



National Survey of
Early Care & Education

Characteristics of Minnesota Center-based Early Care and Education Providers in 2019

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Table of Contents

SELECTED FINDINGS ON MINNESOTA’S CENTER-BASED PROVIDERS	1
OVERVIEW AND STUDY BACKGROUND.....	1
CENTER-BASED PROVIDER SURVEY	2
Key Definitions.....	4
TABULATIONS.....	4
Counts of Center-based Providers, Children Served, and Staff.....	4
Characteristics of Center-based Providers.....	8
APPENDIX A: SAMPLE DESIGN	11
APPENDIX B: DATA SET DESCRIPTIONS	16
APPENDIX C: SURVEY DESCRIPTIONS	18

Selected Findings on Minnesota's Center-based Providers

This report presents information on center-based providers from the 2019 National Survey of Early Care and Education (NSECE) for cases fielded in Minnesota in the winter and spring of 2019. Only data from the state of Minnesota are presented here.

The report features:

- ▶ Counts of center-based providers, children served and staff
 - Number of center-based providers; number of children served by age group; number of staff
- ▶ Characteristics of center-based providers
 - Guidance and sponsorship; public funding receipt; sources of revenue

Selected key findings include:

- ▶ In 2019, Minnesota had 2,900 center-based providers of early care and education (ECE) that served at least one child 5 and under, not yet in kindergarten.
- ▶ In 2019, center-based ECE providers in Minnesota served 225,000 children under age 13 years. Of these, 185,000 children were age 5 years and under, not yet in kindergarten.
- ▶ The number of total staff working in center-based ECE in the state of Minnesota was 34,300 in 2019.
- ▶ In 2019, 76 percent of center-based providers in Minnesota reported receiving any public funding (local, state, or federal).
- ▶ In 2019, 46 percent of center-based providers in Minnesota were nonprofit.

Overview and Study Background

The primary purpose of the 2019 National Survey of Early Care and Education (NSECE) was to provide a comprehensive snapshot of both the availability and utilization of ECE in the United States. The study was designed to provide data comparable to data from the 2012 NSECE.

The NSECE is a set of four integrated, nationally representative surveys conducted in 2019. These were surveys of: 1) households with children under 13; 2) home-based providers to children under age 13; 3) center-based providers to children age 5 years and younger, not yet in kindergarten; and 4) the center-based provider workforce. Together, they characterize

the supply of and demand for ECE in the United States and will permit better understanding of how well families' needs and preferences coordinate with providers' offerings and constraints.

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. The project team is led by NORC at the University of Chicago, with a team of partner organizations and individuals.¹ This document is based on a portion of the national study, which was supplemented by Minnesota's federal child care Development Block Grant. This report uses data from the 2012 and 2019 NSECE data files. Because Minnesota supplemented 2019 NSECE data collection but not 2012 NSECE data collection, more estimates can be generated for the state using 2019 data than are feasible using 2012 data.

This summary documents key aspects of the 2019 NSECE and provides a brief overview of the Center-Based Provider Survey. Note that tabulations presented in this report are only based on data captured from the survey of center-based providers in Minnesota. More information about the sample design and data set descriptions can be found in Appendices A and B, respectively.

Center-based Provider Survey

Data collection for the 2019 NSECE took place beginning November 2018 through July 2019 and consisted of four surveys, Household, Center-Based Provider, Workforce and Home-Based. Additional details about the surveys can be found in Appendix C. All data collection was completed in 2019, providing a baseline of data prior to the pandemic.

The **Center-based Provider Survey** was conducted with directors of ECE programs that provide care to children not yet in kindergarten who were identified from the provider sampling frame, which was built from state or national administrative lists, such as state licensing lists, Head Start program records, or pre-K rolls. In Minnesota, these programs may be licensed or legally unlicensed and/or certified. These providers included regulated, licensed, and other private providers as well. The center-based provider questionnaire was preceded by a **Center-based Provider Screener** that determined eligibility for the center-based provider questionnaire and sampled a responding organization when multiple organizations were serving children 5 and under, not yet in kindergarten, at the address. Data collection was conducted by Internet, in person, and by telephone with field interviewers.

