“Essential One Day and Forgotten the Next”: Perceptions of Ohio’s Early Childhood Workforce on Their Exclusion from the Educator Phase of COVID-19 Vaccine Distribution

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Abstract
This study explores Ohio Early Childhood and Care (ECEC) workers’ perspectives about different prioritization for COVID-19 vaccine distribution between Ohio educators employed in ECEC and prek-12 settings. Days after Ohio’s shutdown, ECEC programs began reopening for children of essential workers, and by June 2020 all ECEC programs could reopen with enhanced mitigation strategies, while the prek-12 workforce remained remote as they cautiously returned in-person ranging from 2 to 9 months later. Ohio was 1 of 4 states that, despite contrary Center for Disease Control guidance, excluded ECEC workers from the phase of vaccine distribution in which prek-12 workers were eligible. Data on ECEC employee perceptions of this difference were collected via anonymous online questionnaire from 194 ECEC workers. Qualitative analysis revealed six themes: 1. Participants compared themselves to prek-12, 2. believe they are valuable, 3. disagreed with the decision, 4. felt undervalued compared to prek-12, 5. felt exploited, and 6. suffered mental health effects. ECEC workers’ perspectives are valuable and should be included in decisions impacting them.

Keywords Early childhood · Child care · Workforce · Prek-12 · Equity · Comparison

While both Early Childhood Education and Care (ECEC) and prek-12 workers provide education and child care, there are differences between the fields’ demographics, educational requirements, and status. ECEC, commonly referred to as child care, includes family child care providers and center-based care. Prek-12 includes public, charter, and private schools. ECEC has persistently low wages and status relative to prek-12 (see Table 1), largely attributed to gender and class bias and structural racism (Ackerman, 2006; England & Folbre, 1999; Ullrich et al., 2019). Nationally, 94% of ECEC workers identify as women, 40% are persons of color, and 22% were born outside the country (Child Care Aware of America, 2019). In contrast, 75% of Ohio prek-12 workers are women (Taie & Goldring, 2020; Thomas B. Fordham Institute, 2020) and 94% are White (Ohio Department of Education, 2021). In Ohio, 20.6% of ECEC workers live in poverty compared to 2.2% of employees in grades k-8 (McLean et al., 2021). While ECEC workers lack employer-sponsored healthcare (Gould, 2015) and paid time off (Ewing-Nelson, 2020), 92% of Ohio’s public prek-12 workers belong to a union (Winkler et al., 2012). Prek-12 employees have benefits, shorter workdays, and more paid time off (Showalter et al., 2019) and they too feel undervalued (Schleicher, 2020).

Despite this contrast, ECEC employee perspectives regarding these differences are absent from the literature. These perceptions are worthy of understanding because ECEC worker well-being is associated with intentions to leave the field (Grant et al., 2019; McMullen et al., 2020). ECEC workers’ lack of professional control contributes to emotional exhaustion leading to intentions to exit the workforce (Schaack et al., 2020). Their perspectives are often unaccounted for in policy decisions, which may lead to unintentional negative consequences (Shdaimah, 2018). This study aimed to understand how Ohio’s ECEC workforce felt when excluded from the state’s educator phase of vaccine distribution because this disparity is indicative of...
larger inequities between the professions. We asked the following central question: How did ECEC professionals feel about being excluded from the educator phase of the vaccine distribution in Ohio?

This study adds to the literature on ECEC workforce issues and public policy which can inform ECEC administrators’ and policymakers’ decision making.

**Literature Review**

**Context of the Study**

Figure 1 depicts the timeline of Ohio ECEC and prek-12 workers’ return to in-person work and respective phases in the state’s COVID-19 vaccine distribution. ECEC programs began opening days after the March 2020 shutdown, while prek-12 districts opened in-person between August 2020 and March 2021 (Grieve, 2021), leaving families and ECEC programs to care for school-aged children. When public schools committed to remote learning to finish the 2019–2020 school year, the rule prohibiting ECEC from offering school-age care when prek-12 was open was revised to allow ECEC programs to teach remote and hybrid prek-6th graders using district-provided curriculum (Crow & Terez, 2020). In returning to work, ECEC workers risked exposure to COVID-19 and expressed concern about their health (Weiland et al., 2021). Social determinants of health, including poverty and minoritized race and ethnicity status, put populations overrepresented in the ECEC workforce at higher risk from the virus (Abrams & Szefler, 2020; Centers for Disease Control, 2020; McLean et al., 2021). Caregiving prohibits the social distancing initially recommended to prevent spread of the virus.

