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Providing Child Care in COVID's Shadow: Resilience and Well-Being in Nebraska's Early Childhood Professionals

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RESEARCH BRIEF



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Introduction

To learn and develop well, young children need to experience warm, responsive, and language-rich interactions with adult caregivers.¹ In Nebraska, nearly three-fourths of children under six years old live in homes where all available parents are employed,² and many children are cared for and taught by early childhood professionals in group settings. Caring for and educating groups of young children is cognitively, emotionally, and physically demanding. Early childhood professionals need to be well to do well in their work with children and families, yet they receive low wages and often lack access to paid sick leave and health insurance. The challenges of high job demands and low support often affect providers' well-being, which in turn impacts their ability to provide quality care for young children's learning and development.^{3,4}

During the COVID-19 pandemic, early childhood professionals across the country reported increased stress, and many reported experiencing discrimination,⁶ yet most sustained their commitment to supporting working families by providing child care.⁷ Pandemic-related regulatory and policy changes—such as hygiene guidelines, social distancing, and the need to adapt education to online platforms⁸—exacerbated the stress of caring for and educating young children. Added financial, family, and health stressors reported by early childhood providers across the country negatively affected their physical, emotional, psychological, and social well-being during the pandemic.

This brief presents key findings from three surveys of Nebraska's licensed child care

providers inquiring about their mental, physical, financial, and professional well-being at the height of the COVID-19 pandemic (March 2020–February 2022). The following section provides a brief overview of what was learned collectively from the providers who responded. The next section focuses on a deeper analysis of the third survey, intending to understand how providers' individual characteristics and the contexts in which they were working affected their personal well-being and their experience of burnout in their job. The concluding section offers some opportunities to better support early care and education providers going forward.

What We Learned from Providers

Following up on national efforts to understand the impact the COVID-19 pandemic was having on child care and the child care workforce,^{9,10} researchers at the Buffett Early Childhood Institute surveyed early care and education providers in Nebraska to examine the early (March and June 2020) and ongoing (February 2022) impact of the COVID-19 pandemic. The collaborative relationships enhanced through Nebraska Preschool Development Grant Birth through Five (PDG B–5) efforts enabled us to engage agencies and organizational partners in surveying Nebraska's early care and education providers as part of the state needs assessment. Across the three surveys, we received 3,359 responses from child care providers throughout Nebraska. Each of the individual surveys and key findings are described briefly below, followed by a summary of what was learned across the surveys and how Nebraska responded.

The Nebraska COVID-19 Early Care and Education Provider Survey: Perspectives of Child Care Providers (March 2020)

The first survey¹¹ was released at the onset of the national state of emergency and distributed through multiple channels, including local network partner organizations and social media. We employed rapid-cycle research methods⁹ to assess and share the concerns and immediate needs of the state's early childhood workforce, defined broadly.¹² More than 1,500 child care providers responded to the survey, roughly half family-home-based and half center-based teachers and administrators. They reported experiencing elevated levels of stress linked to 1) economic insecurity, 2) contracting the COVID-19 virus, and 3) a lack of reliable and prompt information about safely providing child care in the context of COVID-19. Family-home-based and center-based child care providers reported different levels of stress and needs, but notably few had access to paid sick leave or employer-sponsored health insurance (3% and 25% respectively).

The Nebraska COVID-19 Early Care and Education Provider Survey II: Experiences, Economic Impact, and Ongoing Needs (June 2020)

The second survey,¹³ distributed in Spanish and English, solicited the perspectives of licensed child care providers, specifically owners, operators, and administrators. Of the 1,068 respondents, three-fourths were from family child care homes, and one-fourth were leaders of child care centers, working across Nebraska's rural (20%), town (37%), and urban (43%) contexts. Providers again reported very high levels of stress related to finances and health. As many parents of young children had

left the workforce or were working at home, nearly all reported decreased enrollment and income in their child care program, with center-based programs reporting greater reductions than family-home-based programs across the board. Although over one-third of the reporting providers had received federal relief funds, the majority were center-based providers who had relationships with local banks. Private funding, on the other hand, reached almost two-thirds of the providers. Most providers were experiencing stress-related symptoms, such as changes in sleep and eating, as well as anxiety. Half of the responding providers were concerned about potential closure without additional financial aid. Over half of the providers (45% family-home-based and 90% center-based) reported serving families funded by child care subsidy, and of those, 59% used a temporary state policy change that allowed providers to bill for days children were absent. More than three months into the pandemic, the survey findings highlighted the essential role of child care providers in Nebraska's economy and the need for ongoing financial support and resources.

