

1. Descriptive Information

<p>2019 NSECE: What Are We Learning and How Do We Learn More?</p> <p>The 2019 National Survey of Early Care and Education (NSECE) provides nationally representative data on four key populations pertaining to early care and education: 1) households with children under age 13 years, 2) home-based providers to children under age 13 years, 3) center-based providers to children age five years and under, not yet in kindergarten, and 4) the classroom-assigned center-based provider workforce serving children age five years and under, not yet in kindergarten. The NSECE is designed to describe the supply of ECE for young children and the ECE workforce in direct contact with children, and to understand the needs and preferences of families with young children. Four coordinated nationally representative surveys comprise the NSECE so that households can be matched to the supply of care in their local areas.</p> <p>This session reviews major policy and research themes that informed the design of the 2012 and 2019 NSECE, discusses how 2012 data have informed research and policy, and offers emerging findings from the 2019 data. The 2012 NSECE data provided ground-breaking insights into the number and types of home-based ECE providers and the children and families who participate in their care. Since 2012, home-based care has been a particular focus area with concern about declines in the numbers of licensed or more formal providers. During the current pandemic, home-based care has emerged as an ECE setting with substantial flexibility for starting and modifying practices quickly, and one in which socially distancing practices may be more feasible. In this session, we will use 2019 NSECE data to take a look at home-based care with three lenses: the number and characteristics of home-based ECE settings, the personal characteristics of the home-based ECE workforce, and households' use of home-based care for children under five years of age.</p> <p>The session introduces another data set that OPRE hopes will be a foundational resource for researchers and policymakers tackling the questions and issues emphasized as guideposts for this meeting and priorities for ACF.</p>	<p>Presenters</p> <ul style="list-style-type: none">• Rupa Datta, NORC at the University of Chicago <i>Design of 2019 NSECE and Feasible Comparisons to 2012 NSECE</i>• Martha Zaslow <i>Historical Context of NSECE: Need for a Study, Design Phase, 2012 NSECE, What We Learned from 2012, 2019 NSECE</i>• Carolina Milesi, NORC at the University of Chicago <i>Early Findings from 2019 NSECE</i> <p>Discussant</p> <ul style="list-style-type: none">• Shannon Christian, Office of Child Care (OCC) <i>Value of NSECE to OCC; Questions OCC Has for 2019 NSECE</i> <p>Scribe</p> <ul style="list-style-type: none">• Nicole Wright, ICF
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2. Documents Available on Website

N/A

3. Brief Summary of Presentations

- **Summary of Presentation #1: Introduction from Rupa Datta and Shannon Christian**
 - OPRE is hoping to learn more about how the broader CCEEPRC audience and community can use the NSECE data. There are likely some people in the audience very familiar with the NSECE, and some who are not, so the presentation will start with some context, then share early findings from the data, as well as engage with the attendees and try to address questions.
 - Shannon Christian will open the session. She is with the Office of Child Care and oversees the Child Care & Development Block Grant (CCDBG), which funded the NSECE. We will then share a snapshot of

emerging findings from the two NSECE data sets from 2012 and 2019. Center and homebased childcare are included in both data sets. Substantial research funds were invested after 2014 to conduct analyses to learn more about the child care and early education landscape in 2019 and the experiences of families accessing those services to meet their needs.

- The amount of new data from the national survey is very large. Numbers, characteristics, and use of home-based childcare is the focus of the presentation today – this sector of the market has undergone many changes over the last few years. It is a very important component of the supply of care for families, especially during the current set of circumstances driven by the COVID-19 pandemic. Family child care has also served more than a proportionate number of children in need of emergency care. They have played a really important role.
- Today’s presentation includes a short history of the NSECE and the policy changes that occurred between the two cohorts (2012 and 2019). This information will be shared by Marty Zaslow.
- Rupa Datta is the Project Director of this study. She and Carolina Milesi will share emerging findings around homebased care providers and family use of homebased care.
- We will also spend some time trying to understand the supply of and demand for center and homebased care in order to understand what may be needed that’s different than before the pandemic, and what we can expect looking into the future as we reopen childcare and the community (including children who may not be in school due to the pandemic).