Although no observational data are collected on the care provided, the questionnaire includes a variety of measures at both the program and individual staff levels that have been found in the literature to predict observed quality of care. No nationally representative data on the supply of ECE had been available since the 1990 Profile of Child Care Settings. The NSECE

¹ Please see www.nsece.norc.org for a full list of 2019 NSECE team members.

data update those data in many ways but also reflect many contemporary issues, including the blending of public funding sources (sometimes with private funds); the provision of public prekindergarten in school-based and community-based settings; and targeted accommodations, such as comprehensive services and services for English-language learners and their families. Selected segments of the center-based questionnaire were designed in parallel with the home-based questionnaire so that comparable data would exist for more formal home-based providers as well as for centers. The center-based provider questionnaire data answers such questions as: 1) What kind of ECE is available across communities throughout the country? 2) How well does the available supply of ECE support parents' employment? 3) How do different types of providers vary in their characteristics of care and affordability? and 4) How many and what types of providers participate in quality improvement efforts, such as staff quality ratings and professional development?²

The instrument also covers enrollment and characteristics of children served, including age and race, staffing, prices charged, schedules of service, participation in government programs, and staff compensation and professional development policies. The questionnaire includes the selection of a representative classroom about which more detailed staffing and compensation information were collected.

The 2019 NSECE involved a substantive expansion of questions collecting information on a center's revenues, covering topics including: blending of funding at the center, classroom, and child level; self-reported mix of public/private funding; and center practices for using subsidies. The 2019 questionnaire also included additional questions covering food offerings and participation in the federal food program, and the respondent's training on aspects of operating and managing a child care center. Finally, some staffing questions were edited to focus more specifically on ECE for children age 5 and under, not yet in kindergarten.

Tabulations here include frequencies, percentages, means, medians, and percentiles. All estimates are properly weighted to represent the population of center-based providers in Minnesota in 2019.³ Appendix A offers additional details on the 2019 NSECE design.

² The 2019 NSECE center-based provider questionnaire is available at:

<https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-2019>

³ This report uses disclosure guidelines the NSECE has in place for reporting state-level estimates. These guidelines are applied consistently to all NSECE dissemination products, for all states, and for all data users. These guidelines are intended to avoid inadvertent disclosure of: (i) NSECE study subjects, (ii) the sample size of any specific state included in the NSECE, (iii) the presence or absence of any sub-state geographic unit in the NSECE sample, such as a county, city or school district, or (iv) the location of a center-based or home-based provider, workforce member, or household in the sample. The requirements apply to the reporting of unweighted and weighted estimates and include frequencies, means, percentages, and percentiles, among others. ECE providers for whom information about their location and characteristics is publicly available have high disclosure risk, with center-based providers exhibiting the highest disclosure risk. The guidelines require the suppression of estimates based on the number of cases used to generate each estimate. The thresholds used to suppress estimates vary across data files. Center-based estimates are suppressed if they are based on 50 or fewer providers. These guidelines were applied consistently across all tables. Suppressed estimates are denoted with the following symbol † and a footnote indicating the value was suppressed due to small n.

KEY DEFINITIONS

Estimates in this report include two units of analysis.

- Center-based Providers:** A center-based provider is an organization providing ECE services to at least one child age 5 and under, not yet in kindergarten, at a single location. Center-based providers offer care at least three hours per day at least twice per week, where parents are not present and that are not only drop-in care, after-school, or single-activity arrangements. There may be multiple types of ECE services offered by a single provider (for example, an after-school program and a preschool), and a center-based program may be independent or part of a larger entity, such as a school district, a community service organization, or a chain. The NSECE data cover all of a center’s ECE services to children under 13 at the sampled location.
- Children:** The estimates in these tabulations cover all children under age 13 receiving ECE services from center-based providers who care for at least one child age 5 and under, not yet in kindergarten. We categorize children into three age groups: 1) under age 3 years; 2) age 3 through 5 years, not yet in kindergarten; and 3) school-age children attending grades kindergarten through eighth and under 13 years of age.

Additional school-age children may be receiving ECE services from center-based providers who serve only school-age children; those providers and their enrolled children are not represented in the NSECE center-based provider data.

Tabulations

COUNTS OF CENTER-BASED PROVIDERS, CHILDREN SERVED, AND STAFF

In 2019, the state of Minnesota had 2,900 center-based providers of ECE serving at least one child 5 and under, not yet in kindergarten (see Table 1. A provider is an organization providing care in a single location.

