

How States Can Use Early Care and Education Provider Surveys to Develop COVID-19 Response Strategies

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Introduction

The COVID-19 pandemic has elevated the importance of child care, not only for working families but for the whole economy. The workforce cannot fully return to normal work patterns without safe, reliable child care available. States play an important role in responding to the COVID-19 crisis by ensuring access to child care for essential workers, interpreting and issuing guidance for health and safety in early care and education (ECE) programs, and supporting ECE providers by assessing their needs in an ever-changing environment. The ongoing availability of safe and healthy ECE programs is essential for addressing this emergency and will be critical for reopening communities and restarting economic activity.

As part of ensuring a strong ECE system, states must promote racial and ethnic equity for both ECE providers and families of color who face unique risks during the pandemic. A large proportion of the ECE workforce consists of women of color who earn very low wages without benefits (e.g., sick leave, health insurance, vacation),¹ leaving them vulnerable to the impacts of the current health crises. Race is also a factor in the labor market forces that determine which families need child care (e.g., families of members of the essential workforce) and when they need it. For example, Black and Hispanic workersⁱ are also less likely to be able to work from home, and are therefore more likely to need child care during the pandemic.² By prioritizing racial and ethnic equity during recovery, states can ensure that disparities based on race/ethnicity are not exacerbated during this crisis.

This action guide provides state leaders with concrete strategies to survey child care providers throughout the pandemic about their needs and the needs of families and children they serve. The guide provides sample questions and offers equity considerations for state leaders as they develop provider surveys and interpret results that support an equity-focused, data-driven response to the COVID-19 pandemic and resulting recession. Surveys of providers are a way to gather important information about what type of care they can provide, for whom, for how long, and under what conditions. Surveys are particularly helpful when administrative data about ECE providers are not available. Because of the changing nature of the pandemic, providers' circumstances will shift over time. Providers consider many factors when determining whether and how to provide care, including their own health, the financial viability of their businesses, the demand for care from essential workers and other families in their area, the availability of supplies to keep their programs safely operating, and the availability of staff (among others). The sample provider survey

ⁱAs used by the Office of Management and Budget and the Census Bureau, Hispanic ethnicity can be a characteristic of people who identify as any race. In this action guide, we use "Black" and "White" to refer to non-Hispanic members of those racial groups.

questions illustrate how states can uncover challenges facing providers, as well as the potential inequities that face providers of color and providers serving primarily families of color.

This action guide accounts for providers' shifting needs and circumstances, and is structured around three phases of recovery to ensure that provider surveys produce timely and useful information:

- **Phase 1 – Stabilize:** During this phase, state and community leaders work to meet the immediate needs of families and minimize spread of the virus. For ECE programs and providers, the focus is on providing care for the children of essential workers in a way that protects the health of both children and providers. Leaders must also understand whether ECE programs will struggle to reopen so that they can tailor resources and guidance to the ECE workforce and ensure adequate child care supply to the families that need it.
- **Phase 2 – Rebuild:** During this phase, state and community leaders will refine and develop new policies to address the loss of child care programs by supporting new and returning providers. Child care begins to reopen with new health regulations, and leaders develop new policies and practices to rebuild lost ECE programs by expanding and supporting the ECE workforce and promoting economic stability and employment opportunities for parents.
- **Phase 3 – Grow and strengthen:** During this phase, states shift away from rebuilding in direct response to the pandemic and focus on implementing new policies and practices that strengthen ECE programs, the workforce, and families. During this phase, leaders must continuously assess how well policies and practice are achieving their intended goals.

These phases are intended to provide a structure for state leaders to think about provider needs and circumstances that may change over time. They are quite fluid and may look different in different states, or even in different geographic areas within states. States may also advance to one phase and then need to shift back into an earlier one if there are new outbreaks.

