National Survey of
Early Care & Education

Experiences of Child Care and Early Education Centers at the Start of the COVID-19 Pandemic

OPRE Report #2024-090

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Overview

Introduction

The COVID-19 pandemic has had major impacts on child care and early education (CCEE) in the U.S. This report describes calendar year 2020 experiences of CCEE centers that were operating in 2019, including changes in their enrollments and their instructional staff. It also describes the extent to which centers received pandemic assistance during that time, and the associations between receipt of pandemic assistance and center closures.

We use data from the 2019 National Survey of Early Care and Education (NSECE) Center-based Provider Survey and the first wave of the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey. The respondents in the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey are representative of centers that were open in 2019, and who are reporting on the experiences of those centers during 2020. Put another way, the centers discussed in this report are *not* a representative sample of all CCEE centers serving children in 2020 during the first nine months of the COVID-19 pandemic. Specifically, centers that began serving children in the second half of 2019 or during the pandemic, would not be represented in the Follow-up data. Therefore, in this report we discuss centers that were serving children in 2019, comparing their characteristics at two time points: 2019 (before the COVID-19 pandemic) and October 2020 (seven months after the onset of the pandemic).

Purpose

This report examines changes in centers over the first nine months of the COVID-19 pandemic, and in doing so provides a broad overview to several important questions regarding centers: How did centers fare at the start of the COVID-19 pandemic? Did they close? Did they experience decreases in enrollments? Did they reduce their staff? The NSECE is uniquely able to address such questions due to its longitudinal design given the follow up with the 2019 NSECE Center-based Provider Survey respondents during the course of the pandemic. We examined select characteristics of centers in 2019 to understand whether centers with different characteristic at the onset of the pandemic had different experiences during the pandemic.

Key Findings and Highlights

Many centers, regardless of their 2019 funding sources, closed at least temporarily in the initial months after the onset of COVID-19. However, 87% were serving children nine months after pandemic onset. We define “serving children” as providing CCEE (on-site or off-site) to children under age 13 during the survey’s reference week in October 2020. Comparing centers by auspice[1], not-for-profit auspice was the only auspice where the number of centers serving

[1] Center auspice may be not-for-profit, for-profit, or run by a government agency such as a public school district or a human services department. An ‘Other’ category includes combinations of these and uncodable responses. Center auspice does not take into account the types of revenues the center receives.

children in 2019 was significantly greater than the number of centers serving children in October 2020. We can similarly compare centers by their combination of public funding in 2019. Centers whose only public funding in 2019 was from CCDF were open at the highest rates over the nine-month period shown, and more so early in the pandemic. Centers funded by Head Start or Public Pre-K programs were open at comparatively lower rates, especially in the earlier months of the pandemic. Most centers reported that their first closure of two weeks or more was in response to state and local public health mandates requiring that they close.

Given the massive scope of the initial pandemic lockdowns, many levels of government and some private entities offered financial or material assistance targeted to CCEE providers. CCEE providers may have also been eligible for assistance offered to businesses and organizations more generally. At the close of 2020, 84% of centers reported having received some form of government-funded pandemic assistance. Receipt of pandemic assistance was associated with centers being more likely to serve children in October 2020. This was especially true for centers that had not received public funding in 2019. Overall, the number of centers providing CCEE services to children under age 13 declined by about 13%. The smallest centers (fewer than 25 children) in 2019 were most likely to not be serving children as of October 2020 compared with larger centers (50 students or greater). There were no statistically significant differences in center closures by 2019 combination of public funding.

Among the subsample of 2019 centers that were also serving children in October 2020, the number of children served was significantly lower in October 2020 than it had been in 2019, though the overall number of staff employed in these centers during these two points was not statistically different. However, the enrollment patterns were not uniform across centers with different combinations of public funding or enrollment sizes in 2019. Centers providing care to children under age 13 lost staff between October 2019 and October 2020 for various reasons, including staff members' health concerns, lack of child care for staff members' own children, program financial capacity, and other reasons unrelated to the COVID-19 pandemic.

Centers whose 2019 public funding came from at least two sources (e.g., public pre-K, Head Start, or CCDF) and centers with only CCDF public funding saw statistically significant decreases in overall enrollments, though staffing changes were statistically similar in both timepoints by funding type. Among centers serving children at both timepoints, for-profit centers were the only auspice with statistically significant decreases in enrollments.

Methods

This study combines data from the 2019 NSECE Center-based Provider Survey with the first wave of the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey. It classifies center-based providers in providing services in 2019 as open or closed in October 2020, and compares the characteristics of providers that were open in October 2020 with their characteristics in 2019. The analysis compares weighted means and weighted totals using t-tests for comparisons.

Executive Summary

The COVID-19 pandemic[2] brought forth social, economic, and organizational crises to all facets of society, including to child care and early education (CCEE). Using NSECE data from 2019 and the first wave of the NSECE COVID-19 Longitudinal Follow-up (COVID-19 Follow-up) Center-based Provider Survey, we find that most centers serving children in 2019 closed in the early months of the pandemic. However, 87% were open and caring for children in October 2020, nine months after pandemic onset, though we see variation by size of center and auspice. We also find that the majority of center closures were in response to state and local public health mandates requiring that they close. Among centers serving children in both 2019 and October 2020, the number of children enrolled decreased, though the change in the number of child care staff employed among these centers was not statistically significant.

Background and Motivation

With the onset of the COVID-19 pandemic in spring 2020, the NSECE began a new data collection effort to learn how the pandemic was affecting CCEE providers and the individuals who work directly with children in CCEE settings. The NSECE project team sought to re-interview center-based providers, center-based workforce members, listed home-based providers, and unlisted paid home-based providers who completed interviews in the nationally-representative 2019 NSECE. Data collection for the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey took place across two waves between late 2020 and early 2022.

The NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey provides rigorously-collected and nationally-representative data about 2019 CCEE providers and the 2019 CCEE workforce to help understand how the pandemic affected these providers and workforce members, how the CCEE supply available to families may have changed from 2019 through early 2022, and how providers and workforce members might be better supported in future emergency situations. This report examines center-based data from the 2019 NSECE and the first follow-up wave, covering approximately the first nine months of the COVID-19 pandemic.

The availability of pre-pandemic characteristics and behaviors from the 2019 NSECE for these samples greatly enriches the ability to understand the experiences of CCEE providers and workforce members during the pandemic. A limitation, however, of restricting the follow-up sample to the centers originally participating in the 2019 NSECE is that providers entering CCEE after the first half of 2019, including those that may have entered during the pandemic, are not represented.

[2] COVID-19 was a global pandemic that disrupted daily routines due to the long periods of lockdowns imposed by state and local governments.

This report is divided into five sections. After this introductory section, we briefly describe the data used in these analyses. This section also explains how we categorized center closures. The third section describes findings from our statistical analyses. The fourth section offers a discussion and contextualization of the report's findings, and the final section concludes and offers directions for further research.

Data

Survey data. The NSECE is a set of four integrated, nationally representative surveys conducted in 2012 and 2019. These were surveys of 1) households with children under 13, 2) home-based providers of child care and early education (CCEE), 3) center-based providers of CCEE, and 4) the center-based provider workforce. Together they characterize the supply of and demand for CCEE in America and permit better understanding of how well families' needs and preferences coordinate with providers' offerings and constraints. Two additional follow-up surveys were fielded with the 2019 provider and workforce samples during the COVID-19 pandemic.

In light of the onset of the COVID-19 pandemic in spring 2020, the NSECE began a new data collection effort in 2020 to learn how the pandemic was affecting CCEE providers and the individuals who work directly with children in CCEE settings. The NSECE project team sought to re-interview center-based providers, center-based workforce members, listed home-based providers, and unlisted and paid home-based providers who completed surveys in the 2019 NSECE. Households participating in the 2019 NSECE were not included in the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey. Data collection for the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey took place across two waves between late 2020 and early 2022.

Sample. This study uses data representing 117,000 centers serving children age 5 years and under, not yet in kindergarten, in 2019. The study uses responses from 4,800 centers in the first wave of the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey (Wave 1), and the 2019 NSECE Center-based Provider Survey to represent these 117,000 centers.

An additional 4,000 centers in 2019 served this age group in centers associated with public school districts. These 4,000 centers were represented in the 2019 data file by 483 centers in public school districts for whom data were available from administrative records rather than survey interviews. Although these 483 centers were excluded from the COVID-19 Longitudinal Follow-up because of lack of data collection permission, the NSECE team was able to determine from administrative data that approximately 66% of the excluded centers were providing CCEE services in October 2020 (see Appendix Exhibit A1). No data are available in NSECE data files for these 483 centers other than whether or not they cared for children in October 2020 so these 483 centers, and the 4,000 centers from 2019 that they represent, are excluded from this study. Centers that began serving children since 2019 are also not

represented by the 2019 NSECE data or the COVID-19 Follow-up data. (We occasionally refer to these data as 'follow-up' data in this report.)

A center in the NSECE is defined as an organization providing CCEE services to at least one child age 5 years and under, not yet in kindergarten, at a single location. These centers report on their CCEE services to children up to age 13. Center-based providers offer care at least three hours per day at least twice per week, when parents are not present, and that is not only drop-in care, after-school, or single activity arrangements. A single center-based provider may offer multiple types of CCEE services (for example, an after-school program and a pre-school), and may be independent or part of a larger entity, such as a school district, a community service organization, or a chain.

Closures. During the COVID-19 pandemic, many centers stopped providing care to children—either temporarily or permanently. We define closures as unplanned periods of two weeks or more in which the CCEE center was not providing care. Some centers were still closed in October 2020.

Analytic Sample – This report includes analyses using two analytic samples. 1) The first section describes the set of 117,000 centers serving children in 2019 (minus the 4,000 centers from public school districts excluded from the follow-up). 2) The second section (beginning with Exhibit 13) examines only the 102,000 centers that were among the 117,000 centers serving children in 2019, and that were serving children in October 2020. For clarity, we have explicitly noted the relevant sample for each exhibit in the report.

Findings

Center Closures and Care Provision During the First 9 months of the Pandemic

In this section, we answer three questions related to centers: First, how many and which centers closed, and when? Second, what is the association between receipt of pandemic-related assistance and centers being open in October 2020? Third, what are the changes in the CCEE landscape between 2019 and October 2020?

In examining center closures, we document the proportion of centers open by week over the course of the first nine months of the COVID-19 pandemic, categorized by the centers' combination of public funding. We then show the proportion of centers not providing care in October 2020—nine months into the pandemic—and the reported reasons these centers were still closed. Comparing 2019 NSECE data to October 2020, we examine the number of centers providing care, as well as changes in the number of centers by auspice and funding type.

Next, we explore centers' receipt of public pandemic assistance, such as funding or materials. We examine the proportion of centers that received selected public pandemic assistance; the average number of different types of pandemic assistance received, by auspice and the size of

center in 2019; and the proportion of centers serving children in 2019 with no reported receipt of pandemic assistance, by auspice and open-or-closure status in October 2020.

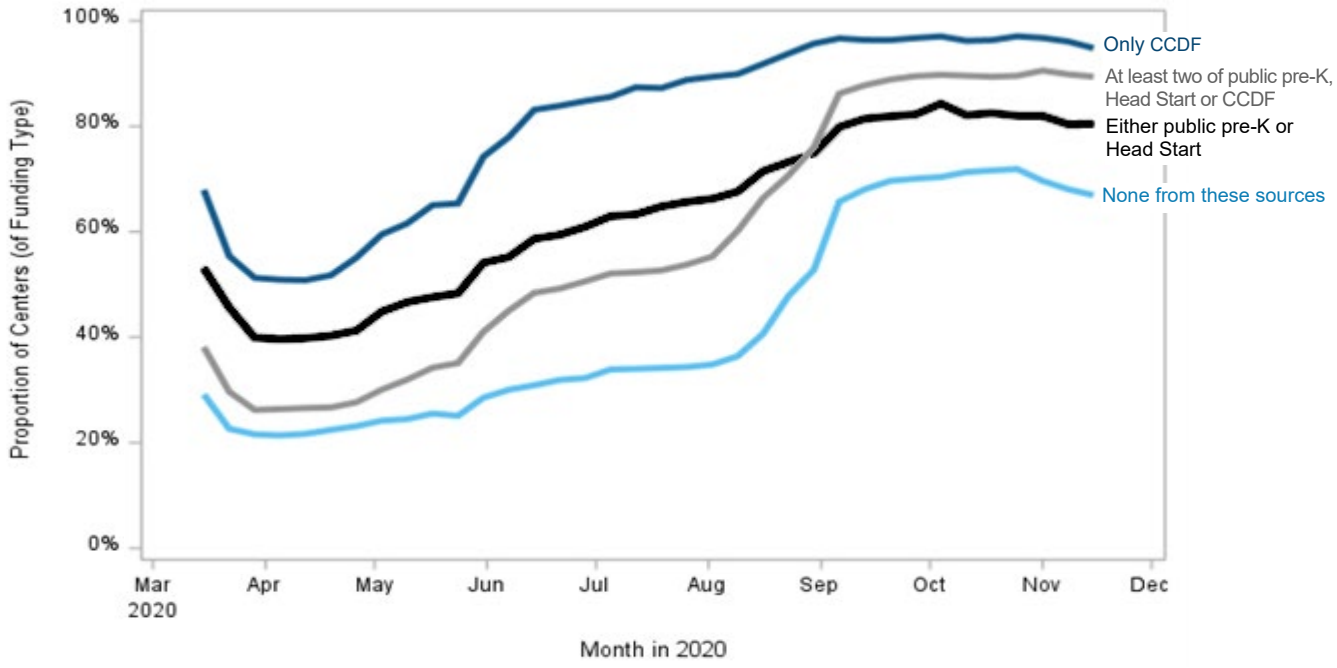
Finally, among centers serving children in 2019 and in October 2020, we present overall differences in center staffing and enrollment between 2019 (before the pandemic) and October 2020 (several months into the pandemic). We also examine changes in enrollment in the centers providing care in October 2020, compared to the same centers' enrollments in 2019, by auspice and size of center.

