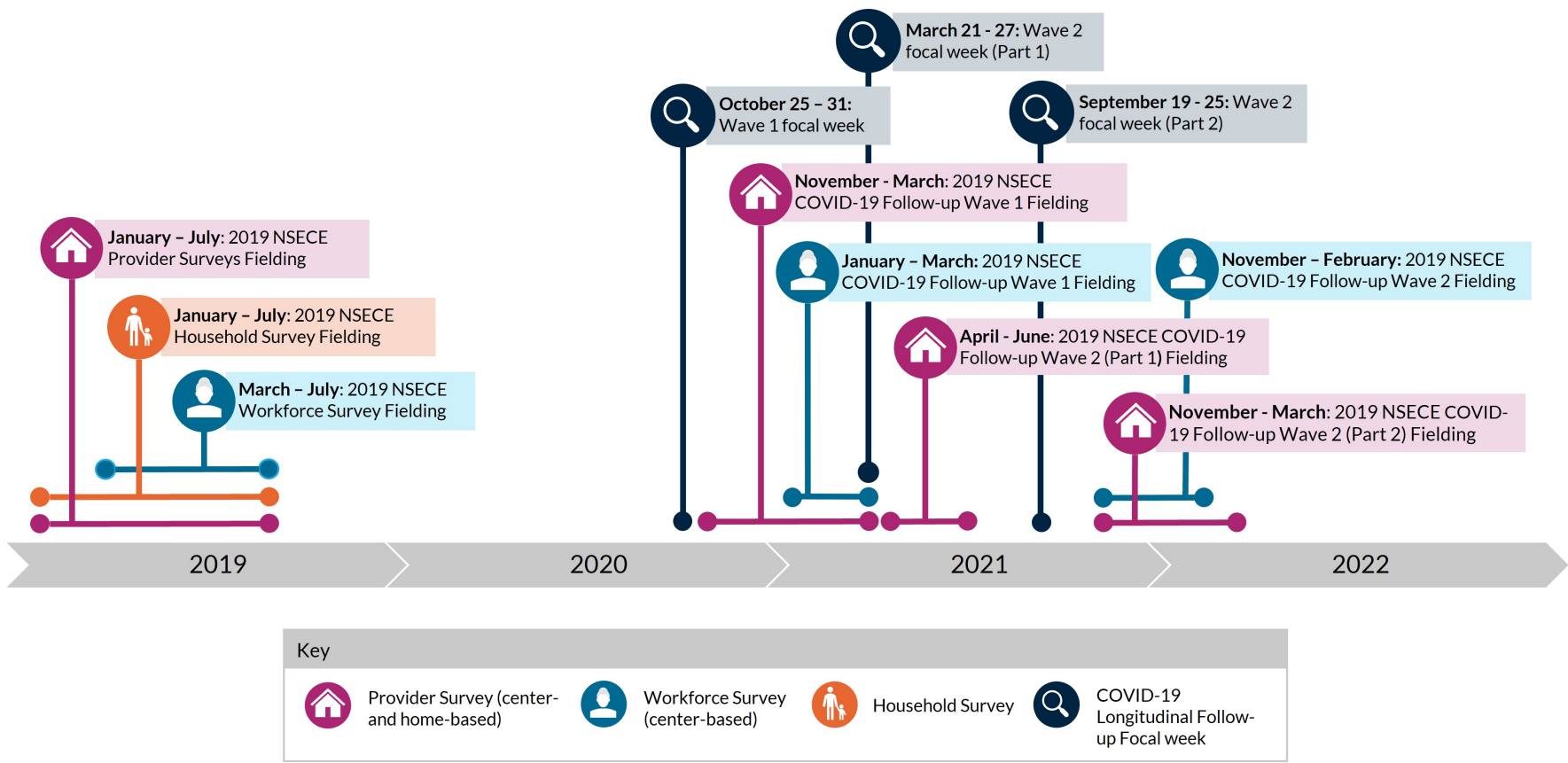
The NSECE COVID-19 Longitudinal Follow-up was undertaken to address these needs. Respondents to the 2019 NSECE center-based provider survey, the center-based workforce member survey, and the home-based provider survey (for listed and paid unlisted providers) were asked to participate in a supplemental survey. The NSECE COVID-19 Longitudinal Follow-up collected data about the experiences of providers and workers over the 18 months following the onset of the COVID-19 pandemic in March 2020, making it possible to track change over time on key survey items (for example, program enrollment) from before the COVID-19 pandemic to points in time during the pandemic. Two waves of surveys took place: Wave 1 was fielded from October 2020 through March 2021, and Wave 2 was fielded a year later, from April 2021 through March 2022. Notably, Wave 2 data collection with center-based providers was divided into two partial waves: A subset of center-based providers responded to Part 1 in Spring 2021, and the remaining providers responded to Part 2 in Fall 2021. Because the Part 2 questionnaire included new items that examined providers’ receipt of COVID-19 related relief funding, respondents to Part 1 were re-contacted and asked to complete these additional questions in Fall 2021. Understanding the possibility of week-to-week variation in providers’ circumstances given the volatility of the pandemic, the questionnaires included items specific to three focal weeks: The Wave 1 questionnaires asked about a week in October 2020, and the Wave 2 questionnaires asked about a week in March 2021 (Part 1) or September 2021 (Part 2). In addition, many new survey items were added to gather information specific to experiences throughout the first 18 months of the pandemic (for example, amount of personal funds that CCEE workers spent on pandemic-related supplies for the classroom).⁵⁹

