



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2019

***NSECE COVID-19
Longitudinal Follow-up
Center-Based Provider
Questionnaire – Wave 1***

Data Collection Period: November 2020 – March 2021

National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up Center-based (CB) Provider Questionnaire – Wave 1 [Data Collection Period: November 2020 – March 2021]

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Questionnaire Key

Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

A8A.

Is your program for profit, not for profit, or is it run by a government agency?

1. FOR PROFIT → SKIP TO A9
2. NOT FOR PROFIT
3. RUN BY A GOVERNMENT AGENCY
4. OTHER, SPECIFY: _____

2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]_S_[Sequential count].

Skip Logic Box A_S_1:

IF A8A = 1 OR 2 (“FOR PROFIT” OR “NOT FOR PROFIT”), ASK A9
ELSE, SKIP TO A11.

Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop’s questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a box designated as ‘Start of...’ and ‘End of...’ Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]_L_[Sequential count].

*Start of B_L_1 Loop (*BL1):*

REPEAT B1_5 – B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a ‘*’ and formatted *in italics* with **blue font**. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

B1_5C. **BL1*

How many hours per week does that cover?

Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with "RANGE:" in all caps and formatted with purple font.

B5d.

How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children
RANGE: 0-999

Programmatic fills:

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets [...], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

A2G9a. *AL1 *AL2

In the past 12 months, has he/she contributed \$500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

1. Yes
2. No
3. DK/REF

Overview of NSECE COVID-19 Longitudinal Follow-up Center-based Provider Questionnaire – Wave 1

Section	Respondents who were asked section items	Constructs List	Page #s
Section A. Calendar	Asked of all respondents	Provider status in February 2020	A-1
		Month and year last provided care prior to February 2020	A-1
		Main reason program stopped providing care	A-1
		Total enrollment in February 2020	A-1
		Provider closures since February 2020	A-2
		Provider closures since February 2020 - dates	A-2
		Provider closures since February 2020 - number of weeks	A-2
		Provider closures since February 2020 - main reason	A-3
		Provider closures since February 2020 - revenue received	A-3
		Provider closures since February 2020 - whether resumed care	A-3
		Provider open spells – date resumed	A-3
		Provider open spells – reasons for providing care at that time	A-4
		Provider open spells - enrollment	A-4
		Provider open spells - special authorization	A-4
		Provider open spells - terms of authorization	A-5
		Provider open spells - whether stopped on-site care	A-5
		Main reason program still closed	A-6
		Conditions needed to reopen (if any)	A-7
		Number of weeks program provided services on-site	A-7
		Number of weeks program provided daily off-site services but not on-site services	A-7
Number of weeks of planned closures	A-7		
Number of weeks program closed or unable to provide full planned services	A-7		

Section	Respondents who were asked section items	Constructs List	Page #s
Section B. Experience of Pandemic Assistance Programs	Asked of all respondents providing ECE in February 2020	Types of financial support received during COVID-19.	B-1
		Types of financial support applied for, but not received during COVID-19	B-1
		Sources of information on how to apply for COVID-19 assistance	B-2
		Sources of information valued for providing child care during COVID-19	B-3
Section C. ECE Practices during Reference Period	Respondents providing ECE at any time during the reference period Reference period: March 2020 – date of last interview	Any contact with children or families when closed	C-1
		Purpose of contact when closed	C-1
		Health practices – 3 time points	C-2
		Social distancing – 3 time points	C-2
		Any COVID-19 exposure at program	C-3
		Source of COVID-19 exposure	C-3
		Steps taken due to COVID-19 exposure	C-3
		Provided care for new child group since beginning of COVID-19	C-4
		Whether children had been turned away due to lack of vacancies	C-4
		Whether children with special needs had been turned away	C-4
		Difficulty covering costs since COVID-19	C-4
		Most common child care concerns from parents during COVID-19	C-5
Section D. ECE Status during Focal Week	Respondents who were providing ECE during the focal week last week of October	Program providing care during focal week	D-1
		Location of care during focal week	D-1
		Purpose of off-site contact	D-1
		Age groups served	D-2
		Number of children enrolled by age group	D-2
		Number of vacancies by age group	D-2
		Number of children paid for only by parent fees	D-3
		Whether families pay same price as prior to COVID-19	D-3
		Agency or program paying part or all of cost for care	D-3
		Number of children funded by agencies/government programs	D-3
		Location of children’s physical activity	D-4