Overview of Center Closures

Exhibit 1 shows the proportion of centers that were providing care by week, between March 2020 and November 2020, within each combination of three public funding streams. Centers are categorized into four non-overlapping groups defined by their combination of public funding sources: "Only CCDF" indicates centers that received any funding from the CCDF (but no funding from Head Start or public pre-K); "Either public pre-K or Head Start" indicates centers that received funding from either Head Start *or* a public pre-K program, but not both and not from CCDF; "At least two of public pre-K, Head Start or CCDF" indicates a mix of any two or three of these funding sources; "None from these sources" indicates centers that received no funding from any of these three public sources. Centers with any of these combinations of public funding may also have received payments from families or from other public funding streams such as Title I or the Child and Adult Care Food Program. Exhibit 1 shows that while all center types saw a large proportion of closures early in the pandemic, most centers within each funding type were providing care to children by October 2020. Centers whose only public funding in 2019 was from CCDF were open at the highest rates over the nine-month period shown, and more so early in the pandemic. Centers funded by Head Start or Public Pre-K programs were open at comparatively lower rates, especially in the earlier months of the pandemic. We examine a center's combination of public funding in 2019 as a characteristic of the center's pre-pandemic situation; centers' combination of public funding from these three sources may have shifted over the course of the pandemic.

Exhibit 1: Proportion of Centers Open each Week between March 15, 2020, and November 15, 2020, by Combination of Public Funding in 2019

[Sample: Centers Serving Children in 2019]



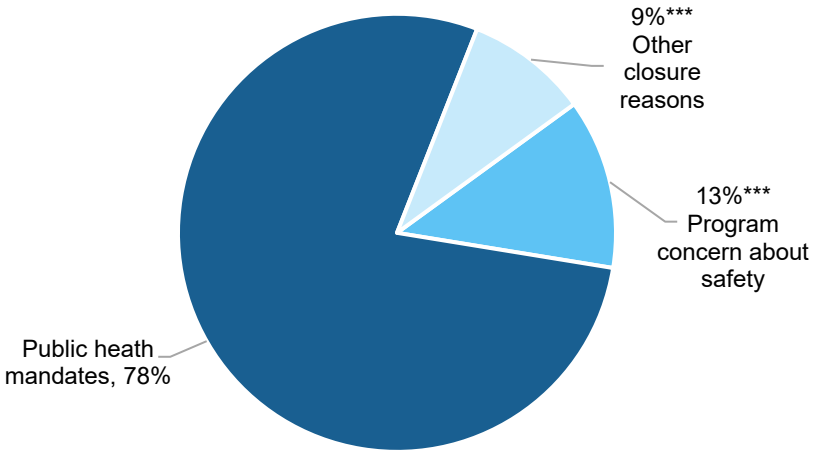
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Exhibit 2 presents the reasons reported by centers for their first closure of two weeks or more, beginning in March 2020[3]. Of all centers with unplanned closures of two weeks or more, 78% were due to public health mandates. In other words, the majority of these child care center closures were due to following local and state ordinances, not center-level decisions. Approximately 13% of centers' reported first closures were due to concerns about staff and child safety, and 9% were for other reasons.

[3] Centers may have closed for two weeks or more several times since March 2020. This figure only captures the reason given for the first closure.

Exhibit 2: Reasons for First Closure Since March 2020

[Sample: Centers Serving Children in 2019 and Having Any Closure since March 2020]

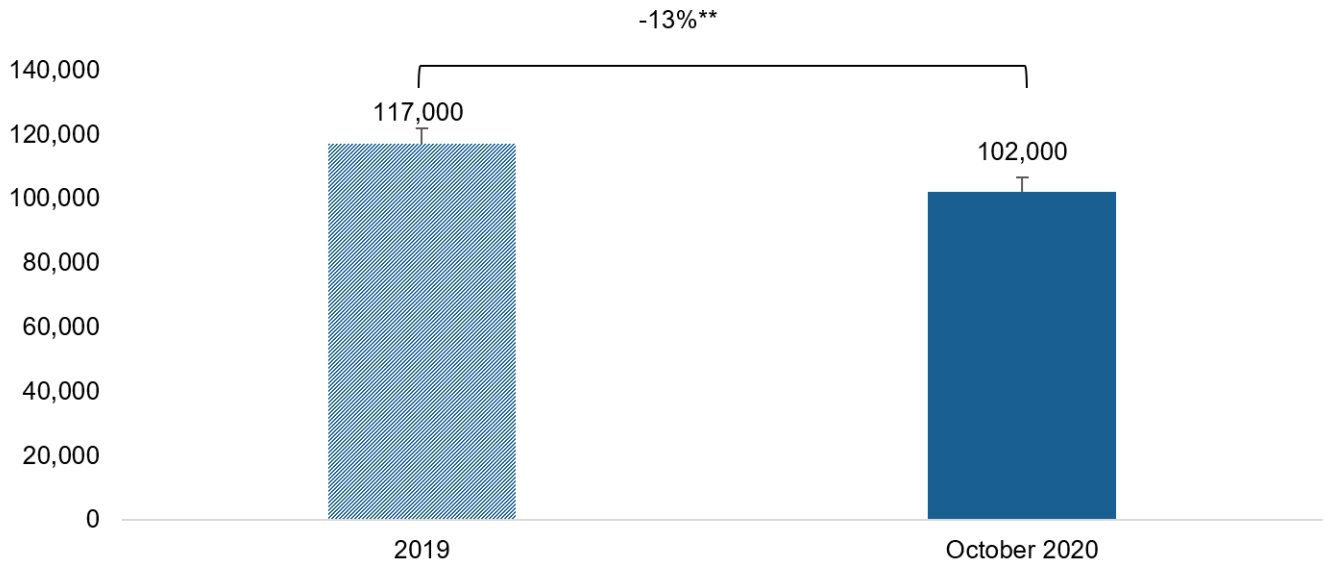


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the public help mandates group.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A2)

Exhibit 3 shows the number of centers providing CCEE services to children under age 13 in 2019 and in October 2020. Centers may have been providing CCEE to children either in-person or off-site. (In summer 2020, many centers and schools were describing services as 'off-site' if they were serving children and families in their homes, for example, through home visits, telephone calls or video-conferencing, or other modes that did not involve children coming in person.) Between 2019 and October 2020, the number of centers providing CCEE services to children under age 13 declined by about 13%, from approximately 117,000 to 102,000 centers[4]. This change was statistically significant.

Exhibit 3: Number of Centers Providing Care in 2019 and in October 2020

[Sample: Centers Serving Children in 2019]



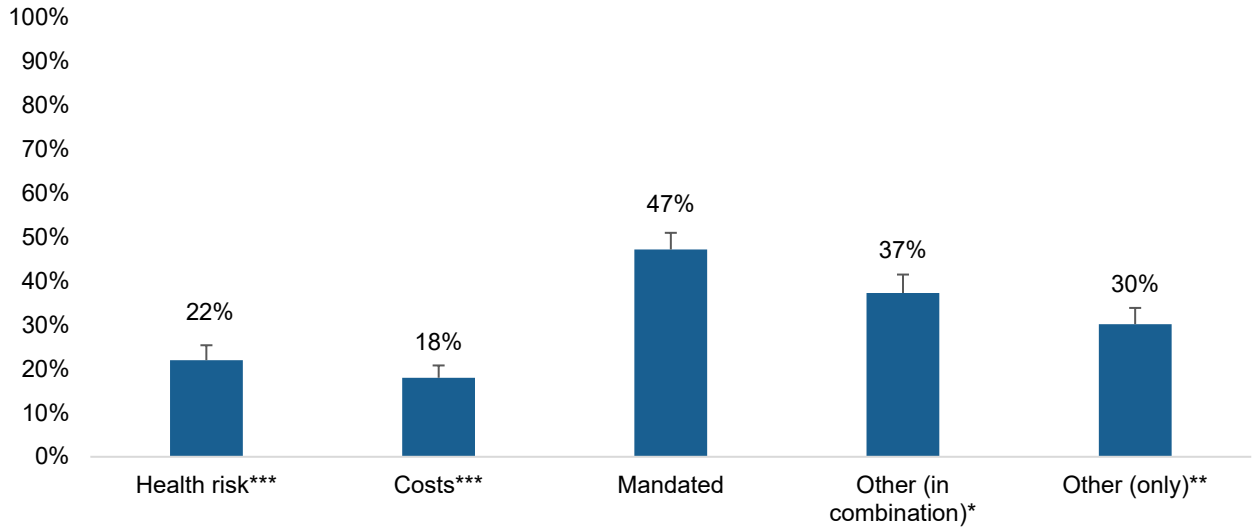
Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, providers serving children in October 2020 that provided care in 2019 NSECE.
(See Appendix Table A3)

[4] Centers presented in Exhibit 3 do not include approximately 4,000 centers run by public school districts in 2019. Please see Appendix Exhibit A1 for information about these centers.

Exhibit 4 describes the reported reason(s) that centers were not providing care in October 2020[5]. Of centers not providing care in October 2020, 47% reported continued mandated closure as a reason—either by local school districts, by local shelter-in-place orders, or by the network of programs to which the center belonged. Centers reported these mandates at statistically significant higher rates than health risks (22%) and costs (18%). This is important because it indicates that many centers were still closed due to reasons outside their own volition.

Exhibit 4: Reasons Centers were not Providing Care in October 2020

[Sample: Centers Serving Children in 2019 and not Serving Children in October 2020]



Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the mandated group.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A4)

Pandemic-related Funding to CCEE Centers

A variety of types of pandemic assistance may have been available to centers, including from federal, state or local, or private sources (such as foundations). The timing of different types of assistance often varied across assistance types as well as across states or localities. For example, the Paycheck Protection Program (PPP) began to be distributed in April 2020[6]. In addition to state-specific types of cash assistance, virtually all states offered assistance specifically for personal protective equipment (such as masks, sanitizer, or plastic shields).

[5] Respondents could select more than one reason.
[6] https://www.sba.gov/article/2020/apr/02/349-billion-emergency-small-business-capital-cleared-sba-treasury-begin-unprecedented-public-private-0

The Wave 1 questionnaire included the following question[7]:

> "Has your program received stimulus funding or financial support from any of the following sources? *SELECT ALL THAT APPLY.*
>
> 1. Federal Paycheck Protection Program (**PPP**)
> 2. Federal Small Business Administration (**SBA**) loan
> 3. Federal Employee Retention Credit under the **CARES Act**
> 4. Other federal assistance (please specify): _____
> 5. **State** supply/retention **grant**s
> 6. State funds for essential supplies (cleaning/health supplies or **PPE**)
> 7. State subsidies for **children of essential workers**
> 8. Donations or private fundraising"

Note: Bolded words in the question text above indicate the shorthand terms used to indicate each source in the exhibits below. Not all sources are reported individually in the exhibits.