^e The Center for Disease Control and Prevention tracks and forecasts COVID-19 infection rates, hospitalizations (https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html) and deaths through a COVID Data Tracker (<https://covid.cdc.gov/covid-data-tracker/#forecasting>).

Just as data from the 2012⁶⁰ and 2019⁶¹ NSECE surveys are available to the research community, the COVID-19 Longitudinal Follow-up data became publicly available in November 2023 at the Child and Family Data Archive website.⁶² The findings from these surveys will be critical not only to understanding the response of CCEE providers and workforce members to the COVID-19 pandemic, but also to planning for supporting and sustaining CCEE should there be future emergencies.

Figure 4 shows the sequencing of the NSECE data collections from the 2019 NSECE through the anticipated fielding of the 2024 NSECE.

Figure 4. Timeline for data collection for 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Surveys: 2019–2022



Source: This figure was developed by Audrey Franchett and informed by information shared by the authors on the fielding of the 2019 NSECE and the NSECE COVID-19 Longitudinal Follow-up Surveys.

Below, we summarize the policy developments, demographic changes, emerging research findings, and methodological needs associated with the development of the NSECE COVID-19 Follow-up surveys.

Policy developments in response to the COVID-19 pandemic

Responding to numerous emerging challenges from the pandemic, including the urgent need to sustain CCEE providers through the pandemic and into the future, Congress passed into law three pieces of legislation with important components related to CCEE during this period:^f

- ***The Coronavirus Aid, Relief and Economic Security (CARES) Act***,⁶³ enacted at the end of March 2020, provided \$3.5 billion in additional funding for the CCDBG, beyond the funding regularly appropriated by Congress, in order to help frontline and emergency workers get child care assistance and to stabilize child care given the effects of the pandemic. Because it is administered through the CCDBG program, the additional funding was subject to CCDBG program requirements. However, Congress provided flexibility beyond what was already available in the CCDBG program specifically for this additional funding. As detailed in the Information Memorandum from the OCC on April 29, 2020,⁶⁴ these funds could be used to make it possible for CCEE programs to stay open or reopen; for example, allowing providers to continue to pay for and retain staff during the crisis even if programs had closed, and providing flexibility to continue subsidy reimbursements during absences of a child due to closure and because of health-related concerns (in addition to occasional absences due to holidays or unforeseen circumstances such as illness) and when there was decreased enrollment or closure due to the pandemic. The CARES Act also established the Paycheck Protection Program to provide loans to sustain businesses, including those involving child care and early education, during the pandemic.
- ***The Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act***,⁶⁵ enacted in December of 2020, provided \$10 billion in supplemental child care funds to states, territories and Tribes participating in CCDF in addition to FY2021 appropriations. CRRSA funds had similar flexibilities as the CARES Act funds and could be used by child care providers in the case of decreased enrollment and closure due to the pandemic to ensure that child care providers could remain open or reopen, and authorized funds to be used to assist essential workers without regard to their income. It further allowed state, territory, and Tribe lead agencies to tie reimbursements to providers' continued payments to staff for wages and salaries and to include bonuses or increases in reimbursement rates to child care providers who provided child care during nontraditional hours.
- ***The American Rescue Plan (ARP) Act***,⁶⁶ enacted in March 2021, provided \$39 billion in a one-time appropriation to the CCDBG, the largest ever appropriation to the program. Approximately \$24 billion of this funding was allocated for a new Child Care Stabilization program to be used to address the financial burdens faced by child care providers during the COVID-19 pandemic and stabilize the CCEE sector as a whole. As of November 2023, data from the Administration for Children and Families, HHS, indicate that more than 225,000 child care programs in the United States had received ARP stabilization support, including more than 8 of every 10 licensed child care centers. The estimated number of children affected by the stabilization funding to that point was 10 million. Programs used the funding for such operational costs as wages and benefits, rent and utilities, program materials and supplies, and cleaning and sanitation.⁶⁷ The other \$15 billion was provided as supplemental funding for CCDF lead agencies⁹ to carry out the CCDBG Act, including to provide child care assistance to families with low incomes and essential workers and

^f The current administration also proposed Build Back Better (H.R. 5376 - 117th Congress (2021 - 2022): Build Back Better Act (2021, September 27) as a further legislative proposal with important components pertaining to CCEE. However, Congress did not advance this legislative proposal.