COVID-19 vaccine inequity remains a global problem, but even within the United States, where the vaccine became widely available, the early shortage led to inequitable distribution, prioritizing some essential workers over others and leading to variable distribution within prek-12 and ECEC workforces (Rowland et al., 2020). This study focuses on the difference between prek-12 and ECEC distribution because the Centers for Disease Control recommended ECEC providers’ inclusion in the same phase as prek-12 employees in state distribution plans (Dooling, 2020). Among states, educator distribution phase start dates ranged from January 11 to March 17, 2020. Only Ohio, Oklahoma, Utah, Wyoming and the District of Columbia ranked ECEC after prek-12 in their plans (Tate, 2021).

Prek-12 employees, including those working remotely, were prioritized to access the vaccine in the phase following frontline health care providers, but the state’s ECEC workers

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**Table 1** Comparison of child care and elementary salaries

| Source | National | Ohio |
|--------|----------|------|
| Child care workers | $26,790 | $24,090 |
| Elementary school teachers | $65,420 | $64,700 |

*Source U.S. Bureau of Labor Statistics (n.d.)*

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**COVID-19 Timeline**

![COVID-19 timeline](https://via.placeholder.com/150)

*Fig. 1 COVID-19 timeline. This figure was created using Canva*
were not eligible until the next phase (Ohio Department of Health, 2021). Prek-12 preferential access was contingent on each district’s commitment to return in-person (Tebben, 2021). Ohio ECEC professionals responded with unsuccessful advocacy efforts (Goldenberg, 2021) and were eligible for vaccination a month later.

ECEC Turnover

High ECEC worker turnover is constant (Caven et al., 2021; Porter, 2012) but was worsened by COVID-19 (Weiland et al., 2021). Persistent turnover rates from 5 to 30%, which are even higher in programs serving infants and toddlers (Caven et al., 2021), are associated with lower wages (Caven, 2021), job stress, negative work experiences, and the profession’s low status (Hale-Jinks et al., 2006; Whitebook, 2014). The most qualified workers are most likely to leave when earning low wages (Whitebook & Sakai, 2003). Retention is linked with higher salaries, benefits and positive climate (Barnett, 2003; Kwon et al., 2020). Providers who report better working conditions, lower stress and less emotional exhaustion are less likely to wish to leave the profession (Grant et al., 2019; Totenhagen et al., 2016; Wells, 2015).

During the pandemic, programs struggled to maintain staff, with 80% nationally and 76% in Ohio reporting vacancies. ECEC administrators indicate wages, benefits, bonuses, and free childcare are the most effective incentives for hiring and retention. Inadequate adult-to-child ratios caused lost enrollment, reduced hours, and closed classrooms (NAEYC, 2021; OACCP, 2021). These disruptions are projected to decrease availability of childcare long-term (Jessen-Howard & Workman, 2020). High teacher turnover harms children and programs (Cassidy et al., 2011) because it disrupts relationships and undermines program stability (Phillips et al., 2000; Reidt-Parker & Chainski, 2015). It is costly to replace and train staff (Hale-Jinks et al., 2006).

Inequities in Access

Even before the pandemic, 48% of families reported difficulty finding child care (Montes & Halterman, 2011). The United States relies on a private pay structure for ECEC resulting in inequitable access, especially to high-quality care (Chaudry et al., 2017; Johnson-Staub, 2017; Novoa, 2020). Black, Hispanic and immigrant families experience higher rates of economic disadvantage in the United States (Creamer, 2020) and lack access to ECEC in part due to cost (Malik, 2019). Low-income families pay a higher portion of their earnings for child care than middle and high-income families (Malik, 2019). Subsidies are available to low-income families, but, while 13.5 million children qualify only 1.9 million children have access (U.S. Department of Health & Human Services, 2020). Ohio sets subsidy guidelines higher than other states, making qualification even more difficult (Moore, 2018). ECEC program availability and subsidy use have been in decline (Chaudry et al., 2017; Child Care Aware of America, 2019).