The Nebraska COVID-19 Early Care and Education Provider Survey III: Holding It Together—and Hanging by a Thread (February 2022)

The third survey¹⁴ also solicited perspectives of licensed child care owners, operators, and administrators, examining how the pandemic had affected child care professionals' personal and professional well-being over the previous year. Of the 750 responding providers, two-thirds had experienced income reductions in the previous year, despite most (87%) receiving some COVID-19 relief financial assistance. Although three-fourths of providers had been vaccinated against the coronavirus

by 2022, over half had contracted COVID-19 at least once. Center-based programs almost universally reported difficulty hiring staff (92%) and experiencing staff turnover, with directors reporting that 69% of those providers who left were leaving the early childhood field entirely. A dramatic sign of how economic stressors impacted child care providers was seen in the prevalence of food insecurity in their personal household over the previous 12 months. One in four reported worrying “sometimes” or “often” that their food at home would run out before they got money to buy more, and one in five child care providers reported that “sometimes” or “often” purchased food did not last and that they did not have money to get more. Licensed child care providers, working to keep families employed, were worried about feeding themselves and their families. Two years into the pandemic, child care providers continued to report high rates of stress and mental health symptoms, and almost half (45%) reported experiencing some burnout.

What We Learned Across the Three Surveys

Findings from the three surveys confirmed that the pandemic had significant impacts on the well-being of the early childhood workforce in Nebraska. We examined similarities and differences in how child care providers responded across early and later stages of the pandemic, examining items that were included in at least two of the surveys (see Table 1). Because each survey was an independent data collection point, the data are not longitudinal. In other words, we cannot make statements about what changed over time, rather how responding providers were faring at each time point relative to their stress, personal health, and business health in the context of the COVID-19 pandemic.

Setting. In terms of child care program setting, family child care home providers responded to the surveys at a higher rate than center-based providers early and later in the pandemic. In Nebraska, 65% of the population lives in urban areas. In our surveys, urban providers responded at the highest rates, but providers with programs in rural town centers and rural areas represented half or more of the responses.

Stress. Providers reported on the degree to which they experienced worries about staff and children becoming sick, and how that might affect their program. Concerns about staff becoming sick were highest early in the pandemic; however, pandemic-related worries related to sick children and program quality were high and similar across the three timepoints.

Health. Providers reported negative personal health and mental health changes (e.g. symptoms of anxiety and depression, sleep and eating changes, and feelings of isolation and lack of control) due to the COVID-19 pandemic, reporting very high rates in June 2020. Despite considerable health concerns, few providers reported offering paid sick leave at any timepoint, highlighting the need for access to paid sick leave.

Business Finances. Almost all providers reported that they were experiencing reductions in their income early in the pandemic. A year-and-a-half later, fewer, but still a majority, were experiencing income reductions. Between the second and third surveys, the state had implemented temporary changes to the child care subsidy program, allowing providers to bill for absent days for enrolled children. More family child care home (FCCH) providers reported using child care subsidy for their program in 2022; similar rates of center-based child care (CCC) providers reported using subsidy in 2020 and 2022.

TABLE 1. | PROPORTION OF PROVIDERS REPORTING ON ITEMS ACROSS MULTIPLE SURVEYS

SURVEY ITEM	PROVIDER SURVEY I MARCH 2020	PROVIDER SURVEY II JUNE 2020	PROVIDER SURVEY III FEBRUARY 2022
Program Setting: Family Child Care Home (FCCH) or Center-Based Child Care (CCC)	—	73% FCCH 24% CCC	64% FCCH 27% CCC
Geographic Location of Child Care Program	—	43% urban 37% town 20% rural	51% urban 32% town 17% rural
Worries about staff coming to work sick	60%	70%	49%
Worries about families sending sick children to care	88%	87%	88%
Worries about stress negatively affecting quality of care	66%	55%	67%
Program offered paid leave for sick days	3% FCCH 25% CCC	11% FCCH 27% CCC	— 25% CCC
Negative personal health and mental health changes during the COVID-19 pandemic	—	92%	79%
Reduction in income during COVID-19 pandemic	—	97%	67%
Program serving families with child care subsidy	—	45% FCCH 90% CCC	52% FCCH 86% CCC