⁹ A CCDF Lead Agency is the State, Territory, or Tribal entity or joint interagency office that serves as the single point of contact for all child care issues, determines the basic use of CCDF funds and priorities for spending CCDF funds, and promulgates the rules governing overall administration and oversight. (45 CFR 98). <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>

support child care providers. OCC guidance strongly encouraged lead agencies to use this funding to prioritize increasing provider reimbursement rates and workforce compensation and building the supply of child care for underserved populations. In addition to the CCDBG appropriation, the ARP Act included an expansion of the Child Care and Dependent Tax Credit for 2021,⁶⁸ an appropriation of \$1 billion for Head Start and Early Head Start, and funding for the Governor’s Emergency Education Relief Fund for which subgrants can go to education-related entities for early childhood education. An important provision involved an expansion of the Child Tax Credit for 2021. The expansion included 17-year-old children for the first time, increased the maximum amount from \$2,000 per eligible child to \$3,600 for children from birth to age 6 years and to \$3,000 for children ages 6 to 17 years, made the tax credit available to parents with no or limited earnings who would previously have received no credit or a partial credit, and made it possible for families to receive half of the credit on a monthly basis from July through December of 2021 (and the other half when the family filed 2021 tax returns).⁶⁹

Demographic changes resulting from the COVID-19 pandemic

Some demographic changes appear to be related either to the COVID-19 pandemic itself or to the legislation described above seeking to address its effects. Maternal labor force participation dropped during the pandemic and appeared to respond especially to CCEE and school closures.⁷⁰ There were stark disparities by demographic group in COVID-19 infections and deaths.⁷¹ During this period, likely reflecting policy initiatives aimed to buffer the effects of the pandemic on family economic well-being, there were also declines in child poverty.⁷² Analyses using the Supplemental Poverty Measures conducted by Child Trends suggest that these changes in child poverty also reflected ongoing economic supports to families, for example, through programs such as food stamps.⁷³ It is important to note that it is unclear whether these changes in child poverty will continue as the recovery continues. Some examples of demographic changes during this period include:

- **Mothers’ labor force participation.** A U.S. Census Bureau Report from March 2021 notes that “The pandemic has had a devastating effect on employment overall but especially on mothers’ paid labor.” The number of mothers living with their school age children who were not actively working was 1.4 million greater in January of 2021 than in January of 2020.⁷⁴
- **Economic concerns of families in demographic subgroups.** Disparities are apparent in the economic concerns of families during the pandemic. Data from the U.S. Census Bureau Household Pulse Survey (HPS) focusing on the period from March 3-March 29, 2021 (summarized in the 2021 Annie E. Casey Kids Count report)⁷⁵ indicate, for example, that while 18 percent of households with children overall expressed concern about being able to make a mortgage or rent payment on time, the percentages varied by racial/ethnic group: 30 percent of Black, 30 percent of Latino, 22 percent of households with two or more or reporting other races,^h 17 percent of Asian and 11 percent of White (non-Hispanic) households indicated this concern. Another important indicator is food insecurity. Thirteen percent of households with children overall indicated that they sometimes or often did not have enough food to eat. Considered by race and ethnicity, 23 percent of Black, 20 percent of Latino, 20 percent of households with people of two or more races/another race, 9 percent of Asian and 8 percent of White (non-Hispanic) households indicated this concern during the pandemic.
- **Representation of demographic subgroups in frontline workers.** Disparities also appear in the percentage of workers in frontline occupations, defined in a National Bureau of Economic Research paper⁷⁶ as the subset of essential worker occupations for which only a third or less could

^h The Household Pulse Survey (HPS) included two questions, one on Hispanic origin and one on race, that were collapsed to create the following race categories available in the public dataset: 1) White, Alone; 2) Black, Alone; 3) Asian, Alone; and 4) Any other race alone, or race in combination. The original survey response categories for the Hispanic origin question (D2. Are you of Hispanic, Latino, or Spanish origin?) were: No, not of Hispanic, Latino, or Spanish origin; Yes, Mexican, Mexican American, Chicano; Yes, Puerto Rican; Yes, Cuban; and Yes, another Hispanic, Latino, or Spanish origin. The original survey response categories for the race question (D3. What is your race? Please select all that apply) were: White (specify); Black or African American (specify); American Indian or Alaskan Native (specify); Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian (specify); Native Hawaiian; Chamorro; Samoan; and Other Pacific Islander (specify).

feasibly work from home, and thus may more often be in contexts that expose them to infection. According to this paper, “Frontline workers include (but are not limited to) health care workers, protective service workers (police and EMS), cashiers in grocery and general merchandise stores, production and food processing workers, janitors and maintenance workers, agricultural workers, and truck drivers” (p.5). Analyses of March 2020 American Community Survey data indicate that at that point in time, Hispanic and Black people, as well as individuals who are immigrants, were disproportionately represented among frontline workers, and as a result, at greater risk of exposure to infection.⁷⁷