COVID-19’s Impact on Access

COVID-19 has further strained ECEC budgets, which were tight before the pandemic (Jessen-Howard & Workman, 2020; Workman, 2018). Early enrollment restrictions to prevent COVID-19’s spread reduced revenue from tuition, but even after capacity was increased, parents withdrew children citing health concerns (Weiland et al., 2021). The rising cost of high-demand supplies such as no-touch thermometers, non-latex gloves, and cleaning products further stretched budgets (Jessen-Howard & Workman, 2020). Some programs increased tuition. ECEC workers were more likely to experience financial impacts during the pandemic than prek-12 (Bassok et al., 2020).

Financial instability led to program closures (Weiland et al., 2021). Reductions in spaces and financial strain on families resulted in lower participation in ECEC (Patrick et al., 2020). COVID-19’s negative effects on ECEC have harmed low-income families, minorities, and women most (Garcia & Cowen, 2022). The greatest decline in enrollment has been among poor children and minorities (Barnett & Jung, 2021; Weiland et al., 2021), as their families are less likely to be able to work from home and are more likely to work unpredictable hours (Gould & Sheierholz, 2020). Access to high-quality programs is more disparate, as low-income and minority children attend high-quality programs at rates far below higher income, often White children (Chaudry et al., 2017; Friedman-Krauss & Barnett, 2020). Families with higher incomes and those in Head Start have access to higher-quality programs (Malik, 2019), but Head Start is underfunded, serving fewer than 40% of eligible preschoolers and 3% of eligible infants and toddlers (NIEER, 2016). Middle-class and low-income families disproportionately use low- and medium-quality and unregulated programs (Malik, 2019). The industry faces an impending program closure crisis (Jessen-Howard & Workman, 2020) which will worsen issues of inequity in access to high-quality care. The current study seeks to understand ECEC worker experiences concerning their exclusion from the educator phase of the COVID-19 vaccine distribution in Ohio because understanding their perspectives may inform policy decisions to improve recruiting and retention in the field.

Methods

To reach as many participants as possible, the team created a self-administered online Qualtrics questionnaire consisting of 20 questions, including 12 demographic inquiries, and
four dichotomous questions regarding participant intent to be vaccinated, participation in advocacy efforts and opinions about the efficacy of workforce advocacy. The four open-ended questions asked participants to describe (1) feelings about returning to work during the pandemic and (2) feelings about exclusion from the educator vaccine phase, (3) opinions on reasons for exclusion, and (4) feelings when the vaccine became available in the next phase.

Using a snowball strategy, we recruited from Ohio ECEC social media groups and Child Care Resource and Referral Agency email lists. Respondents were encouraged to share the questionnaire with potential participants, creating a larger pool. Clicking the study link presented required informed consent information. Those who consented to participate were given the questionnaire, which was open from March 11, 2021 to May 10, 2021. Participation was voluntary and anonymous; IRB determined this study was exempt due to the minimal risks to participants.

**Description of Participants**

The questionnaire yielded 194 responses with more than half of Ohio’s counties represented. Table 2 summarizes participant demographics. Gender distribution mirrors the national workforce, in which 94% identify as women. Ages ranged from 20 to 69 years, though skewed older. Dissimilar to the national workforce, White workers comprised 86% of participants, followed by Black or African American participants at 9%. Sixty-three percent report a yearly household income greater than $55,000 but individual income data was not collected.

Table 3 highlights participants’ experience. Sixty-two percent had more than 16 years of experience. Fifty-eight percent of respondents were administrators and 75% worked either since the beginning of the pandemic or when ECEC could reopen under pre-pandemic licenses. Among those who selected “other” as their role were 7 home visitors, 3 professionals serving young children with disabilities, 12 in multiple roles such as administrator/lead teacher and family child care providers, 2 support staff, a kitchen assistant, 3 family educators, an Educational Coordinator and a Quality Assurance Manager.