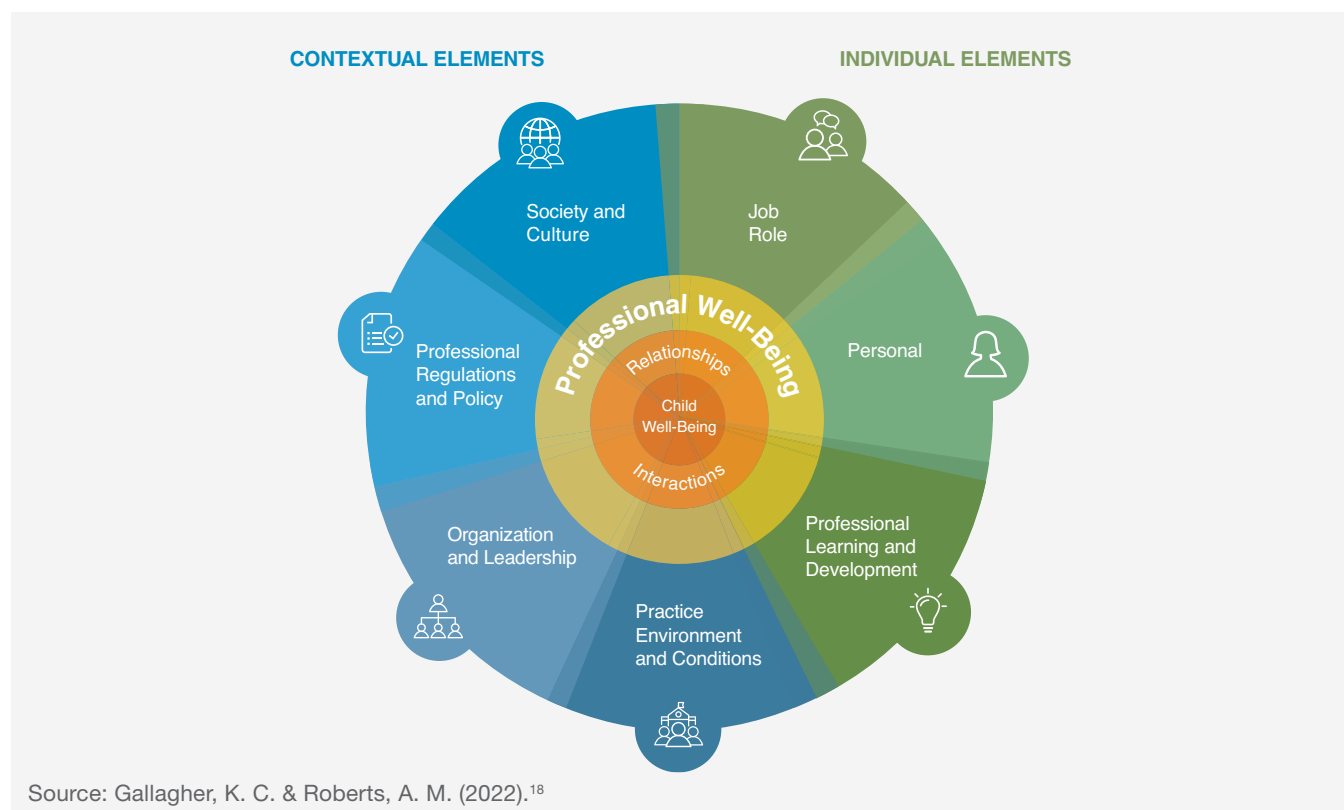
How Nebraska Responded to Survey Findings

Among early childhood organizations across the state, responses to findings from the COVID-19 surveys included calls for new funding, state policy changes, and increased resources for providers and families seeking child care. Government agencies used federal relief funding and mobilized to shift subsidy reimbursements for child care businesses so they would receive payment based on enrollment rather than attendance,¹⁵ and legislative efforts were made to support the workforce.¹⁶ Informed by the COVID-19 provider surveys and an increased appreciation for elevating the voices and needs of providers, state agencies and organizations initiated listening efforts and incorporated provider perspectives into the ongoing funding and policy efforts to support Nebraska’s child care system.¹⁷

What We Learned About Individual and Contextual Influences on Child Care Providers' Well-Being

As we approached two years of the COVID-19 pandemic, we were interested in knowing more about its longer-term effects on early childhood professionals. We were also looking to better understand how combined individual and contextual factors impact workforce well-being. Exploring this “ecology” of individual and contextual influences is consistent with our model of workforce well-being (see Figure 1),¹⁸ which is based on an ecological approach to understanding how people develop over time.¹ This approach assumes that any individual person is affected by their own characteristics, their past experiences, and the environments in which they live, work, and interact. For example, individual characteristics of early childhood providers, such as educational attainment and years in the field, can contribute to different outcomes based on a provider’s experiences in different contexts and relationships. The ecological approach also allows us to consider a variety of ways that the contexts of the work environment, such as the organizational policies and culture, professional regulations, and state and federal policies, can influence how providers experience well-being.