- **Disparities in COVID-19 infections and deaths. Perhaps of greatest concern**, disparities appear in the rates of COVID-19 infections and deaths. A Kaiser Family Foundation summary, which adds the dimension of trends over time, concludes that: “overall, Black, Hispanic, and American Indian and Alaskan Native (AIAN) people have experienced higher rates of COVID-19 infection and death compared to White people, particularly when accounting for age differences across racial and ethnic groups. The data also suggest that while these disparities have narrowed at times over the course of the pandemic, people of color are disproportionately impacted by surges caused by new variants, with disparities widening during these periods, particularly for infection rates. However... amid the ... surge associated with the Omicron variant,ⁱ all groups of color have experienced higher rates of infection compared to White people, with a particularly large spike in cases for Hispanic people. This surge was also the first time since early in the pandemic that the infection rate for Asian and Pacific Islander people was higher compared to other groups...” (para. 18 – 19).⁷⁸
- **Child poverty.** Lastly, there is some encouraging data indicating that the expanded Child Tax Credit provided to families under the American Rescue Plan contributed to a reduction in child poverty. However, there was a rebound in child poverty when this support ended in January of 2022. Using the Supplemental Poverty Measure in analyses of data from the Current Population Survey,⁷⁹ in December of 2021, researchers found that the child poverty rate was 12.1 percent. Immediately after the Child Tax Credit payments were discontinued in January of 2022, data showed that “monthly child poverty [was] 4.6 percentage points (38%) higher in February 2022 than December 2021, representing 3.4 million additional children in poverty in February relative to December” (p. 1-2). This analysis used the Supplemental Poverty Measure (SPM) rather than the Official Poverty Measure (OPM) because the SPM considers the impact of federal assistance as well as adjusting for such factors as geographical differences in housing costs. We note that Appendix Table A2 summarizing key demographic changes reports on both the OPM and SPM.

Given the pattern of small but continuing overall demographic changes, and the noteworthy disparities by demographic subgroup in response to the pandemic, it will be important to consider differences by demographic subgroup in analyses of both the NSECE COVID-19 Longitudinal Follow-up surveys and in the 2024 NSECE.

Emerging research questions for the NSECE COVID-19 Longitudinal Follow-up surveys

The COVID-19 Follow-up surveys have the potential to address issues of national as well as regional importance. A TEP comprised of researchers familiar with the emerging research on CCEE and the pandemic was convened by OPRE to make recommendations to OPRE and the project team on methodological issues and inclusion of key content in the surveys. Informed by these discussions, the kinds of research questions the COVID-19 Longitudinal Follow-up surveys could potentially address include questions about CCEE programs and the CCEE workforce.

ⁱ According to the US Centers for Disease Control and Prevention, “New variants of SARS-CoV-2, the virus that causes COVID-19, will continue to occur...The Omicron variant which emerged in November 2021, has many lineages. New lineages continue to emerge and spread in the United States and globally.” See <https://www.cdc.gov/coronavirus/2019-ncov/variants/index.html>. Current data on the variants are available at the CDC’s COVID Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#variant-summary>.

Center-based and home-based CCEE programs

Through these surveys it will be possible to provide a national (and in some instances also a state-level or regional level) picture of such key issues as provider closures and changes in enrollment at different points in the pandemic, the sources of information programs relied upon regarding public assistance to programs during the pandemic, and whether CCEE providers were able to access public pandemic assistance. These surveys will also provide data on critical issues such as special authorizations to programs on whether to enroll children of essential workers, special health practices followed during the pandemic, how COVID exposures were handled by programs, and whether and how programs changed key aspects of program functioning such as age groups served and weekly hours of care.

CCEE workforce

At the individual workforce member level (for both center-based staff and listed as well as paid unlisted home-based providers), these surveys have information about employment (whether within or outside of CCEE) and periods of non-work during the 18-month combined reference period. The surveys provide worker-level data on reported exposures to COVID-19 and worker health status, perceptions of the work environment, depressive symptoms, and financial hardship during the pandemic. Through these surveys, information on workforce members' reports of the effects of the pandemic on learning activities with children and whether and how they remained in contact with families during periods of program closure is also available.⁸⁰

Priorities for methodological development of the NSECE COVID-19 Longitudinal Follow-up

The sampling priorities for the NSECE COVID-19 Longitudinal Follow-up differed greatly from the priorities of the 2012 and 2019 NSECEs. In particular, the NSECE COVID-19 Longitudinal Follow-up aimed to use a longitudinal sampling and data collection approach that would allow researchers to follow paid CCEE providers and workforce members over time, from 2019 through the first 18 months of the pandemic. In contrast, the 2012 and 2019 NSECEs sought to provide point-in-time estimates of CCEE providers, CCEE workforce members, and households with children under age 13. Indeed, the COVID-19 Longitudinal Follow-up surveys, when combined with the 2019 NSECE, represent the first-ever, nationally representative study of the workforce at one point of time and its subsequent activities—both within and outside of CCEE.