**Data Analysis**

The researchers used thematic analysis (Braun & Clark, 2006) to identify patterns and themes, assigning codes and themes using both inductive and deductive methods. We coded the open-ended responses using a priori coding. One researcher reviewed the full data set and developed an initial coding schema based on repeated meaning patterns. The team read and re-read the data and applied the schema to the entire dataset using Dedoose. We established interrater reliability by coding the same data section until achieving at least 80% consistency. We coded eight main nodes and 23 subnodes which we organized into six themes, reflected in Tables 4, 5, 6, 7 and 8. The team reflexively discussed, defined, and named themes in regular data meetings. Using a constructivist perspective, we organized the data into a narrative to “theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided” (Braun & Clark, 2006, p. 85).

**Limitations**

The primary limitation is the population representation, considering the small sample, online recruiting strategies, and potential for self-selection bias. Participants overrepresented White, higher-earning ECEC workers. Directors were disproportionately included. The researchers were unable to control for evolving knowledge about COVID-19 and the vaccines. Finally, while the researchers’ ECEC connections to the field lend credibility and insight, they present the potential for bias.

| Table 2  | Demographics of participants |
|----------|-----------------------------|
| **n**    | **%**                       |
| Gender   |                             |
| Women    | 180                         | 92.78 |
| Men      | 8                           | 4.12  |
| Non-binary/third gender | 1 | 0.52 |
| Prefer not to say | 5 | 2.58 |
| Age in years |                   |
| 20–29    | 20                          | 10.31 |
| 30–39    | 42                          | 21.64 |
| 40–49    | 54                          | 27.84 |
| 50–59    | 58                          | 29.90 |
| 60–69    | 20                          | 10.31 |
| Racial identity |                     |
| American Indian or Alaskan native | 1 | 0.52 |
| Black or African American | 17 | 8.76 |
| Hispanic or Latinx | 2 | 1.03 |
| White    | 166                         | 85.57 |
| Biracial or multiracial | 3 | 1.55 |
| Prefer not to say | 5 | 2.58 |
| Annual household income |           |
| Less than $25,000 | 12 | 6.19 |
| $25,000–$34,999 | 26 | 13.40 |
| $35,000–$54,999 | 34 | 17.53 |
| $55,000–$74,999 | 32 | 16.49 |
| $75,000–$99,999 | 31 | 15.98 |
| $100,000+ | 38 | 19.59 |
| Prefer not to say | 21 | 10.82 |
To address these limitations, we employed strategies to enhance trustworthiness (Lincoln & Guba, 1985). We designed the questionnaire with open-ended questions to avoid leading responses. The team recruited responses from all state regions. We regularly discussed the findings using reflexivity to articulate how our positions could influence the results. We reviewed the data critically and engaged in peer debriefing to refocus the discussion. Data were analyzed by the team, allowing for investigator triangulation. Member checking was completed (Merriam & Tisdell, 2016) and the team engaged in constant comparison in the analysis and description process (Silverman, 2000).

Findings

Theme 1: Comparisons to Prek-12

Participants compared themselves to the prek-12 system 209 times, not just regarding their access to the vaccine but also their working conditions compared to prek-12 during the pandemic (See Table 4).

Theme 2: Belief in Their Value

As shown in Table 5, participants consistently articulated their work’s value citing four main reasons for their self-perceived importance: benefits to children, families, the economy, and society. Participants emphasized their work involves both caregiving and education.

Theme 3: Disagree with This Policy

Those surveyed nearly unanimously disagreed with Ohio’s exclusion of them in the educator phase of vaccine distribution which they described emphatically (see Table 6). Respondents believed that, as essential workers, they experienced personal risk, especially in comparison to prek-12; these codes overlapped 27 times. The participants relayed potent emotions, using words such as insulted, appalled, mad, annoyed, upset, angry, frustrated, and disappointed. The phrases “slap in the face,” “smack in the face” or “jab in the throat” were used 51 times. Even those uninterested in being vaccinated expressed disagreement with the decision.