- **Summary of Presentation #2: Marty Zaslow**

- Why was it important to conduct the 2012 NSECE?
 - When the NSECE 2012 was launched, it had been more than 20 years since the last descriptive study on utilization and availability of U.S. early care and education.
 - During the period leading up to 2012, there was a push for major policy developments and a pull from researchers who wanted tools to be able to understand what was happening in child care.
 - Between 1990 and 2012, there were major changes in child care subsidy policy (the establishment of the CCDBG included) and increases in funding from 1.27 to 5.2 billion. PRWORA was also passed in 1996.
 - Expansion of Head Start and establishment of Early Head Start, growth in state pre-K programs, an emerging focus on addressing silos amongst policy circles, and the 1997 establishment of Quality Rating and Improvement Systems (QRIS) as a common platform for looking at quality across these programs also contributed.
 - The pull from researchers included growing understanding of substantive and methodological issues resulting in calls for innovation in design:
 - Representative sampling became more important.
 - Researchers wanted new ways to measure important concepts such as predictors of quality and blended funding.
- What have we learned from 2012 NSECE (selected examples)?
 - There have been important changes over time in the availability of center-based care, with the number of centers serving 3-5-year-old children growing by 67% and the number of centers with children in this age range that received public funds increasing by 134% from 1990 to 2012. The implication is that the growth in supply of publicly funded centers has increased access for low-income families to child care.
 - The picture is incomplete without consideration of homebased care and its subgroups – we must consider it in tandem with listed providers – without considering those that are unlisted (paid and unpaid), you would be vastly under-representing care centers.
 - When families pay for ECE, the proportion of family income can be very high (particularly for those with children under age 6, who pay 20% of their household income for ECE). The percentage of household income is substantially higher depending on income as well – families with incomes less than 100% of the federal poverty level (FPL) pay 33% of their household income for ECE, compared to 11% for those with incomes 300% FPL or above.

- The narrative on use of ECE by Hispanic families’ needs updating. We learned in 2012 that a majority of Hispanic preschool age children are in a regular nonparental care arrangement. They are as likely to be in center care and home-based care as their Black and white peers.
 - The findings indicate that it no longer seems appropriate to assume that Hispanic families are more likely to use/prefer homebased care.
- The 2012 NSECE is a widely used resource, and we have benefited greatly from the rich insights the research has yielded. Over 480 publications cite the NSECE according to Research Connections, and four recent Institute of Medicine or National Academies reports include data from the 2012 NSECE.
- Why is the 2019 NSECE important?
 - Policy developments between 2012 and 2019 have accelerated; we see the reauthorization of CCDBG in 2014 with many critical components, including the eligibility period and the emphasis on health and safety background checks. There has also been a historic increase in funding for CCDF in 2018, with resulting funds for research and education.
 - This has been the period of a number of new developments in Head Start as well, including updates to the Head Start Program Performance Standards and the launch of EHS-Child Care partnerships.
 - Total state funding for state pre-K funding has been more than \$8.15 billion across 44 states.
 - There is also an increased emphasis on Systems Alignment, such as the Race to the Top Early Learning Challenge and the Every Student Succeeds Act.
- Change Over Time:
 - A decline in home-based care which has been documented among listed homebased providers (HBP).
 - Demographic changes that have led to questions about the percent of center staff and HBP speaking a language other than English.
 - Critical context to use for our understanding of COVID 19
 - Consideration of New Issues (blended funding, staff/workforce survey new questions, household survey new questions)
 - There are new questions in the center-based provider (CBP) survey about blended funding at the center and child levels and requirements to meet multiple performance standards or guidelines. For home-based provider (HBP) survey, new questions ask about the type of prior personal relationship with each child, physical conditions in child that affect care. We are now asking staff and workforce about training for curriculum use, opinions about background checks, and children’s food insecurity. Finally, we are asking households about the duration of subsidy receipt and reason if ended and non-resident parent’s financial contributions to basic needs.
- **Summary of Presentation #3: Rupa Datta, First Glimpse (HBP in 2019)**
 - The NSECE draws from four nationally representative surveys of different populations – households, workers, HBP, and CBP. Today, we are focusing on the HBP, both listed and unlisted.
 - The source of the listed HBP sample is state and national lists of homebased providers of ECE and child care (for-profit and nonprofit organizations, state agencies from all states, etc. provided the lists). From those lists, sampled HBP for the survey.
 - The starting point for unlisted providers is the list of every housing unit in America. From that list, the research team drew households and asked each household whether they had anyone in the household who regularly cared for children outside their family in a home-based setting (children had to be under the age of 13, at least five hours a week).
 - Ultimately, listed, unlisted paid, and unlisted unpaid are the three categories of homebased providers included in the study.
 - For unlisted paid care, providers are paid for at least one child and many have a prior relationship with all the children in their care. There were 312 providers included in the sample.