Table 1. Counts of Center-based Providers

	Weighted Frequency
Number of Center-based Providers	2,900

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey.

State-level estimates for Minnesota.

The number of children enrolled in center-based ECE providers varies by age. In 2019, center-based ECE providers in the state of Minnesota served 225,000 children under age 13 years. Of these, 185,000 children were age 5 years and under, not yet in kindergarten.

Table 2. Children Enrolled in Center-based Providers

	Weighted Frequency
Total children birth through 5 years (not yet in kindergarten)	185,000
Total children under age 13 years	225,000

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey.

State-level estimates for Minnesota.

The total number of children a center serves may be related to the combination of age groups served. Tables 3 and 4 present the number of children enrolled by single-year age categories, as well as the number of centers that currently serve children in each of those age categories.

Table 3. Number of Children Served by Center-based Providers, by Age of Children Served

	Weighted Frequency of Children Enrolled	Weighted Percent of Children Enrolled Birth through 5 Years
<1 year old	†	†
1 year old	18,100	10%
2 years old	21,200	11%
3 years old	58,800	32%
4 years old	69,300	37%
5 years old (not yet in kindergarten)	†	†
Total children birth through 5 years (not yet in kindergarten)	185,000	100%
School-age (including kindergarten)	†	†

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey.

State-level estimates for Minnesota.

Table 4. Percentage of Center-based Providers Serving Age of Child, by Age of Children Served

	Weighted Frequency of Providers Serving Age Group	Weighted Percent of Providers Serving Age Group
<1 year old	†	†
1 year old	1,170	40%
2 years old	1,450	50%
3 years old	2,850	98%
4 years old	2,880	99%
5 years old (not yet in kindergarten)	†	†
Birth through 5 years (not yet in kindergarten)	2,900	100%
School-age (including kindergarten)	†	†

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

Table 5 also presents information on the number of children enrolled in center-based providers. While Tables 3 and 4 disaggregate ages of children in terms of a single year of age, Table 5 presents more aggregated categories of ages: Under age 3; Age 3 through 5 years, not yet in kindergarten; and School-age. Table 5 shows that in 2019, center-based ECE providers in the state of Minnesota served 50,500 children under age 3, and 135,000 children ages 3 through 5, not yet in kindergarten.

Table 5. Number of Children Enrolled in Center-based Providers, by Age Group

	Weighted Frequency of Children Enrolled	Weighted Percent of Children Enrolled
Under age 3	50,500	17%
Ages 3 through 5 years, not yet in kindergarten	135,000	47%
School-age	†	†

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

Children may enroll in part-time or full-time center-based care. Centers were asked how many children they currently cared for full time. Part-time enrollment was calculated by subtracting the number of full-time enrolled children from the total number of enrolled children cared for at least five hours a week reported in each age group. Centers defined

full-time status themselves and did not report the number of hours associated with full-time status. In Minnesota in 2019, there were:

- ▶ 31,200 children under 3 enrolled in full-time center-based care (62 percent of all enrolled children under 3 years of age)
- ▶ 19,300 children under 3 enrolled in part-time center-based care (38 percent of all enrolled children under 3 years of age)

In the state of Minnesota, there were also:

- ▶ 49,800 children ages 3 through 5, not yet in kindergarten enrolled in full-time center-based care (37 percent of all enrolled children ages 3–5 not yet in kindergarten)
- ▶ 85,000 children of the same age enrolled in part-time center-based care (63 percent of all enrolled children ages 3–5 not yet in kindergarten)

Table 6. Number of Children Enrolled in Center-based Providers, by Age Group and Full-time and Part-time Status

	Weighted Frequency of Children Enrolled	Weighted Percent of Children in Each Age Group
Under age 3		
Full Time	31,200	62%
Part Time	19,300	38%
Age 3 through 5 years, not yet in kindergarten		
Full Time	49,800	37%
Part Time	85,000	63%
School-age		
Full Time	†	†
Part Time	†	†

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

Center directors reported the number of staff employed in their programs, including full-time and part-time workers. They first reported the total number of full- and part-time center-based staff working directly with children under age 13. They also reported the total full- and part-time center-based staff in any role working directly with children age 5

and under, not yet in kindergarten. These staff members could also work with school-age children or have roles that do not work directly with children.