The COVID-19 Longitudinal Follow-up surveys, when combined with the 2019 NSECE, represent the first-ever, nationally representative study of the workforce at one point of time and its subsequent activities—both within and outside of CCEE.

Given the unique circumstances of the COVID-19 pandemic, the measurement approach for the NSECE COVID-19 Longitudinal Follow-up surveys varied from that of 2012 and 2019 NSECEs. Notably, providers' and workforce members' circumstances were rapidly changing within each data collection window for the NSECE COVID-19 Longitudinal Follow-up in ways that could affect the provider and workforce circumstances the survey sought to measure (such as employment status and enrollment count). As a solution, the NSECE COVID-19 Longitudinal Follow-up collected a mix of point-in time data (i.e., respondents reported about their current circumstances at the time of the interview) as well as data about focal weeks that were fixed during the reference period (e.g., respondents reported on their experiences during the last week of October 2020).

Another priority of the NSECE COVID-19 Longitudinal Follow-up was to follow a sample of CCEE workforce members (i.e., teachers, assistants, and aides) from 2019 (pre-pandemic) throughout the first 18 months of the pandemic, including workforce members who may have exited CCEE prior to

or during the pandemic. Following the same workforce members over time allows researchers to understand the employment experiences of CCEE workers during the pandemic. For example, were workforce members who had been employed by publicly funded programs prior to the pandemic more likely to be working for the same provider *during* the pandemic, compared to workforce members who worked in programs without public funding prior to the pandemic?

Contributions of the NSECE COVID-19 Longitudinal Follow-up: Preliminary findings from published analyses as of April 2023

A set of findings from the COVID-19 Longitudinal Follow-up released at the 2022 National Research Conference on Early Childhood (NRCEC 2022) makes clear the high-priority issues these data will have the capacity to address. Data were analyzed from COVID-19 Longitudinal Follow-up surveys conducted between January and March of 2021 with participants in the 2019 NSECE center workforce who reflected on their experiences in October 2020. Results were weighted to represent the 2019 center workforce and indicated that:

- While 91 percent of the 2019 center-based workforce was working in CCEE in February of 2020, this number dropped to 67 percent in October of 2020.
- Lead teachers from 2019 were more likely than aides or assistants to be in the CCEE workforce in October of 2020.
- More members of the center-based workforce were still working in CCEE in February of 2020 (compared to 2019) when they worked in a center with two or more sources of public funding than when they worked in a center with no public funding.
 - Compared to 2019 levels, 93 percent of members of the center-based workforce were still working in CCEE in February of 2020 when they were in centers with multiple sources of public funding (with potential sources including CCDF, Head Start and public pre-K). In comparison, 86 percent of the center-based workforce who worked in centers with no public funding were still working in CCEE in February 2020.

In an NSECE Snapshot released in 2023,⁸¹ further findings from the COVID-19 Longitudinal Follow-up surveys were shared. Results indicated that:

- Over half (55%) of the 2019 center-based workforce experienced work disruptions between March 2020 and early 2021.
- The share of the 2019 center-based workforce that experienced any work disruptions from the start of the pandemic to early 2021 differed by workers' race/ethnicity, but not by their 2019 role (i.e., teacher compared to aide/assistant teacher).
- Across race/ethnicity categories, non-Hispanic White teachers were more likely to still be working in CCEE (75%) in October 2020 than Hispanic teachers (61%).

Data from the NSECE COVID-19 Wave 2 Spring Follow-up focusing on the last full week of March 2021 have also been analyzed to examine center-director reports of facility needs, an issue of particular importance given concerns about health and safety in light of the pandemic. Results indicated that:

- Almost half (44%) of center directors responded that there were acquisition, construction or renovation needs for their facility.
- Among center directors reporting facility needs, 43 percent reported that these needs were related to improving health and safety conditions for children.
- Almost all (87%) center directors reporting facility needs reported that these needs were related to improving the quality of children's experiences.⁸²

Conclusion

The data from the NSECE waves collected in 2012 and 2019 have already contributed in important ways to tracking and informing the rapidly evolving CCEE field. With an accelerating pace of change in CCEE in the U.S., the NSECE COVID-19 Longitudinal Follow-up and planned 2024 NSECE surveys take on increasing importance. At the time of completion of this brief, analyses of the COVID-19 Longitudinal Follow-up are just beginning and the design of the 2024 NSECE is still in progress. We look forward to the time when we can share additional examples of the contributions made by analyses of the NSECE COVID-19 Longitudinal Follow-up and the 2024 NSECE to our understanding of the changing CCEE landscape.

