

Who Cares for Infants and Toddlers? Change from 2012 to 2019 and its Implications

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Executive Summary

Although most children under age 3 are cared for by parents and other family members, the percentage in formal care increases with the age of the child and has been growing over time. Between 2012 and 2019 there was a shift toward center-based care (from 17.7% to 21.5%) and a decrease in the percentage in relative and nonrelative care only (33.3% to 28.5%). The percentage of children under age 3 who experience only parental care (i.e., no regular weekly nonparental care) stayed about the same at just under 50%, though it seems to have increased for children under age 1. The trend toward center-based care applies to each age including those under age one. Changes in infant toddler care over time and by age have implications for both policy and research. Basic information about quality, parent choices, and the influence of policy, and how these vary by child age and family background is required to design better policy. The small total numbers of infants and toddlers in paid care—especially those who are most expensive to serve—compared to the total population makes policy improvements relatively affordable for the nation even if policies increased the numbers in paid care.

Method

Data Source

The data analyzed for this report were obtained from the National Household Education Survey (NHES) 2012 and 2019 cohorts, which were conducted mainly through mail surveys using a two-phase sampling method by the U.S. Census Bureau. Survey respondents who reported that they have children from birth through age 2 were included in the current study.

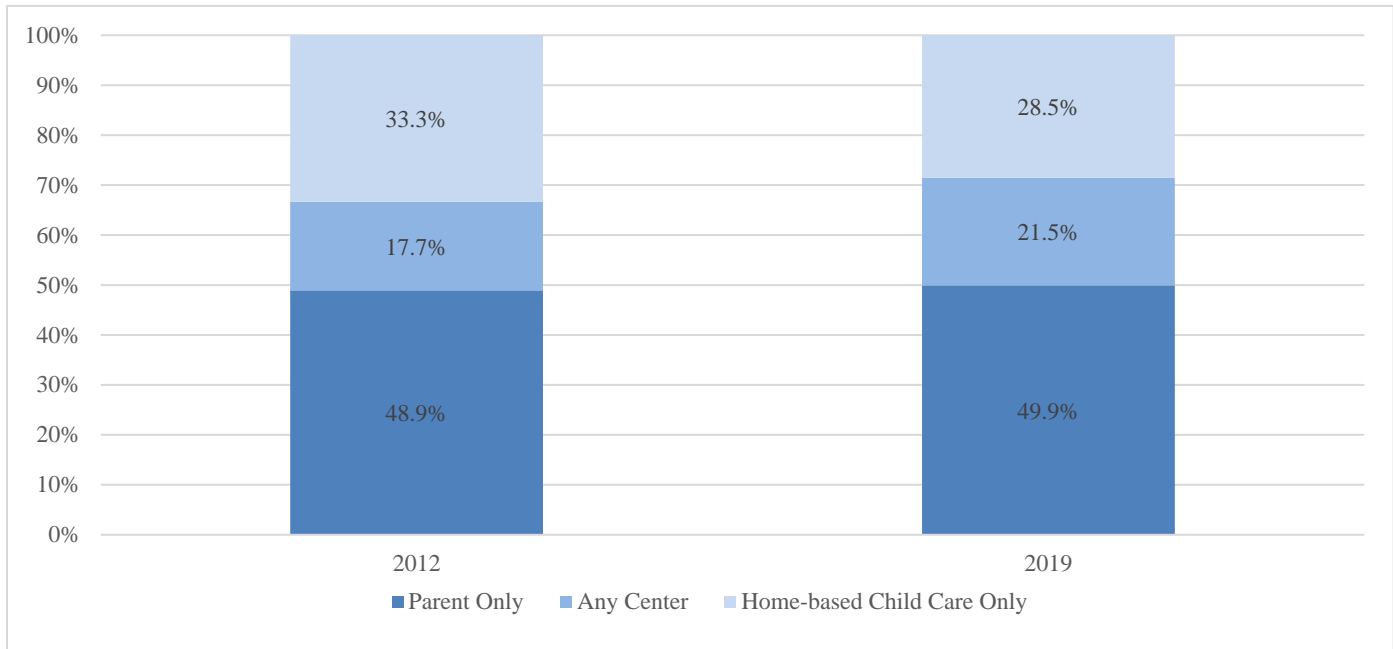
Analyses

To prepare data for analysis we coded weekly child care arrangements into three mutually exclusive categories: (1) parent only care; (2) any center-based program; and (3) home-based child care but not center care. Some children coded as receiving center-based care also received home-based child care. We used weights provided by NHES in our analyses so that the results are representative of the population as a whole for the corresponding year. To test for significant differences in participation rates between years, we conducted chi-square tests across years. All the differences reported in child care arrangements for children birth to age 3 are statistically significant.