In 2019, center-based providers in the state of Minnesota had 34,300 staff members working directly with children under age 13. Minnesota also had 31,300 staff members working directly with children age 5 and under, not yet in kindergarten.

Table 7. Total Number of Staff in Center-based Providers

	Weighted Frequency
All staff working with children under 13 years of age	34,300
Staff working with children 5 and under not yet in kindergarten	31,300

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

CHARACTERISTICS OF CENTER-BASED PROVIDERS

Center-based providers were asked the question, “Is your program for profit, not for profit, or is it run by a government agency?” We identify their response as their auspice. The NSECE center-based provider sample includes a broad range of ECE providers, including for-profit and not-for-profit child care programs and preschools, as well as Head Starts and public pre-Kindergarten programs; all of these can be school-based or community-based. For-profit programs include both small, owner-proprietor programs with only a few employees and programs affiliated with large, for-profit chains. Not-for-profit programs include independent entities whose sole purpose is ECE, individual programs run or sponsored by not-for-profit entities that also have other social service or faith-based missions, or multi-activity enterprises sponsored by not-for-profit entities, such as universities or community organizations like the YMCA or the Boys and Girls Clubs of America. The programs reporting their status as “run by a government agency” will most often be facilities operated by school districts, state pre-K programs, or human services agencies running Head Start programs. Table 8 shows that almost half of center-based providers are not-for-profit.

Table 8. Number and Percent of Not-for-profit Centers

	Not-for-Profit
Weighted Frequency of Center-based Providers	1,340
Weighted Percent of Center-based Providers	46%

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

Center-based providers were asked to report whether they receive revenue from each of several sources presented in Table 9. Eighty-five percent of center-based providers reported receiving revenues from tuitions and fees paid by parents. Slightly less than half reported receiving revenues from tuitions paid by state governments.

Table 9. Centers Reporting Receipt of Revenue Types

	Weighted Percent of Center-based Providers
Tuitions and fees paid by parents , including parent fees and additional fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees.	85%
Tuitions paid by state government (vouchers/certificates, state contracts, transportation, pre-K funds, grants from state agencies)	48%
Local government (e.g., pre-K paid by local school board or other local agency, grants from county government)	†
Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)	†
Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything mentioned earlier)	†
Revenues from fundraising activities , cash contributions, gifts, bequests, special events	†
Other	†

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

We can determine the fraction of centers that are receiving any public funds. We consider as government funds: 1) tuitions paid by state government (vouchers/certificates, state contracts, transportation, pre-K funds, grants from state agencies); 2) revenues from local government (e.g., pre-K paid by local school board or other local agency, grants from county government); and 3) revenues from the federal government (e.g., Head Start, Title I, Child and Adult Care Food Program). Table 10 shows that more than 7 out of 10 programs reported at least some government revenue.

Table 10. Number and Percent of Center-based Providers Receiving Any Public Funding

	Any Public Funding Reported
Weighted Frequency of Center-based Providers	2,200
Weighted Percent of Center-based Providers	76%

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey. State-level estimates for Minnesota.

Center-based providers were asked the following question: “Thinking about your entire budget for providing early care and education services to children under age 13, which of the categories below best describes your program? No public dollars received; Mostly private dollars with less than 33% public dollars; Private dollars are more than 33% and Public dollars are more than 33%; Mostly public dollars with less than 33% private dollars; No private dollars received.” Two-thirds of center-based providers report they receive less than 33 percent of public dollars, including no public dollars and mostly private dollars with less than a third of public dollars.

Table 11. Self-reported Mix of Public/Private Funding

	Weighted Percent of Center-based Providers
Less than 33% are public dollars	69%
Greater than 33% are public dollars	†
Don't Know/Refused/No Answer	†
Total	100%

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey.
State-level estimates for Minnesota.

Table 12 shows that about half of the centers have 50 or fewer children, and the other half has 50 or more children. Enrollment size counts all children under 13 years of age enrolled in the center.

Table 12. Percentage of Center-based Provider by Enrollment Size

	Weighted Frequency of Center-based Providers	Weighted Percent of Center-based Providers
Fewer than 50 children	1,400	48%
50 or more children	1,500	52%
Total	2,900	100%

† Value suppressed due to small n.

Source: 2019 National Survey of Early Care and Education, Center-based Provider Survey.
State-level estimates for Minnesota.

