



How Early Childhood Educator Professionalization Shapes Access to Infant and Toddler Child Care

Insights from the National Survey of Early Care and Education

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RESEARCH REPORT

March 2026



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Acknowledgments

This brief was funded by the Administration for Children and Families of the US Department of Health and Human Services (HHS) as part of a financial assistance award (grant #90YE0341) totaling \$450,000. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

We thank Kathy Thornburg for her advice on the re-creation of the measure of educator professionalization. We also thank Clare Waterman and Tim Triplett who provided methodological advice. And we thank everyone who reviewed drafts of this report and suggested helpful edits, including Heather Sandstrom and Signe-Mary McKernan.

Executive Summary

Positive, nurturing experiences in a child's first three years of life positively shape brain development and, ultimately, lifelong outcomes.¹ Yet access to affordable, high-quality early care and education (ECE) for infants and toddlers remains a challenge for families across the United States. Because of the importance of positive experiences for infants and toddlers, federal, state, and local governments have invested in professionalizing the ECE workforce by increasing educational and credentialing requirements and using compensation initiatives and quality improvement systems. Although such efforts are intended to strengthen workforce quality and improve child outcomes, they may also affect what type of ECE is accessible to families and how affordable it is. Yet to date, research on how efforts to professionalize the workforce interact with the types of infant and toddler ECE parents use has been limited.

This report examines how early childhood educator professionalization is associated with families' perceptions and use of infant and toddler ECE. Using nationally representative data from the 2019 National Survey of Early Care and Education (NSECE) we identify levels of professionalization among educators working in center-based and listed home-based settings.² We then link average levels of professionalization in local ECE markets to families' perceptions and use to assess whether parents living in more professionalized markets view and use ECE differently. Lastly, we examine whether child care subsidies help families access more professionalized educators by reducing affordability constraints.

Our analysis shows that higher professionalization in a given type of ECE in a local ECE market is associated with less favorable perceptions and use of that same care type and greater reliance on alternative arrangements. Although one might expect more professionalized care to lead to more favorable perceptions and greater use, we observe the opposite, likely reflecting affordability challenges, as more professionalized care often accrues higher costs. Importantly, child care subsidies modify this relationship: families using subsidies are more likely to access professionalized center- and home-based care, suggesting that subsidies help overcome cost issues and translate workforce investments into meaningful access for families. Together, these findings indicate that professionalization alone is insufficient to expand access to ECE for infants and toddlers; aligning workforce investments with adequate public funding is essential to ensure families can benefit from more qualified educators.

How Early Childhood Educator Professionalization Shapes Access to Infant and Toddler Child Care

Access to high-quality infant and toddler early care and education (ECE) is especially critical in comparison with later ages because the first three years of life represent the most rapid and sensitive period of human brain development (National Scientific Council on the Developing Child 2004). During this period, children form billions of neural connections for learning, emotion, and social connection and experience exceptionally high brain plasticity, making them uniquely responsive to the quality of their earliest environments and relationships.³ As a result, infants' and toddlers' everyday interactions—particularly with consistent, responsive caregivers—play an outsized role in shaping brain architecture, laying the foundation for later learning, health, and well-being. Because many infants and toddlers spend substantial time in ECE settings, these environments become primary developmental contexts. Given the heightened developmental sensitivity of the birth-to-three period, policymakers and parents alike are increasingly calling for stronger investments in the professionalization of the infant and toddler ECE workforce to ensure children receive high-quality, developmentally attuned care during these formative years (Kim and Austin 2025; Kim, Brand, and Zeltzer 2025).⁴

Yet for many parents working outside the home or attending school or training, accessing high-quality nonparental infant and toddler ECE is difficult (Henly and Adams 2018). In addition to the staffing and supply shortages that plague ECE access for all ages, providing ECE to younger children involves higher operational costs than providing it to older children because the number of infants and toddlers a single adult can safely care for is lower (Banghart et al. 2020). Moreover, families' preferences for ECE differ by child age, with parents of preverbal infants preferring smaller settings and parents of toddlers preferring larger group settings that support children's social development (Sandstrom et al. 2024). Although research demonstrates that some public programs like Early Head Start can improve infant and toddler ECE access by offering free high-quality programming to eligible families, most families in the US are not eligible (National Head Start Association 2022),⁵ and limited funding means services reach fewer than 1 in 10 eligible families (Friedman-Krauss, Barnett, and Duer 2022).

Though access challenges persist, governments have taken steps to professionalize the infant and toddler ECE workforce. Specifically, the federal government, states, and localities have invested in four

areas: (1) early childhood workforce supports through the Preschool Development Grant Birth Through Five (PDG B-5) program; (2) supports to improve qualification and educational requirements for the ECE workforce through grants and policies requiring higher levels of education and demonstrated competencies; (3) a growing number of ECE workforce compensation-enhancement initiatives; and (d) other quality-improvement efforts through state quality rating and improvement systems (QRISs). Moreover, many states limit the number of infants and toddlers that can be cared for by a single adult and require that those providing ECE have higher levels of education and professional development (Thomson et al. 2020). We describe these actions as “professionalizing” the ECE workforce.

Specific efforts to professionalize ECE are described by Power to the Profession, a national collaboration of ECE leaders who came together to define ECE as a profession (Power to the Profession 2020). Power to the Profession recommended creating new competency designations for ECE educators to acknowledge the importance of nondegree credentials and to support increased education for ECE educators. And in *Moving Beyond False Choices for Early Childhood Educators: A Compendium* (2020) Bornfreund and Goffin argued that increased credential and education requirements are essential to the professionalization of the ECE field. This view is reflected in many states’ QRISs.⁶

Considering the persistent challenges families have accessing infant and toddler care alongside these ongoing efforts to professionalize the ECE workforce, there are important questions about how these two trends intersect and whether increased professionalization ultimately supports or constrains families’ access. As a result, we aimed to examine whether increased professionalization in local ECE markets is associated with parents’ perceptions of available care and the types of arrangements they use for their infants and toddlers, and by doing so to clarify how workforce investments may shape families’ access to ECE.

The Issue of Professionalization and Affordability

Infant and toddler ECE presents unique affordability challenges because ECE is substantially more expensive to provide for children under 3 than for older children. Programs serving infants and toddlers must meet stricter health and safety requirements, including smaller groups of children per teacher, which dramatically increase staffing costs (Banghart et al. 2020). Because infant and toddler care is already the costliest segment of the ECE market, efforts to professionalize the workforce may unintentionally restrict access if not paired with adequate public investment. Without subsidies or other funding supports to offset these higher costs, families of infants and toddlers face especially

limited options, even in communities where high-quality care is available (Henly and Adams 2018; Sandstrom et al. 2024).

Extant research shows that subsidies increase ECE access in general, and high-quality ECE access in particular, but many families do not meet the requirements to access them and some families encounter barriers to access when ECE programs decline to accept subsidies or subsidy amounts are insufficient to make care affordable (Johnson et al. 2012; Raikes et al. 2012; Ryan et al. 2011; Sandstrom et al. 2024). Given that affordability is particularly consequential for infant–toddler ECE, we extend this body of evidence by examining whether receiving a subsidy increases families' access to child care programs with more qualified educators.

Key Terms

Professionalization refers to a set of policies, standards, and investments intended to define ECE as a profession and improve workforce quality. It is operationalized through education, job training, credentialing, compensation, professional development, and regulatory quality requirements for infant and toddler educators. It includes workforce-level requirements (e.g., degrees, credentials, competencies, wages, benefits), provider-level quality standards (e.g., ratios, group sizes, QRIS participation), and system-level supports (e.g., wage supplements, contracts, grants, and funding braiding) intended to stabilize and improve the ECE workforce and the quality of care.

Access is defined using the Access Framework (Thomson et al. 2020) to refer to care that meets parents' needs, meets children's developmental needs, is affordable, can be found with reasonable effort, and is fair. In this study, our primary analytic focus is on ECE that is affordable and that meets parents' needs, particularly ECE that supports parents' employment or schooling and aligns with their stated preferences.

Perceptions refer to parents' views about different types of care—parental, center-based, relative/friend care, and family day care—across dimensions such as flexibility, nurturance, school readiness support, social-skills teaching, and affordability.