Section	Respondents who were asked section items	Constructs List	Page #s
		Any meals provided to children	D-4
		Program participates in food program	D-4
		Any access to health consultant	D-4
		Comprehensive services – health screenings	D-5
		Comprehensive services – developmental assessments	D-5
		Comprehensive services – therapeutic services	D-5
		Comprehensive services – counseling services	D-5
		Languages used by staff when working with children	D-5
		Number of hours program open for care on-site on reference date	D-9
		Total number of staff working with children	D-9
		Number of new staff working with children since March 2020	D-9
		Total number of staff working with children larger in October 2020 than March 2020	D-9
		Total number of staff not working with children	D-9
		Number of new staff not working with children since March 2020	D-9
		Total number of staff not working with children larger in October 2020 than March 2020	D-9
		Whether wages for staff working with children changed since January 2020	D-10
		Main reason for change in wages	D-10
		Any professional development resources for staff – funding for training	D-10
		Any professional development resources for staff – paid time off for training	D-10
		Any professional development resources for staff – access to coaches	D-10
		Program benefits for staff – reduced program tuition	D-10
		Program benefits for staff – health insurance	D-11
		Paid or unpaid sick leave provided	D-11
		Quality of teacher-child interactions in October 2020 compared to February 2020	D-12
		Number of children with physical disability	D-12

Section	Respondents who were asked section items	Constructs List	Page #s
		Number of children with IEP/ISFP	D-12
		Ethnicity of children in program	D-12
		Race of children in program	D-13
		Number of children program stopped caring for between February 2020 and October 2020	D-13
		Number of children program started caring for between February 2020 and October 2020	D-13
		Number of aides and assistants working in program	D-13
		Number of full-time aides and assistants	D-14
		Number of teachers working in program	D-14
		Number of full-time teachers	D-14
		Number of specialists working in program	D-14
		Number of full-time specialists	D-14
		Education attainment of instructional staff members in program	D-15
		Staff working in program in October 2019 not working in October 2020	D-15
		Main reason staff not working in program in October 2020	D-16
		Whether respondent expects staff from fall 2019 to return in fall 2021	D-16
Section E. Current situation	Asked of all respondents	Worked at program in 2019	E-1
		Likelihood program will be operating in 3 years	E-1
		Likelihood respondent will be in early care and education (ECE) in 3 years	E-1
		Other experiences being an early care and education (ECE) provider during COVID-19	E-1

NSECE COVID-19 Longitudinal Follow-up Center-based Provider Questionnaire – Wave 1

You should have received a personal identification number (PIN) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN: _____

If you have any questions or would prefer to answer these by phone, please call 1-800-487-4609.

CB Respondent Qualification Questions (RQQ):

- 1. We have some questions about the early care and education center that [2019 NSECE program] operated at [address] in spring 2019. Are you knowledgeable about that center's activities since March 2020?**

for example: periods that the center was or was not serving children, pandemic-related assistance the center might have applied for or received from public or private sources, the staffing and health practices in place, or why the center may have closed down operations at that address.

1. Yes →SKIP TO Question 6
2. No

- 2. If you are not knowledgeable about that center's activities since March 2020, please provide us contact information for a person or organization who could tell us about the center's activities. That might include an owner, an organization's headquarters, or someone who currently works at the organization?**

Contact name: _____

Organization name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

ZIP: _____

Email: _____

Telephone: _____

Organization Website: _____

Please describe the person or organization whose contact information you are providing:

3. What month and year were you last knowledgeable about the center's operations in early care and education?

Month: _____ Year: _____

4. Is there any other information you would like to provide to help us understand the effect of the COVID-19 pandemic on this center?

5. Thank you very much for your time and assistance with the National Survey of Early Care and Education. We have no further questions.

*****END SURVEY AND EXIT*****

6. Our records indicate that your address was [ADDRESS] during the spring of 2019. Is that still correct?

1. Yes → SKIP TO Question 8
2. No
99. DK/REF/BLANK

7. What is your correct address?

Street address _____
City _____ State _____ Zip _____

8. Could you also confirm or provide some contact information for yourself if we need to follow-up with you about the survey?

Contact name: _____

Email: _____

Telephone: _____

Consent statement

Thank you for taking part in this study, which is about the impact of the COVID-19 pandemic on early care and education programs that were available in 2019 for children under age 13. It is funded by the U.S. Department of Health and Human Services and conducted by NORC at the University of Chicago. Your participation in this study will help the government at all levels better understand and support the child care and early education services that are most needed in your area.

This interview takes about 20 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason, we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name, or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2024. Please send comments regarding the time required for this survey or any other aspect of this information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

You can click on the "PREVIOUS" button to go back and change your answers if needed. Clicking "STOP" will save your responses and allow you to return to the last question you answered the next time you access the survey.