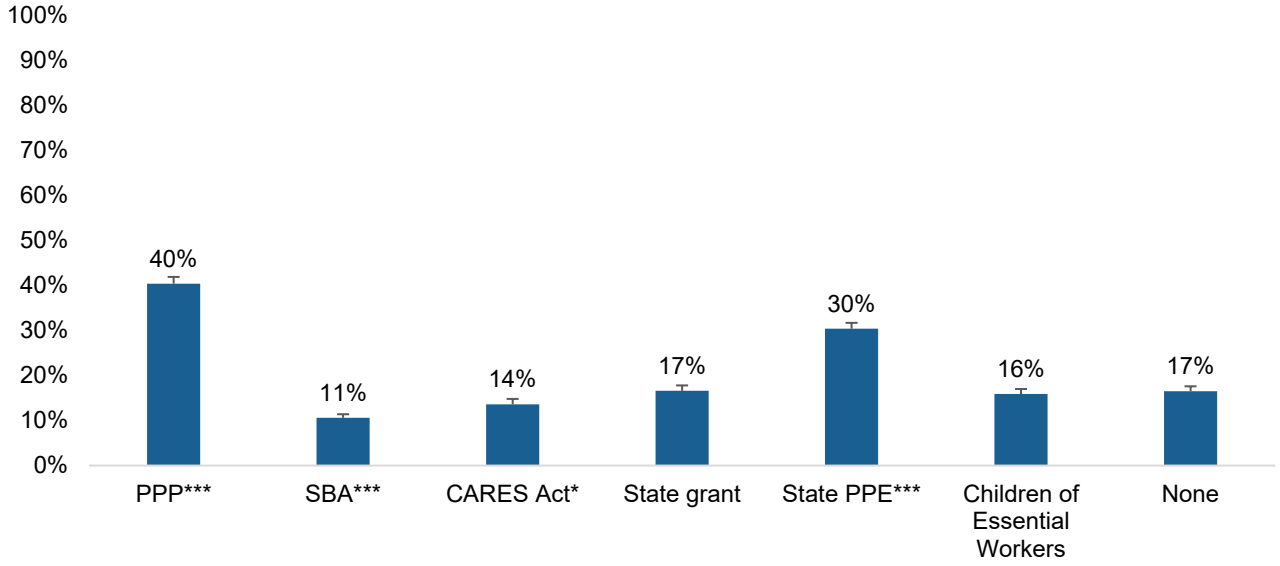
Centers reported assistance they had received as of the Wave 1 interview, which was conducted between November 2020 and February 2021.

Exhibit 5 shows the percent of centers that reported receiving different types of pandemic assistance. Paycheck Protection Program (PPP) assistance was reported received by 40% of centers followed by state personal protective equipment (PPE) grants (30%). Approximately 17% of programs did not report receiving any pandemic assistance as of the Wave 1 interview.

[7] The questionnaire text had no bolding, which has been added here to assist readers.

Exhibit 5: Percentage of Centers that Received Selected Pandemic Assistance

[Sample: Centers Serving Children in 2019]



Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the "none" group.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A5)

The average number of different types of pandemic assistance that centers reported receiving varied by center auspice and 2019 enrollment size[8] (Exhibit 6). Centers are categorized into four, non-overlapping auspices: for-profit, not-for-profit, run by a government agency, and other. 'Other' includes combinations of these and uncodable responses. Auspice does not take into account types of revenues the center receives.

Exhibit 5 shows the proportion of centers receiving the six types of pandemic resources most often reported received by states. In contrast, Exhibit 6 counts the average number of resources received of *all* types of pandemic resources that centers reported receiving in Wave 1 of the NSECE COVID-19 Follow-up Survey[9]. Exhibit 6 shows that most centers received more than one source of pandemic funding, but there was some variation by center auspice and the size of the center in 2019.

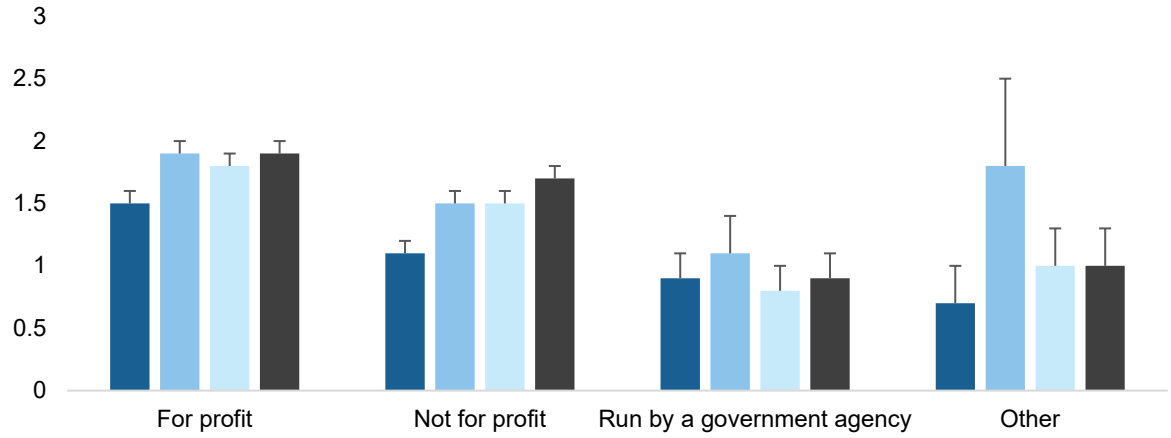
Among centers serving children in 2019, for-profit centers with 75 or more children in 2019 received, on average, more types of pandemic funding resources than for-profit centers with fewer than 25 children in 2019. Across auspices, for-profit centers received more types of assistance than not-for-profit centers for two center sizes: fewer than 25 children and between 50 and 75 children. Centers run by a government agency received fewer types of pandemic funding resources than for-profit centers across all size categories; some government-run centers may not have been eligible for some types of pandemic assistance, such as Paycheck Protection Program (PPP) or Small Business Administration (SBA) loans. Centers run by a government agency or receiving substantial public funding may have experienced less

[8] Centers of undetermined size are dropped from this figure.
[9] The total number of types of possible types of pandemic assistance was sixteen.

disruption in their funding than centers that relied more heavily on tuition and fees paid by parents.

Exhibit 6: Mean Number of Pandemic Resources by Center Auspice and Size of Center in 2019

[Sample: Centers Serving Children in 2019]



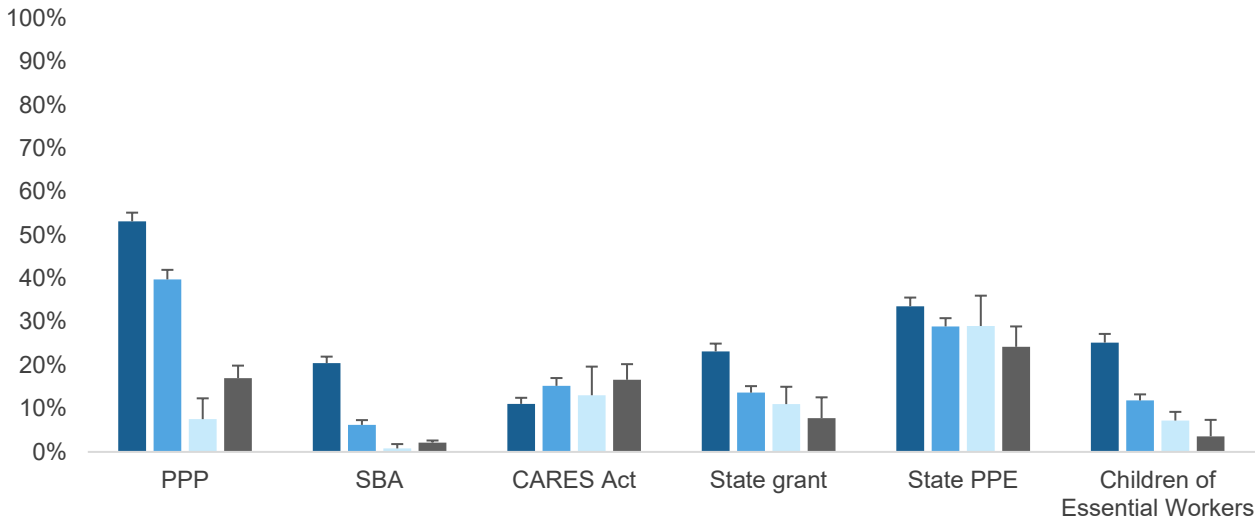
	For profit	Not for profit	Run by a government agency	Other
■ Fewer than 25 children	1.55††	1.06***†††	0.89**	0.65***
■ Between 25 and 50 children	1.89	1.53**	1.05***	1.83
■ Between 50 and 75 children	1.84	1.46**††	0.76***	1.04**
■ 75 or more children	1.88	1.73	0.88***	1.00***

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the for-profit group. ††† < 0.01, †† ≤0.05, † < 0.1 reflects significant differences relative to the 75 or more children group.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A6)

Exhibit 7 expands on this theme, showing, by auspice, the percentage of centers that received select pandemic resources, among all centers serving children in 2019. For-profit centers received four types of pandemic assistance (PPP, SBA, state grants, subsidies for children of essential workers) more often than centers with other auspices. In contrast, CARES Act resources and state PPE assistance were received at similar rates across auspice. For example, Paycheck Protection Program (PPP) funding was received by 53% of for-profit centers, 40% of not-for-profit centers, and only 8% of centers run by a government agency—however, most government agency run programs were not eligible for PPP. [Among centers run by a government agency, in 2019, 54% received either Head Start or Public Pre-K funding (but not CCDF), and 38% received blended government funding from at least two common sources of public CCEE funding (see Appendix Table A1).]

Exhibit 7: Centers Receiving Selected Pandemic Assistance, by Auspice

[Sample: Centers Serving Children in 2019]



	PPP	SBA	CARES Act	State grant	State PPE	Children of Essential Workers
For-profit	53.2%	20.5%	11.1%	23.2%	33.6%	25.2%
Not-for-profit	39.8%***	6.2%***	15.2%*	13.7%***	28.9%*	11.9%***
Run by a government agency	7.6%***	0.8%***	13.1%	11.0%**	29.0%	7.2%***
Other	17.0%***	2.1%***	16.6%	7.8%***	24.2%	3.6%***

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the for-profit group.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A7)

Importantly, as shown in Exhibit 8, the majority of centers who reported applying for funding reported receiving funding. In other words, centers that reported no receipt of funding are mostly those who did not apply for it. Indeed, as shown below, approximately 17% of centers reported receiving no pandemic assistance. The vast majority of these reported that they had not applied for any pandemic assistance (14% of all centers). Exhibit 8 reports that just 2% of centers reported that they had not received any pandemic assistance, but had applied for at least one type of assistance. Each type of pandemic assistance generally had its own administrative processes. Exhibit 8 indicates that 69% of centers reported receiving at least one type of pandemic assistance but also having applied for (but not received) one or more other types of assistance.

Exhibit 8: Receipt of and Applications for Pandemic Assistance

[Sample: Centers Serving Children in 2019]

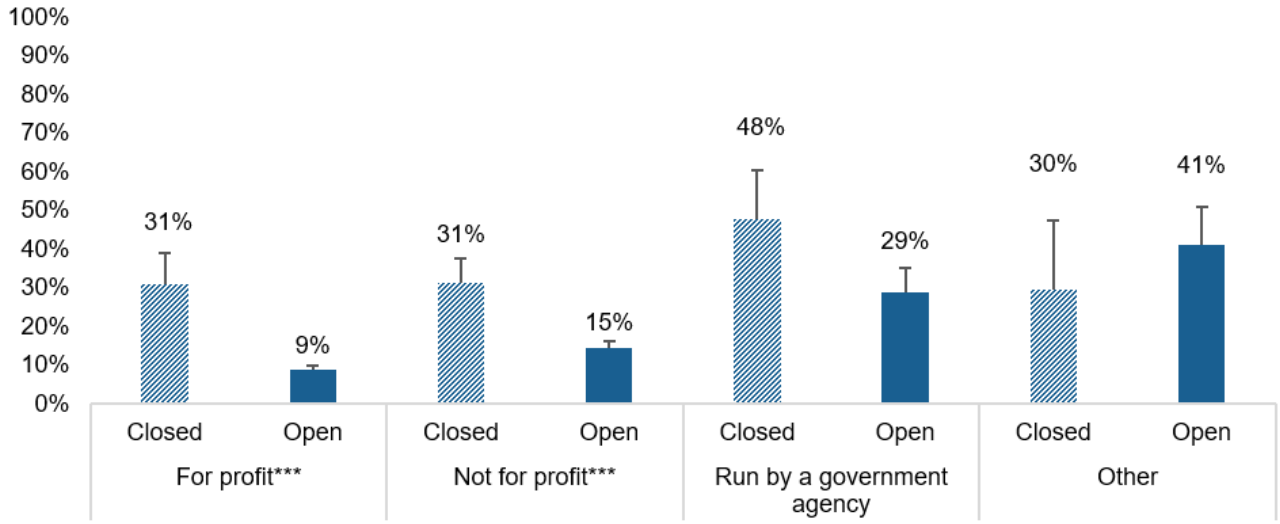
Receipt of any Pandemic Assistance	Applied for at least one Type of Assistance that was not Received	Percent of all centers serving children in 2019	Standard Error of Percent
Did not receive any assistance	No applications without receipt of assistance	14.2%	1.1%
Did not receive any assistance	At least one application without receipt of assistance	2.2%	0.4%
Received at least one type of assistance	No applications without receipt of assistance	69.1%	1.3%
Received at least one type of assistance	At least one application without receipt of assistance	14.4%	0.9%

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

We can investigate whether centers' status serving children in October 2020 was related to receipt of pandemic assistance. That is, were centers that were closed in October 2020 more likely not to have received pandemic assistance than centers that were open in October 2020? Overall, receipt of pandemic assistance was associated with centers providing CCEE in October 2020 at for-profit and not-for-profit centers. Exhibit 9 shows, by auspice, the proportion of centers *not* receiving pandemic funding among those that were open versus those that were closed in October 2020. For example, 31% of for-profit centers that were closed in October 2020 had received no pandemic funding, compared to 9% of for-profit centers that were open in October 2020. In other words, for-profit centers that were closed in October 2020 were three times more likely not to have received pandemic assistance than for-profit centers that were open in October 2020. In government-run and "other" auspice centers, we do not see a statistically significant relationship between pandemic funding and closure status in October 2020.