FIGURE 1. | ECOLOGICAL FRAMEWORK FOR EARLY CHILDHOOD PROFESSIONAL WELL-BEING

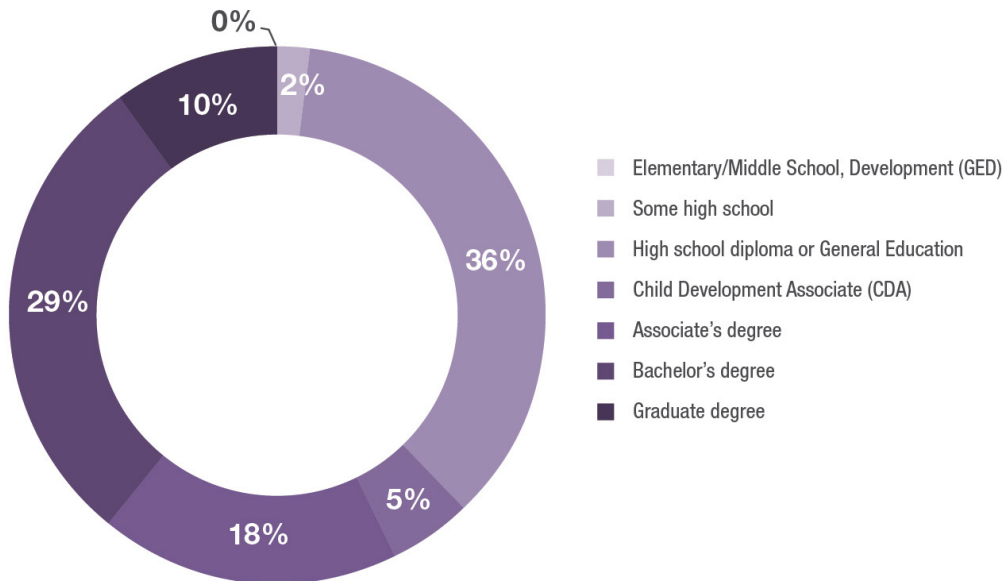


An ecological approach informed our follow-up analyses of the third survey to understand how individual and contextual elements contributed to the well-being of Nebraska’s licensed child care providers. In this section, we describe in more detail the individual characteristics of the respondents to the 2022 survey, the contexts in which they provide child care, and their perceptions of their personal and professional well-being.

Individual Characteristics and Contextual Factors of Providers Who Responded to the Nebraska COVID-19 Early Care and Education Provider Survey III

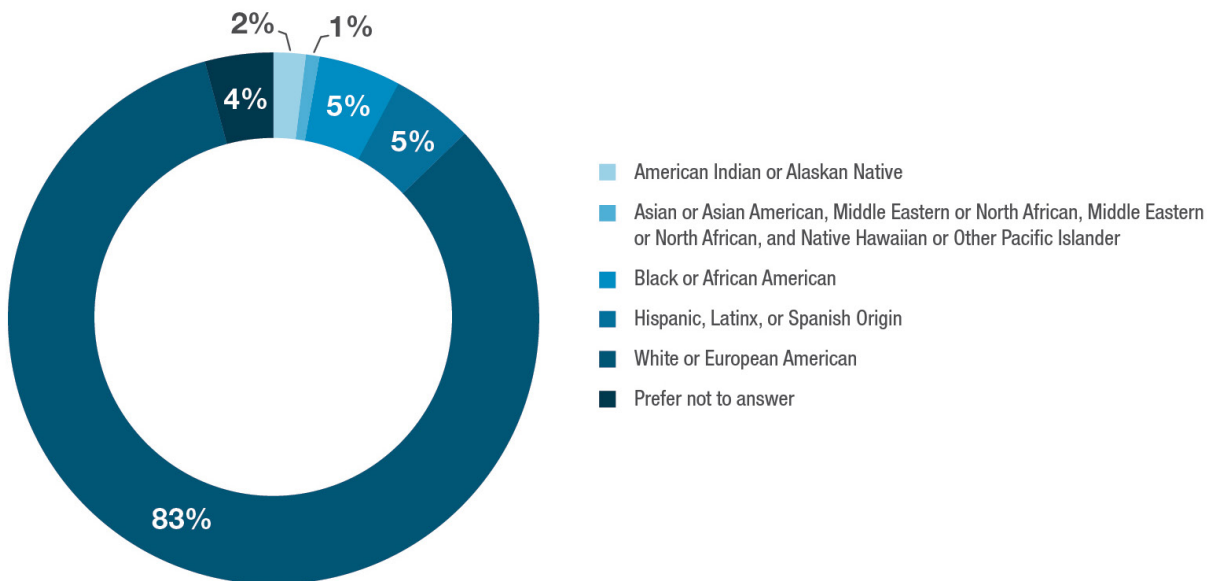
More than 750 providers responded to the third survey, roughly a quarter of all licensed providers in the state. The respondents were ethnically and racially diverse (see Figure 2), were on average 47 years old, and had an average of 19 years of experience working in child care.

FIGURE 2. | RACIAL AND ETHNIC BACKGROUNDS OF RESPONDING CHILD CARE PROVIDERS



Almost four in ten child care providers reported having a bachelor's or graduate degree (see Figure 3), reflecting educational attainment that is slightly higher than Nebraska's adult population.¹⁹