1. CONTINUE

Section A. Calendar

Throughout this interview, please refer to the early care and education program operated by [2019 NSECE program] at [address] in answering questions about your program and its services.

A1.

In February 2020, was your program providing early care and education to children under age 13? By early care and education we mean services to children under age 13 other than regular elementary school grades kindergarten through eighth grade.

1. Yes → SKIP TO A4
2. No

A2.

What month and year had your program last provided care to children prior to February 2020?

_____ Month
_____ Year

A3.

What was the main reason your program stopped caring for young children at that time? (SELECT ONE ONLY)

1. Financial challenges operating the program
2. Owner closed the program for non-financial reasons
3. Sponsoring organization closed the program for non-financial reasons
4. Program changed focus to other age groups or services
5. Other reason, please specify: _____

SKIP TO A22

A4.

In February 2020, what was the total number of children under age 13 enrolled in your program for early care and education services?

_____ Number of children
Range 0 - 999

A5.

Since February 2020, have you had an **unplanned** period of two weeks or more when you were not providing care on-site to any children under age 13 who were not your own? Please do not count planned holidays or vacations.

Please report any interruption in your organization’s on-site care at this address, including changes in who operates the program or transfers of children to a different address for care.

- 1. Yes
- 2. No → SKIP TO A1

*Start of A_L_1 Loop (*AL1):*
ASK A6 – A16 UNTIL A16 ≠ 1 OR A10 = 2. MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A6. *AL1

About what date did you (first/next) have a period of not serving children on-site? If you do not recall the date, please give your best estimate.

_____ Month
_____ Day

A7. *AL1

About how many weeks were you closed at that time?

_____ Number of weeks
Range: 0-99

A8. *AL1

What was the main reason that you were not caring for children on-site at that time?
(SELECT ONE ONLY)

1. Recommendations from the local health department, the governor, and/or the state
[Added: Tribal/Centers for Disease Control and Prevention (CDC)]
2. Adherence with guidance for K-12 schools
3. Reduced enrollment and/or the increased costs of staying open
4. A case/cases of coronavirus in my site's immediate community (families, children, or staff)
5. Either I or a family member/loved one got sick
6. Concerns about staff safe
7. Concerns about keeping children safe
8. Other, please explain
9. Added: COVID-19 (unspecified)
10. Added: Mandated/Forced closure (by government, agency, parent organization, site)
11. Added: Site hosting center closed
12. Added: Scheduled/Seasonal closure
13. Added: Closed for preparation
14. Added: Staff shortage
- 1. DK/REF

A9. *AL1

Were you receiving any revenues during the time that you were not serving children on-site, for example, from parent payments or government payments for children's care?

1. Yes
2. No

A10. *AL1

After your program was closed in [MONTH FROM A6], did you begin to provide paid care again?

1. Yes
2. No → SKIP TO A17

A11. *AL1

When did your program return to providing ECE services for children under age 13?

_____ Month
_____ Day

A12. *AL1

What were the main reasons that your program began serving children at that time? (SELECT UP TO THREE)

1. I did not have the financial resources to survive revenue loss from a closure
2. I felt that I was able to safely provide child care
3. I wanted to serve children of essential workers or children from at-risk populations
4. I received federal Paycheck Protection Program (PPP) funding
5. I received state or local funding
6. The state said that child care is allowed to open for all families
7. The network of programs that I am part of (such as a school district or a center with multiple sites) reopened
8. Other please specify: _____
9. Added: Families needed care/Demand for care increased
10. Added: Provided care remotely
11. Added: Completed quarantine period
12. Added: Beginning of new term/school year
13. Added: I received other or unspecified funding
14. Added: Did not close fully
15. Added: I was caring for family members (children, grandchildren, etc.)
- 1. DK/REF

A13. *AL1

When you re-opened how many children under 13 were you caring for in a typical week?

_____ Number of children
Range 0 – 999

A14. *AL1

Did you have any special authorization to operate at that time, for example, serving designated groups of children or meeting specific health requirements?

1. Yes
2. No → SKIP TO A16

A15. *AL1

What were the terms of your authorization to operate? (SELECT ALL THAT APPLY)

1. Serve designated children (such as children of essential workers or subsidy recipients)
2. Differences in ratios, group sizes, or other requirements
3. Permission to operate when other programs were closed
4. Other (specify): _____
5. Added: Meet other COVID-19 guidelines and regulations (not specific to occupancy)
6. Added: Remote/virtual learning only
7. Added: Child care allowed to be open (no terms needed/specified)
- 1. DK/REF

A16. *AL1

Did your program stop caring for children on-site for 2 or more weeks after that time?