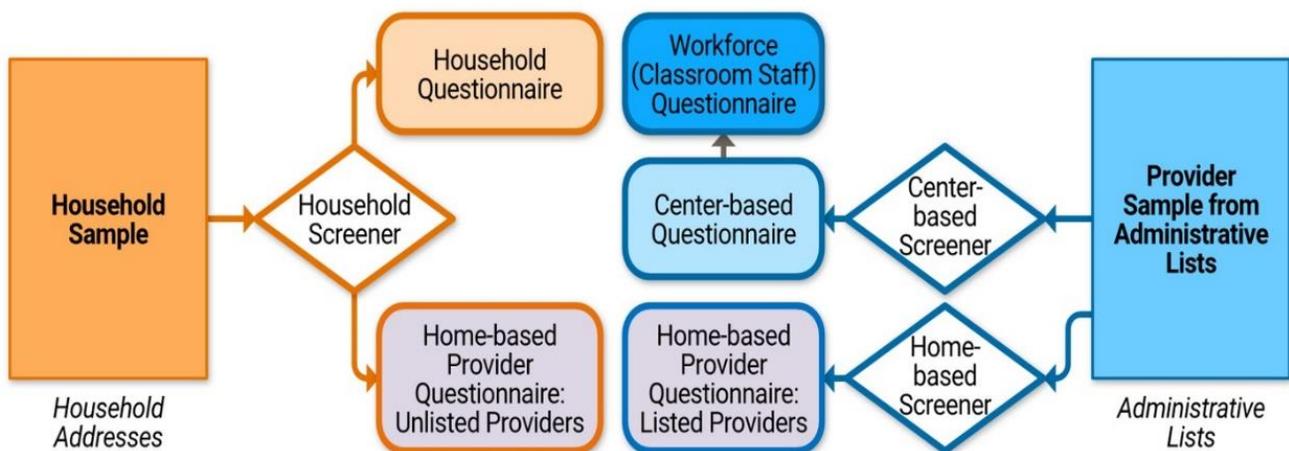
Appendix A: Sample Design

2019 Sample Design

Exhibit 1 provides an overall schematic of the NSECE sample types and questionnaires. The NSECE is a coordinated set of four nationally representative surveys pertaining to the supply of and demand for early care and education in the United States, including the individuals working directly with children. There are two primary sources of sample for these four surveys. A household sample was an address-based sample of housing units selected from the Delivery Sequence File (DSF) maintained by the U.S. Postal Service (USPS). Using a household screener with this sample, eligible households were identified for the household questionnaire and for the (unlisted) home-based provider questionnaire from this household sample.

In order to draw a nationally representative sample of the supply of early care and education, the project also constructed a sampling frame of “listed” providers from administrative lists. This frame was built through compiling and geo-coding all available state-level and national lists of ECE providers collected from various agencies in all 50 states and the District of Columbia. These lists of providers included licensing, regulation, and license-exempt lists, as well as lists of providers in specific programs, such as Head Start or public pre-kindergarten. Three different surveys used this sample source. A center-based screener allowed for selection of center-based ECE providers to children not yet in kindergarten. Respondents were then selected for the workforce questionnaire from the center-based providers who had completed a center-based provider interview. Home-based providers were selected for the home-based provider survey from the administrative lists. Note that the home-based provider survey includes sample from both sample sources: the household (for unlisted providers) and the administrative lists (for listed providers).

Exhibit 1. 2019 NSECE Sample Types and Questionnaires



The NSECE sample design is a multistage probability design. In the first stage, 219 primary sampling units (PSUs) were selected across all 50 states and DC. PSUs were allocated to