Use or enrollment refers to the actual child care arrangements families use, regardless of whether those arrangements match their stated preferences.

Care types refer to the settings and arrangements in which infant and toddler ECE is provided. These include parent-only care, informal care provided by relatives, informal care provided by nonrelatives (family, friends, or neighbors), family child care (licensed or listed home-based care), center-based child care, and Early Head Start.

Center-based care refers to child care and early education services provided in a nonresidential setting.

Home-based care, also known as “family child care,” refers to care for one or more children in a home setting, typically either the provider’s home or the child’s. In this report, we focus on listed providers, who are licensed, registered, or regulated family day care providers.

ECE market refers to the local supply-and-demand context in which early care and education operates, typically defined geographically and in relation to families’ residential locations.

This Study

This study is motivated by the growing tension between two critical policy goals: improving the quality of the infant and toddler ECE workforce through professionalization, and increasing access to infant and toddler ECE for families. Existing research has examined professionalization primarily through the lens of educator outcomes, classroom quality, or child development (Deding and Minnaert 2024; Egert et al. 2018). Far less attention has been paid to how shifts in workforce professionalization (qualifications, training, compensation, and regulatory requirements) may shape local ECE markets and delineate the types of care families use. This study is designed to address this research gap.

Another central motivation of this study is to document the role of public funding in shaping the relationship between professionalization and access. Professionalization can increase operating costs by providing ECE educators with higher wages, benefits, and training investments. In the absence of sufficient public investment, these costs may be passed on to families, potentially making ECE unaffordable and limiting access to more professionalized settings. Child care subsidies and other funding mechanisms may offset these cost pressures, enabling families to access professionalized care that would otherwise be out of reach. Yet to date, no research has examined whether subsidies shape the relationship between ECE professionalization and families’ actual care use, particularly for infants and toddlers.

To explore how higher levels of ECE educator professionalization in local markets shape families’ perceptions of and access to infant and toddler care, we used nationally representative data from the 2019 National Survey of Early Care and Education (NSECE). We explore the following two core research questions:

1. Does educator professionalization in the local ECE market relate to parents’ perceptions and use of different types of ECE for infants and toddlers?

2. Do families' perceptions and use of more professionalized infant–toddler ECE differ if they receive child care subsidies?

By situating workforce professionalization within the context of families' perceptions and use in local infant and toddler ECE markets, this study seeks to inform policies that balance quality improvement with access. The findings are intended to support policymakers and practitioners in designing professionalization strategies that strengthen the infant–toddler workforce while prioritizing family access to ECE that best meets their views and needs.

Methods

Data and Sample

This study uses the 2019 National Survey of Early Care and Education. The NSECE is a nationally representative coordinated set of four surveys of households and providers in center-based and home settings commissioned by the US Department of Health and Human Services' Office of Planning, Research and Evaluation. The goal of the NSECE is to provide a representative portrait of available ECE, in all types of settings across the US, to understand ECE supply and use (particularly in communities with low incomes) and understand how well ECE providers and the workforce meet families' preferences and needs.

We rely on information from the NSECE's center-based and home-based provider, center-based workforce, and household surveys. It is important to note that household data are not collected to match individual providers and educators, but we can locate whether they are located in the same local ECE market. The household survey captures information on patterns of nonparental ECE use and schedules, child care payment methods, parents' ECE perceptions, and parents' searches for and use of ECE. The provider and workforce surveys capture information on ECE workforce characteristics, including professionalization and funding that providers access. Among home-based providers, we only focus on listed home-based providers given their inclusion in policies and programs intended to professionalize the ECE workforce. We included all centers and linked provider-level data with workforce data to create complete profiles of licensed centers and their staff. Lastly, the NSECE also includes community characteristics imported from census-type sources, including urbanicity and socioeconomic composition, as well as geographic variables.

We linked these profiles of center- and home-based providers with household data based on whether they were in the same location to document how parents' perceptions and use of ECE differ across ECE markets with different degrees of workforce professionalization.

Our main sample includes 5,192 center- and listed home-based early childhood educators who provide ECE for and educate children under 3 and a sample of 8,576 households in which these children live. These respondents represented 1,360,000 early educators and over 16,300,000 households with young children nationwide in 2019. About 394,000 early educators taught and cared for infants and/or toddlers exclusively (weighted), while another 319,000 taught and cared for both infants and toddlers and preschool-age children. The households surveyed were home to over 10,500 children less than 36 months old (weighted), meaning about a quarter of the children represented in the NSECE were infants or toddlers.

Measures

Measuring Professionalization in Terms of Assets

Federal and state government policies designed to improve ECE workforce professionalization often prioritize practices associated with quality (CSCCE 2024; Schachner et al. 2025). Thornburg and coauthors (2004), based on analysis of data from 2,022 ECE providers from four states, identified 14 characteristics (or assets) associated with quality across all forms of ECE. Those characteristics or assets included educational attainment (e.g., completing a Child Development Associate, or CDA, certificate), completing trainings or meetings (e.g., completing 24 or more hours of child-care-related training), receiving benefits (e.g., health and retirement), and whether they had to meet certain quality standards (e.g., following the Head Start Performance Standards). Thornburg and colleagues found that a sum of these assets (called the Asset Index for Child Care Providers) strongly predicted observed classroom quality.

We built on this evidence to design a composite measure of professionalization using data available in the NSECE. First, we identified the professional assets available in the NSECE dataset. We identified the following 12 assets for all educators: has an associate degree, has a CDA or state certificate, participated in a course in college, has a degree in an ECE-focused or ECE-related field, is currently enrolled in college, participated in a professional development workshop, trained to work with children of all backgrounds, participated in a health or safety training, received four or more hours of curriculum training, belongs to a professional association, had a meeting with a coach, and developed/updated an individualized professional development plan (IPDP) with the help of a

supervisor. The following assets were also identified among center-based educators: attended a professional organization meeting, receives formal review and feedback, has monthly discussions on how to improve skills, receives earnings higher than \$8.68 an hour (the average state minimum hourly wage in 2019),⁷ employer provides health insurance, and employer provides retirement benefits. (Appendix A lists all items identified for home- and center-based providers and shows the share of infant-toddler educators with each professional asset.)

Next, following Thornburg and colleagues (2004), we created composite scores for each educator. We calculated each educator's score by adding up the individual assets each educator could have, which consisted of up to 12 assets among home-based educators and 18 assets among center-based educators.

Lastly, we created measures of center- and home-based professionalization at the ECE market level. For this, we identified all center and home-based providers in the same community, using the NSECE secondary sampling units (SSUs). The NSECE used a multistage probability design in which counties or clusters of counties served as primary sampling units, and one or two adjacent census tracts were used as SSUs (NSECE Project Team 2024). We identified each provider's NSECE SSUs, and for each SSU, we calculated the average professionalization level separately for center-based and listed home-based teachers. These SSU-level averages capture the average level of professionalization available to families in each local market. These SSU units also exist in the household data, so we used SSUs to identify providers and families that are in the same local ECE markets and linked the average professionalization in each local market to the household data file.

Measuring Access in Terms of Parents' Perceptions and Use of ECE

Defining and measuring ECE access is complex and multidimensional: ECE access should meet parents' needs, support children's developmental needs, and be affordable, reasonably easy to find, and fair (Thomson et al. 2020). This complexity is also reflected in the difficulty parents have separating their ECE preferences from the options available in their communities (Weber 2011). Given these challenges, we focus on two measurable aspects of access: parents' perceptions of different types of care and families' actual use of care. The 2019 NSECE asked parents a range of questions about both perceptions and use, and together their responses capture key dimensions of access. Below, we describe how each measure is operationalized.