- For unlisted, unpaid care, almost all providers have a prior relationship to all children in their care and many live in the same household. There were 821 providers in this sample.
- The research team is not yet ready to share the final number of listed providers in 2019, but the provider sample interviewed is 4,231.
- Numbers of home-based providers in 2012 and 2019:
 - We have seen a decline of 10% and 8% in the number of paid and unpaid unlisted providers respectively.
 - 2012: 919,000 unlisted paid and 2,726,000 unlisted unpaid
 - 2019: 825,000 unlisted paid and 2,518,000 unlisted unpaid
 - Number of children served by both unlisted paid and unlisted unpaid providers declined from 2012 to 2019 as well.
- Why are we not reporting an estimate for the number of listed providers?
 - Recall that the provider sample is based on state lists. In 2019, we saw that 13 states had different lists that they were maintaining than they had in 2012. Right away, we know that in 13 out of 51 states, we have all the lists, and our methodology is the same, but the lists that they maintained changed. We might expect that what “listed” means in 2019 may be different from what it meant in 2012.
 - We have also seen changes in numbers of provider records on lists. There are a lot of duplicates – many lists list the same provider many times. There is also some churn – when we take those lists and contact people to interview them, about 30 percent report that they are not providing ECE at that time. So there is a big difference between the number on the list and the actual number of providers.
 - 34 states had declines in numbers of records of HBP between 17 and 77 percent. Further, 12 states had increases in HBP provider records of 50 percent or more, which goes counter to what we have been hearing in terms of decline (could be the result of new lists or new ways of defining who goes on those lists).
 - There were really only two states that had a similar number of records in both 2012 and 2019.
 - We need to make sense of the changes in the lists and how they should inform our estimate of the number of listed providers.
 - For unlisted providers, recall that everything is tied to census data, so we have an easy gold standard.
- We know that the interpretation of listed care likely changed in many states from 2012 to 2019. Further, some providers who were unlisted paid in 2012 have likely transitioned to listed in 2019 (and vice versa).
 - Nonetheless, across HBP provider data and household data, we only see evidence of declines in providers and children cared for in those arrangements.
- Although we are holding off on an estimate of listed providers, everything we report today (proportions, significant differences, etc.) – those numbers we are quite confident of because they come from our data collection process. Despite the apparent shift and churn in lists, comparisons between the two years are surprisingly stable.
- Types of Homebased Providers
 - One important finding from 2012 comes from work by Bobbie Weber. In order to estimate numbers of listed and unlisted “family childcare-like” providers, Dr. Weber suggested defining something that is formal family childcare-like and asking how many providers from each category are providing that kind of care. Four criteria emerged:
 - Provider paid for caring for children
 - At least 1 child without prior relationship
 - Care is in provider’s home
 - Care is for four or more children