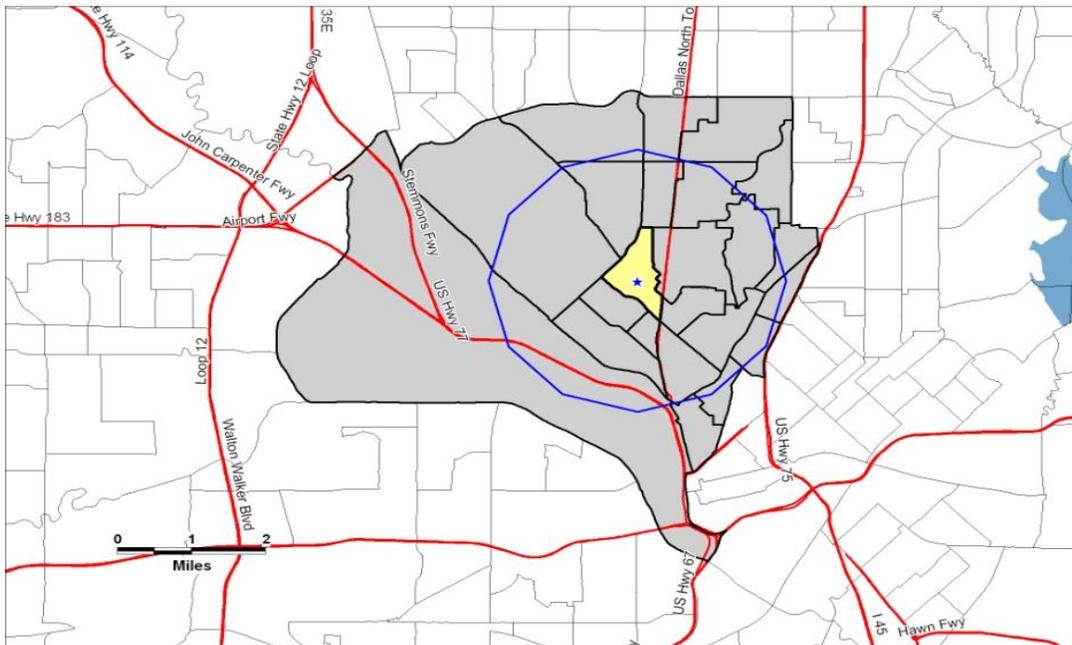
states by size, based on the population of children under age 18 within each state. In the second stage, secondary sampling units (SSUs) were selected for the household sample. Because the experiences of low-income families are of special interest in public policy addressing early care and education/school-age (ECE/SA), the NSECE sample design included a low-income oversample. SSUs were selected disproportionately from areas in which at least 40 percent of households had income below 250 percent of federal poverty guidelines. Altogether, 747 SSUs were selected, with 508 SSUs in these high-density lower-income areas and 239 in areas with lower densities of low-income households. The large majority of PSUs in the 2019 NSECE were also part of the 2012 NSECE, although SSUs were newly sampled for 2019 within the PSUs, so census tracts overlap in the two years only by chance.

The 2012 NSECE sample design introduced the concept of a provider cluster to generate nationally representative estimates while capturing the very local nature of how families seek and use ECE/SA, how providers seek and serve children, and how these things together affect the context in which ECE utilization occurs. The map in Exhibit 2 below depicts a hypothetical cluster using a location in Dallas, Texas. The SSU is the central yellow area, which represents the cluster's core of households, while the gray shaded areas depict the remainder of the cluster. Households in the yellow core (generally one or a small number of adjacent census tracts) were sampled for inclusion in the household and home-based provider questionnaires. The provider sampling frame built from administrative lists was used to sample listed providers—including center-based programs and home-based ECE providers—from throughout the gray and yellow portions of the cluster, approximating the locations from which the centrally located households might seek ECE services. The gray portion comprises all census tracts that overlap within a circle of two miles centered at the population centroid of the yellow core. The use of the provider cluster allows us to document the interaction of the supply of and the demand for ECE where it occurs—in local communities—while simultaneously capturing data that efficiently construct national estimates.

OPRE made available to the states the opportunity to supplement their NSECE samples for the purpose of increasing state-specific sample sizes and analytic power. The state of Minnesota exercised this option to supplement the federal data collection. The 219 PSUs and 747 SSUs in the final 2019 sample reflect a shift of fewer than 10 PSUs relative to 2012. All SSUs were re-sampled for 2019 within the selected PSUs.

Exhibit 2. Hypothetical Provider Cluster

Dallas County 0006.01



Provider sampling. The NSECE team built a comprehensive file of ECE programs serving children under age 13 in the 50 states and the District of Columbia. In each state, the child care licensing unit, division, or department was contacted and asked to provide all available lists of licensed, registered, or otherwise compiled child care providers. To supplement state lists and cover common exemptions, we also collected the following national lists:

- Department of Defense child care
- General Services Administration child care on federal property
- National Association for the Education of Young Children–accredited programs
- Office of Head Start national list of programs

We also included a proprietary list of all elementary schools in the nation offering at least one grade K through 8 and any early childhood program operated by a public school district. These were included as potential providers of ECE (for example, pre-kindergarten or school-age care), although regular elementary school itself was not sufficient to qualify for the center-based provider survey.