| Theme                              | Frequency | Sample narratives (participant #)                                                                 |
|------------------------------------|-----------|-----------------------------------------------------------------------------------------------|
| Comparisons to prek-12             | 209       | I was frustrated that we were not included initially, especially since child care facilities have been open this whole time, while K-12 schools have been going virtual. (P84) Being a family childcare [sic] provider does not make us [sic] any less of an educator as teachers working in a school district. (P121) I thought it was very unfair. K-12 teachers were working with half sized classrooms when students were in attendance while we went back to normal classroom sizes and we are in closer contact with our students then [sic] they are. It felt like we are not important enough to be included as educators. (P179) We had to be the first ones to open our doors so others could go back to work, we are working with children who do not wear masks because it isn't safe for them... k-12 grade teachers and staff got their shot and they are working with students who do wear masks and they understand the importance of wearing them. Our kiddos sneeze... and cough in any direction and most of the time not covering up their nose or mouth because they are too young to do so. (P174) I felt that the leadership in Ohio did not value the importance of early childhood and believed the workforce to be expendable and less than other educators by not including this category in the educator vaccine roll out. (P131) |
Theme 4: Feel Undervalued

Participants perceived that the field is undervalued, especially when compared to prek-12; the codes intersect 57 times. ECEC employees were deemed essential. This term was scrutinized by respondents who felt that they were told they were important but not treated as important in vaccine distribution. Given their marginalization relative to prek-12, they described the decision as unsurprising. Participants believe they are treated as second-class educators. They referenced inequities in compensation, eligibility for federal tax deductions, and student loan forgiveness as examples of ongoing disparities between the professions. Participants perceived that their inequitable treatment is in part due to a lack of understanding of the importance of their work (see Table 7).

Table 5  Theme 2: Frequency counts and sample narratives

| Theme                         | Frequency | Sample narratives (participant #)                                                                 |
|-------------------------------|-----------|--------------------------------------------------------------------------------------------------|
| Belief in their value         | 106       | [ECEC workers] have one of the most important jobs. Not only providing support and education to children during the most crucial years of their lives by allowing families to continue working. (P103) |

| Sub-theme                     | Frequency | Sample narrative (participant #)                                                               |
|-------------------------------|-----------|------------------------------------------------------------------------------------------------|
| To children                   | 26        | I teach my children during the most important years of their life [sic], the first 5 years. (P121) |
|                               |           | Research tells us that over 90% of a child’s brain is developed within the 1st 2000 days of life, emphasizing the importance of the early childhood field. (P93) |
| To families                   | 64        | I can't tell you how many families told us that we were their life line [sic]. (P148)           |
|                               |           | ….child care is at the heart of every community…But programs do more than that—they connect families to each other, provide resources and training, provide needed child care so families can work, etc. (P85) |
| To the economy                | 48        | Here we are on the frontlines… keeping children safe at the expense of our own health and safety and we have to fight to get vaccinated. For years, people have never seen our worth. WE [sic] are the backbone of the American economy. (P185) |
|                               |           | Without EC educators, much of the economy would stop. (P22)                                   |
| To society                    | 7         | It was our profession that gave the world the ability to pull through the pandemic (P93)        |

Table 6  Theme 3: Frequency counts and sample narratives

| Theme                         | Frequency | Sample narratives (participant #)                                                                 |
|-------------------------------|-----------|--------------------------------------------------------------------------------------------------|
| Disagreement                  | 144       | We are educators and deserved to be in [the] initial roll out of the vaccine. (P194)              |
|                               |           | … I don’t want the vaccine, but it was unfair for those who did want it since we are considered essential workers. (P107) |
|                               |           | I also believe… workers deemed “essential” should have had priority over k-12 teachers. Many of the essential workers are still waiting for vaccines when they were the people providing educators and others with the opportunity to stay safe at home… (P78) |