Families' perceptions of ECE (household level). The first outcome of interest captures how families perceive different types of ECE. In the NSECE household survey, respondents rated four types of care—parental care, center-based care, care provided by relatives or friends, and family day care

(home-based care)—for children of the same age as their focal child. For each care type, households evaluated multiple dimensions, including flexibility, nurturance, support for school readiness, teaching social skills, and affordability. For each type of care, respondents rated each of these dimensions on a four-level Likert-type scale (excellent, good, fair, and poor). Each level of the scale corresponds to a numeric value (three to zero). For each type of care, we constructed a composite perception score by averaging the ratings across these dimensions, with higher values indicating more favorable views of each arrangement. This arrangement of items was supported by the results of an exploratory factor analysis that suggested items could be arranged as separate constructs by type of care. These perception composites serve as the dependent variables in the household-level models. (Appendix B describes the average rating of each dimension for each type of child care and the composite by type of care.) Across all dimensions, parents of infants and toddlers rated parental care more positively than any other type of ECE for infants and toddlers. Among the types of nonparental care, care provided by friends or relatives was rated the highest for the dimensions of nurture, safety, affordability, and flexibility for parents, whereas center-based care was rated the highest for the dimensions of helping children be ready to learn in school and teaching children to get along with other children.

Children's ECE use (child level). The second outcome of interest is an indicator of the type of nonparental care that infants and toddlers use most often. Using child-level care schedules from the NSECE household survey, we identified the arrangement in which each child spent the most hours. We classified the care into four types: center-based care, care from home-based providers (referred to in many states as family child care providers), care from a relative or friend, and parental care only. In our operationalization of use, if a child used any type of nonparental care for less than 10 hours a week, we coded them as receiving parental care only. For children with multiple arrangements, the primary category reflects the care type they used for the most hours. Most infants and toddlers in the sample (59 percent) were primarily in parental care or received less than 10 hours of nonparental care a week. The most common form of nonparental care was care from relatives or friends (19 percent). Around 11 percent of infants and toddlers were in center-based ECE and around 5 percent were in home-based care as their primary nonparental care arrangement.

Measuring Family and Child Characteristics

We included a set of controls for family and child characteristics to answer our research questions. (Appendix C includes weighted descriptive statistics on the sample of families included in this study.)

Household and child covariates (household and child level). We account for a common set of household- and child-level control variables drawn from the NSECE household survey. Parental structure is categorized as one parent (reference group), two parents, or other household structure.

Household poverty status reflects whether the household is below 100 percent of the federal poverty level (FPL) (reference group), 100 to less than 200 percent of the FPL, 200 to less than 300 percent of the FPL, and 300 percent or more of the FPL. Number of young children is a continuous measure capturing the number of children ages 0 to 5 in the household. Race/ethnicity of selected child reflects the focal child's race/ethnicity, categorized as White, Black, Hispanic, multiracial, or another race/ethnicity. Mother's highest level of education is coded as less than high school, high school diploma or GED (reference group), some college, associate degree, and bachelor's degree or higher. Availability of informal care is a binary indicator capturing whether a friend or relative is available to provide child care for the family. Subsidy use is a binary indicator that identifies whether anyone in the household received a child care subsidy in the past 12 months.

Community urban density. The NSECE includes contextual measures derived from census-type sources that capture features of local environments. Urban density is categorized as rural, moderately urban, or high urban density (reference group).

Analytic Approach

We used multiple regression analysis to answer our research questions. As described above, we identified the providers' and families' local ECE markets and linked the average professionalization in each local market to the household data file. Provider-level professionalization assets were averaged within each SSU (or local ECE market) separately for centers and home-based settings, producing market-level indicators of workforce professionalization that we then merged with household and child records. Below, we describe each of the separate models we estimated.

1. Does Educator Professionalization in the Local ECE Market Relate to Parents' Perceptions and Use of Different Types of ECE for Infants and Toddlers?

Models predicting family perception. To examine how local educator professionalization is associated with families' perceptions of ECE, we estimated linear regression models at the household level predicting perceptions of parental care. Separate models predict perceptions of center-based care, relative/friend care, and family day care. Each model includes predictors of market-level professionalization for center- and home-based educators and family, child, and community context covariates. Household sampling weights were applied to produce nationally representative estimates, and standard errors were adjusted for clustering at the SSU level.

Models predicting family use. To examine whether market-level professionalization predicts the type of care families use, we estimated logistic regression models at the child level for any infants and toddlers reported in a household. Separate models predict whether a child's primary care arrangement is center-based, home-based, or relative/friend care, compared with parental care only. These models include market-level professionalization measures, and family, child, and community context covariates. We applied child-level sampling weights, and clustered standard errors at the SSU level.

2. Do Families' Perceptions and Use of More Professionalized Infant-Toddler ECE Differ If They Receive Child Care Subsidies?

To examine whether child care subsidies modify the relationship between market-level professionalization and families' perceptions and use of care, we replicated the models described above and limited the outcomes to center- and home-based care, as those are the only parallel measures of professionalization. We also added interaction terms between each of the professionalization composites and an indicator for whether the household received a subsidy for any child in the past 12 months. These interaction terms capture whether living in a community with a higher level of ECE professionalization is associated with more positive perceptions and greater use of more professionalized care among subsidy-using families.

Findings

Does Professionalization of the Infant and Toddler ECE Workforce Relate to Parents' Perceptions and Use of Different Types of ECE for Infants and Toddlers?

Among all families with infants and toddlers, higher levels of professionalization within one type of ECE are associated with more favorable perceptions among families toward other, often more informal, care options (table 1). Higher levels of center-based professionalization are not associated with more positive perceptions of center-based care; rather, they are associated with slightly more favorable views of home-based care. Likewise, parents living in communities with more professionalized home-based educators do not rate home-based care more positively; rather, they express more positive perceptions of relative or friend care and of parental care. Although these relationships are statistically significant, the effect sizes are small: a one-unit increase in professionalization corresponds to only a 0.02–0.03-point change on a 0–3 perception scale.

TABLE 1

Higher Levels of Professionalization in One ECE Type Are Associated with More Favorable Parental Perceptions of Other ECE Types

Home- and center-based professionalization predicts families' perceptions of care in other ECE types

	Center-based care		Home-based care		Relative/friend care		Parental care	
	Coeff.	SE	Coeff.	SE	Coeff.	SE	Coeff.	SE
Center professionalization	0.02	0.01	0.02*	0.01	0.01	0.01	0.00	0.01
Home professionalization	0.01	0.02	0.02	0.02	0.03*	0.02	0.02*	0.01
Intercept	1.37***	0.19	1.53	0.20	1.81***	0.16	2.50***	0.10
N (unweighted)	1,693		1,625		1,901		1,965	

Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

Notes: ECE = early care and education. The rated scales range from 0 to 3. Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, availability of relatives to provide care, and subsidy use. Regression estimates are done with household weights, but Ns shown are unweighted. Results are shown without controls for brevity. See appendix D for the full set of results with controls.

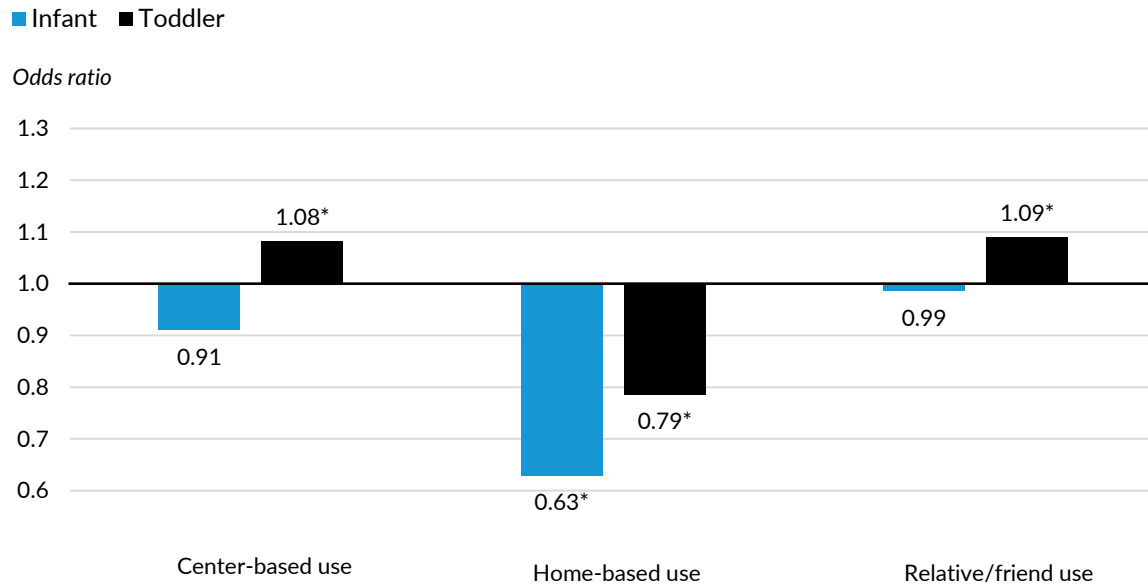
Next, we examined whether workforce professionalization at the ECE-market level is associated with the type of nonparental care families use for infants and toddlers. We present results separately for families with infants and toddlers because the findings diverge for these age groups.⁸