- Using these four criteria, researchers found that there was a much smaller percentage of unlisted paid providers meeting all four (14.3%) compared to listed providers with those four characteristics (80.8%). We see a similar pattern in 2019 (84% of listed providers met all four criteria; 12% of unlisted paid providers met all four).
- **Summary of Presentation #4: Carolina Milesi, Characteristics of Home-Based Providers as Programs**
 - Next, we will be digging into the specific characteristics of listed and unlisted HBP – first as programs, then as individuals.
 - We will begin with the percentage of HBP caring only for children with prior personal relationships (this could include family, friends, neighbors, colleagues, church, etc.):
 - Listed providers are substantially less likely to provide relationship-based care compared to unlisted providers. Unlisted unpaid are most likely to provide relationship-based care.
 - Share of providers who are relationship-based is almost identical from 2012 to 2019.
 - Ages of children served:
 - There is a statistically significant decline in the share of both listed and unlisted unpaid homebased providers serving children under age 3 from 2012 to 2019.
 - There is a decline in the percentage of unlisted paid providers serving this age group as well, but it is not statistically significant.
 - There are no statistically significant differences between the 2012 and 2019 datasets for the percent of providers serving the next two age groups (ages 3-5 not yet in kindergarten and school-age children kindergarten to 13).
 - The majority of listed providers (53 percent in 2012) served at least one child from all three age groups (i.e., at least one child under 3, at least one 3-5, and at least one school age). This dropped to 48 percent in 2019. The second most common combination of age groups served (25% in 2012 and 29% in 2019) was 0-3 years old and 3-5 years old. Only about 2 percent of listed providers served only school age children in both years.
 - The combinations of ages served are more evenly spread for unlisted, paid providers than listed providers (in 2012 and 2019, 21 and 19 percent of unlisted, paid providers served all three age groups). No differences from year to year were statistically significant for unlisted, paid providers.
 - We see the same pattern for unlisted, unpaid providers.
 - The researchers conclude that there are important differences across provider types in the ages of children served, but not from year to year.
 - Numbers of children served by each provider (at least five hours per week):
 - Listed providers care for the largest number of children (median of 6.8 and 7.1 in 2012 and 2019 respectively). Unlisted unpaid providers serve the lowest number of children (1 in both 2012 and 2019). For unlisted paid, the median was 1.8 children served in both years.
 - These counts likely overestimate the amount of children present in the home at a single time.
 - The percentage of 2019 home-based providers receiving reimbursements from government programs:
 - 63 percent of listed providers compared to 16 percent of unlisted paid providers reported receiving any reimbursement from government programs
- **Characteristics of providers as individuals** (restricted to those serving children five and under, not yet in kindergarten):
 - Age of listed provider: there was an increase in the percentage of providers who fall in the age group 50-59 and a decrease in ages 40-49 from 2012 to 2019.
 - Age of unlisted paid provider: the proportion of those in the 50-59 age group decreased (from 26% to 14%) and the proportion of those in the age group 30-39 increased (from 20% to 23%). Only the decrease in those aged 50-59 is statistically significant.

- Age of unlisted unpaid provider: from 2012 to 2019, there was a statistically significant change in the percentage of providers over the age of 60 (increase from 33% to 43%). There was also a statistically significant decrease in the percentage of providers aged 50-59 (from 28% to 21%) and 40-49 (from 17% to 12%).
- In 2019, more listed providers had more than 20 years of experience than in 2012 (increase from 26% in 2012 to 32% in 2019). Years of experience for unlisted paid providers remained similar from 2012 to 2019. For unlisted unpaid providers, there are two statistically significant decreases: the percentage of those with more than 20 years and those with 1-5 years of experience.
- Main reason for caring for children:
 - Listed providers: Career-related reasons were cited the most (48% and 53% in 2012 and 2019), followed by convenient work arrangement (20% and 17%).
 - Unlisted paid: most cite helping children/parents and only about a quarter cite career reasons.
 - Unlisted unpaid: vast majority cite helping children/parents as their main reason for caring for children (87 and 80 percent)
- **First Glimpse: Households' Use of Individual Care Providers in 2019 - Rupa Datta**
 - From 2012 to 2019, there was a significant decline in the number of children ages 0-3 living below the federal poverty line (declined from about a third to about a quarter). There was also an increase in the percentage of children in this age group living in the highest income group (300% or more above FPL).
 - Children 3-6 were significantly less likely to be living in poverty as well.
 - Parental Employment Status
 - From 2012 to 2019, there was a statistically significant increase in the percentage of children living in a household in which all parents are employed and a decline in the percentage of those living in a household where no parents are employed.
 - There is a similar pattern for children 3-6 years old; however, we also see a decrease in the percentage of those living in a household in which "some parents" are employed from 2012 to 2019.
 - Types of care:
 - The researchers asked parents if they were using regular care (meaning 5 hours or more per week), if care was provided by an individual or an organization, whether the provider received payment, and whether there was a prior personal relationship with the child.
 - With that information, the researchers developed another taxonomy (does not map directly to other taxonomy): 1) individual: no prior relationship & paid, 2) individual: prior relationship & paid, and 3) individual: unpaid.
 - There were declines seen in paid, no prior relationship care from 2012 to 2019. This held true for children aged 3-6 and 0-3. Other types of arrangement (paid, prior relationship and unpaid) do not have statistically significant changes from year to year.
 - The survey findings are showing statistically significant changes from 2012 to 2019 in individual care type usage by household subgroup:
 - Children under 3 were less likely to use paid no prior and paid prior from 2012 to 2019.
 - No groups show statistically significant difference in likelihood of using unpaid care.
 - This holds true across income to poverty ratios and parental employment status.
 - Often prior personal relationship exists for parents with lower income/households with the most need.
 - OPRE is considering a two-wave COVID-10 follow-up to the 2019 NSECE, ideally this fall and then again next spring.