| Sub-theme                     | Frequency | Sample narrative (participant #)                                                               |
|-------------------------------|-----------|------------------------------------------------------------------------------------------------|
| Perception of personal risk   | 184       | It was uncalled for. These teachers were risking their lives more so than k-12 teachers. [ECEC teachers] were back full-time and could not social distance properly. And the governor raised the ratio back to normal right after center’s [sic] were able to reopen. [ECEC] were the only industry that was able to operate without any restrictions and were not allowed to get the vaccine. This was incredible [sic] disheartening and uncalled for. They were treated like second class citizens. (P170) |
| Essential workers             | 85        | Since child care workers were deemed essential and were actively screening children and sending home children with symptoms, we should have been included in the initial phase for the vaccination. (P181) |
|                               |           | It was a real slap in the face that we were considered essential in the beginning and then disposable when the vaccine rollout began… Our work is extremely important. Either we are essential and necessary or we are not. Child care providers began to feel important at the start of the pandemic. That feeling was ripped away with the lack of priority for child care providers. The field of early childhood professionals have long been fighting for validation and respect of the community. We felt it and then we were denied it. (P56) |
| Intense emotions/Slap in the face | 158/51 | It was infuriating, insulting, incomprehensible, baffling, and disrespectful. In short a MAJOR SLAP IN THE FACE [sic]! (P101) |

Theme 4: Feel Undervalued

Participants perceived that the field is undervalued, especially when compared to prek-12; the codes intersect 57 times. ECEC employees were deemed essential. This term was scrutinized by respondents who felt that they were told they were important but not treated as important in vaccine distribution. Given their marginalization relative to prek-12, they described the decision as unsurprising. Participants believe they are treated as second-class educators. They referenced inequities in compensation, eligibility for federal tax deductions, and student loan forgiveness as examples of ongoing disparities between the professions. Participants perceived that their inequitable treatment is in part due to a lack of understanding of the importance of their work (see Table 7).
Theme 5: Felt Exploited

Participants felt policymakers exploited their return to the workplace to benefit essential workers and the economy (see Table 8). They believed the prioritization of prek-12 for the vaccine was motivated by a desire to reopen prek-12. They attribute the difference, in part, to prek-12 unionization. One respondent referenced Ohio’s contribution of ECEC data to two research studies to understand children’s roles in transmission, describing the feeling that ECEC was used as “guinea pigs.” Participants perceive that systemic inequities contribute to their treatment.

Theme 6: Mental Health Suffered

An unexpected theme, which did not intersect with comparisons to prek-12, was the pandemic’s impact on participant mental health, which will be discussed in another paper. This theme was coded 141 times in the narratives. To fully present the data we will prepare a separate publication.

Discussion

Although the initial research question centered on worker perceptions of the policy decision to exclude ECEC from the educator phase of the vaccine rollout in Ohio, this study offers unexpected insight into ECEC worker perceptions of their status relative to prek-12, a perspective that is largely absent from the literature but is obvious in disparities in pay and benefits. Participants emphasized the value of their work and perceived their inequitable treatment. They expressed anger and frustration about their long-standing marginalization which was worsened during COVID-19. Their mental health was impacted negatively during the pandemic.

As referenced by participants, high-quality ECEC experiences are linked to positive long-term outcomes (Campbell et al., 2012; Reynolds et al., 2002; Schweinhart et al., 2005). They support social and emotional development, cognitive growth, and physical health and wellness (Marshall & Cas-tillo, 2001) and prepare children to be successful in prek-12 (Cannon et al., 2017; Slutzky & DeBruin-Parecki, 2019). ECEC providers support families beyond their caregiving (Bromer & Henley, 2004, 2009). The field contributes substantially to the economy, an impact not lost on participants. Access to ECEC enables parents to work, thus maximizing workers in the workforce (Lynch & Vaghul, 2015; Shrimali, 2020). Factoring in the benefits of high-quality long-term experiences, economists estimate a return on investment in ECEC ranging from 7 to 18% (Garcia et al., 2019; Grunewald & Rolnick, 2010). There is a need to grow the workforce to increase access to high-quality early learning but employee retention and recruiting is threatened by the experiences of exclusion apparent in this study.