From the comprehensive file, we extracted a sampling frame consisting of all unique addresses housing at least one provider on the sampling frame within the pool of selected provider clusters within each PSU. The ultimate sampling unit for the center-based providers was the organization operating an ECE program at an address. For locations/addresses with multiple programs, we rostered the programs and a single organization operating one or

more eligible programs was randomly selected for interview.

Household Sampling. We used a delivery sequence file (DSF) maintained by USPS as the sampling frame for housing units (HUs) at the third stage of sampling. The DSF is known to be incomplete in some areas of the country, especially in some rural areas. With the exception of four SSUs, our address-based file had sufficient city-style addresses from which to sample. In the four SSUs where there was insufficient sample, we appended an adjacent census tract confirmed to meet the study's sampling needs.

Appendix B: Data Set Descriptions

Data training resources for the NSECE provide extensive additional information about the design of the NSECE sample and the content of the NSECE instruments and data files and are available at: <https://www.childandfamilydataarchive.org/cfda/pages/cfda/nsece.html>.

For the center-based provider main data file and documentation, please click [here](#)

For the quick-tabulation center-based provider data file and documentation, please click [here](#).

Appendix C: Survey Descriptions

The **Household Survey** documents the nation's demand for ECE. Key questionnaire topics include details on usage of non-parental care, expenditures on non-parental care, parental search behavior for early care and education, the age of children in the household, and the balance of parental employment with child care needs and availability. These data answer such research questions as: 1) Who is caring for America's children when they are not with their parents and do families with different demographic characteristics have different preferences or different patterns of usage? 2) How do families search for care and how does this vary by age of children, characteristics of parents, location, and availability of licensed slots per population? 3) How and how much do families pay for care? and 4) How many families of different characteristics receive public financial support for ECE, and how does this vary by age of child and type of care utilized?

Distinctive features of the household questionnaire include collection of data on all children under age 13 (not just a focal child) and collection of child care payment data at the child-provider pair level rather than in aggregate. The NSECE data offer larger samples of low-income children than do many other sources. The NSECE data are also valuable for more intensively investigating some of the patterns observed in other data. For example, the NSECE data expand the possibilities for understanding how parents coordinate work and school schedules with early care and education usage and the extent to which different types of care solve or present schedule coordination problems. Data from multiple children, details of parental searches for care, and innovative approaches for determining likely participation in government programs (such as CCDF, Head Start, or public pre-K) were all innovations in the 2012 household questionnaire.

The 2019 household questionnaire builds on the 2012 questionnaire with edits intended to improve the ability to identify publicly funded center-based ECE arrangements and the source of that funding, specific identification of non-custodial parents as caregivers, and additional questions about children using individual providers, which were created to improve researchers' ability to associate individual providers with known types of home-based care. The 2019 household questionnaire also included items that asked respondents about non-custodial parent's financial contributions to children's basic needs; households' prior receipt of child care subsidies; identification of 5-year-olds enrolled in kindergarten; and usual commute duration for every parent of children in the household.

Because the 2012 household survey data have been intensively used to study households with young children, the project team and OPRE worked to increase relative availability of data on young children: for example, emphasizing search and preferences for ECE for young children within the interview. We also sought to interview approximately 60 percent of screened households with youngest children 6 years or older while 100 percent of screened households with children under 6 years of age were sought for the household interview.

In 2019, adult calendar data were collected only for parents and their spouses in the household, omitting the non-parent regular caregivers, whose calendars were also

documented in the 2012 data. To continue data collection into July, some revisions were made to the household questionnaire at the end of data collection; detailed calendar data are not available for these last household interviews, although key created variables on care usage and parental employment will be available.

The household survey was conducted with a parent or guardian of a child or children under age 13 in households with at least one member child under age 13. Eligible respondents were identified through the **Household Screener** based only on the presence of an age-eligible child. Screening was completed by mail, by Internet, by phone, and in person. Household survey interviews were conducted by an interviewer, primarily in person, with a small fraction by telephone.