Racial and ethnic equity should consistently be a concern for leaders as they move through the phases. Throughout the action guide, we provide several examples of challenges facing providers and families of color that are exacerbated by the pandemic. We've highlighted this information in call-out boxes throughout the action guide. Nearly all of the examples in the action guide reference Black and Hispanic communities, yet we know that Asian and Indigenous communities also face challenges related to COVID-19—namely, discrimination and anti-Asian sentiments associated with the coronavirus, and inequitable access to health care for Indigenous people. As state leaders craft survey questions and interpret findings, we urge them to consider these needs in their own communities and ensure that surveys and resulting actions promote racial and ethnic equity. For a more comprehensive overview of inequities within the ECE system, see [Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy](#).

Types of ECE providers

When developing surveys, states should consider the various types of ECE providers, in addition to whether providers are currently open and providing care. When presenting example survey questions in this action guide, we provide several categories of ECE providers to help leaders gather the most actionable and tailored data without overburdening providers. Leaders should also consider logistical challenges in administering a survey. For example, regulated providers are known to the state; presumably, the state has accurate contact information. In contrast, it may be helpful for the state to reach out to unregulated providers (like family, friend, and neighbor care providers); however, because this type of care is not regulated, the state will need to think of other ways to contact this group of providers for a survey.

States should gather information from all types of providers (e.g., currently regulated; publicly funded; and family, friend, and neighbor care providers). Because ECE providers are regulated, monitored, and funded across various agencies, agency coordination is needed to gather comprehensive data about providers. For example, the federal Office of Head Start monitors Head Start programs, although Head Start programs are also subject to child care licensing regulations in some states.

This action guide suggests types of providers to survey in each phase of recovery and recognizes that questions could be further tailored to the context of various provider types. States should also recognize that provider status during the pandemic is fluid; providers may cycle in and out of operation through the next several months. The table below previews the types of providers that we suggest including in each phase's survey process.

Provider types	Stabilize Provider surveys to understand immediate needs	Rebuild Provider surveys to support rebuilding efforts	Grow and strengthen Provider surveys to help states adapt over time
Regulated, currently operating	X	X	X
Regulated, currently closed	X	X	
Unregulated, currently operating	X	X	X
Unregulated, currently closed	X	X	
Former regulated providers		X	
New potential providers		X	X

Considerations and Questions by Phase

Phase 1 – Stabilize: Using provider surveys to help states address providers' immediate concerns and families' immediate needs

Data about child care supply and demand are critical for a well-coordinated emergency response. Before the COVID-19 crisis, nearly 13 million children under age 5 (and not yet in kindergarten) were enrolled in child care programs.^{ii,3} Since the pandemic, sudden shifts in parents' work schedules (i.e., furloughs, layoffs, working from home, caregiving for sick family members) have created uncertainties about the demand for child care. During this first phase, provider surveys should be designed to assess providers' capacity to provide care for children of essential workers.

Provider surveys are an important tool for state leaders to understand and develop responses to the following challenges:

- **Financial instability of ECE programs:** A non-publicly funded ECE program depends on tuition fees to remain a viable business. Several reports have already detailed the inability of many programs to stay open for more than a few weeks or months without government support.⁴ Because of large-scale furloughs and layoffs among parents who use child care (estimated 40 million unemployment claims from March to June 2020),⁵ the demand for child care (and thus the payment of tuition fees) is unpredictable. This information can help federal or state leaders craft supports for ECE programs to ensure an adequate supply of child care.
- **Supply and demand for care for essential workers:** Beginning in March, when many states issued stay-at-home orders, ECE programs were either ordered to close or told to prioritize care for children of the estimated 9 million essential workers with young children.⁶ Essential workers include medical professionals and first responders, but also workers in food and agriculture, public utilities, the energy sector, delivery and transportation, and critical manufacturing. Provider surveys can help state leaders understand whether (and where) care for the essential workforce is available.
- **ECE workforce availability:** Several factors could influence the ability of existing ECE providers to continue providing care. Workers could be concerned about their own health, the health of their staff, and the health of the children they serve. Provider surveys ask for information on access to cleaning supplies and personal protective equipment, whether providers are comfortable remaining open, and if the workforce is now relying on unemployment insurance.⁷ These data are critical for

Families and women of color are overrepresented in child care jobs, as well as in other lower-wage jobs impacted by COVID-19.