We found that higher levels of professionalization for a given ECE type are generally associated with *lower* use of that type of care and *higher* use of alternative arrangements. In local markets with more professionalized home-based educators, families were more likely to use center-based care or care from a relative or friend and less likely to use home-based ECE for their toddlers (figure 1). More specifically, any additional asset among home-based educators within a market is associated with an 8 percent increase in the likelihood of a family's using center-based care and a 9 percent increase in the likelihood of their using relative or friend care. For both infants and toddlers, an increase in home-based professionalization within a market is associated with a large decrease in the likelihood of a family's using home-based care (38 and 22 percent, respectively).

FIGURE 1

Higher Levels of Professionalization Among Home-Based Educators Are Associated with Increased Likelihood of a Family's Using Other Types of Care

Likelihood of ECE use as home-based educator professionalization increases



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

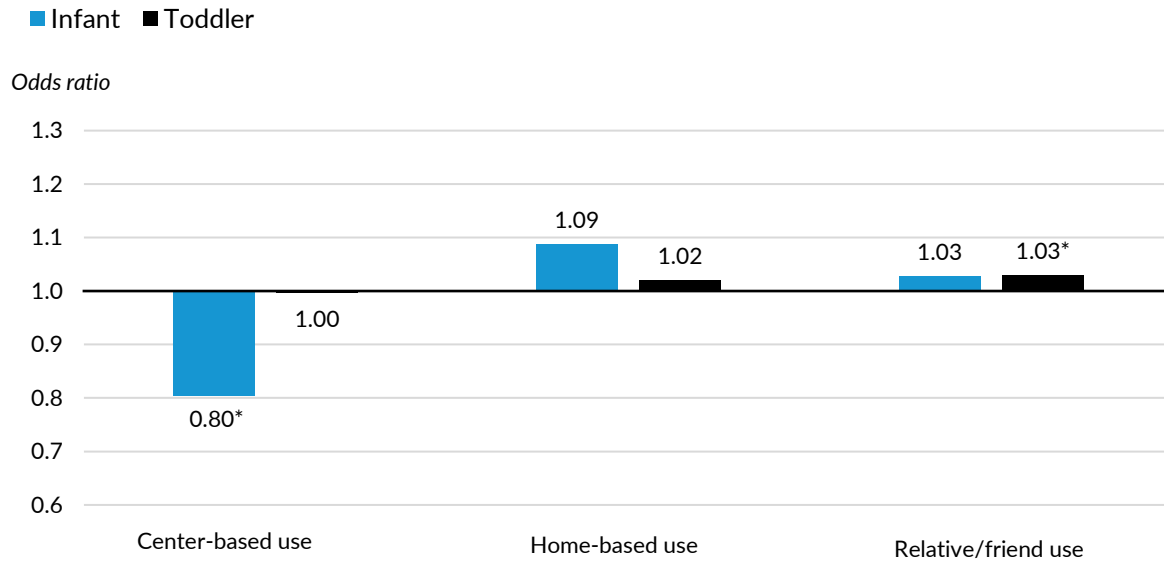
Notes: ECE = early care and education. Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, availability of relatives to provide care, and subsidy use. See appendix F for the full set of results with controls.

A similar pattern emerged for center-based professionalization. Families in communities with higher average professionalization among center-based educators are less likely to use center-based care and more likely to rely on alternative arrangements (figure 2). Higher center-based professionalization is associated with a 20 percent reduction in the likelihood of a family's using center-based care for infants and a small increase in the likelihood of their using care from a relative or friend for toddlers.

FIGURE 2

Higher Levels of Professionalization Among Center-Based Educators Are Associated with Increased Likelihood of a Family's Using Other Types of Care

Likelihood of ECE use as center-based educator professionalization increases



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

Notes: ECE = early care and education. Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, availability of relatives to provide care, and subsidy use. See appendix F for the full set of results with controls.

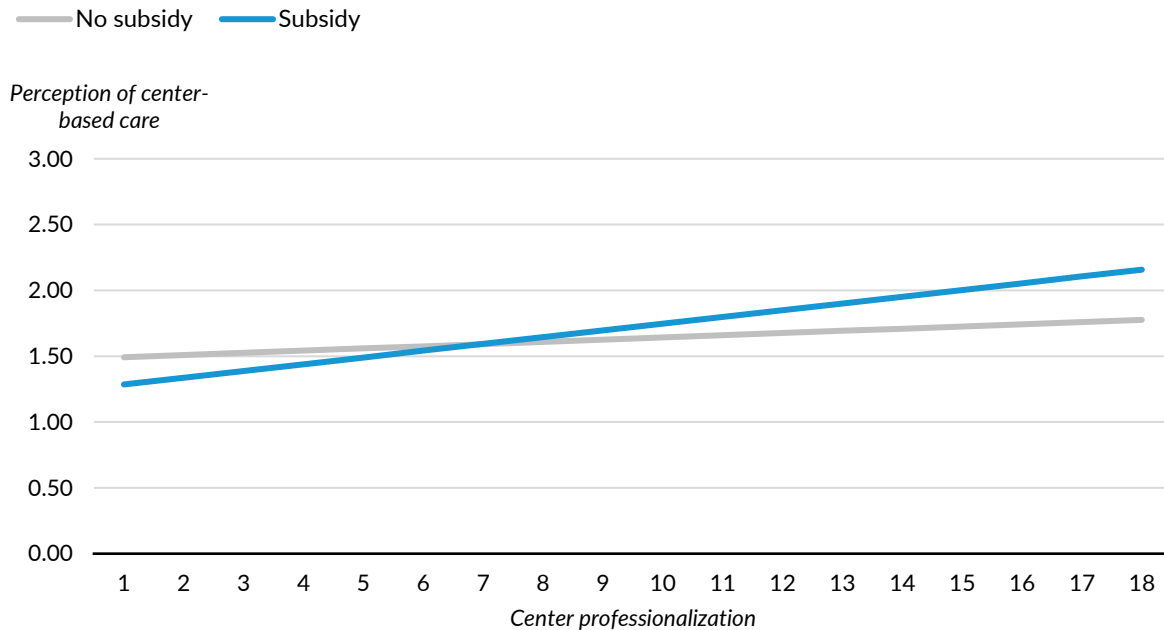
Do Families' Perceptions and Use of More Professionalized Infant–Toddler ECE Differ If They Receive Child Care Subsidies?

Examining whether subsidies shape parents' views of center-based ECE in more professionalized markets revealed **no significant interaction**: families using subsidies do not perceive center-based care differently than those who do not. Perceptions are relatively consistent across groups, with only minor increases in more professionalized markets (figure 3).