1. Yes → LOOP TO A6
2. No → SKIP TO A19

*End of A_L_1 Loop (*AL1):*

REPEAT A6 – A16 UNTIL A16 ≠ 1 OR A10 = 2. MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A17.

What are the main reasons your program is still closed? (SELECT UP TO THREE)

1. I felt the health of children and families was at risk by keeping my program open
2. I felt my health was at risk by keeping my program open
3. I did not have enough children attending my program
4. I was not able to cover my operating costs
5. I was not able to maintain my staff
6. I was not able to obtain sufficient cleaning/sanitizing supplies or personal protective equipment (PPE)
7. I was not able to adhere to social distancing and cleaning guidelines
8. I closed because my local school district closed
9. I closed in accordance with the shelter-in-place order
10. I am part of a network of programs that all shut down (such as a school district or a center with multiple sites)
11. Other (please specify): _____
12. None of the above
13. Added: COVID-19/COVID-19 related
14. Added: I was able to needed to operate remotely
15. Added: Currently open, potentially providing unpaid care
16. Added: I had a job/career change
17. Added: Personal reasons
18. Added: I retired
19. Added: I now provide care in a in center-based setting
- 1. DK/REF

A18.

Under what conditions will you be able to reopen your program? (PLEASE PICK THE THREE MOST IMPORTANT)

1. My program will not reopen, it is permanently closed
 2. My program is currently reopening (within the next two weeks)
 3. Once the network of programs that I am part of (such as a school district or a center with multiple sites) reopens
 4. Once the local school district reopens
 5. Once I determine it is safe to reopen
 6. Once I am able to hire or rehire staff
 7. Once I have enough interested families to cover the cost of reopening
 8. Once I am able to return to my licensed capacity prior to the pandemic
 9. Once I am able to adhere to cleaning and sanitizing guidelines
 10. Once I am able to adhere to social distancing guidelines
 11. Once I am able to adhere to group size and staffing guidelines
 12. Once I am able to adhere to health screening guidelines
 13. Once my projected revenues outweigh my program costs
 14. Other (please specify): _____
 15. Added: Program is already open (not necessarily charging families)
 16. Added: Once I meet government guidelines/get approval to reopen
- 1. DK/REF

A19.

Altogether in the [xx] weeks from March 1, 2020 to today, about how many of those weeks was your program

A19a.

...serving children under age 13 on-site?

_____ Number of weeks

A19b.

...not serving children under age 13 on-site, but providing off-site services at least 90 minutes each day

_____ Number of weeks

A20.

For how many of the [XX] weeks did you have closures or vacations planned even before the pandemic set in?

_____ Number of weeks

A21.

So would you say you had about [xx-A19a-A19b-A20] weeks since March 1, 2020 that your program was closed or unable to provide full services to children as you originally planned?

1. Yes
2. No: please explain _____

Section A Flags:

IF A1=2 OR DK, THEN FLAGB=0, FLAGC=0, FLAGD=0, FLAGE=1.

IF A1=1, THEN FLAGB=1, FLAGC=1, FLAGD=1, FLAGE=1.

Section B. Experience of Pandemic Assistance Programs

This next section asks about your experiences with programs designed to help organizations and businesses during the COVID-19 pandemic. Please refer specifically to the early care and education center operated at [address] by [2019 NSECE program].

B1.

Has your program received stimulus funding or financial support from any of the following sources? (SELECT ALL THAT APPLY)

1. Federal Paycheck Protection Program (PPP)
2. Federal Small Business Administration (SBA) loan
3. Federal Employee Retention Credit under the Coronavirus Aid, Relief, and Economic Security (CARES) Act
4. Other federal assistance (please specify): _____
5. State supply/retention grants
6. State funds for essential supplies (cleaning/health supplies or PPE)
7. State subsidies for children of essential workers
8. Donations or private fundraising
9. Other (please specify): _____
10. None of the above
11. Added: Local (county/city) grants and support
12. Added: Head Start
13. Added: Other state funding
14. Added: INCCRA/CCRG (Child Care Restoration Grant)
15. Added: Other Cares Act Funding
16. Added: Non-government grants and support
17. Added: Unemployment assistance
- 1. DK/REF

B2.