At all phases of recovery and rebuilding, it is critical that leaders understand the financial stability of child care programs and the availability of care for families to best support providers and children of color. Women of color make up a major proportion of the ECE workforce and earn very low wages without benefits (e.g., sick leave, health insurance, vacation).⁸ The COVID-19 pandemic has exacerbated the financial instability that many ECE programs were already experiencing. Families of color are overrepresented as essential workers. For example, Hispanic workers make up about 17 percent of the overall workforce, but are overrepresented in occupations such as construction and maintenance, agriculture, and custodial services. Similarly, Black workers are overrepresented in occupations such as health aides and security guards.⁹

ⁱⁱ The 13 million figure includes 7 million young children enrolled in in center-based programs, and nearly 6 million young children enrolled in home-based programs (~750,000 listed, ~1 million unlisted paid, and ~4 million unlisted unpaid providers).

supporting the workforce now, in addition to informing planning on bringing back sufficient workers to support families who need care.

The box below provides examples of questions states could ask providers during Phase 1 to understand and address the immediate needs of providers and the families they serve.

Provider survey questions for Phase 1 – Stabilize

During this phase, questions are designed to capture the needs of regulated (currently operating or closed) and unregulated (currently operating or closed) providers. These questions can be adapted for other providers as needed by states.

- Are you currently open? If yes, open to all families or just essential workers? Are you willing to serve children of essential workers?
- In the upcoming two weeks, do you plan to change your open/closed status? What factors are associated with your decision (e.g., stay-at-home orders, changes in available staff, health of you or your staff, mandates from sponsoring organization)?
- Are you currently serving at capacity? How many children (by age group) are you currently serving?
- Do you currently offer additional services (i.e., provide transportation services, capacity to serve children with disabilities/special needs)?
- Do you offer care for children in languages other than English?
- What challenges are you experiencing in accessing needed supplies to keep your program open?
- Do you have questions about state guidance about requirements, health and safety procedures, or other aspects of operating your child care business?

Phase 2 – Rebuild: Using provider surveys to help state rebuilding efforts

As state leaders plan to reopen their economies with health and safety measures in place (e.g., social distancing, , mask requirements, intensive disinfecting), ECE programs and providers will face new challenges. Required health and safety measures will continue to affect day-to-day life for families, workers, and child care programs. The changing needs of families—as they transition back to work or seek new employment—will also impact providers and their provision of care.

Provider surveys are an important tool for state leaders to understand and develop responses to the following challenges:

- **Supporting providers in adapting to changes in demand for care:** The pandemic has already created changes in demand for child care stemming from multiple factors, including the following: parents working from home, families working alternative shifts on nights and weekends (non-standard hours for ECE programs), and school closures. Provider surveys can help state leaders understand how they can support ECE programs and help them adapt to this change in demand (i.e., an overall decrease in demand for regular care, but an increase in demand for drop-in care; increased demand for in-home care to accommodate smaller group sizes; increased demand for school-age care).

- **Continuity of care for children of essential workers:** State leaders need to understand the capacity of providers to continue caring for the children of essential workers who accessed care from a new provider during the early days of the pandemic.
- **Enduring further disruptions:** In the event that public health officials reinstate stay-at-home orders in subsequent waves of the virus, leaders need to know whether child care providers are prepared to again adapt enrollment and health and safety procedures. This can support ongoing state planning efforts.
- **Understanding the qualifications of the existing workforce:** State leaders must also know about the providers who remain in the ECE workforce, including their qualifications, demographic characteristics, training needs, and changing employment patterns. For example, provider surveys could illustrate the need for certain types of training or support for those who remain in the ECE workforce. While providers may remain in the workforce, they may have different career paths than the field has observed in the past (i.e., center-based teachers opening home-based care).
- **Expanding the workforce:** Provider surveys can help states understand the ability of existing providers to serve families and the willingness of others in the community to start new child care programs to boost the supply of needed types of care. For example, the 2012 NSECE estimates that 5 million children are cared for in unregulated settings, such as with extended family members, family friends, or neighbors. Many families already have relationships with these types of providers who may be willing to become part of the regulated ECE system.¹⁰ These data will help state leaders learn how to recruit additions to the workforce to meet the needs of families.