Exhibit 9: Percentage of Centers with no Pandemic Assistance, by Center Auspice and Status in October 2020

[Sample: Centers Serving Children in 2019]

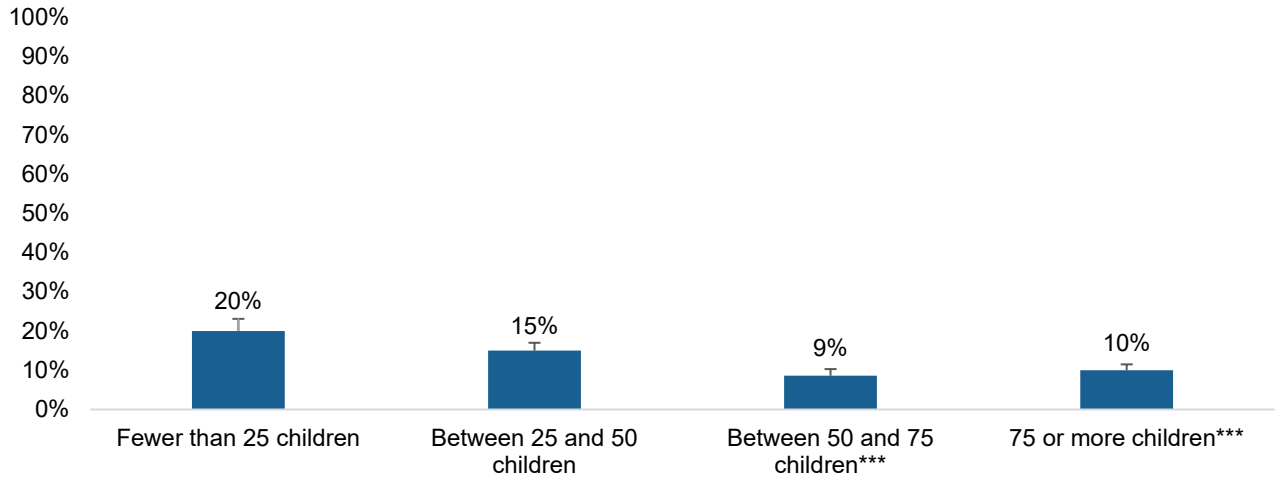


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between closed and open centers within auspice.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A8)

Exhibit 10 shows the percent of centers serving children in 2019 that were not serving children (closed) in October 2020, by the center size in 2019. Approximately 20% of the smallest centers (fewer than 25 children) in 2019 were closed in October 2020, followed by 15% of centers with 25-50 children in 2019. Centers that were larger in 2019 were significantly less likely to be closed (not serving children) in October 2020 —only about 9-10% of centers with 50 or more enrolled children in 2019, were closed in October 2020. In other words, centers that were larger in 2019 were more likely to provide care in October 2020 compared with the centers that were the smallest in 2019. We examine centers by their enrollment size in 2019 to see if there were differential experiences of the pandemic among centers depending on their characteristics prior to the pandemic. As these exhibits show, center enrollment size often changed from 2019 to October 2020.

Exhibit 10: Percentage of Centers Not Serving Children in October 2020 by Center Size in 2019

[Sample: Centers Serving Children in 2019]

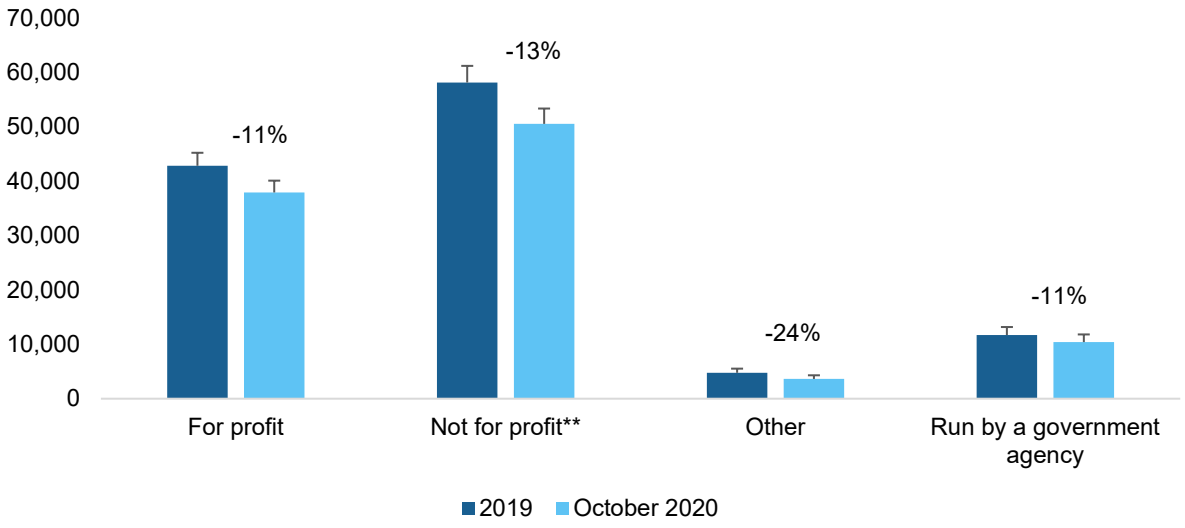


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between centers by size compared with those with fewer than 25 children.
Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A9)

Exhibit 11 shows the number of centers providing CCEE to children in 2019 and in October 2020 by auspice. Not-for-profit centers experienced the only statistically significant decline in the number of centers providing care in October 2020, a 13% decline.

Exhibit 11: Number of Centers Providing Care in 2019 and October 2020 and Percent Change, by Center Auspice

[Sample: Centers Serving Children in 2019]

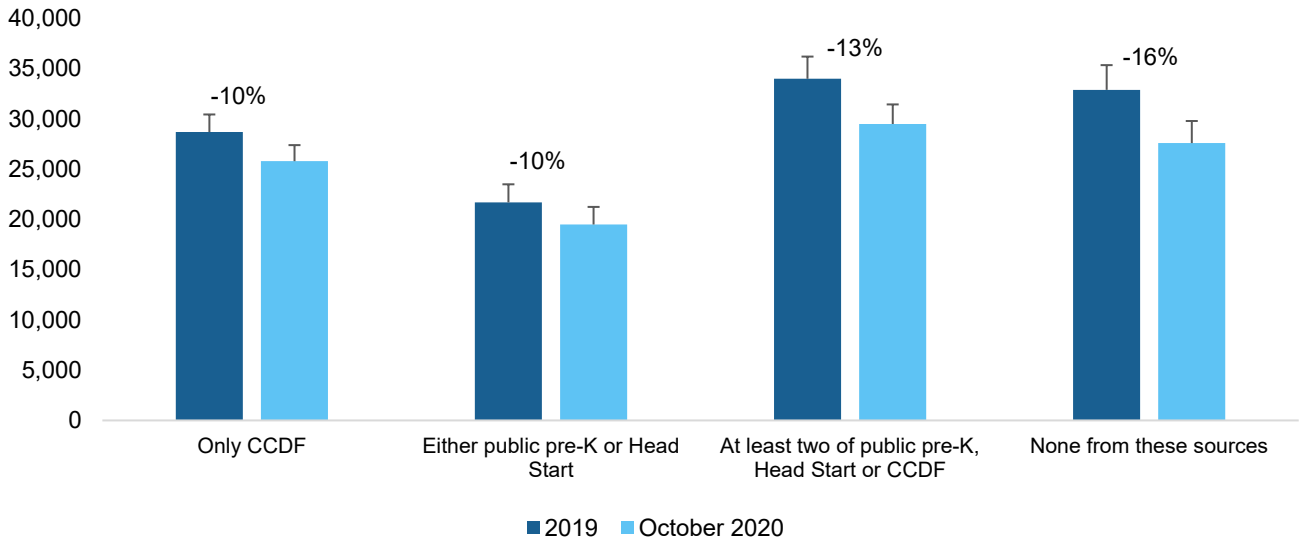


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A10)

Exhibit 12 examines center closures by funding type. While there was a statistically significant decline of 13% from the total number of centers serving children in 2019 to those that were also open in October 2020 (see Exhibit 3), there were no statistically significant differences when broken down by funding type.

Exhibit 12: Number of Centers Providing Care in 2019 and October 2020 and Percent Change, by Center Combination of Public Funding in 2019

[Sample: Centers Serving Children in 2019]



Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.
(See Appendix Table A11)

Characteristics of Centers Providing Care in October 2020

Enrollment of Children in Centers Providing Care in October 2020

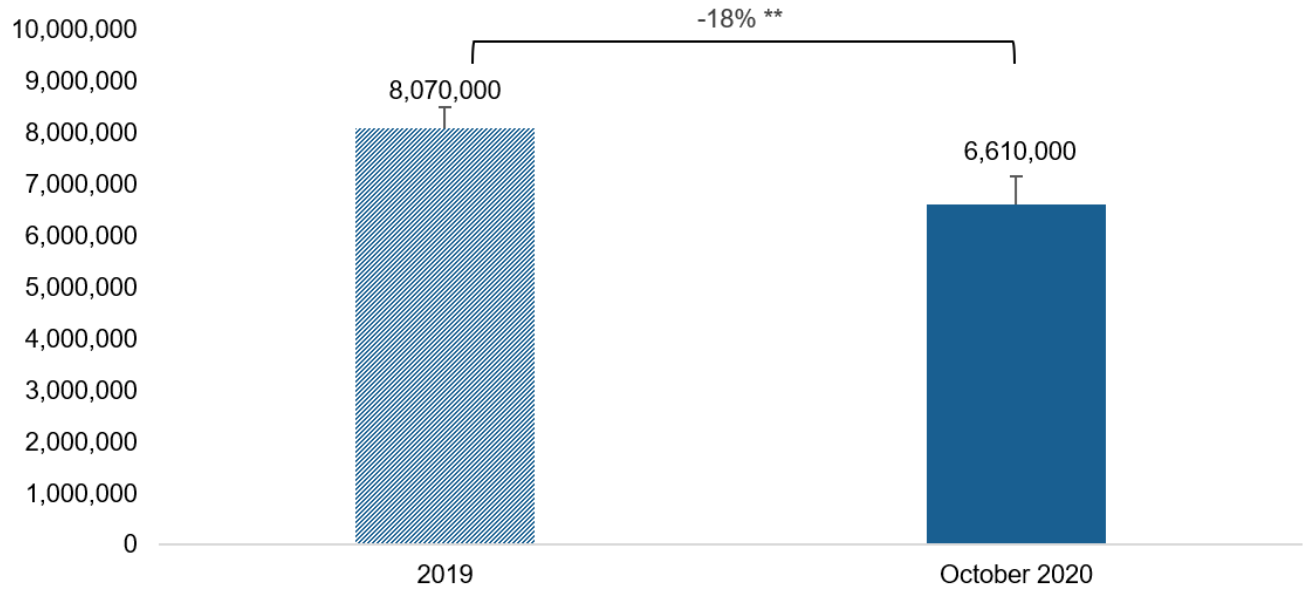
The previous section estimates the numbers and characteristics of centers serving children in 2019 and not serving children (closed) in October 2020. Clearly, there were enrollment and staffing declines associated with those closed centers. In the rest of the report, we focus on the centers that were serving children in 2019 and in October 2020, estimating the enrollment and staffing changes within those 102,000 centers.

We document an overall decrease in the number of children served by the 102,000 centers that served children in 2019 and in October 2020. We then examine these changes in enrollment by age of children and center auspice.

As shown in Exhibit 13, total enrollment of children under age 13 in centers that were serving children in 2019 and in October 2020 dropped from 8,070,000 in 2019 to 6,610,000 children in October 2020. This decline of 18% was statistically significant.