Results

Figure 1 shows the change in child care arrangements nationwide from 2012 to 2019. The percentage of infants and toddlers solely in parent care has remained just under 50% for the past decade, though parent-only care appears to have increased slightly in a reversal of past trends. Among those receiving nonparental care, the percentage experiencing some center-based care increased substantially from less than 18% to over 21%. There was a corresponding decrease in the use of home-based care by relatives and nonrelatives.

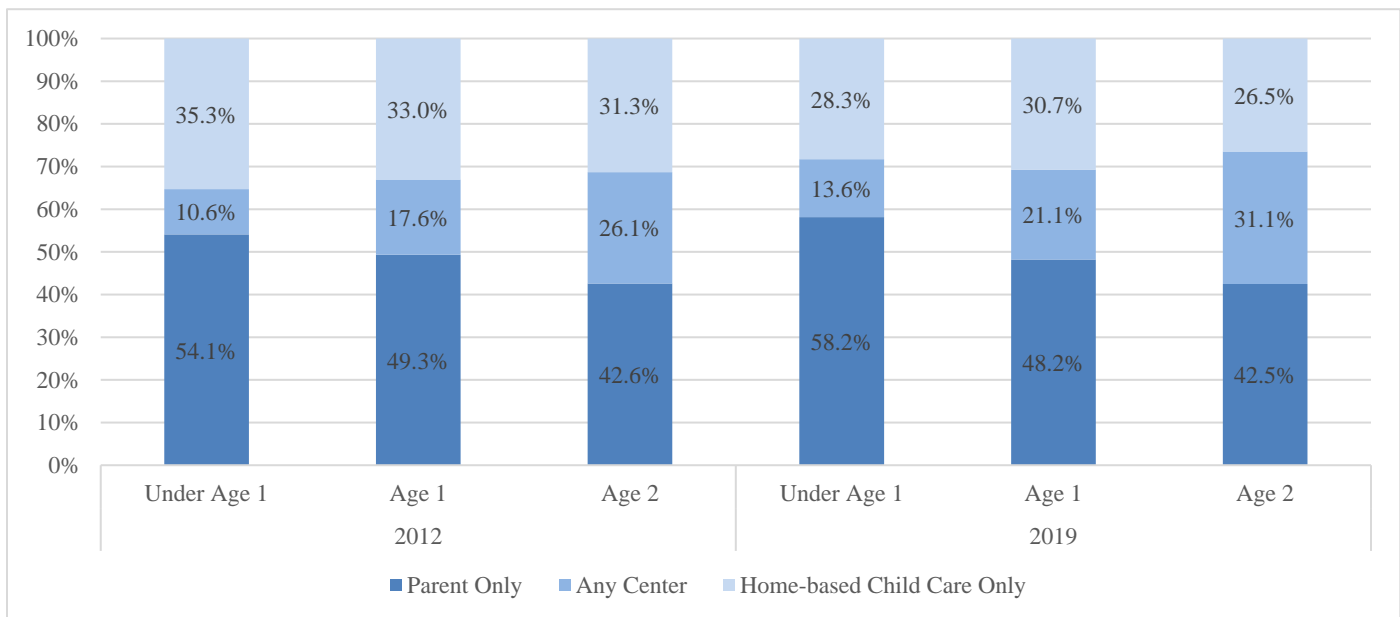
Figure 1. Infant and Toddler Care Arrangements in 2012 and 2019



Notes. Home-based Child Care Only is relative (other than a parent) and non-relative care in a home only.

National estimates of child care participation rates by type of care are presented in Figure 2 and Table 1 for children under age 3 by single year of age for 2012 and 2019.

Figure 2. Infant and Toddler Care Arrangements by Single Year of Age in 2012 and 2019



Note. Home-based Child Care Only is relative (other than a parent) and non-relative care in a home only.

The increase in parent-only care over time appears to be entirely due to a change for children under age 1. This contributed to the pattern of age differences in use of child care becoming even more pronounced from 2012 to 2019. The increase in the use of child care--especially the use of center care--as infants and toddlers grow older is even more striking in 2019 than earlier. Differences in the distribution of child care arrangements at each age are statistically significantly different. Across years, the percentage in centers increased and the percentage in home-based only care declined at each age.