Families of color may face unique challenges in accessing child care options that fit their needs.

During recovery and rebuilding, tracking the needs and accessibility of resources can help ensure that policies and practices are promoting equity. Understanding the needs of families of color and the availability of care within their communities will be important in supporting their economic recovery. For example, even before COVID-19, the limited availability of publicly funded ECE programs meant that Black and Hispanic families with low incomes (<200% of the federal poverty level) paid upwards of 30 percent of their weekly income on child care (compared to about 24% of low-income White families).¹¹ These steep costs will remain a barrier for some families seeking to reenter the workforce. Research has also documented that Hispanic and Black families are more likely to work in jobs where they receive short advance notice of their work schedules (49%-55% of Hispanic families and 34%-48% of Black families, compared to 35%-36% of White families), which makes scheduling child care and maintaining family routines difficult.¹²

Provider survey questions for Phase 2 – Stabilize

These questions are designed to capture the needs of regulated (currently operating or closed) and unregulated (currently operating or closed) providers. The questions can be adapted for other providers as needed by states.

- Do you need financial support to reopen or remain open during a slow reopen scenario? If so, what types of financial support would be most useful?
- Do you expect to change your rates for existing families to cover your costs if your enrollment is under capacity?
- What is your capacity to continue to serve families who are new to your program as other families return?
- How many, and which, staff are able to return or remain at programs? What are the qualifications of teachers and caregivers who remain in the workforce?
- What types of support do you need to recruit new, qualified staff, particularly if new health and safety guidelines require lower adult-to-child ratios?
- What types of training would be helpful to you as you implement new health and safety standards? What types of technical assistance are needed around other topics such as trauma-informed care or business operations?

We designed the following questions to account for the needs of formerly regulated providers and new potential providers. These questions can be adapted for other providers as needed by states.

- What types of support do you need to meet licensing standards?
- What age groups are you willing to serve if you were to open a new child care program?
- What are your ideal hours of operation? Would you be willing to serve families during the day? Evenings? Weekends? For drop-in care?
- Are you willing to provide other types of supports to families (for example, flexible scheduling or payment plans)?

Phase 3 – Grow and strengthen: Using provider surveys to help states improve and adapt over time

With significant changes likely to the ECE workforce and potential shifts in families' child care needs and preferences, it is difficult to anticipate what the ECE system will look like in the years to come. As state leaders strive to build new systems that meet new needs, they must reflect on what worked well before the pandemic and where challenges existed. In Phase 3, leaders will build a more cohesive ECE system that meets the needs of all families and children, provides safe working environments and adequate compensation to its workforce, and collects and uses data to inform decision making.

Provider surveys are an important tool for state leaders to understand and develop responses to the following challenges:

- **Changes in child care workforce supply:** In addition to understanding flux within the general workforce, leaders need to know about ECE workers who remain in the field, including details about where they are located and what qualifications they hold. With this information, leaders will need to consider training and ongoing support needs for the remaining or new ECE workforce.
- **Shifts in the social safety net or labor market:** As states design and implement policies designed to support the workforce, leaders will need to understand how the demand for care and the supply of the workforce (i.e., providers) change. For example, provider surveys can help states understand the effects of characteristics of ECE providers who decide to remain or leave the workforce. Similarly, provider surveys can provide insight into the effects of policies (such as universal basic income or increased unemployment benefits) that may affect a provider's decision to stay in the field. Provider surveys in Phase 3 give states opportunities to gain input and advice from providers as a new ECE system takes shape. Providers can be key partners in creating a system that best supports them and their work with children and families. For example, results from provider surveys can build awareness of the importance of high quality ECE for the broader public and provide detail to technical assistance providers about which types of technical assistance are needed.