Exhibit 13: Number of Children Enrolled in 2019 and October 2020

[Sample: Centers Serving Children in 2019 and in October 2020]

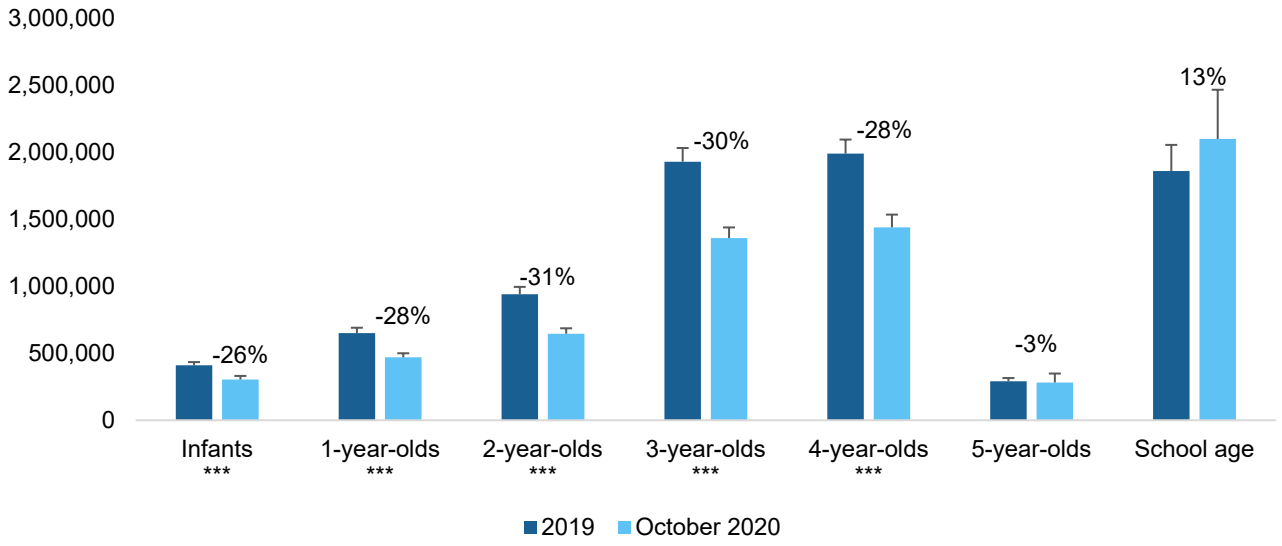


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, providers serving children in October 2020.
(See Appendix Table A12)

However, enrollment changes were not uniform across ages of children served, auspice, or size of center in 2019. Exhibit 14 shows the number and percent change in enrollments by age of children. Enrollments decreased by over 25% for infants, one-, two-, three- and four-year-olds—all of which were statistically significant declines. Enrollments for five-year-olds and school-age children were not statistically significantly different between 2019 and October 2020.

Exhibit 14: Number of Children Enrolled in 2019 and in October 2020 by Child Age

[Sample: Centers Serving Children in 2019 and in October 2020]

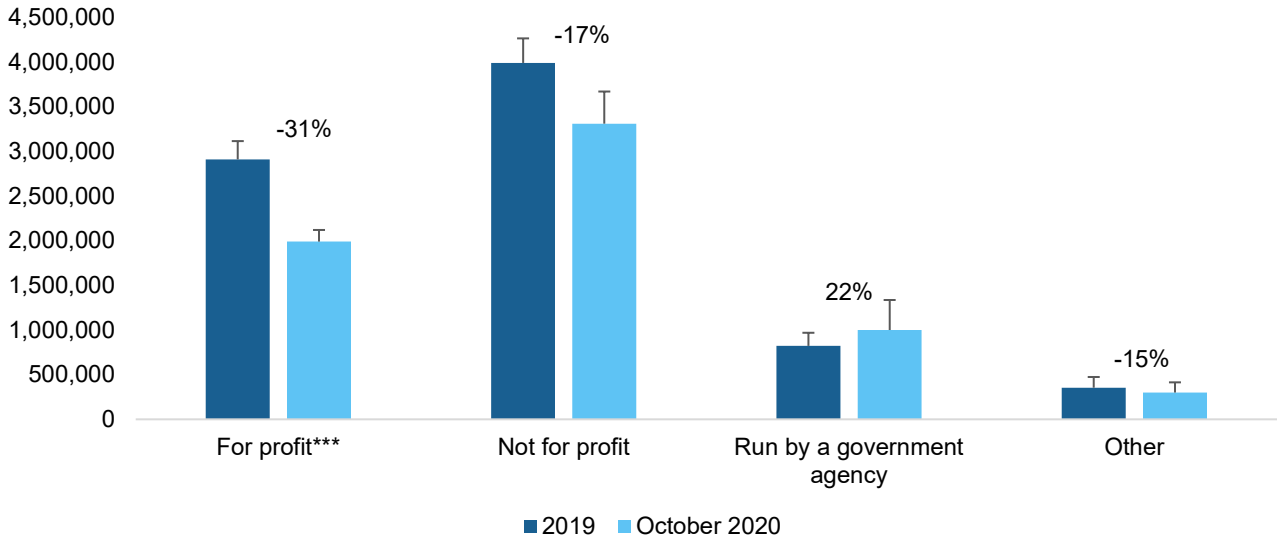


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.
(See Appendix Table A13)

Exhibit 15 shows enrollments in 2019 and October 2020, by auspice. Enrollments declined in for-profit centers by 31%, which was a statistically significant change. Other changes in enrollment between years were not statistically significant.

Exhibit 15: Number of Children Enrolled in 2019 and in October 2020 by Center Auspice

[Sample: Centers Serving Children in 2019 and in October 2020]

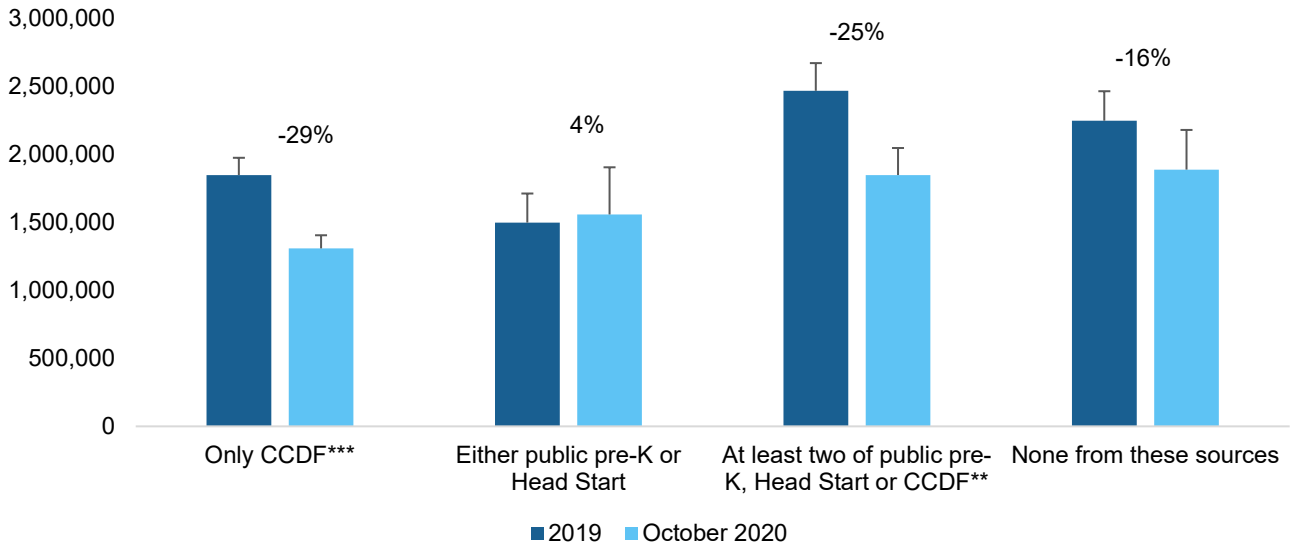


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.
(See Appendix Table A14)

Exhibit 16 shows enrollments in 2019 and October 2020, by funding type. Enrollments declined by 29% in centers whose public funding was from CCDF only, and by 25% in centers funded by at least two sources of public pre-K, Head Start, or CCDF--which were both statistically significant changes. Other changes in enrollment between years were not statistically significant.

Exhibit 16: Number of Enrolled Children in 2019 and in October 2020 by Center Combination of Public Funding in 2019

[Sample: Centers Serving Children in 2019 and in October 2020]

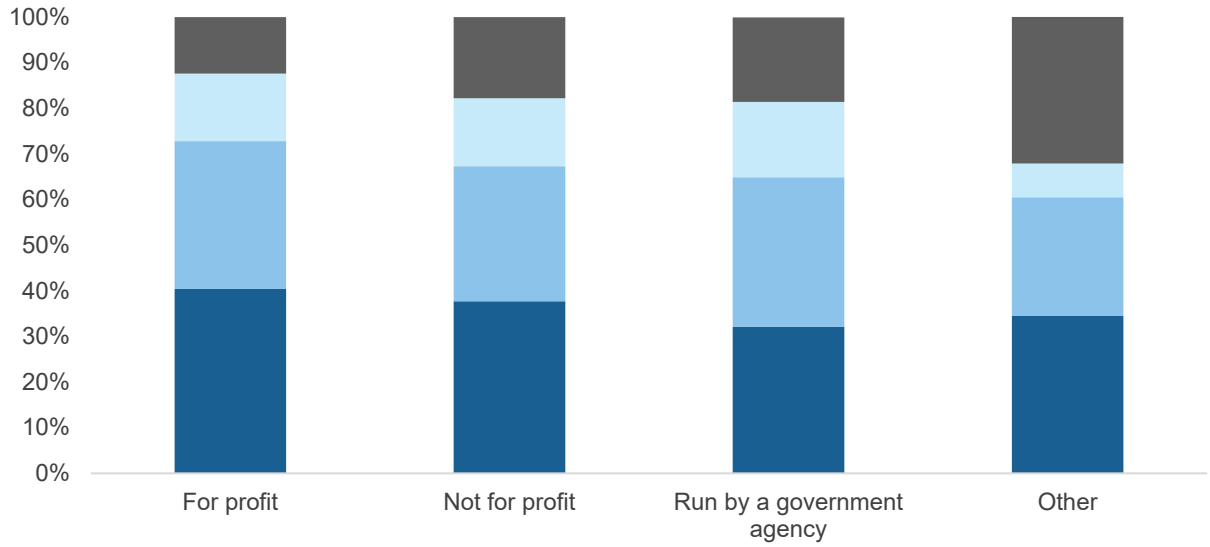


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.
(See Appendix Table A15)

In addition to tabulating total enrollment change across centers, we can calculate the enrollment changes at individual centers using the longitudinal data. Categorizing the percentage change within a center demonstrates the breadth of changes, with some centers' enrollments declining sharply, while others' enrollments may have even increased from 2019 to October 2020. Exhibit 17 shows the proportion of centers within each auspice that experienced changes in enrollment in the following categories: increased more than 10%, increased or decreased within 10%, decreased 10 to 40%, decreased more than 40%. Across auspices, the majority of centers experienced declines in enrollment of at least 10% between 2019 and October 2020. In fact, 40% of for-profit centers, 38% of not-for-profit centers, and 32% of centers run by a government agency experienced enrollment declines of more than 40%. Conversely, 12% of for-profit centers, 18% of not-for-profit centers, and 19% of government-run centers experienced enrollment increases of more than 10%.

Exhibit 17: Proportional Change in Enrollment between 2019 and October 2020 by Center Auspice

[Sample: Centers Serving Children in 2019 and in October 2020]



	For profit	Not for profit	Run by a government agency	Other
Increased more than 10%	12.4%	17.8%**	18.5%	32.2%**
Within 10%	14.8%	14.9%	16.5%	7.4%*
Decreased 10 to 40%	32.4%	29.6%	32.8%	26.0%
Decreased more than 40%	40.4%	37.7%	32.1%	34.5%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between for-profit and other auspices, within change in enrollment categories.