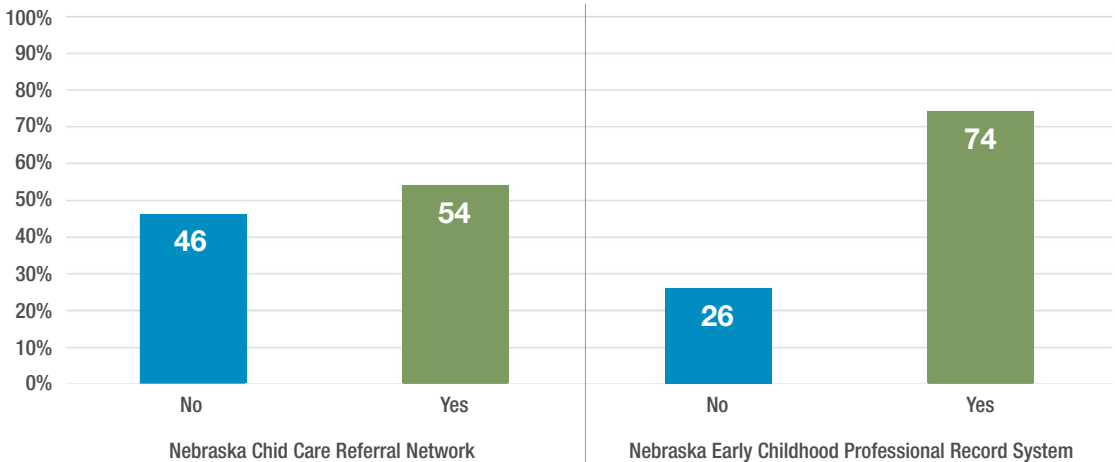
FIGURE 3. | EDUCATION LEVELS OF RESPONDING CHILD CARE PROVIDERS



Responding providers were distributed across rural (17%), small town (32%), and urban (51%) locations. Two-thirds of the survey respondents were family-home-based providers, while over a quarter were administrators from child care centers. We also inquired about contextual factors related to COVID-19, such as the number and type of COVID safety practices implemented at the providers' place of work and COVID-related worries that were outside of the providers' control (see Table 1).

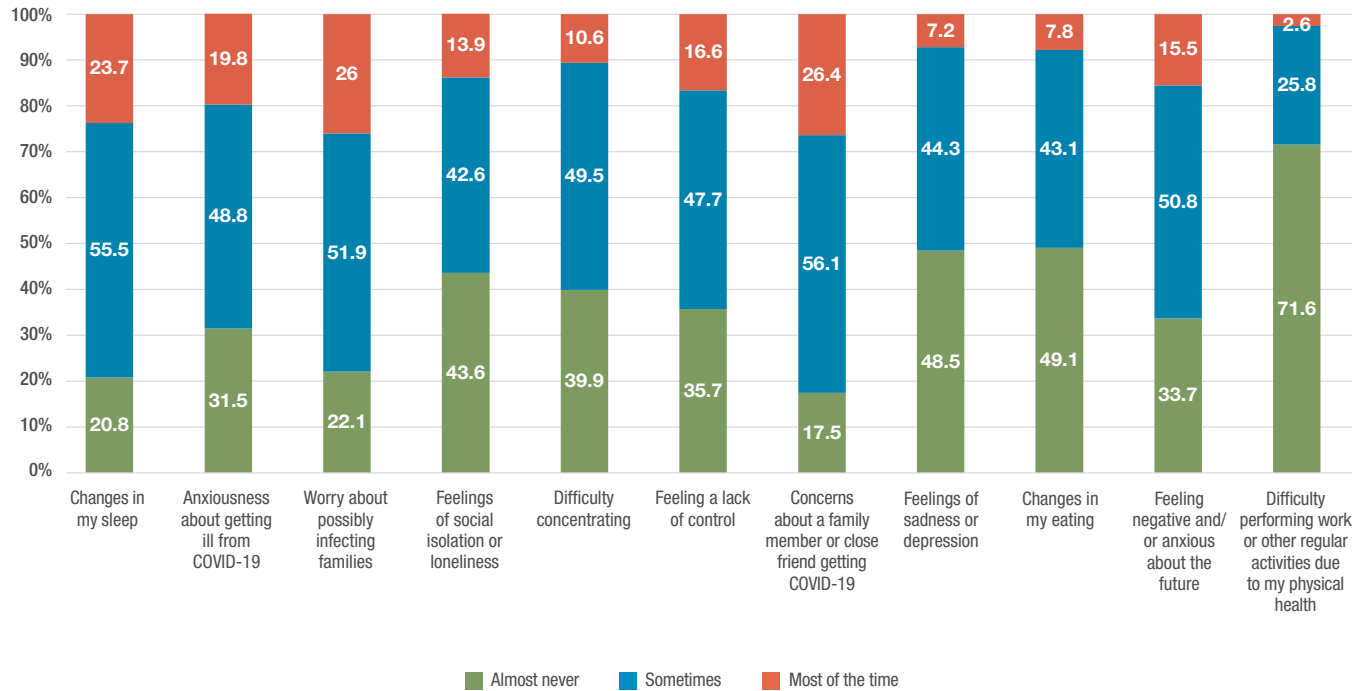
Providers reported on their participation in two of Nebraska's professional networking systems: 1) the Nebraska Child Care Referral Network and 2) Nebraska's early childhood professional registry, known as the Nebraska Early Childhood Professional Record System. The referral network launched soon after the onset of the COVID-19 pandemic, and a little more than half of the providers reported participating by 2022. The professional registry, on the other hand, had been established in Nebraska for several years and is an available resource for all early childhood professionals in the state. Nearly three-fourths of the responding licensed child care providers reported that they participated in the state registry (see Figure 4). We expected that participation in one or more of these networks would serve as a connection point for licensed providers, providing access to critical updates, needed resources, and even a degree of social support during the isolation of the pandemic.