FIGURE 3

In Markets with More Professionalized Center-Based ECE, Perceptions of Center-Based ECE Are Similar Among Families Who Use Subsidies and Those Who Do Not

Perceptions of center-based care as center-based professionalization increases, by families' subsidy status



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

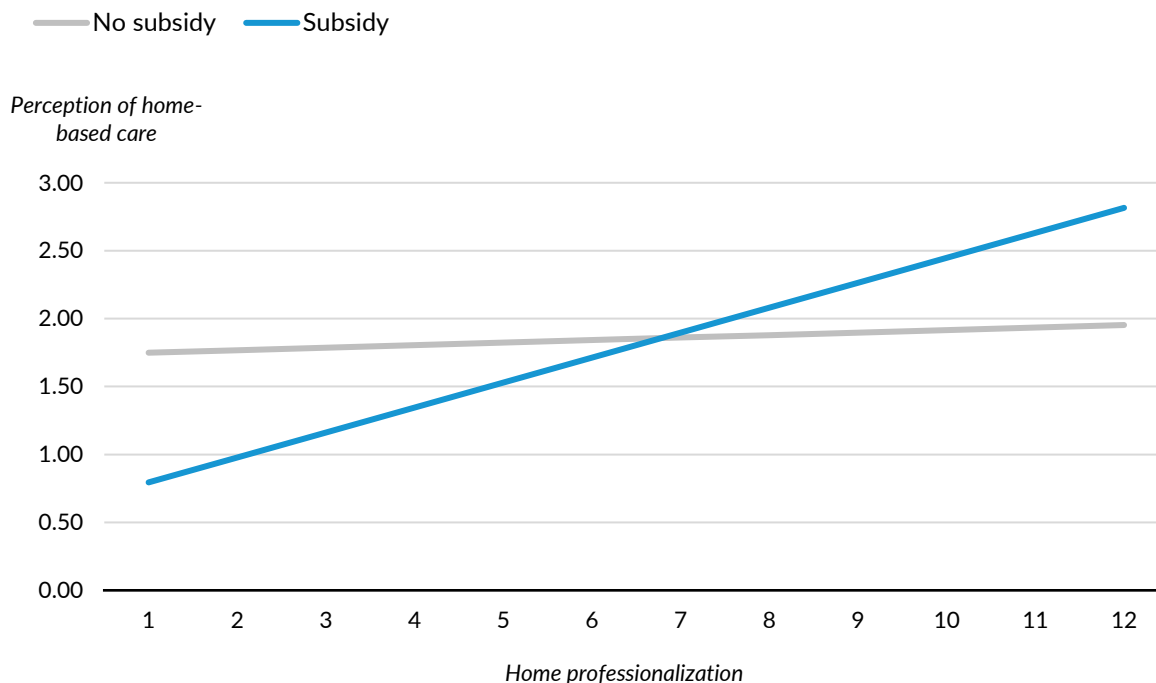
Notes: ECE = early care and education. Statistical results are nonsignificant. Perception of center-based care ranges from 0 to 3. The professionalization scale reflects the average level of center-based professional assets in a local ECE market on a range of 0 to 18 (the scale in this figure ranges from 1 to 18 because we had no instances of 0 in our data). Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, and availability of relatives to provide care.

In contrast, home-based professionalization was associated with more positive perceptions of home-based ECE among families that use subsidies. Although perceptions of home-based care remain stable among families not using subsidies, the perceptions become more favorable (by around 0.18 points) as the market-level professionalization increases for families using subsidies (figure 4).

FIGURE 4

As Professionalization of Home-Based ECE Increases, Perceptions of Home-Based ECE Improve Among Families That Use Subsidies

Perceptions of home-based care as home-based professionalization increases, by subsidy status



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

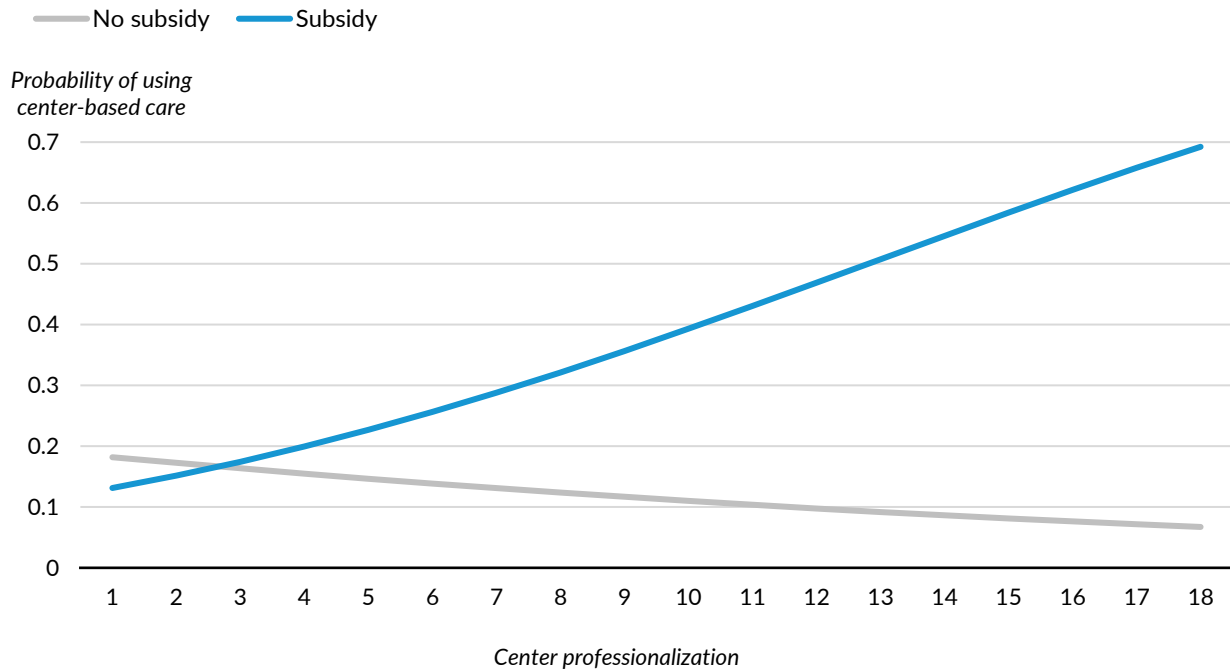
Notes: ECE = early care and education. Perception of home-based care ranges from 0 to 3. The professionalization scale reflects the average level of home-based professional assets in a local ECE market on a range of 0 to 12 (the scale in this figure ranges from 1 to 12 because we had no instances of 0 in our data). Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, and availability of relatives to provide care.

Examination of whether subsidy use increases families' use of ECE in more professionalized markets revealed an association between center-based professionalization and use of center-based ECE. Our results show that child care subsidy use is related to increased use of center-based care in more professionalized local markets. Among families who use subsidies, higher levels of center-based professionalization are associated with an increased probability of using center-based care (figure 5). In contrast, among families who do not use subsidies, the likelihood of using center-based care decreases as center-based professionalization increases. Note that these models could not be estimated separately for infants and toddlers given that the sample of subsidy users was already small (only 236 households).

FIGURE 5

As Professionalization of Center-Based ECE Increases, Families Who Use Subsidies Are More Likely to Use It

Subsidy use alters the relationship between professionalization and use of center-based care



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

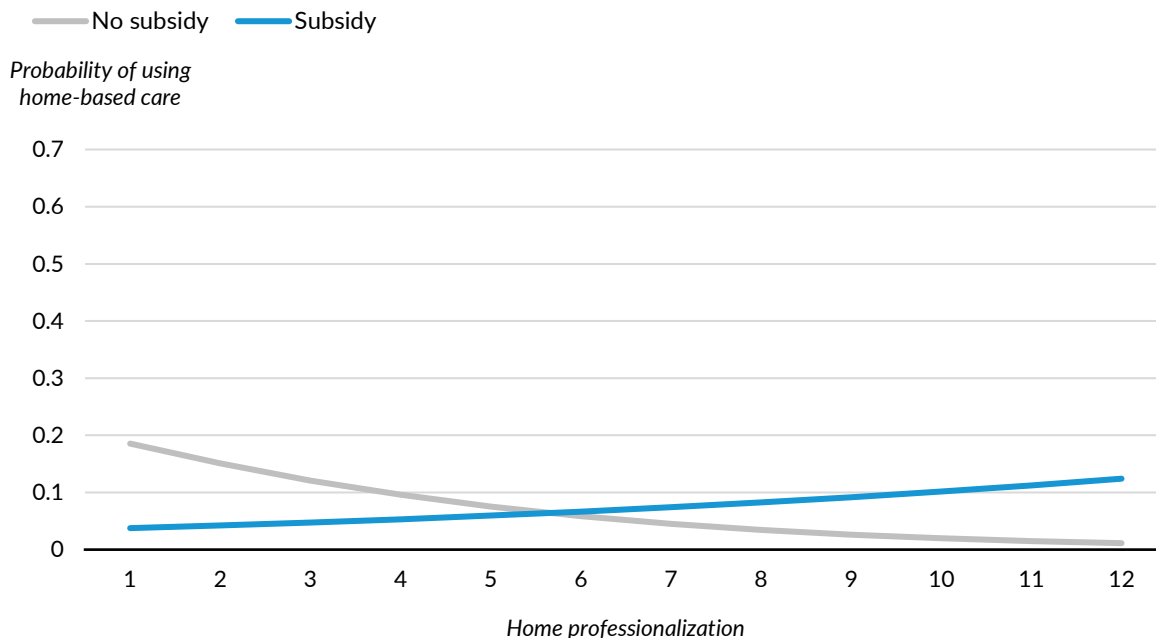
Notes: ECE = early care and education. The professionalization scale reflects the average level of center-based professional assets in a local ECE market on a range of 0 to 18 (the scale in this figure ranges from 1 to 18 because we had no instances of 0 in our data). Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, and availability of relatives to provide care.