Despite evidence of the value of their work, ECEC workers in the current study feel undervalued, a perception supported by the literature. In some responses, defense of the profession sounds well-rehearsed, as if they are accustomed to defending their work. ECEC is laden with issues of inequity, both in the workforce demographics and in working conditions.
conditions (McDonald et al., 2018; McLean, 2021). Women, mostly poor and of color, care for young children in the United States. This inequitable distribution of caregiving is rooted in gender, racial and class bias and has persisted over centuries (Glenn, 2010; Vogtman, 2017). The decline in mental health described by these participants was similar to other ECEC professionals surveyed during the pandemic (Swigonski, et al., 2021). ECEC worker well-being was linked to stress, compensation, turnover, job satisfaction, and issues of social justice even before the pandemic (Cummings, 2017; Kenyon-Hall, 2014). ECEC worker turnover is linked with low status and negative work experiences (Hale-Jinks, et al., 2006; Whitebook, 2014).

The circumstances of the pandemic allowed unique insight into ECEC worker perceptions of being exploited. Participants perceived that their relative lack of voice and agency compared to prek-12 left them vulnerable to exploitation for political reasons. Their feelings of exploitation may be partially attributed to two studies which Ohio contributed ECEC data, the nationwide Yale Study and the Ohio Study, which examined children’s role in virus transmission. The first found no difference in transmission between ECEC workers in the classroom with those who were not (Gilliam et al., 2021) while the latter found centers’ infection control measures prevented transmission (Freedman et al., 2020). Both studies were conducted during a time in which intense mitigation and low community transmission likely influenced the results but were referenced by decision-makers in reopening prek-12.

**Implications**

The field of ECEC needs greater expansion to provide young children access to high-quality early learning but is faced with a growing workforce shortage. The workforce is essential to increasing access to high-quality ECEC, which has long-term benefits for individuals and society. The worker perceptions of their marginalization presented in this research are problematic because ECEC workers quit due to poor wellbeing and perceptions of low status of the profession. To prevent further attrition, the workforce must experience equitable working conditions. Policymakers and researchers should prioritize ECEC professionals’ input in policy and invest in a more equitable system funded similarly to prek-12. Further, efforts to professionalize the field should be prioritized to shift its societal status. Not doing so “perpetuates the perception that educating children before kindergarten requires less expertise than educating early elementary students” (NAS, 2020, p. 31). As a result, policymakers act without consideration of the “knowledge and competencies” of ECEC and their “significant and critical contribution” to society (NAS, 2020, p. 27).

**Conclusion**

Engaging in this research has been a form of healing-centered engagement (Ginwright, 2018). While each researcher’s education and career bridges prek-12 and ECEC, one owns and directs an ECEC program, lending an insider perspective. This study provides empirical evidence of perceptions that have long been referenced in communication with ECEC workers. In conclusion, we offer a final ECEC worker (P191) narrative:

All over this country jobs are opening for people willing to work and companies...are feeling the pinch of not being able to get those jobs filled. [Some] blame low
wages and... employers for not paying enough. But that's not it. ...it's also about families not being able to obtain affordable, reliable, high quality child care...and about our field not being able to retain teachers. You want the economy to roll again? Fill those classrooms with high quality teachers. Pay them. Give benefits. Come to the table to meet families head-on with subsidies and vouchers. Let the government pay their part. Take. Care. Of. Us. We are the literal foundation of the economy. Families can't work when there is nowhere for their kids to go... We are the LynchPin of the economy. Teachers are holding that pin, right now, in our unvaccinated and pissed off hands. And the ONLY thing that keeps it all from imploding is that we love our jobs and care about children and families.

**Future Studies**

In an article on turnover in the ECEC workforce, Hale-Jinks et al. (2006) wrote:

> The silence of this workforce as a whole reveals the notion that society is content to let these teachers, who are mostly women, lead a career of quiet servitude... The caregiving workforce’s cry for help is seemingly silent in that there is a lack of union action and community awareness. However, the statement that child caregivers make in dejectedly leaving their jobs and careers is loud and clear (p. 225).

In the current study, practitioners are not silent. Their voices are powerful and emphatic; future studies should emphasize ECEC workers’ perspectives. We recommend continued study of worker experiences impact on retention in the field. There is potential for replication in other states. Further studies could explore factors contributing to workforce turnover. We recommend future studies using a representative sample to better generalize results. Finally, we recommend additional research that calls attention to inequitable practices among early care and education settings.

**Declarations**

**Conflict of interest** All authors declare that they have no conflict of interest.

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