- Research questions:
 - How has the ECE supply and workforce from 2019 experienced the year since the onset of the pandemic?
 - What programs and policies to support providers and workers were most effective in reaching them, and what gaps remain?
 - What is the effect on availability of and access to care for families with young children?

4. Brief Summary of Discussion:

- Shannon Christian: There are a number of questions under discussion at various levels to consider, but one issue we think this 2019 data could address is the ability of the homebased sector to scale up or become a more visible part of the ECE system. And relatedly, how does the fact that we see an aging workforce at greater risk of COVID 19 – how might that impact their participation in child care while the pandemic is still an issue?
 - Rupa Datta: It is striking that even in 2012, we were talking about 750,000 out of 50 million children under 13 that were being served by listed providers. Although it's a critical part of the sector, there are millions of children being cared for – it's clear that we couldn't solve our current pandemic-related issues by just having everyone go to homebased care. There just isn't enough of it, especially when we think about some of these aging factors. It was really striking for me to see that yes, there probably is some additional supply that can be helpful in the pandemic, but really, it's not a solution because so many providers are themselves also at risk, and it's just not as big as schools. We need to be thinking about all the other different solutions to expand supply as well.
 - Marty: The first issue you raised of scaling up of HBPs and getting them connected to a more formal system is a very important one. Some of the data Rupa just presented indicates that it's possible that we've had some migration from unlisted to listed. It's going to be very important to see who made the transition and how. I also agree with Rupa's point about scalability of homebased care to address childcare and the pandemic. But on a smaller scale, providers may be able to have much more information about the health practices of the families they're caring for, and the small groups of families they may be caring for.
 - Shannon: Is that what they're calling "pods?" That is an interesting movement. There is some talk that family childcare more effectively meets CDC guidelines because it usually is less than 10 people in a group and it's the same consistent groups every day.
- Shannon Christian: The next piece is focused on households and their use of care in 2019. How will out-of-school time affect usage? Do you think the presence of other siblings in household will impact a family's decision to send children to ECE/child care providers?
 - It is important to consider the desire of parents to perhaps keep children in places together with consistent practices.
 - We would like to look at how households make decisions about different-aged children and marry that with more current data. That will help us understand where the biggest gaps are.
- Future directions
 - When people are thinking about COVID and what we might learn from this time, with the extra money we were given from Congress, it was important to prioritize 1) ensuring emergency workers' children had places to go (those without opportunity to telework) and 2) sustaining the child care market, which would go beyond the subsidized market to include the larger market. We want them to be there when COVID ends. Additional funding for that purpose is being discussed in Congress now.
 - We are also considering the question of how many children providers can handle and the extra work involved with sanitation practices (what it takes to keep business going). What can we learn from this data that will help us project out into the future?