A similar pattern emerges for home-based care: among families using child care subsidies, increasing home-based professionalization is associated with a modest increase in the use of home-based care. For families not using subsidies, we see the opposite (figure 6). Although the magnitude of the increase is smaller than that observed for center-based care, the direction of the relationship suggests that subsidies may also help families maintain access to more professionalized home-based providers.

FIGURE 6

As Professionalization of Home-Based ECE Increases, Families Who Use Subsidies Are More Likely to Use It

The relationship between professionalization and use of home-based care differs by subsidy status



Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

Notes: ECE = early care and education. The professionalization scale reflects the average level of home-based professional assets in a local ECE market on a range of 0 to 12 (the scale in this figure ranges from 1 to 12 because we had no instances of 0 in our data). Regression includes controls for family characteristics: race, household composition, education, poverty status, urbanicity, and availability of relatives to provide care.

Discussion

Our findings provide new evidence about the ways the affordability of infant and toddler ECE and the professionalization of its workforce interact in the infant-toddler ECE market to shape parents' perceptions and use of different care arrangements. Although one might expect more professionalized care to lead to more favorable perceptions and greater use of it, we observe the opposite—possibly because increased professionalization often corresponds with higher costs. Across our analyses, higher levels of professionalization for a particular care type were associated with greater use of alternative care types and with more favorable perceptions among parents of those alternative care types—typically more informal arrangements. For example, higher center-based professionalization was associated with slightly more positive perceptions of home-based care, while higher home-based professionalization was associated with more positive perceptions of relative/friend care and parental

care. These perception outcomes reinforce an important insight: parents' views of ECE options respond to the broader market context, not just the availability of professionalized care. At the same time, the modest effects in our models examining perceptions suggest that professionalization of a care type in their community alone does not meaningfully improve how parents perceive that care type.

Turning to use, our analyses show a consistent pattern in which increased professionalization of a care type is associated with lower enrollment in that care type and greater use of alternative arrangements. Importantly, this pattern does not appear to reflect families devaluing professionalized care, but rather a potential mismatch between more professionalized care and higher costs to families. Professionalization is frequently accompanied by higher operating costs related to educator compensation, benefits, training, and regulatory requirements like adult-to-child ratios (Grunewald and Stepick 2022). In the absence of sufficient public investment, these costs may be passed on to families through higher prices. For families with infants and toddlers (whose care is already among the most expensive) these cost increases may limit access to professionalized settings, even in communities where such care is locally available.

Use of child care subsidies is associated with increased access to professionalized infant and toddler ECE, but differently for center- and home-based ECE. For center-based care, perceptions remain largely similar among parents who use subsidies and those who don't, even as professionalization rises. Despite having comparable perceptions, however, families using subsidies become more likely to use center-based care in more professionalized markets, whereas families without subsidies become less likely to. This pattern points to a clear gap between perceptions and use: parents who don't use subsidies perceive center-based care similarly to those who do but are less able to access increasingly professionalized care. In contrast, for home-based care, subsidy-using families report both more favorable perceptions and greater use as professionalization increases, suggesting that subsidies not only improve access but may also improve parents' evaluations of more professionalized home-based environments.

Taken together, these findings illustrate that professionalization alone is insufficient to expand access to high-quality infant and toddler care or to change how parents perceive different care types. Results suggest that subsidies may help ensure that investments in workforce quality translate into meaningful access for families, rather than inadvertently reducing it, although more research is needed that systematically examines whether this is a causal relationship. These findings suggest it is important to align the policies around infant and toddler workforce professionalization with financing mechanisms that support both providers and families. Efforts to raise qualifications, improve

compensation, and strengthen quality may be necessary to support child development and workforce stability (Doromal and Greenberg 2025). But questions exist about the role of public funding and whether the absence of a public investment narrows access, particularly for families with low and moderate incomes. Subsidies and other cost-offsetting policies, such as contracts, compensation supplements, or direct provider grants, may help buffer families from the possible reduction in access that seems to occur in contexts with higher professionalization and promote access to high-quality infant and toddler care.

Limitations

This study has several limitations. The analyses are observational and rely on cross-sectional data, which do not allow for causal interpretation. In addition, while secondary sampling units provided a useful approximation of local ECE markets, they may not fully capture the geographic scope of families' child care searches. Also, as the study is based on 2019 data collected before the COVID-19 pandemic, it is likely that families' perceptions and use of care changed in the years that followed. To address this, this study should be updated based on the 2024 NSECE data to assess whether the findings hold based on updated data. The data we use do not capture whether participating parents are aware that professionalization is occurring. More research is needed to understand whether parents are aware that professionalization is occurring or whether the identified patterns occur instead because of the increased costs parents pay for settings that are professionalized. Notably, the measure of subsidy is only a proxy for capturing reduction in cost, but this study did not directly measure cost, prices to families, provider capacity, or availability, which may mediate the observed relationships. As such, additional research is needed that explicitly examines the costs of professionalizing the infant and toddler ECE workforce and how costs shape parents' use of care arrangements. Lastly, our study does not include a measure of ECE supply in local markets, which could provide additional information on the opportunities that parents have to select child care in their local markets. Future research should explore these mechanisms more directly, including how professionalization affects prices, supply, and flexibility, and how these factors interact with families' preferences and constraints.

The study also focuses specifically on the infant and toddler workforce, and as such, the findings are not differentiated between infants and toddlers and are not generalizable to the preschool-age workforce. Future research could explore whether ECE preferences and use are the same for families with infants versus toddlers, and whether the patterns we found extend to older children. Research that examines whether families living in markets with child care subsidies—or other cost-offsetting policies—experience greater access to more professionalized ECE is also needed. Research exploring

whether these patterns extend to the preschool- and school-age workforces is also needed, as parents' preferences and use could differ based on children's age.

Despite these limitations, our findings contribute to a growing evidence base showing that access to infant and toddler care is associated not only with the presence of providers or workforce quality, but also with access to child care subsidies. Based on our findings, we hypothesize that policies designed to improve educator professionalization without addressing affordability may unintentionally limit access. In contrast, the associations we found suggest that policies that pair professionalization with adequate public investment could benefit both educators and families.

Appendix A. Home- and Center-based Educators Professional Assets

TABLE A.1

Professional Assets Identified for Home- and Center-Based Providers

Assets	Percentage/n
<i>Home-based educators</i>	
1. Has an associate degree	36%
2. Has a CDA or state certificate	58%
3. Participated in a course in college	51%
4. Has a degree in an ECE-focused or ECE-related field	61%
5. Is currently enrolled in college	10%
6. Participated in a professional development workshop	23%
7. Trained to work with children of all backgrounds	36%
8. Participated in a health or safety training	67%
9. Received 4 or more hours of curriculum training	56%
10. Belongs to a professional association	25%
11. Had a meeting with a coach	27%
12. Developed/updated IPDP with help of supervisor	23%
Total	3,729
<i>Center-based educators</i>	
1. Has an associate degree	52%
2. Has a CDA or state certificate	53%
3. Participated in a course in college	79%
4. Has a degree in an ECE-focused or ECE-related field	58%
5. Is currently enrolled in college	51%
6. Participated in a professional development workshop	26%
7. Trained to work with children of all backgrounds	45%
8. Participated in a health or safety training	88%
9. Received 4 or more hours of curriculum training	86%
10. Belongs to a professional association	23%
11. Attended a professional organization meeting	32%
12. Had a meeting with a coach	38%
13. Developed/updated IPDP with help of supervisor	57%
14. Receives formal review and feedback	75%
15. Has monthly discussions on how to improve skills	50%
16. Receives earnings higher than \$8.68 an hour	91%
17. Employer provides health insurance	71%
18. Employer provides retirement benefits	18%
Total	2,445

Source: Author estimates with the 2019 National Survey of Early Care and Education.