Appendix

Table A1. Policy developments in CCEE: 2012 to 2019

Head Start	<ul style="list-style-type: none">• In 2016, the Head Start Program Performance Standards (HSPPS) underwent a major revision. Changes in the revised HSPPS include:⁸²<ul style="list-style-type: none">◦ Increasing hours of operation as well as strengthening the focus on teaching practices, curriculum implementation and staff professional development.◦ Requirements for a focus on continuous quality improvement, including use of aggregated child assessment data to inform professional development planning.◦ Requirements for new staff to complete more comprehensive background checks.◦ Requirements for programs to take steps to support children who demonstrate serious behavioral issues, including proactively engaging mental health consultation. Expulsions continue to be prohibited.◦ Strengthening of provisions for dual language learners, such as requiring assessment in the language(s) that best capture skill level and finding effective ways to communicate with parents who speak a language other than English.◦ Requiring programs to actively recruit vulnerable populations, including children experiencing homelessness and children in foster care.• The Head Start Early Learning Outcomes Framework (ELOF) was released in 2015, replacing the 2010 Head Start Child Development and Early Learning Framework. The framework sets goals for what children should know and be able to do in five broad areas of early learning. Changes from the earlier framework include:⁸⁴<ul style="list-style-type: none">◦ Beginning with infants and toddlers.◦ Increasing the specificity of goals and indicators based on the growing research base.◦ Including information about language and cultural differences that may affect how children manifest skills, behaviors and knowledge.◦ Including examples of how children with disabilities may demonstrate what they know and can do.◦ Emphasizing the importance of intentional teaching and program planning.• EHS-Child Care Partnerships were established in 2013.<ul style="list-style-type: none">◦ In 2017 275 Early Head Start (EHS) grantees partnered with over 1,400 child care centers and 1,000 home-based child care providers.⁸⁵• Funding for Head Start increased from nearly \$8 billion in 2012⁸⁶ to just over \$10 billion in 2019.⁸⁷
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<p>Pre-K</p>	<ul style="list-style-type: none"> • Total state funding for preschool programs reached more than \$8.75 billion across 44 states and DC during the 2018-2019 school year (up from \$5.1 billion in 2012). States enrolled almost 1.63 million children in state-funded pre-K.⁸⁸ • Preschool Development Grant (PDG) program, administered by the Department of Education between 2014 and 2018 provided funding to 18 states aimed at expanding access to high quality pre-K for 4-year-olds from low-income backgrounds. The final report indicates that through these grants “A total of 167,725 4-year-old children attended a quality preschool program.” (p.4)⁸⁹
<p>CCDF funding for center-based and home-based community child care</p>	<ul style="list-style-type: none"> • The Child Care and Development Block Grant (CCDBG) Act was reauthorized in 2014. Updated regulations for implementation were published in 2016. Provisions focus on:⁹⁰ <ul style="list-style-type: none"> ◦ Staff background checks; consumer and provider education; staff pre-service orientation; health and safety training and monitoring; minimum 12-month subsidy eligibility period; graduated subsidy phase-out; provisions related to families experiencing homelessness; focus on professional development progression. ◦ An increase in quality set aside from previous level of 4% to 9%, with an additional 3% infant-toddler set aside.⁹¹ The quality set aside was phased in gradually from 7% in 2016 to 8% in 2019 (and increasing to 9% in 2020 and ongoing). The infant toddler set aside started in 2017. We note that the requirements for Tribes followed a somewhat different timeline, and that not all Tribes had the infant toddler set aside. • Between 2012⁹² and 2019⁹³, Child Care Development Fund (CCDF) funding increased from \$5.2 billion to nearly \$8.18 billion. During this period, there was a particularly large expansion in child care subsidy funding in 2018. <ul style="list-style-type: none"> ◦ In 2018 Congress increased funding for CCDF by \$2.4 billion to \$8.1 billion, the largest single-year increase to that point.⁹⁴ ◦ While across the full period from 2012 to 2019 there was fluctuation in the average monthly number of children and families served by CCDF, between 2017 and 2019, a period when there was a substantial increase in funding, CCDF expanded from serving 1.3 million children in 790,200 families per month⁹⁵ to 1.4 million children in 857,700 families per month.⁹⁶

Early childhood systems

- In 2012, there were 32 fully operational Quality Rating and Improvement Systems (QRIS). By 2019, there were 44 QRIS. Across all QRIS in 2019 reporting on the percent of eligible programs participating in the QRIS (density of participation), average program participation exceeded half of the eligible programs (63% of licensed child care centers and 51% of licensed family child care programs).⁹⁷
- Race-to-the Top Early Learning Challenge (2011-2013) provided competitive grants to 20 states to improve the quality and integration of early learning programs.⁹⁸
- Passage of Every Student Succeeds Act (ESSA) in 2015 established the Preschool Development Grant Birth Through Five (PDG B-5) program, administered by the Department of Health and Human Services, with the aim of improving states' early childhood systems by coordinating and building on existing programs.⁹⁹ The first round of grants was awarded to 46 states in December 2018 for state-level needs assessments and strategic planning.¹⁰⁰
- The 2016 CCDF final rule included encouragement for greater coordination across child care and other early childhood programs, including Head Start, in multiple places. For example:
 - CCDF Lead Agencies are required to collaborate with multiple entities, including State Advisory Councils on Early Childhood Education and Care, authorized by the Head Start Act, or similar coordinating bodies (p. 67443)
 - The final rule encourages Lead Agencies to use Caring for our Children Basics as a common framework for health and safety practices across all early childhood settings (p. 67443)¹⁰¹
- Simultaneous focus on parental employment and children's development increased in programs initially focusing primarily on one or the other of these (Head Start increasing hours of operation; CCDF increasing quality set aside).^{102,103}