FIGURE 4. | PROVIDERS' REPORTS OF THEIR PARTICIPATION IN NEBRASKA'S PROFESSIONAL NETWORKING SYSTEMS



Providers also reported on negative changes in their health during the pandemic. As a result of the COVID-19 pandemic, over half of the providers reported experiencing changes in their sleep and eating, anxiety and sadness/depression, social isolation, and concerns about loved ones getting the virus. However, only one in four reported having difficulty performing work or other activities due to these or other health changes (see Figure 5).

FIGURE 5. | PERCENTAGES OF PROVIDERS REPORTING NEGATIVE HEALTH CHANGES DURING THE PANDEMIC



Influences of Individual and Contextual Elements on Personal and Professional Well-Being

To refine our understanding of how COVID-19 was affecting child care providers, we examined how individual and contextual factors were related to providers’ overall personal and professional well-being. Drawing on Carol Ryff’s work on adult well-being, we defined personal well-being as providers’ ability to engage with purpose and satisfaction in everyday activities and to be resilient in the context of stressful situations.²⁰ Providers answered nine items (see Figure 6) measuring three key components of personal/psychological well-being that were expected to be most meaningful for child care providers: environmental mastery, personal growth, and positive relations with others. Their total scores ranged from 20 (low well-being) to 45 (high well-being), with the average score of 35 (SD = 5.20).

FIGURE 6. | ITEMS MEASURING PERSONAL WELL-BEING IN THE NEBRASKA COVID-19 EARLY CARE AND EDUCATION PROVIDER SURVEY III

Please indicate how strongly you agree or disagree with each of the following statements (strongly agree, somewhat agree, a little agree, neither agree nor disagree, a little disagree, somewhat disagree, strongly disagree):

- a. The demands of everyday life often get me down.
- b. Maintaining close relationships has been difficult and frustrating for me.
- c. In general, I feel I am in charge of the situation in which I live.
- d. I am good at managing the responsibilities of my daily life.
- e. For me, life has been a continuous process of learning, changing, and growth.
- f. I think it is important to have new experiences that challenge how I think about myself and the world.
- g. People would describe me as a giving person, willing to share my time with others.
- h. I gave up trying to make big improvements or changes in my life a long time ago.
- i. I have not experienced many warm and trusting relationships with others.

Definitions of Personal and Professional Well-Being

Professional well-being was measured in this study using a single-item report of burnout (see Figure 7).^{21,22} Defined as “chronic workplace stress that has not been successfully managed,” burnout is characterized by exhaustion, distancing, or negative feelings toward one’s work and decreased professional efficacy.²³ Providers reported a moderate level of burnout, on average 1.47 on a scale of 4 (SD = 0.94).

FIGURE 7. | ITEM MEASURING PROFESSIONAL WELL-BEING IN THE NEBRASKA COVID-19 EARLY CARE AND EDUCATION PROVIDER SURVEY III

Which of the following statements best describe your current level of burnout in your work?

- a. I enjoy my work. I have no symptoms of burnout.
- b. Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.
- c. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- d. The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.
- e. I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.

Findings

We considered individual and contextual influences on providers' well-being during the pandemic separately, combined, and interactively. Our purpose was to try to understand which individual characteristics and contextual factors contributed most to providers' personal and professional well-being, with a special interest in identifying potential levers for better supporting providers in the early care and education system. Our findings are summarized below; a full description of our analytic method and results are included in a forthcoming manuscript and will be available upon request.

What individual characteristics of child care providers in Nebraska most contributed to their personal and professional well-being during the COVID-19 pandemic?

- Child care providers who reported better personal well-being during the pandemic, on average:
 - Were more educated
 - Reported experiencing fewer negative health changes
- Child care providers who reported poorer professional well-being (higher burnout) during the pandemic, on average:
 - Were younger
 - Had less professional experience
 - Reported more negative health changes
 - Had contracted COVID-19 at least once
 - Participated in professional networking

What factors of the context in which child care providers in Nebraska work and live contributed to their personal and professional well-being during the COVID-19 pandemic?

- Child care providers who reported better personal well-being during the pandemic, on average:
 - Reported fewer COVID-19-related worries
 - Had experienced less reduction in income

- Child care providers who reported poorer professional well-being (higher burnout) during the pandemic, on average:
 - Worked in center-based child care
 - Reported more COVID-19 worries
 - Experienced temporary closure of their business
 - Received emergency funding for their child care programs

Providers' reports of health changes emerged as a powerful predictor of their well-being, with better personal well-being reported by providers who:

- Reported fewer negative health changes
- Reported fewer COVID-related worries

When combined, which individual characteristics and contextual factors mattered most for child care providers' personal and professional well-being during the pandemic?

When we considered the combined influences of individual and contextual contributions, we could see which factors were most influential for providers' well-being.