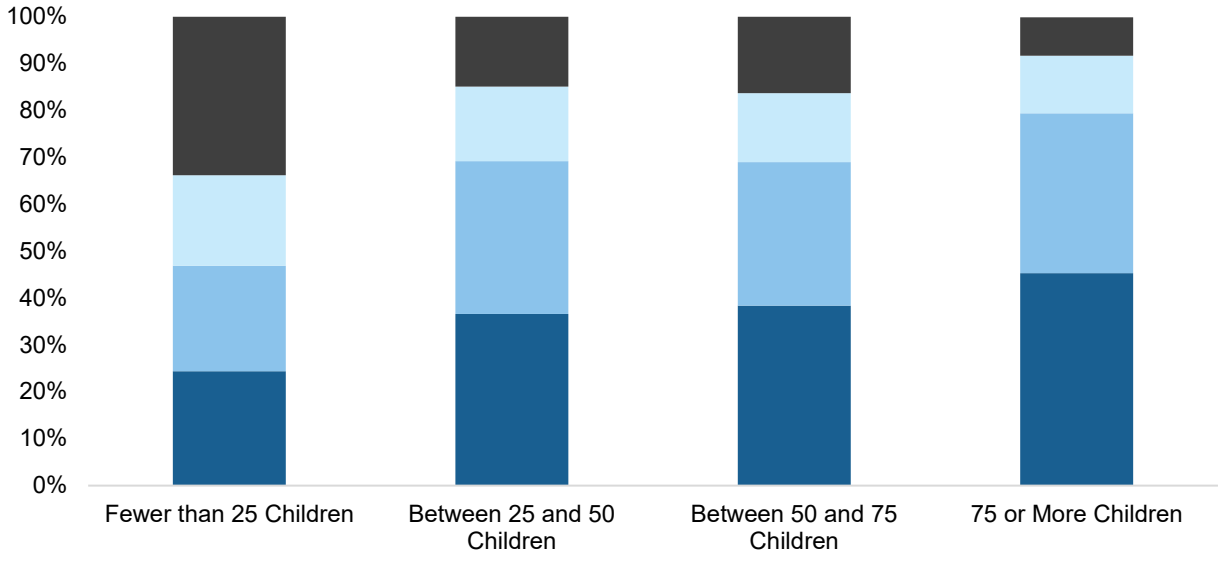
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

(See Appendix Table A16)

Changes in enrollment also varied by the size of the center in 2019. As shown in Exhibit 18, the largest centers—with 75 or more children in 2019—experienced the largest declines in enrollment: 45% of these large centers had enrollment decreases of more than 40%, which is statistically significantly greater than declines in other sized centers. While a larger proportion of small centers (fewer than 25 children) were closed in 2020 compared to other center sizes (see Exhibit 3), small centers that were open in October 2020 experienced smaller percentage enrollment decreases and were notably more likely than the largest centers to increase their enrollments.

Exhibit 18: Proportional Change in Enrollment between 2019 & October 2020 by Center Size in 2019

[Sample: Centers Serving Children in 2019 and in October 2020]



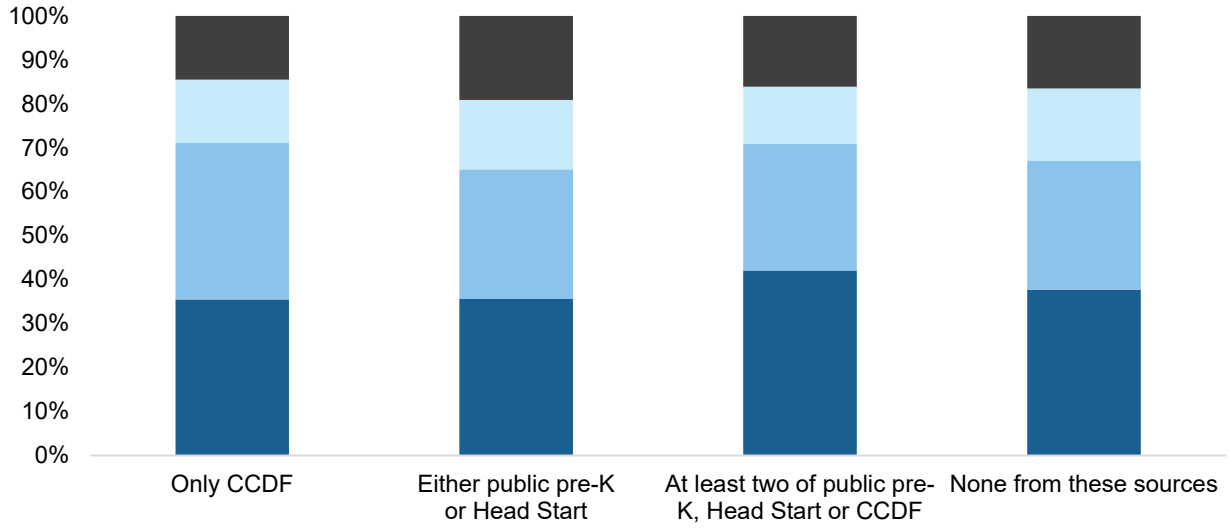
	Fewer than 25 Children	Between 25 and 50 Children	Between 50 and 75 Children	75 or More Children
Increased more than 10%	33.8%***	14.9%***	16.3%***	8.2%
Within 10%	19.3%*	15.9%	14.7%	12.3%
Decreased 10 to 40%	22.5%***	32.6%	30.6%	34.1%
Decreased more than 40%	24.4%***	36.6%**	38.4%*	45.3%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 75 or more children size categories and others, within change in enrollment categories.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.
(See Appendix Table A17)

As shown in Exhibit 19, however, changes in enrollment were relatively stable across centers with different types of public funding.

Exhibit 19: Proportional Change in Enrollment between 2019 & October 2020 by Center Combination of Public Funding in 2019

[Sample: Centers Serving Children in 2019 and in October 2020]



	Only CCDF	Either public pre-K or Head Start	At least two of public pre-K, Head Start or CCDF	None from these sources
■ Increased more than 10%	14.5%	19.1%	16.1%	16.5%
■ Within 10%	14.3%	15.8%	13.0%	16.4%
■ Decreased 10 to 40%	35.7%*	29.5%	28.8%	29.4%
■ Decreased more than 40%	35.5%	35.6%	42.1%	37.7%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between the "None from these sources" funding category and others, within center combination of public funding categories.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.
(See Appendix Table A18)

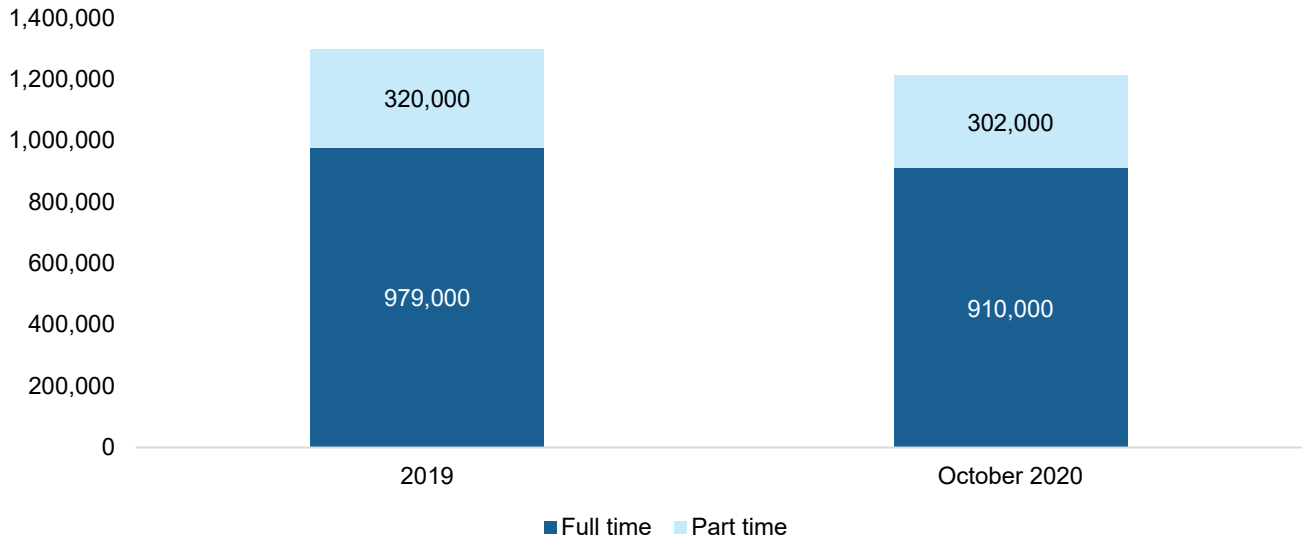
Staffing Changes in Centers Providing Care in October 2020

In this section, we examine staffing within the 102,000 centers that served children in 2019 and were providing care in October 2020. In other words, we compare the number of instructional staff working directly with children within the same centers at two points in time: in 2019 and October 2020. Instructional staff include aides or assistant teachers, teachers or lead teachers, and specialists. Specialists include language specialists, or those who take care of children with disabilities, or those who teach English as a second language. The lack of change in center staffing within these 102,000 across timepoints is notable. Counts of instructional staff were reported by the respondent to the center-based provider interview, who was generally the center director or an instructional leader.

Exhibit 20 reports the number of instructional staff working in the centers that were serving children in 2019 and in October 2020. Neither the number of full-time staff nor the number of part-time staff shows a statistically significant change. While we estimate a total loss of almost 90,000 staff working with children, the overall change is not statistically significant (see Appendix Table 19).

Exhibit 20: Numbers of Full-time and Part-time Instructional Staff in 2019 and in October 2020

[Sample: Centers Serving Children in 2019 and in October 2020]

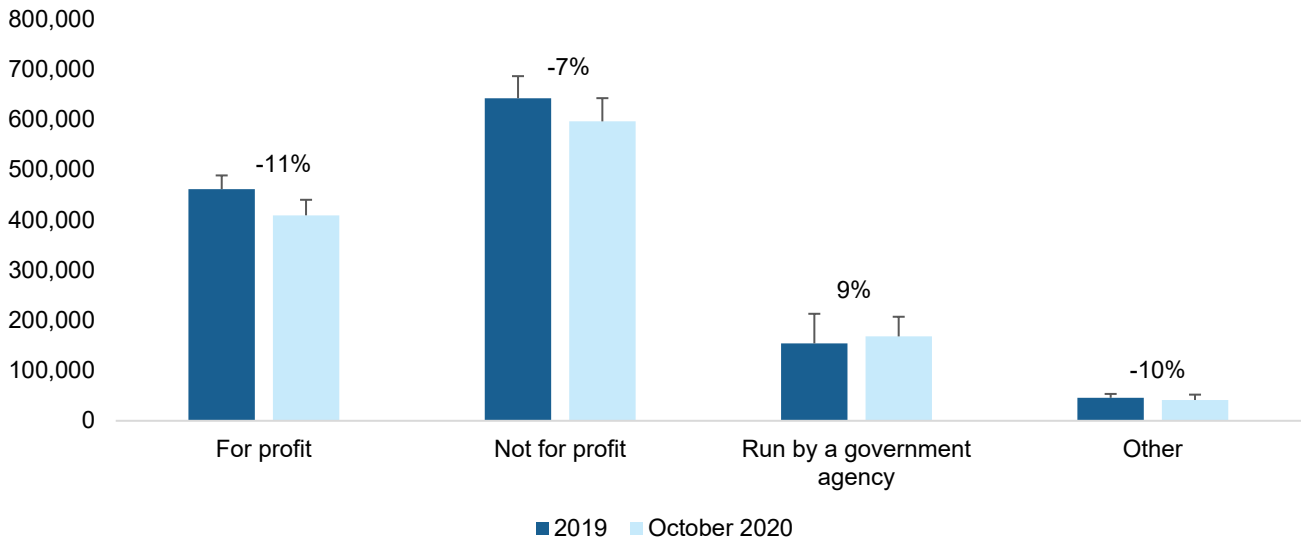


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers open in October 2020 (See Appendix Table A19)

Exhibit 21 shows changes in the numbers of instructional staff between 2019 and October 2020, by auspice. None of these over-time changes were statistically significant.