Table A2. Demographic changes: 2012 to 2019

<p>Labor force participation</p>	<ul style="list-style-type: none"> • Parental employment continued to increase during this period. Women’s labor force participation in families in which the youngest child was under age 6 years increased from 64.8% in 2012¹⁰⁴ to 66.4% in 2019.¹⁰⁵ • Analyses of 2012 and 2019 data from the National Survey of Early Care and Education (NSECE) looking at work patterns for parents of young children (0-60 months of age) indicate that parents’ work hours increased across this time period. <ul style="list-style-type: none"> ◦ The increase took place especially in families with incomes below the federal poverty level and in households with one parent in which the parent was working.¹⁰⁶
<p>Family structure</p>	<ul style="list-style-type: none"> • While earlier there was a longer-term trend toward a decrease in the percentage of children living with both parents, in the period from 2012-2019 this showed a modest increase from 64% of children 0-17 living with two married parents in 2012¹⁰⁷ to 66% in 2019.¹⁰⁸ • According to analyses of NSECE data, 29.5% of children under 60 months lived in single-parent households in 2019.¹⁰⁹
<p>Composition of U.S. population</p>	<p>The racial and ethnic composition of the population of children in the United States continued to change gradually during this period.¹¹⁰</p> <ul style="list-style-type: none"> • Among all children (0-17 years) in the United States, while 53% of children were White non-Hispanic in 2012, by 2019 this figure was 50%.¹¹¹ While the statistical significance of differences year to year are only reported selectively, the 2019 America’s Children report indicates that the decline between 2017 and 2018 in the percentage of all children 0-17 in the United States who were White non-Hispanic (a decline from 50.7% to 50.3%) was statistically significant.¹¹² • In 2012, 50% of children 0-4 in the United States were White, non-Hispanic; 25% were Hispanic; 14% were Black non-Hispanic; 5% were Asian non-Hispanic; 1% were American Indian or Alaska native, non-Hispanic; <.5% were Native Hawaiian or Other Pacific Islander, non-Hispanic; and 5% were of two or more races, non-Hispanic. • In 2019, 49% of children 0-4 in US were White non-Hispanic; 26% were Hispanic; 14% were Black, non-Hispanic; 6% were Asian, non-Hispanic; 1% were American Indian or Alaska Native, non-Hispanic; <.5% were Native Hawaiian or Other Pacific Islander, non-Hispanic; and 5% were of two or more races, non-Hispanic. • While in 2012 24% of children 0-17 had at least one foreign-born parent, in 2019 this figure was 25%.¹¹³

Income disparities

This was a period of decline in the percentage of children living in poverty.

- In analyses using the Official Poverty Measure, while 26% of children 0-5 were living in poverty in 2012, this declined to 18% in 2019.¹¹⁴
- Analyses of NSECE data for 2012 and 2019 indicate that in addition to a statistically significant decline in the number of young children living in families with incomes below the Federal Poverty Level (FPL), there was also an increase that approached significance in the number of young children in households with incomes 300% of the FPL or greater.¹¹⁵
- According to analyses conducted by Child Trends focusing on data using the Supplemental Poverty Measure, 18% of children were living in poverty in 2012. These analyses indicate that by 2019, the percentage had dropped to 11%.¹¹⁶

Table A3. Key research findings and emerging questions: 2012 to 2019

<p>Key research findings</p>	<p>Between 2012 and 2019, three consensus committees were convened by the Board on Children, Youth and Families of the National Academies of Sciences, Engineering and Medicine to conduct major reviews of bodies of evidence with a strong focus on Child Care and Early Education (CCEE):</p> <ul style="list-style-type: none">• <i>Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation</i> (2015)¹¹⁷ reviewed the evidence and made specific recommendations for the initial education and ongoing professional development of the CCEE workforce to increase professionalization of the workforce and increase quality in CCEE in a consistent and equitable manner.• <i>Promoting the Educational Success of Children and Youth Learning English: Promising Futures</i> (2017)¹¹⁸ concluded that children benefit from the capacity to communicate in more than one language, and that all CCEE teachers of dual language learners can learn approaches to introducing English during the early years while simultaneously promoting the maintenance of the home language even when they cannot teach in all of the children’s home languages.• <i>Transforming the Financing of Early Care and Education</i> (2018)¹¹⁹ concluded that CCEE has been financed in a way that makes high-quality CCEE available only to a fraction of those families who need or desire it and does not adequately support the CCEE workforce. Recommendations focus on establishing consistent standards for high-quality CCEE across programs and increasing funding for CCEE to ensure that equitable, sustainable and unified high-quality CCEE is accessible to all families. <p>It is noteworthy that each of these major committee reviews includes results from analyses of the 2012 NSECE.</p> <p>An interdisciplinary group of scientists also convened independently in 2017 to review the evidence on the impacts of state-funded pre-K programs.</p> <ul style="list-style-type: none">• In a consensus statement, this group concluded that “the scientific rationale, the uniformly positive evidence of impact on kindergarten readiness, and the nascent body of ongoing inquiry about longer-term impacts leads us to conclude that continued implementation of scaled-up pre-K programs is in order as long as the implementation is accompanied by rigorous evaluation of impact” (p.2).¹²⁰ It is noteworthy that this report, too, includes summaries of analyses using data from the 2012 NSECE.• Summaries of the evidence and resource lists, as well as reports of working groups focusing on conceptual frameworks during this period were released by Research Connections on a range of topics including:¹²¹
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Emerging research questions focusing on change over time^j