The **Home-based Provider Survey** was conducted with individuals who provide care at least five hours weekly in a home-based setting to children under age 13 who are not their own. It included key questionnaire topics such as enrollment and the characteristics of the children served, rates charged for care, participation in government programs, household composition, qualifications for and attitudes toward early childhood education, use of curricula and activities conducted with children. Portions of the home-based provider questionnaire will contribute to analyses of the ECE workforce and mirror the content of the workforce questionnaire administered to classroom-assigned instructional staff at center-based providers. Other portions of this questionnaire closely mimic the center-based provider questionnaire, so that enrollment, program participation, perceptions of the subsidy system, provider charges for care, attitudes, orientation and activities data can be accurately compared across all different categories of provider. Survey data answers such questions as: 1) What kind of early care and education is available across communities throughout the country? 2) How well does the available supply of early care and education support parents' employment? 3) How do different types of providers vary in their characteristics of care and affordability? and 4) Who are the individuals working in early care and education? What are their experiences in terms of employment characteristics, classroom activities, and professional development? What are their attitudes, orientations, and stress and depression levels?

Two sample sources contributed providers for the survey. One, home-based providers who appeared in provider sampling frames constructed from state and national lists were sampled for this survey. We designated these providers as "listed." Listed providers were primarily licensed or regulated family day care providers but also included other home-based providers appearing on state and national ECE lists, such as license-exempt providers or providers participating in Early Head Start Child Care Partnerships.

Alternatively, households could have been identified as eligible based on their responses to the household screener (specifically, that an adult in the household regularly cared for children not his or her own at least five hours per week in a home-based setting). These providers did not appear in the provider sampling frame and are designated as "unlisted."

Data collection was conducted by Internet, in person, and by telephone with field interviewers.

The inclusion of providers identified through the household screener offers nationally representative data on the broad spectrum of home-based providers, whether or not they are known to the state licensing system, and is one of the distinctive features of the NSECE. The data offer insights about both paid and unpaid care, including how they differ in their characteristics and their availability to families.

The 2019 instrument also included a few new features, including a screener with a few questions for sampled addresses where home-based ECE is no longer provided. Within the main questionnaire, new questions include perceptions of the subsidy system, and additional pathing within the instrument to expand the information available on providers' receipt of professional development, revenues, and other support services.

The **Workforce Survey** questionnaire closely mirrors portions of the home-based provider questionnaire so that the two data sources together can paint a rich portrait of the paid ECE workforce, including center-based and home-based paid providers. (Individuals who were not paid will be profiled as described in the unlisted home-based provider section above.) Topics include information about the work setting (age group of the classroom, activities in the classroom, interactions with parents and other staff, availability of professional development and other supports); roles and responsibilities (lead teacher, teacher, assistant teacher, aide); compensation (wages and benefits); and perceived leadership and morale, as well as personal information about qualifications, attitudes toward ECE, and stress, depression, and demographic information.

Some of the workforce questionnaire data allow tabulation by provider program characteristics (such as enrollment size, type of care, geographic location, for-profit/not-for-profit status, and participation in government programs) of factors that have been found in the literature to predict observed quality. These factors include staff qualifications and compensation, use of curricula, availability of professional development, and children's activities while in care. The data will answer such questions as: 1) Who are the individuals working in early care and education and 2) What are their experiences in terms of employment characteristics, classroom activities, and professional development?

The 2019 questionnaire includes a section regarding staff and children in the selected classroom, including their number, race/ethnicity, languages spoken other than English, and children's food insecurity. These data describe a nationally representative sample of classrooms. The 2019 questionnaire also expanded the section on staff's professional development, including additional items on coursework, format of health or safety training, professional development plan, and time spent on professional development.

The 2019 sample also includes a randomly selected sub-sample of centers for whom two instructional staff members were selected, if available, from the randomly selected classroom

for fielding the workforce survey. The presence of two staff members' data for some classrooms will also allow for explorations of within-classroom collaborations of instructional staff and comparison of wages, skills, and attitudes of workers within the same classroom.

The sample comprised up to two classroom-assigned instructional staff persons from each center-based provider who completed a center-based provider interview. Workforce respondents were drawn from the center-based provider questionnaire data, in which all classroom-assigned instructional staff members had been enumerated from a randomly selected classroom. Data collection was conducted by Internet, paper-and-pencil, in person, and by telephone with field interviewers.

Questionnaires for each survey are available at:

<https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-2019>