Grow and strengthen the ECE system to increase racial and ethnic equity.

During this phase, state leaders must understand how providers and families of color are faring, with an eye toward creating a system that is more equitable than before the pandemic. By collecting information about the race/ethnicity of providers and families, states can better document and address disparities among providers, families, or children. State leaders and researchers can partner to understand the potential impacts of the policy changes developed and implemented during this phase.

Provider survey questions for Phase 3 – Grow and strengthen

Phase 3 questions are designed to account for the needs of regulated (currently operating) and unregulated (currently operating) providers. These questions can be adapted for other providers as needed by states.

- How long do you see yourself working as a child care provider?
- What are the job or business conditions you would like to change? What types of support would you need to make these changes?
- If you were offered help to continue improving the quality of your program, would you be interested and ready to start that process? What is the first aspect of your program you would like to improve?
- What are the top three issues you would like to see the state work on to improve your experience as an ECE provider?
- What are your goals for the children and families you serve?

Limits of Provider Surveys

This action guide has outlined the value of collecting data using provider surveys through the various phases of COVID-19 recovery. There are limits to provider surveys, however, and states should consider these limitations and mitigate them when possible. Survey limitations include:

- **Challenges in reaching providers:** The most efficient surveys use web-based platforms and rely on reaching providers via email, text message, or widescale distribution through networks and listservs. Administrative data on providers can have missing or outdated contact information. Further, some providers may not have reliable access to the internet or a device to complete the survey.
- **Language limitations:** Surveys will need to be developed in multiple languages to capture the experiences of all providers. Translation services can be costly but are critical to ensuring high-quality translations. Additionally, some languages do not have an equivalent written form (e.g., are primarily oral languages) and will be challenging to incorporate into a web-based or paper survey. States should consider having phone surveys as a supplement to any written survey to make survey items more accessible.
- **Difficulty reaching potential providers:** States have the best contact information for providers already licensed or regulated in the system. But in some phases of recovery, there may be a benefit to reaching out to potential providers (see Phase 2 – Rebuild above). States would need to develop outreach strategies to publicize the survey. These could include holding virtual information sessions; advertising the survey on social media; targeting potential provider groups through community organizations like libraries, park systems, museums, and parent education or home visiting programs; and others.
- **Low provider response rate:** Response rates for surveys vary widely depending on the length of the survey, the quality of the outreach, and the availability of incentives to participants. States should consider investing in cash or gift card incentives to participate in the survey, and even referral bonuses if they wish to reward providers for sharing the survey with others who might not have otherwise received it. To increase response rates, keep surveys as short as possible. While open-ended questions provide valuable information, consider limiting the number of open-ended questions on provider surveys and opt for structured response options with the option to provide other information.

Recommendations for Policymakers

Invest in conducting surveys regularly: Particularly during the early stages of stabilizing and rebuilding, states may need to reach out to providers to update information about current enrollment and capacity, and to field questions about public health guidance. Finding the right frequency of data collection can be challenging but should be balanced by leveraging existing sources of administrative data collected about providers and the state's ability to quickly analyze and use the data for planning or communication.

Connect survey data to administrative data: Provider surveys are made even more powerful when they can be connected to administrative data. For example, connecting survey information about providers at risk of closing with administrative data can paint a picture of the supply of high-quality programs, or of programs serving families receiving a subsidy that may be under threat of closure. When possible, tracking survey responses with unique identifiers makes it easier to connect them to data sources such as child care licensing, workforce registries, quality rating and improvement system data, and child care subsidy data systems. States should also consider which questions are important to ask providers in order to plan with other state agencies, such as departments of health, education, and labor and economic development. For

example, knowing providers' geographic location helps states make cross-agency plans to address public health needs and rebuild the economy.