Especially given the changes in early childhood policies and funding during this period, emerging questions focus on whether there have been changes over time in:

- Number and characteristics of center and home-based providers, including size, auspice, and inclusion of families receiving subsidies.
- Qualifications of members of the workforce as well as workforce member wages and benefits.
- Characteristics of providers and families participating in the child care subsidy system.
- Provider receipt of public funding.
- Parental preferences and choice processes, including source of information used to find a provider, given increased policy focus on access to electronic information sources.
- Household access to providers close to home for rural, urban and semi-urban areas.
- Household access to providers close to home by neighborhood poverty density
- Professional development (including educational attainment and recent participation in education and training) of those caring for infants and toddlers vs. preschool-age children.

Research questions emerging from the literature for which nationally representative data would be important^k

- How do providers combine multiple sources of public funding? What are the sources of funding for centers, for classrooms, and for individual children?
- Does the professional development of center directors include a focus on both young children’s development and care as well as program management?
- Are measures of stress and well-being of members of the workforce related to characteristics of centers and home-based care settings (such as access to coaches, consultants or mentors; having a plan for professional development; having regular supervision; wages and benefits)?
- Are children with a home language other than English in CCEE settings in which a staff member speaks their home language?
- Where are families with infants and toddlers receiving care? What are the characteristics of these settings? For example, to what extent do settings serving infants and toddlers include supports for quality?
- What are the types and characteristics of CCEE serving families experiencing homelessness?
- What are the types and characteristics of CCEE in which families of immigrants are participating?
- What are the resources and reported practices related to nutrition and physical activity in center and home-based CCEE settings, including participation in the Child and Adult Care Food Program, reports of family food insecurity, and physical activity routines?

^j The emerging research questions noted here are derived from meetings of the TEP for the 2019 NSECE with OPRE leadership as well as participation of staff from NORC and Child Trends.

^k The emerging research questions noted here are derived from meetings of the TEP for the 2019 NSECE with OPRE leadership as well as

Table A4. Identification of needed next steps in research methodology: 2012 to 2019

<p>Priorities for further steps in sampling strategies for the 2019 NSECE^l</p>	<ul style="list-style-type: none"> • Use of a sampling approach that will permit comparisons over time from 2012-2019 at multiple levels: <ul style="list-style-type: none"> ◦ National level (e.g., nationally representative samples of center-based providers and households with children under age 13 in 2012 and 2019). ◦ State level (where sample size is sufficient for comparison over time). ◦ County level (where sample size is sufficient for comparison over time).
<p>Priorities for improvements in measurement^m</p>	<ul style="list-style-type: none"> • Strengthen or add measures of: <ul style="list-style-type: none"> ◦ Blending and braiding of funding in CCEE programs, to describe funding sources not only at the center level but also within classrooms and for individual children. ◦ Center practices for using subsidies, including whether the center has turned away families with a subsidy and whether families using a subsidy must pay additional fees. ◦ Provider and parent perceptions of participation in the child care subsidy system, extending parent measures to include previous use of subsidies and, where appropriate, reasons for ending use. ◦ Director professional development to encompass qualifications related both to early childhood and to management of a child care center. ◦ Staff and child characteristics within center-based classrooms, to include information on race/ethnicity (updating measures in light of updated Office of Management and Budget [OMB] guidelines) as well as languages spoken. ◦ Workforce members' mental health. ◦ Workforce members' training specifically in the areas of health and safety and for implementation of a curriculum. ◦ CCEE programs' services to families experiencing homelessness.

participation of staff from NORC and Child Trends.

^l The emerging research questions noted here are derived from meetings of the TEP for the 2019 NSECE with OPRE leadership as well as participation of staff from NORC and Child Trends.

^m The emerging research questions noted here are derived from meetings of the TEP for the 2019 NSECE with OPRE leadership as well as participation of staff from NORC and Child Trends.

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History of the National Survey of Early Care and Education, Part II: The Development of the 2019 NSECE and the NSECE COVID-19 Longitudinal Follow-up

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