Note: CDA = Child Development Associate credential. IPDP = individualized professional development plan. Participation in activities and meetings reflect whether the activity happened during the last 12 months. The threshold of \$8.68 an hour was selected because that was the average state minimum hourly wage in 2019 (see https://ballotpedia.org/Minimum_wage_increases_in_2019). This amount updates the average state minimum hourly wage included in Thornburg et al. (2004).

Appendix B. Parental Perceptions of ECE Care Types

TABLE B.1

Average Rating of Each Dimension for Each Type of Child Care

Rated dimensions	Center-based		Home-based		Relative/friend		Parental	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Nurturing environment	1.81	0.89	1.94	0.82	2.42	0.73	2.73	0.54
Helping children be ready to learn in school	2.01	0.84	1.80	0.85	1.88	0.89	2.41	0.72
Teaching children to get along with other children	2.07	0.83	2.02	0.78	1.94	0.88	2.34	0.78
Safety for children	1.92	0.90	1.91	0.84	2.35	0.75	2.71	0.54
Affordability	1.16	1.05	1.66	0.9	2.42	0.75	2.63	0.71
Flexibility for parents	1.61	0.96	1.82	0.84	2.18	0.87	2.54	0.76
Composite by type	1.67	0.76	1.84	0.73	2.21	0.62	2.53	0.55

Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

Notes: SD = standard deviation. The rated scales range from 0 to 3.

Appendix C. Weighted Descriptive Statistics of Households with Infants and Toddlers

TABLE C.1

Weighted Descriptive Statistics of Households with Infants and Toddlers

Child or family characteristic	Percentage or mean (SD)
<i>Parental structure</i>	
One parent	28.67%
Two parents	65.59%
Another structure	5.73%
<i>Number of children ages 0–5</i>	1.38 (0.63)
<i>Race selected child</i>	
White	48.62%
Black	13.62%
Asian	4.74%
Another race	1.84%
Multiracial	6.17%
Hispanic	25.01%
<i>Mother education</i>	
No high school degree	8.12%
High school or GED	22.65%
Some college	21.27%
Associate degree	9.91%
Bachelor's degree or more	38.06%
<i>Poverty status</i>	
Less than 100% of FPL	24.00%
100 to 199% of FPL	21.12%
200 to 299% of FPL	18.27%
300% of FPL	36.60%
<i>Urban density</i>	
Highly urban	76.20%
Moderately urban	16.11%
Rural	7.69
<i>Relative available for care</i>	51.88%
<i>Subsidy used past year</i>	2.66%
<i>N (unweighted)</i>	2,569

Source: Authors' estimates using the 2019 National Survey of Early Care and Education. Estimates were done using household weight, but N is unweighted.

Note: SD = standard deviation.

Appendix D. Full Regression Results of Professionalization Predicting ECE Perception

TABLE D.1

Regression Results of Professionalization Predicting Parents' Perception of ECE

	Center-based care		Home-based care		Relative/friend care		Parental	
	Coeff.	SE	Coeff.	SE	Coeff.	SE	Coeff.	SE
Center professionalization	0.02	0.01	0.02*	0.01	0.01	0.01	0.00	0.01
Home professionalization	0.01	0.02	0.02	0.02	0.03*	0.02	0.02*	0.01
Parental structure								
Two parents	0.09	0.06	0.01	0.06	0.07	0.05	-0.05	0.03
Another structure	-0.19	0.17	-0.06	0.13	-0.13	0.19	-0.22*	0.11
Number of children ages 0–5	0.01	0.04	-0.04	0.04	-0.09*	0.04	0.03	0.02
Race selected child								
Black	0.23**	0.07	0.12	0.08	-0.03	0.06	-0.03	0.04
Asian	0.13	0.11	-0.10	0.10	-0.08	0.09	-0.10	0.08
Another race	-0.08	0.21	-0.18	0.19	-0.03	0.17	-0.01	0.09
Multiracial	-0.12	0.10	-0.19	0.13	-0.16	0.10	-0.06	0.06
Hispanic	0.12	0.07	-0.08	0.06	-0.04	0.05	-0.05	0.04
Mother education								
High school or GED	0.00	0.08	0.06	0.11	0.11	0.09	-0.02	0.05
Some college	-0.21*	0.09	-0.11	0.12	0.12	0.09	-0.03	0.05
Associate degree	-0.14	0.12	0.07	0.14	0.15	0.11	0.03	0.07
Bachelor's degree or more	-0.08	0.10	-0.08	0.12	0.07	0.11	-0.10	0.06
Poverty status								
100 to 199% of FPL	-0.06	0.07	0.02	0.07	-0.04	0.06	-0.03	0.04
200 to 299% of FPL	-0.01	0.08	0.02	0.09	0.00	0.07	-0.02	0.05
300% of FPL	0.05	0.08	0.06	0.09	0.01	0.08	-0.02	0.05
Urban density								
Moderately urban	0.08	0.08	0.05	0.07	0.06	0.05	-0.05	0.04
Rural	-0.14	0.16	0.09	0.16	0.15	0.11	0.06	0.06
Relative available for care	-0.04	0.05	0.06	0.05	0.25***	0.04	0.08**	0.03
Subsidy used past year	0.25*	0.11	0.09	0.14***	0.00	0.08	0.02	0.07
Intercept	1.37***	0.19	1.53	0.20	1.81***	0.16	2.50***	0.10

Source: Authors' estimates using the 2019 National Survey of Early Care and Education.

Notes: FPL = federal poverty level. SE = standard error. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

Appendix E. Full Regression Results of Professionalization Predicting Use of ECE

TABLE E.1

Regression Results of Professionalization Predicting Parents' Use of ECE

	Center care odds ratio (SE)	Home care odds ratio (SE)	Relative/friend care odds ratio (SE)	Parental care odds ratio (SE)
Center professionalization	0.947* (0.02)	1.026 (0.03)	1.034* (0.01)	0.998 (0.01)
Home professionalization	1.028 (0.03)	0.754** (0.02)	1.057** (0.02)	1.017 (0.04)
Race selected child				
Black	1.918** (0.16)	1.142** (0.04)	1.917** (0.14)	0.49** (0.05)
Asian	1.176 (0.34)	0.057** (0.01)	1.05 (0.08)	1.729** (0.23)
Another race	0.707 (0.56)	0.625* (0.10)	0.877 (0.16)	1.162 (0.59)
Multiracial	1.492 (0.33)	0.547** (0.04)	1.609** (0.20)	0.68 (0.13)
Hispanic	0.707 (0.11)	0.965 (0.07)	1.752** (0.14)	0.851 (0.08)
Parental structure				
Two parents	0.989 (0.10)	0.906 (0.07)	0.629** (0.05)	1.677** (0.08)
Another structure	0.387** (0.02)	2.656** (0.07)	0.784 (0.12)	1.16 (0.15)
Number of children ages 0–5	0.76 (0.11)	0.613** (0.06)	0.725** (0.04)	1.476** (0.09)
Mother education				
High school or GED	0.64 (0.29)	5.658** (0.77)	1.11 (0.07)	0.843 (0.12)
Some college	1.326 (0.27)	4.464** (0.84)	1.372** (0.08)	0.676* (0.08)
Associate degree	0.71 (0.14)	6.945** (0.74)	2.508** (0.21)	0.507** (0.06)
Bachelor's or more	2.505** (0.66)	12.05** (2.82)	1.368** (0.13)	0.365** (0.05)
Poverty status				
100 to 199% of FPL	0.716 (0.23)	1.407** (0.11)	1.053 (0.03)	1.085 (0.11)
200 to 299% of FPL	0.638* (0.12)	1.908* (0.49)	1.909** (0.26)	0.648 (0.13)
300% of FPL	1.694** (0.25)	3.739** (0.75)	0.97 (0.09)	0.571* (0.10)

	Center care odds ratio (SE)	Home care odds ratio (SE)	Relative/friend care odds ratio (SE)	Parental care odds ratio (SE)
Urban density				
Moderately urban	1.012 (0.04)	1.212 (0.18)	1.391** (0.07)	0.771** (0.01)
Rural	1.123 (0.41)	0.783 (0.10)	1.517 (0.28)	0.673* (0.11)
Relative available for care	0.62** (0.09)	0.692** (0.02)	2.283** (0.18)	0.781 (0.11)
Subsidy used past year	7.393** (2.40)	1.173 (0.47)	0.539* (0.13)	0.296* (0.12)
Intercept	0.158** (0.03)	0.032** (0.01)	0.087** (0.01)	1.596 (0.48)

Source: Authors' estimates with the 2019 National Survey of Early Care and Education.