Table 1. Infant and Toddler Care Arrangements by Single Year of Age: Number and Percentage of Children

Age	Weekly Care Type		Cohort	
			2012	2019
Under Age 1	Parent Only	N	2,594,242	2,687,265
		% within Cohort	54.1%	58.2%
	Any Center	N	506,644	627,652
		% within Cohort	10.6%	13.6%
	Home-based Child Care Only	N	1,693,402	1,306,012
		% within Cohort	35.3%	28.3%
Total	N	4,794,288	4,620,929	
	% within Cohort	100.0%	100.0%	
Age 1	Parent Only	N	2,203,754	2,120,835
		% within Cohort	49.3%	48.2%
	Any Center	N	788,402	930,847
		% within Cohort	17.7%	21.1%
	Home-based Child Care Only	N	1,476,015	1,352,092
		% within Cohort	33.0%	30.7%
Total	N	4,468,171	4,403,774	
	% within Cohort	100.0%	100.0%	
Age 2	Parent Only	N	1,774,980	1,706,945
		% within Cohort	42.6%	42.5%
	Any Center	N	1,087,162	1,250,300
		% within Cohort	26.1%	31.1%
	Home-based Child Care Only	N	1,305,259	1,063,745
		% within Cohort	31.3%	26.5%
Total	N	4,167,400	4,020,989	
	% within Cohort	100.0%	100.0%	

Note. Home-based Child Care Only is relative (other than a parent) and non-relative care in a home only.

Table 1 adds to the information presented in Figure 2 by presenting estimates of the numbers of infants and toddlers as well as the percentages of the population in each type of care. The number of children under 3 in child care declined from about 6.8 million in 2012 to 6.5 million in 2019 as the total number of children under age 3 declined. At the same time, the number in centers increased by about 400,000 to about 2.8 million. Most of those served in centers are older toddlers who are less expensive to serve in centers than infants. From 2012 to 2019, the number of infants under age 1 in center based care increased from about half a million to more than 600,000. To put these numbers in perspective, more than 8 million children birth to 5 and not in kindergarten were served by centers in 2019, while primary and secondary schools served nearly 57 million children.

Conclusions

About half of all children under age 3 receive nonparental care. This statistic has been relatively stable not just over the past decade but since at least 2001.¹ Beneath this overall picture of stability, there have been important shifts in child care usage. The percentage of infants under age 1 in child care has fallen risen recently. The percentage of infants and toddlers in centers has increased, while the percentage in home-based care has declined. This shift seems to be continuing a longer trend from 2001.¹ These patterns no doubt reflect stability and change in parent preferences, incomes, and costs. Public policy changes also are likely to have influenced these shifts. As center care tends to be higher quality than home-based, the changes from 2012 to 2019 may have increased quality and improved child development. Unfortunately, comprehensive national or state data are not available on child care quality and how this may vary by type of care and among families by income so how these changes have affected the experiences and development of infants and toddlers is unknown.

Additional research is needed to provide policymakers and the public with accurate information to help understand the observed trends and their implications. Among the key questions urgently needing answers:

- Why have parents reduced the use of child care prior to age 1 and why did they increase the use center-based care at all ages?
- How did changes in child care use and type of care affect labor force participation and productivity?
- How has the quality of care received by infants and toddlers changed as care patterns have changed, and how did these changes in type of care (and quality) affect child development?
- What roles have public policies played in these shifts in early care arrangements, and how might public policy be better designed to support infant and toddler development and parental employment?
- The pandemic has likely changed demand for different types of care as well as costs. Will it lead to a persistent shift back toward parental and home-based care? If so, should policies seek to support higher quality parental and home-based care or to shift care towards centers by improving infection control, raising quality, and reducing costs to parents?

The answers to all these questions likely vary by child and family characteristics including income so new studies must identify and help policy makers understand such variations.²

As the numbers of infants and toddlers in child care are modest, the costs to government of policies to raise quality and expand access also can be modest, even if they result in somewhat greater use of child care. The burden per taxpayer would be relatively light and may be justified by the benefits to taxpayers from improvements in the development, health, and productivity of future generations as well as increases in the productivity of their parents that contribute to economic growth.²

Acknowledgments

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About ITC@NIEER

The National Institute for Early Education Research (NIEER) at the Graduate School of Education, Rutgers University, New Brunswick, NJ, conducts and disseminates independent research and analysis to inform early childhood education policy. ITC@NIEER is a unit within NIEER focused on early care and education policies that influence the learning and development of infants and toddlers.

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Endnotes

¹Redford, J., Desrochers, D., & Hoyer, K. (2017). The years before school: children's nonparental child care arrangements from 2001 to 2012. NCES 2017-096. Washington, DC: NCES. Retrieved from <https://nces.ed.gov/pubs2017/2017096.pdf>

² Chaudry, A., Morrissey, T., Weiland, C., & Yoshikawa, H. (2017). *Cradle to kindergarten: A new plan to combat inequality*. NY: Russell Sage Foundation. Fort, M., Ichino, A., & Zanella, G. (2020). Cognitive and noncognitive costs of day care at age 0–2 for children in advantaged families. *Journal of Political Economy*, 128(1), 158-205. Michelmore, K., & Pilkauskas, N. V. (2019). Tots or Teens: How Does Child's Age Influence Maternal Labor Supply Response to the Earned Income Tax Credit. *Poverty Solutions at the University of Michigan Working Paper Series*, (4-18). Ann Arbor: University of Michigan.