Think strategically about surveys versus administrative data: Some data may be more efficiently collected via existing administrative data collections methods, as opposed to surveys. For example, many states have databases where providers can update program information on their own. Questions about enrollment and staffing are well suited for this type of data collection. Questions that ask about providers' needs or perceptions, however, are better suited for surveys. States could consider adding new data fields to administrative data, as opposed to collecting these data via a survey.ⁱⁱⁱ

Gather race, ethnicity, and other demographic information from providers: In order to address disparities by race, ethnicity, and other demographic factors (e.g., gender, age, geography), states should collect this demographic information from providers via surveys. Survey designers should use standardized and valid measures of race and ethnicity and ask about ethnicity separate from race (i.e., Hispanic versus not Hispanic). Some respondents may be reluctant to share personal information, so survey designers can consider adding a "prefer not to answer" option for demographic questions. This approach may increase the total number of responses to these demographic questions.

Conduct household surveys of families with young children: While provider surveys represent a key method to gauge child care supply, household surveys can help state leaders understand the demand for child care. As noted above, the pandemic has already affected several dimensions of demand, and demand for care will continue to evolve through each phase of recovery. States could consider investing in household surveys to learn about child care demand in general, as well as specific changes in demand for specific types of care (e.g., full-time or part-time care, flexible scheduling, school-age care, infant/toddler care, non-standard hours). To promote racial and ethnic equity in decision making, states should include race/ethnicity and other demographic characteristics in household surveys.

Use research partners and connect with other states: Research partners and staff from other states are useful resources when developing, administering, analyzing, and sharing findings from provider surveys. Research partners can provide capacity for more sophisticated data analysis, serve as reviewers or content experts, and provide the benefit of an external third party where providers may feel more comfortable giving candid answers. Staff from other states can offer existing survey items, lessons learned from fielding surveys and communicating results, and ways they have used provider survey data to make decisions. Participatory research strategies can also be powerful ways to include providers or families in the research process. For example, a provider advisory group could generate research questions, review or pilot test survey items, interpret results, and shape considerations for state planning efforts.

Be transparent about data use and security: Building and maintaining trust with providers about their data will increase their willingness to participate in surveys. Make it clear to providers where their data are being stored, who has access to the data, and how long the data will be kept, and explain to them other provisions or protections in place for their data privacy. Sharing how the data are being used for decision making underscores to providers how their information and input are helping to create a well-organized response to COVID-19.

ⁱⁱⁱ For the sake of continuity in administrative data, states should use caution when modifying existing data fields. A written log of administrative data decisions helps policymakers and researchers understand the history of the dataset and any anomalies found within. Additionally, depending on the structure of the database and who is authorized to make changes to data fields, it may be difficult or costly to add new data fields.

Additional resources

Louisiana Provider Survey: Louisiana is using multi-wave surveys every few weeks about program availability, program closure, future plans, lost revenue, etc. Report found here: https://0cd902dd-9de1-4dae-8781-4a355ebda8df.filesusr.com/ugd/43cca3_82059779549845ee93dcca7da8c65a8.pdf

California Provider Survey: Survey by the Center for the Study of Child Care Employment (CSCCE) on over 2,000 licensed child care centers and licensed family child care programs in California. Data snapshot found here: https://cscce.berkeley.edu/files/2020/05/CSCCE_California-COVID-Data-Snapshot.pdf

National Provider Survey: National Association for the Education of Young Children (NAEYC) administered a survey of over 6,000 center-based and home-based providers. Report found here: https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects_of_coronavirus_on_child_care.final.pdf

Nebraska Provider Survey: The Buffett Early Childhood Institute at the University of Nebraska designed this survey to understand the perspectives of providers at the beginning of the pandemic. Report found here: <https://buffettinstitute.nebraska.edu/-/media/beci/docs/nebraska-provider-survey-highlights-040720-masterdoc.pdf?la=en>

South Carolina Provider Survey: The Institute for Child Success (ICS) surveyed South Carolina's child care providers to understand the effect of the pandemic on the market. Report found here: <https://www.instituteforchildsuccess.org/publication/covid-19s-economic-impact-on-sc-child-care-sector-survey-report/>

Endnotes

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