Exhibit 21: Number and Percentage Change of Instructional Staff in 2019 and in October 2020 by Center Auspice

[Sample: Centers Serving Children in 2019 and in October 2020]

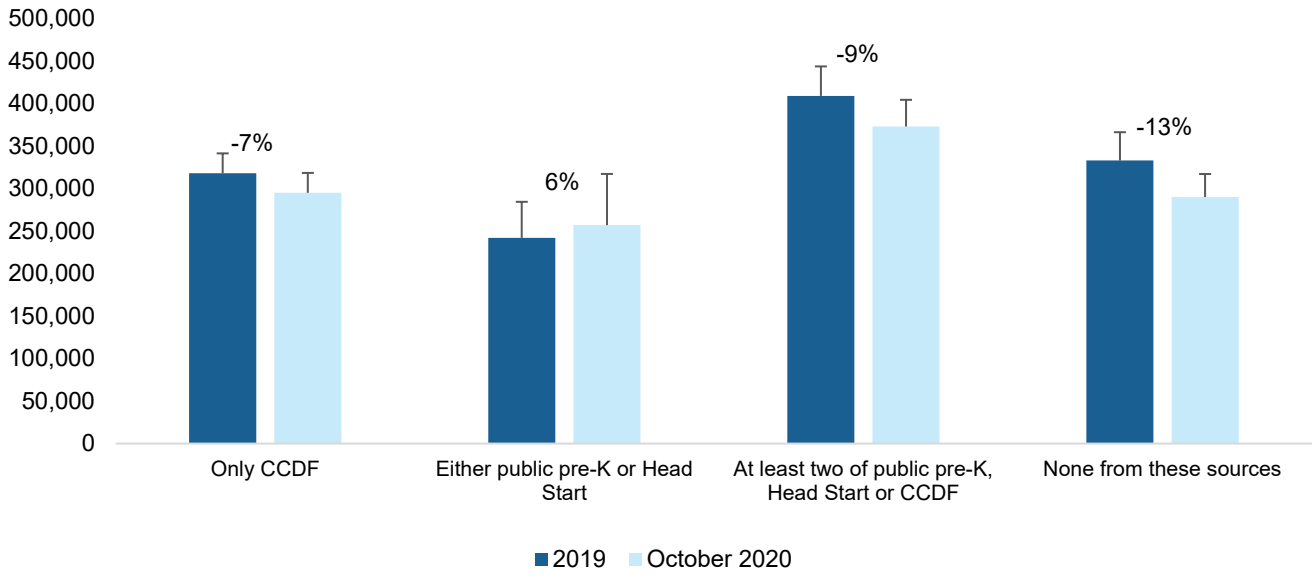


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers open in October 2020.
(See Appendix Table A20)

Exhibit 22 shows the numbers and percentage change of instructional staff by combination of public funding in 2019. None of these changes were statistically significant.

Exhibit 22: Numbers and Percentage Change in Instructional Staff in 2019 and in October 2020 by Center Combination of Public Funding in 2019

[Sample: Centers Serving Children in 2019 and in October 2020]

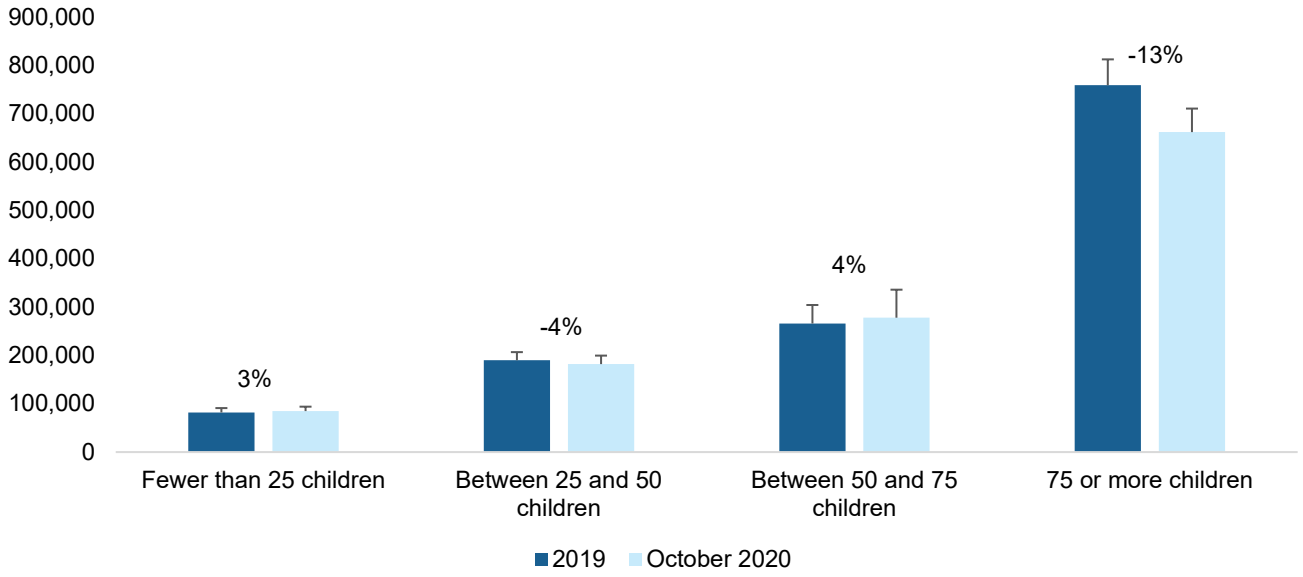


Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers open in October 2020. (See Appendix Table A21)

While smaller centers employ fewer staff, and larger centers more staff, the number of instructional staff employed by centers within each size category was not statistically significantly different between 2019 and October 2020 for any single group of centers. (See Exhibit 23.)

Exhibit 23: Numbers and Percentage Change in Instructional Staff in Centers in 2019 and in October 2020, by Size of Center in 2019

[Sample: Centers Serving Children in 2019 and in October 2020]



Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.
Source: 2019 NSECE and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers open in October 2020. (See Appendix Table A22)

While we do not see statistically significant overall changes in numbers of instructional staff in these 102,000 centers serving children in 2019 and in October 2020, these centers did lose staff over this time period. Staff departures had multiple causes. The NSECE COVID-19 Follow-up survey asked center directors: "What are the main reasons that staff working with children age 5 and under in October 2019 were not there in October 2020? (Select all that apply)." Exhibit 24 indicates that reasons unrelated to COVID-19 and concerns about health were the primary reasons for staff departures as reported by center directors (multiple responses were allowed). Staff departures were also attributed (at lower rates) to lack of child care for staff's own children and program financial capacity.

Exhibit 24: Directors' Reports of Reasons Staff at Center in 2019 Were No Longer at Center in October 2020

[Sample: Centers Serving Children in 2019 and in October 2020]

Reason	% of centers who reported reason
Left the program for reasons unrelated to COVID-19	44.6%
Did not want to work due to health concerns for themselves or other household members	37.7%
Unable to work because children are not in school or child care	17.9%
Program was financially unable to keep them	14.1%
Dismissed from the program for non-financial reasons	9.7%
Other reasons	23.7%

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers open in October 2020.

Discussion

This report uses data from the NSECE 2019 Center-based Provider Survey and the first wave from the NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey to examine three topics: 1) center closures during the first 9 months of the pandemic, including in October 2020; 2) centers' reports of pandemic assistance application and receipt, and 3) comparison between 2019 and October 2020 among centers that were open at both times. We consider three center characteristics from 2019 throughout the report: center auspice, the number of enrolled children in 2019, and the combination of public funding received in 2019.

The majority of centers that were serving children in 2019 closed in the initial months of the COVID-19 pandemic; 87% of these centers were open and serving children by October 2020. The majority of first-time closures and almost half of the closures in October 2020 were partly due to mandates followed by the centers rather than due to a center-level decision.

Centers that had the smallest enrollments in 2019 were more likely to be closed in October 2020 compared with larger centers. Not-for-profit centers experienced higher rates of closures than for-profit and government-run centers, but even in October 2020, the not-for-profit auspice had more centers than the other three types of center auspice Among centers that were open

in October 2020, for-profit centers and the largest centers experienced the greatest proportionate losses in enrollment relative to 2019. Some of the smallest centers providing CCEE in 2019 actually served more children in October 2020 than they had in 2019.

Most centers that applied for pandemic funding during this period reported receiving at least some pandemic assistance and very few centers reported having applied for assistance but not receiving any of the sources they applied for. On average, for-profit centers received the most types of pandemic assistance, and the for-profit and not-for-profit centers that had the largest enrollments in 2019 (75 or more children) typically received more types of pandemic assistance than the centers that had been the smallest in 2019 (fewer than 25 children). Centers run by a government agency received the fewest types of pandemic assistance, which is likely partially due to being ineligible for some types of assistance (like the PPP program), and also those centers may not have experienced disruptions in their primary funding sources.

Among centers that served children in 2019 and were open in October 2020, most served many fewer children in October 2020, often as much as 40% fewer. For-profit centers suffered the greatest proportion of decreases in enrollments, though without statistically significant decreases in staffing. The centers with the largest enrollments in 2019 had the largest proportionate declines in enrollment between 2019 and October 2020.

Despite substantial declines in enrollment, none of the subgroups of centers studied in this report had statistically significant declines in their number of staff from 2019 to October 2020. Regarding staff that did depart between 2019 and October 2020, fewer than 1 in 7 centers reported that their program's financial difficulties were a reason that staff from 2019 were no longer working at the center in October 2020.

Although centers that were serving children in October 2020 did not report significant declines in their staffing, we do not have staffing numbers in October 2020 for centers that were closed at that time. If some centers were unable to retain staff during closures, there would have been additional declines in total center-based classroom staff from those centers that were not serving children in October 2020.

During the early months of the pandemic, the CCEE sector was often said to have reduced substantially in size. Exhibit 1 does show dramatic rates of closures in centers providing CCEE in 2019 initially, but also a sizable rebound to October 2020, when 87 percent of centers were again serving children. And, as our enrollment comparisons show, even among centers that were serving children, total numbers of children served were far below the 2019 numbers.

Conclusion

This report begins to document the experiences of centers in the early months of the COVID-19 pandemic. Often, the documented experiences only reveal how much we still have to learn about what happened in CCEE during the pandemic. Much of the data in this report pertains to October 2020, which was still quite early in the pandemic; the first vaccine was approved in December 2020, and large fractions of public school districts throughout the country had begun the school year with remote schooling. In terms of federal legislation, the CARES Act had been passed in March 2020, but two additional pandemic-era relief efforts were yet to come, the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) in December 2020 and the American Recovery Plan Act (ARPA) in March 2021.

We see that most centers that closed initially or in October 2020 did so from mandates and not through the center's own discretion. Moreover, we see that some categories of centers were more likely to be closed in October 2020, while others, though open, sustained greater losses in enrollment. These analyses do not allow us to puzzle out these relationships. Were centers closed out of broad public health concerns, concerns for their staff and children, because of the financial challenges of low enrollment and expensive health precautions, or for other reasons (or combinations of these)? Did centers that were serving children in October 2020 have resources (financial, space, relationships to recruit enrollment, etc.) that better enabled them to be open when other centers could not? To what extent might local or regional patterns differ from the overall national patterns reported here?

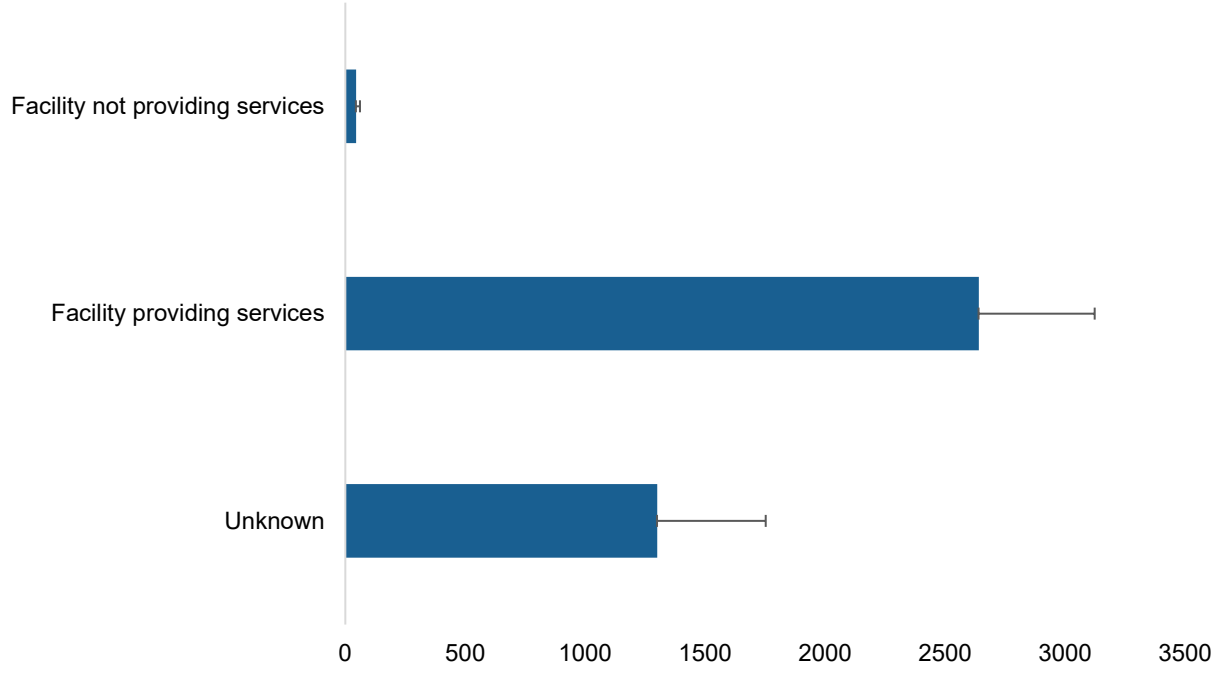
The longitudinal design of this analysis means that new centers that arose in 2019 or 2020 are not represented in our findings. If, for example, an organization closed its center and a new organization began operating a center at the same location, our data would reflect this as a closure. If there were large numbers of new centers that opened in the early months of the pandemic, then this paper's estimate that 13% fewer centers were serving children in October 2020 than in 2019 would be an overestimate of the actual change in the number of centers.