- Considering combined individual and contextual factors, better personal well-being was reported by providers who:
 - Were older
 - Had attained higher levels of education
 - Reported fewer negative health changes
 - Reported fewer COVID-related worries
- Providers' reports of health changes emerged as a powerful predictor of their well-being, with better personal well-being reported by providers who:
 - Reported fewer negative health changes
 - Reported fewer COVID-related worries

- Providers who attained a bachelor’s or graduate degree reported well-being that was almost twice as high as providers with a high school diploma or less.
- Considering combined individual and contextual factors, the poorest professional well-being (highest burnout) was reported by providers who:
 - Were younger
 - Worked in center-based settings
 - Reported more negative health changes

Providers who attained a bachelor’s or graduate degree reported well-being that was almost twice as high as providers with a high school diploma or less.

Do patterns of relations between individual characteristics and contextual factors and provider burnout and well-being vary across racial/ethnic groups?

We then considered how individual and contextual factors might be interacting—or functioning differently for distinct groups of providers. Our analyses revealed a significant interaction of race/ethnicity, temporary closing, and burnout.

While child care providers did not report different levels of personal well-being based on their race/ethnic identity, providers’ reports of professional well-being (burnout) differed across racial/ethnic groups and depended on whether they had experienced temporary closing of their programs.

- White child care providers’ professional well-being depended on whether their program had closed during the pandemic. They experienced poorer professional well-being (higher than average burnout) if their programs had temporarily closed and better professional well-being (lower than average burnout) if their programs remained open.
- Black/African American and Latinx/Hispanic child care providers’ professional well-being did not depend on their program’s closing status. They reported experiencing better professional well-being (lower than average burnout) regardless of whether their program had closed during the pandemic (see Table 2).

TABLE 2. | PROFESSIONAL WELL-BEING IN RELATION TO RACE/ETHNICITY AND TEMPORARY PROGRAM CLOSURE

RACIAL/ETHNIC GROUP	PROGRAM DID NOT CLOSE	PROGRAM TEMPORARILY CLOSED
Black and Hispanic Providers	Better professional well-being (Below average burnout)	Better professional well-being (Below average burnout)
White Providers	Average professional well-being (Average burnout)	Poorer professional well-being (Above average burnout)

NOTE: We were unable to report the experiences of Asian/Asian American or American Indian/Alaskan Native providers as their responses were too few to include in analyses.

Early Childhood Systems Can Support Child Care Providers' Well-Being

Across the three surveys of Nebraska's providers, it was clear that the COVID-19 pandemic exacerbated existing challenges for the early care and education system. Child care providers, responsible for allowing families to continue working, experienced negative health changes, worries, and threats to their businesses that impacted their personal and professional well-being. Yet many reported remarkable resilience. On average, providers experienced moderate levels of personal well-being and professional burnout. Few reported experiencing the most severe level of burnout, and over half reported experiencing no burnout at all. Because individual and contextual elements influenced providers' personal and professional well-being during the COVID-19 pandemic when considered alone, in combination, and interactively, we can consider implications for how we might improve ongoing support for child care providers and their programs.

Younger and less experienced child care providers reported more challenges to personal and professional well-being in the context of the pandemic, suggesting that higher education and professional induction could be enhanced to help early-career professionals build resilience skills in preparation for their demanding and important profession. In-service professional development could also be adapted to consider the differing needs of early-career providers and more seasoned providers. Early-career staff might especially benefit from building skills related to stress reduction, mindfulness, self-care, and cognitive reframing. Future research should highlight perspectives and lived

experiences of older and more experienced providers to understand their perceptions of why they may have experienced better personal and professional well-being during the pandemic. It is possible that more experienced providers could mentor early-career providers and share some of what they have learned about personal and professional well-being practices that have served them well in their careers, as well as what they have learned about resilience.

Surprisingly, providers who engaged in the state's professional networking systems (referral or registry) did not experience better professional well-being during the pandemic. Admittedly, professional well-being was assessed with the narrow indicator of burnout in this study and is likely more complex than this factor alone. More research is needed to understand how networked systems can support early childhood professionals, beyond tracking professional development. It may be an opportune time for registries, referral systems, and other networked resources to identify ways to provide more and stronger personal connections and supportive resources, while reducing the administrative burden of network membership.

Providers' health changes during the pandemic emerged as a powerful predictor of their personal well-being. Child care providers experienced poorer personal well-being when they experienced more negative health changes, individually and in combination with contextual factors. Since few providers reported having employer-sponsored health care or paid sick leave—in the context of a multi-year pandemic—providing access to healthcare and sick leave would serve as protective factors going forward. Public school teachers in Nebraska have access to an affordable, nationally recognized health care insurance program. Licensed child care providers,

whose work and well-being allow Nebraskan parents to be employed, should arguably have access to such a system. Alternatively, an accessible health care structure could be built into the child care licensing system or into one of the professional networking systems (resource and referral network and/or professional registry).

Providers working in center-based child care programs experienced poorer professional well-being when considered independently and in combination with individual factors. In the context of the pandemic, center-based providers reported experiencing higher levels of burnout than family-home-based providers. It may be that center-based and family-home-based child care exert different stressors on providers. These may be related to autonomy, size of program, relationships with families, hours of operation, and/or a myriad of other factors. It is important to learn more about how different contexts of licensed child care programs are associated with providers' ongoing well-being to more precisely identify resources and services to support providers in each type of program.