Notes: FPL = federal poverty level. SE = standard error. ** $p < 0.01$, * $p < 0.05$.

Appendix F. Professionalization Predicting Use of ECE, By Age Group

TABLE F.1
Regression Results of Professionalization Predicting Parents' Use of ECE

	Center-based care odds ratio (SE)		Family child care odds ratio (SE)		Relative/friend care odds ratio (SE)		Parental care odds ratio (SE)	
	Infants	Toddlers	Infants	Toddlers	Infants	Toddlers	Infants	Toddlers
Center professionalization	0.80** (0.04)	1.00 (0.03)	1.09 (0.05)	1.02 (0.06)	1.03 (0.04)	1.03* (0.01)	1.02 (0.02)	0.99 (0.02)
Home professionalization	0.91 (0.04)	1.08* (0.03)	0.63** (0.05)	0.79** (0.03)	0.99 (0.03)	1.09** (0.02)	1.12 (0.09)	0.97* (0.01)
Race selected child								
Black	1.61 (0.71)	2.14** (0.44)	0.52 (0.16)	1.51 (0.28)	1.65** (0.25)	1.99** (0.17)	0.70 (0.26)	0.42** (0.06)
Asian	0.50 (0.23)	1.70 (0.48)	0.28** (0.02)		0.90 (0.13)	1.08 (0.12)	2.35** (0.52)	1.52* (0.24)
Another race		1.18 (0.97)	1.00 (0.36)	0.63** (0.06)	1.23 (0.43)	0.74 (0.14)	2.24 (1.26)	1.04 (0.86)
Multiracial	0.40** (0.06)	2.24* (0.68)	0.10* (0.09)	0.93 (0.06)	0.69 (0.18)	1.96** (0.17)	1.29 (0.35)	0.55* (0.11)
Hispanic	0.45** (0.03)	0.79 (0.15)	0.61* (0.11)	1.09 (0.06)	1.41** (0.14)	1.90** (0.17)	1.17 (0.10)	0.77* (0.09)
Parental structure								
Two parents	0.81 (0.11)	1.08 (0.13)	1.60** (0.12)	0.72 (0.11)	0.41** (0.14)	0.75 (0.18)	2.49* (0.72)	1.47* (0.23)
Another structure	1.39** (0.10)	0.25** (0.01)	11.91** (1.79)	1.29** (0.07)	0.25** (0.06)	1.13 (0.09)	1.52 (0.21)	1.12 (0.11)
Number of children ages 0–5	0.46* (0.11)	0.88 (0.14)	0.43** (0.08)	0.66** (0.05)	0.85** (0.03)	0.69** (0.06)	1.48** (0.07)	1.48** (0.10)
Mother education								
High school or GED	0.07** (0.05)	0.97 (0.50)	0.35** (0.03)	4.63** (0.92)	0.73 (0.19)	1.26 (0.19)	1.45 (0.33)	0.69* (0.11)
Some college	0.62 (0.26)	2.07* (0.52)	0.58** (0.05)	2.53** (0.65)	0.74* (0.07)	1.78** (0.16)	1.09 (0.13)	0.52** (0.08)
Associate degree	0.18** (0.07)	0.95 (0.26)	0.36* (0.11)	5.32** (0.57)	1.81 (0.51)	2.92** (0.24)	0.62* (0.13)	0.47** (0.07)
Bachelor's or more	3.21** (1.04)	2.55* (0.82)		10.34** (3.44)	0.77* (0.07)	1.64** (0.19)	0.45** (0.06)	0.33** (0.06)
Poverty status								
100 to 199% of FPL	0.27** (0.04)	0.89 (0.37)	0.49 (0.23)	1.88** (0.16)	1.79** (0.12)	0.86** (0.02)	1.10 (0.08)	1.10 (0.15)
200 to 299% of FPL	0.24** (0.10)	0.76 (0.10)	2.23* (0.58)	1.88 (0.77)	1.78** (0.30)	1.85** (0.30)	0.79 (0.09)	0.64 (0.16)

	Center-based care odds ratio (SE)		Family child care odds ratio (SE)		Relative/friend care odds ratio (SE)		Parental care odds ratio (SE)	
	Infants	Toddlers	Infants	Toddlers	Infants	Toddlers	Infants	Toddlers
300% of FPL	0.54** (0.06)	2.40* (0.65)	3.61** (0.33)	3.53** (1.09)	1.61** (0.17)	0.82 (0.12)	0.53** (0.05)	0.59 (0.15)
Urban density								
Moderately urban	0.52** (0.08)	1.15* (0.05)	3.42** (0.92)	0.73 (0.27)	0.87 (0.14)	1.53** (0.07)	0.69 (0.18)	0.81* (0.06)
Rural	1.09 (0.79)	1.01 (0.04)	0.03** (0.01)	2.04** (0.27)	1.08 (0.17)	2.01* (0.48)	0.84 (0.32)	0.45** (0.04)
Relative available for care	0.68 (0.18)	0.57** (0.09)	0.46** (0.02)	0.88** (0.01)	2.64** (0.20)	2.06** (0.23)	0.72* (0.09)	0.83 (0.14)
Subsidy used past year	2.34** (0.40)	9.83** (3.12)		1.40 (0.42)	0.65 (0.29)	0.49** (0.08)	0.59 (0.15)	0.20* (0.12)
Intercept	9.32** (1.90)	0.04** (0.01)	0.78 (0.10)	0.03** (0.02)	0.16** (0.07)	0.07** (0.01)	0.44 (0.16)	2.86* (0.95)

Source: Authors' estimates with the 2019 National Survey of Early Care and Education.

Notes: SE = standard error. ** $p < 0.01$, * $p < 0.05$.

Notes

- ¹ Jane M. Simoni, “Early Relational Health: A Foundation for Healthy Development Across the Lifespan,” National Institutes of Health, March 19, 2025, <https://obssr.od.nih.gov/news-and-events/news/director-voice/early-relational-health-foundation-healthy-development-across>.
- ² The NSECE uses the term “listed home-based settings” to refer to licensed family child care settings. This term does not include home-based care offered by family, friends, and neighbors, nor does it include the Early Head Start home-based option.
- ³ Simoni, “Early Relational Health: A Foundation for Healthy Development Across the Lifespan.”
- ⁴ “Untapped Potential: Economic Impact of Childcare Breakdowns in the U.S.,” US Chamber of Commerce Foundation, accessed March 24, 2026, <https://www.uschamberfoundation.org/solutions/early-childhood-and-k-12-education/untapped-potential>.
- ⁵ “Early Head Start,” national Collaborative for Infants and Toddlers, accessed March 24, 2026, <https://ncit.org/early-head-start-guidance-report/>.
- ⁶ “A Catalog and Comparison of Quality Improvement Systems (QIS),” BUILD Initiative, accessed March 24, 2026, <https://www.qualitycompendium.org/>.
- ⁷ “Minimum Wage Increases in 2019,” Ballotpedia, last updated April 2, 2019, https://ballotpedia.org/Minimum_wage_increases_in_2019.
- ⁸ Appendix E includes the full combined infant–toddler results with all controls, and appendix F provides the complete age-specific results, separated for infants and toddlers.

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