The report documents distinct patterns in who applied for and received pandemic assistance, and we see some relationship between assistance and serving children in October 2020. These analyses don't indicate why some centers applied for assistance while others did not. One reason might be that states varied in when their processes were ready to disburse grants or receive applications for different types of assistance funded under the CARES Act.

Further research may explore some of the patterns we have documented here, including the sources of the mandates that kept centers closed, what determined which centers applied for different types of pandemic assistance, and how centers were able to retain staff in the face of significant enrollment declines.

Appendix Figures

Exhibit A1. October 2020 Status of Public School District Centers that Served Children in 2019 and Were Excluded from NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey



	Facility not Providing Services	Facility Providing Services	Unknown
Weighted Frequency	45	2,640	1300
Standard Error	16	483	452

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey.

Note: Exhibit A1 reports the October 2020 status of the approximately 4,000 public-school district centers not captured in other exhibits in this report due to data limitations. These centers were not included in the COVID-19 Longitudinal Follow-up Center-based Provider Survey, however, some information about them is known from administrative sources. Of these cases, approximately 66% were known to be providing CCEE services in October 2020.

Table A1. Auspice by Center Combination of Public Funding in 2019

Auspice	Center Combination of Public Funding in 2019	Percentage	Std. Error
For-profit	Only CCDF	39.2%	2.1%
	Either public pre-K or Head Start	6.8%	0.9%
	At least two of public pre-K, Head Start or CCDF	29.1%	1.9%
	None from these sources	25.0%	2.0%
Not-for-profit	Only CCDF	19.5%	1.7%
	Either public pre-K or Head Start	18.4%	1.9%
	At least two of public pre-K, Head Start or CCDF	27.2%	2.0%
	None from these sources	34.9%	2.3%

Auspice	Center Combination of Public Funding in 2019	Percentage	Std. Error
Other	Only CCDF	6.2%	2.8%
	Either public pre-K or Head Start	39.3%	7.9%
	At least two of public pre-K, Head Start or CCDF	32.3%	8.4%
	None from these sources	22.2%	5.5%
Run by a government agency	Only CCDF	2.9%	1.0%
	Either public pre-K or Head Start	53.6%	5.4%
	At least two of public pre-K, Head Start or CCDF	36.1%	5.1%
	None from these sources	7.4%	2.8%

Source: 2019 NSECE Center-based Provider Survey.

Table A2. Reasons for First Closure Since March 2020

	Count	Standard Error	Percent	Standard Error
Program concern about safety	10,100	884	12.6%***	1.00%
Public heath mandates	63,000	3,370	78.4%	1.40%
Other	7,270	1,000	9.0%***	1.20%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the public help mandates group.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1 .

Table A3. Number of Centers Providing Care in 2019 and in October 2020

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Number of Centers	117,000	4,960	10,2000**	4,500

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A4. Reasons Centers were not Providing Care in October 2020

	Percent	Standard Error
Health risk	22.0%***	3.40%
Costs	18.0%***	2.80%
Mandated	47.2%	3.80%
Other (in combination)	37.3%*	4.20%
Other (only)	30.2%***	3.70%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the mandated group.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A5. Percentage of Centers that Received Selected Pandemic Assistance

	Percent	Standard Error
PPP	40.4%***	1.50%
SBA	10.6%***	0.80%
CARES Act	13.6%*	1.20%
State grant	16.6%	1.20%
State PPE	30.4%***	1.30%
Children of Essential Workers	15.9%	1.10%
None	16.5%	1.10%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the "none" group.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A6. Mean Number of Pandemic Resources by Center Auspice and Size of Center in 2019

	For-profit		Not-for-profit		Run by a government agency		Other	
	Count	Standard Error	Count	Standard Error	Count	Standard Error	Count	Standard Error
Fewer than 25 children	1.55††	0.11	1.06***†††	0.1	0.89**	0.24	0.65***	0.29
Between 25 and 50 children	1.89	0.12	1.53**	0.1	1.05***	0.27	1.83	0.68
Between 50 and 75 children	1.84	0.11	1.46**††	0.11	0.76***	0.2	1.04**	0.34
75 or more children	1.88	0.08	1.73	0.08	0.88***	0.17	1.00***	0.3
Undetermined	1.89	0.22	1.43	0.29	1.93	1.04	0.28***	0.22

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the for-profit group. ††† < 0.01, †† ≤0.05, † < 0.1 reflects significant differences relative to the 75 or more children group.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A7. Percentage of Centers Serving Children in 2019 that Received Selected Pandemic Assistance, by Auspice

	PPP		SBA		CARES Act		State grant		State PPE		Children of essential workers	
	Count	Standard Error	Count	Standard Error	Count	Standard Error	Count	Standard Error	Count	Standard Error	Count	Standard Error
For-profit	53.2%	2.00%	20.5%	1.50%	11.1%	1.40%	23.2%	1.80%	33.6%	2.00%	25.2%	2.00%
Not-for-profit	39.8%***	2.20%	6.2%***	1.10%	15.2%*	1.80%	13.7%***	1.50%	28.9%*	1.90%	11.9%***	1.40%
Run by a government agency	7.6%***	2.90%	0.8%***	0.50%	13.1%	3.60%	11.0%**	4.80%	29.0%	4.70%	7.2%***	3.80%
Other	17.0%***	4.80%	2.1%***	1.00%	16.6%	6.60%	7.8%***	4.00%	24.2%	7.00%	3.6%***	2.00%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects significant differences relative to the for-profit group.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A8. Percentage of Centers with no Pandemic Assistance, by Center Auspice and Status in October 2020

	Closed		Open	
	Percent	Standard Error	Percent	Standard Error
For-profit***	31.0%	8.10%	8.8%	1.20%
Not-for-profit***	31.4%	6.20%	14.6%	1.60%
Run by a government agency	48.0%	12.50%	28.9%	6.20%
Other	29.8%	17.70%	41.2%	9.90%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between closed and open centers within auspice.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A9. Percentage of Centers Not Serving Children in October 2020 by Center Size in 2019

	Count	SE of Count	Percent	SE of Percent
Fewer than 25 children	3,960	701	20.0%	3.10%
Between 25 and 50 children	4,280	664	15.0%	2.00%
Between 50 and 75 children	2,060	432	8.6%***	1.70%
75 or more children	4,260	686	10.0%***	1.50%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between centers by size compared with those with fewer than 25 children.

Source: NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A10. Number of Centers Providing Care in 2019 and October 2020, by Center Auspice

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
For-profit	42,800	2,390	37,900	2,170
Not-for-profit	58,100	3,060	50,500*	2,820
Other	4,760	763	3,630	672
Run by a government agency	11,700	1,470	10,400	1,410

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A11. Number of Centers Providing Care in 2019 and October 2020, by Center Combination of Public Funding in 2019

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Only CCDF	28,700	1,750	25,800	1,600
Either public pre-K or Head Start	21,700	1,800	19,500	1,750
At least two of public-pre-K, Head Start or CCDF	34,000	2,210	29,500	1,950
None from these sources	32,900	2,460	27,600	2,200

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A12. Number of Children Enrolled in 2019 and October 2020

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Enrollment	8,070,000	424,000	6,610,000**	537,000

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A13. Number of Children Enrolled in 2019 and in October 2020 by Child Age

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Infants	410,000	24,500	304,000***	27,100
1-year-olds	651,000	40,000	470,000***	30,300
2-year-old	941,000	55,000	646,000***	40,800
3-year-olds	1,930,000	103,000	1,360,000***	79,700
4-year-olds	1,990,000	106,000	1,440,000***	95,500
5-year-olds	291,000	24,300	282,000	67,000
School age	1,860,000	196,000	2,100,000	369,000

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A14. Number of Children Enrolled in 2019 and in October 2020 by Center Auspice

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
For-profit	2,910,000	206,000	1,990,000***	131,000
Not-for-profit	3,990,000	276,000	3,310,000	361,000
Run by a government agency	822,000	147,000	1,000,000	336,000
Other	354,000	120,000	300,000	114,000

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A15. Number of Enrolled Children in 2019 and in October 2020 by Center Combination of Public Funding in 2019

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Only CCDF* **	1,850,000	127,000	1,310,000***	96,700
Either public pre-K or Head Start	1,500,000	214,000	1,560,000	347,000
At least two of public pre-K, Head Start or CCDF**	2,470,000	204,000	1,850,000**	199,000
None from these sources	2,250,000	217,000	1,890,000	292,000

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A16. Proportional Change in Enrollment between 2019 and October 2020 by Center Auspice

	Decrease more than 40%		Decrease 10 to 40%		Within 10%		Increase more than 10%	
	Count	Standard Error	Count	Standard Error	Count	Standard Error	Count	Standard Error
For-profit	40.4%	2.23%	32.4%	1.98%	14.8%	1.79%	12.4%	1.37%
Not-for-profit	37.7%	2.09%	29.6%	1.94%	14.9%	1.67%	17.8%**	1.71%
Run by a government agency	32.1%	5.09%	32.8%	6.54%	16.5%	6.47%	18.5%	5.00%
Other	34.5%	8.16%	26.0%	8.02%	7.4%*	4.06%	32.2%**	9.64%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between for-profit and other auspices, within change in enrollment categories.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A17. Proportional Change in Enrollment between 2019 & October 2020 by Center Size in 2019

	Decrease more than 40%		Decrease 10 to 40%		Within 10%		Increase more than 10%	
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error
Fewer than 25 children	24.4%***	3.11%	22.5%**	3.19%	19.3%*	3.96%	33.8%***	3.76%
Between 25 and 50 children	36.6%**	3.05%	32.6%	3.37%	15.9%	2.73%	14.9%***	2.16%
Between 50 and 75 children	38.4%*	3.16%	30.6%	2.87%	14.7%	2.54%	16.3%***	2.61%
75 or more children	45.3%	2.30%	34.1%	2.13%	12.3%	1.46%	8.2%	1.30%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 75 or more children size categories and others, within change in enrollment categories.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A18. Proportional Change in Enrollment between 2019 & October 2020 by Center Combination of Public Funding in 2019

	Decrease more than 40%		Decrease 10 to 40%		Within 10%		Increase more than 10%	
	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error	Percent	Standard Error
Only CCDF	35.5%	2.67%	35.7%*	2.60%	14.3%	2.25%	14.5%	2.29%
Either public pre-K or Head Start	35.6%	3.30%	29.5%	3.62%	15.8%	3.19%	19.1%	3.20%
At least two of public pre-K, Head Start or CCDF	42.1%	2.97%	28.8%	2.70%	13.0%	2.04%	16.1%	2.04%
None from these sources	37.7%	2.79%	29.4%	2.42%	16.4%	2.18%	16.5%	1.82%

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between No Funding category and others, within center combination of public funding categories.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1, centers serving children in 2019 that were serving children in October 2020.

Table A19. Numbers of Full-time and Part-time Instructional Staff in 2019 and in October 2020

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Full time	979,000	62,500	910,000	59,200
Part time	320,000	22,900	302,000	29,700
All staff	1,300,000	76,000	1,210,000	82,900

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A20. Number and Percentage Change of Instructional Staff in 2019 and in October 2020 by Center Auspice

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
For-profit	461,000	31,100	409,000	27,500
Not-for-profit	642,000	46,300	596,000	44,200
Run by a government agency	154,000	39,100	168,000	59,000
Other	45,800	10,700	41,400	7,700

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A21. Numbers and Percentage Change in Instructional Staff in 2019 and in October 2020 by Center Combination of Public Funding in 2019

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Only CCDF	318,000	23,500	295,000	23,500
Either public pre-K or Head Start	242,000	42,400	257,000	60,300
At least two of public pre-K, Head Start, or CCDF	409,000	34,800	373,000	31,500
None of these sources	333,000	33,400	290,000	27,200

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.

Table A22. Numbers and Percentage Change in Instructional Staff in Centers in 2019 and in October 2020, by Size of Center in 2019

	2019		October 2020	
	Count	Standard Error	Count	Standard Error
Fewer than 25 children	82,000	9,050	84,800	9,180
Between 25 and 50 children	190,000	16,800	182,000	17,700
Between 50 and 75 children	266,000	38,400	278,000	58,100
75 or more children	759,000	53,700	662,000	48,900
Undetermined	5,390	1,800	8,510	2,210

Significance Testing: *** < 0.01, ** ≤0.05, * < 0.1 reflects differences between 2019 NSECE and NSECE COVID-19 Follow-up Wave 1. No statistically significant differences were found.

Source: 2019 NSECE Center-based Provider Survey and NSECE COVID-19 Longitudinal Follow-up Center-based Provider Survey Wave 1.