Finally, we learned that providers of various racial/ethnic groups experienced the stress of temporary closing differently. Our survey results showed that poorer personal and professional well-being were experienced by White providers than by Black or Hispanic providers. Burnout was especially pronounced for White providers who experienced a temporary closing of their child care programs. We did not, however, reach sufficiently representative numbers of providers of the many racial/ethnic groups that care for young children in Nebraska today. Other reports have suggested that people of color experienced severe challenges during the pandemic in the United States.²⁴ It is important to learn more about how people belonging to distinct groups

and communities experience stressors and to identify appropriate resources and supports. We acknowledge that it will be particularly important going forward to learn more from Nebraska's early care and education providers who identify as Asian/Asian American, Native American/Alaskan Native, Black/African American, Hispanic/Latinx, as well as White/European-American.

Using an ecological lens to adjust our understanding of how individual and contextual factors together influenced well-being, we learned that especially in the context of incredible stress such as a pandemic, well-being is not simply related to individual coping skills and resilience. The job demands, stressors, and supports in the contexts in which providers work and live impact their personal and professional well-being. Society must think about the early care and education system as "essential" to keeping children safe and learning and the economy thriving and as worthy of the highest levels of investment.

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Appendix

INDIVIDUAL CHARACTERISTICS OF RESPONDING PROVIDERS

Individual Characteristic	<i>M</i>	<i>SD</i>	Min	Max
Age	46.95	11.32	22	78
Years of Experience	19.37	10.41	0	46
Health Changes	8.46	4.90	.00	22.00
		<i>n</i>		%
Race and Ethnicity				
American Indian or Alaskan Native		10		1.3
Asian or Asian American		–		–
Black or African American		34		4.5
Hispanic, Latinx, or Spanish Origin		35		4.6
Middle Eastern or North African		–		–
Native Hawaiian or Other Pacific Islander		–		–
White or European American		545		72.3
Prefer not to answer		29		3.8
Education Level				
Elementary/Middle School		–		–
Some high school		15		2.3
High school diploma or General Education Development (GED)		230		35.7
Child Development Associate (CDA)		32		5.0
Associate's degree		119		18.4
Bachelor's degree		186		28.8
Graduate degree		61		9.5
Membership in Professional Networking Systems				
Nebraska Child Care Referral Network				
No		235		46.1
Yes		275		53.9
Nebraska Early Childhood Professional Record System				
No		159		26.4
Yes		443		73.6

Note. – represents groups with fewer than 10 respondents to protect confidentiality of individual providers

CONTEXTUAL FACTORS OF RESPONDING PROVIDERS

Contextual Factor	<i>M</i>	<i>SD</i>	Min	Max
Amount of COVID Funding Received	\$21,161.78	\$28,651.71	\$0	\$392,000
	<i>n</i>			%
Site Type				
Family child care home	476			70.5
Child care center	199			29.5
Location				
Small town, remote	139			19.3
Large town, micropolitan	238			33.1
Urban, metropolitan	342			47.6
Funding Type				
Private or parochial	177			23.5
Public school	80			10.6
Head Start	26			3.4
Early Head Start	42			5.6
Sixpence	34			4.5
Number of Implemented COVID Safety Practices				
Families keep children out when child(ren) have symptoms or a positive test	689			91.4
Families quarantine when exposed	572			75.9
Staff isolate when have symptoms or a positive test	549			72.8
Staff quarantine when exposed	474			62.9
Staff vaccinated	371			49.2
Staff masking	311			41.2
Families masking	258			34.2
Children over age two masking	200			26.5
COVID Worries				
Staff may come to work even if they are sick because they cannot afford to stay home and not work.				
Not worried	343			51.4
Somewhat worried	226			33.9
Very worried	98			14.7
Families may send sick children to your program because parents need child care in order to work.				
Not worried	78			11.5
Somewhat worried	276			40.8
Very worried	322			47.6
The stress providers and families are experiencing could negatively affect the quality of care children are receiving.				
Not worried	222			33.1
Somewhat worried	293			43.7
Very worried	156			23.2
Paid Sick Leave for Illness of 2+ weeks				
Yes	137			18.9
No	587			81.1
Temporary Closing of Child Care Program/Business				
Yes	350			52.1
No	322			47.9
Income Reduction				
Was not reduced	239			33.9
25% or less	292			41.4
26–50%	133			18.8
51–75%	30			4.2
More than 75%	12			1.7
Subsidy Use				
Yes	423			62.0
No	259			38.0
Use of Subsidy Policy Change				
Yes	265			68.5
No	122			31.5
Received COVID Funding				
Yes	580			86.8
No	88			13.2
Experienced Discrimination				
Almost never	619			89.6
Sometimes	64			9.3
Most of the time	–			n/a

Note. – represents groups with fewer than 10 respondents to protect confidentiality of individual providers



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