Did your program apply for any of these types of assistance that you didn't receive? (SELECT ALL THAT APPLY) [SHOW CATEGORIES NOT SELECTED IN B1]

1. Federal Paycheck Protection Program (PPP)
2. Federal Small Business Administration (SBA) loan
3. Federal Employee Retention Credit under the CARES Act
4. Other federal assistance (please specify): _____
5. State supply/retention grants
6. State funds for essential supplies (cleaning/health supplies or PPE)
7. State subsidies for children of essential workers
8. Donations or private fundraising
9. Other (please specify): _____
10. None of the above
11. Added: Local (county/city) grants and support
12. Added: Head Start

- 13. Added: Other state funding
- 14. Added: INCCRA/CCRG (Child Care Restoration Grant)
- 15. Added: Other Cares Act Funding
- 16. Added: Non-government grants and support
- 17. Added: Unemployment assistance
- 1. DK/REF

B3.

Where did your program get most of your information about how to apply for pandemic assistance?
(SELECT UP TO THREE)

- 1. State child care agency
- 2. State agency for public health
- 3. Local/county child care agency
- 4. Local/county agency for public health
- 5. Local school district
- 6. Local Resource & Referral (R&R) agency
- 7. Other child care programs
- 8. Coaches or trainers
- 9. Union representatives
- 10. National child-care organizations
- 11. Federal child care or education agency
- 12. Federal health agency
- 13. Other (please specify): _____
- 14. None of the above
- 15. Added: Other/unspecified state source
- 16. Added: Other/unspecified local or county source
- 17. Added: Other/unspecified federal source
- 18. Added: Other government agency
- 19. Added: Department of Education (Federal/State/Local/Unspecified)
- 20. Added: Corporate office/Parent organization (unspecified)
- 21. Added: Religious organization
- 22. Added: Financial sources
- 23. Added: Other non-government organization
- 24. Added: Head Start—Federal child care agency
- 25. Added: News or information
- 26. Added: Word of mouth
- 27. Added: Other health-related sources
- 28. Added: School organization/association
- 29. Added: Respondent's center (including leadership supervisor, or other staff)
- 1. DK/REF

B4.

What have been the three most helpful sources of information regarding providing child care during the COVID-19 pandemic? (SELECT YOUR TOP THREE CHOICES)

1. State child care agency
2. State agency for public health
3. Local/county child care agency
4. Local/county agency for public health
5. Local school district
6. Local Resource & Referral (R&R) agency
7. Other child care programs
8. Coaches or trainers
9. Union representatives
10. National child-care organizations
11. Federal child care or education agency
12. Federal health agency
13. Other (please specify): _____
14. None of the above
15. Added: Other/unspecified state source
16. Added: Other/unspecified local or county source
17. Added: Other/unspecified federal source
18. Added: Other government agency
19. Added: Department of Education (Federal/State/Local/Unspecified)
20. Added: Corporate office/Parent organization (unspecified)
21. Added: Religious organization
22. Added: Financial sources
23. Added: Other non-government organizations
24. Added: Head Start—Federal child care agency
25. Added: News or information
26. Added: Word of mouth
27. Added: Other health-related source
28. Added: School organization/association
29. Added: Respondent's center (including leadership supervisor, or other staff)
- 1. DK/REF

Section C. ECE Practices during Reference Period

The next questions are about your experiences regarding providing child care from March 2020 to today.

C1.

When your program was not serving children on-site, did your staff have any telephone, in-person or on-line contact with the children or families you had been serving?

1. Yes
2. No → SKIP TO C3

C2.

What was the main purpose of the contact with children and families?

1. Maintain relationships/Understand when parents will be ready to come back
2. Provide support to parents
3. Provide instruction and engagement with children
4. Other

C3.

As far as you recall, what, if any, special health practices did you have in place:

	April 2020	July 2020	October 2020
C3a. Additional cleaning and sanitation	1. Yes 2. No 3. Don't Know 4. Not Providing Care Then → SKIP REST OF COLUMN 5. DK/REF	1. Yes 2. No 3. Don't Know 4. Not Providing Care Then → SKIP REST OF COLUMN 5. DK/REF	1. Yes 2. No 3. Don't Know 4. Not Providing Care Then → SKIP REST OF COLUMN 5. DK/REF
C3b. Maintaining small group sizes for social distancing	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF
C3c. Reduced mixing of children across groups	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF
C3d. Limit parents' entry into program space	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF
C3e. Mask wearing by staff	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF
C3f. Health screening of children on arrival	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF	1. Yes 2. No 3. Don't Know 5. DK/REF

C4.

As far as you know, were any of your program's staff, children, or their household members diagnosed with the coronavirus when they might have exposed others in your program?

1. Yes
2. No → SKIP TO C7

C5.

Who was diagnosed? (SELECT ALL THAT APPLY)

1. Children
2. Staff
3. Household members of children
4. Household members of staff
5. DK/REF

C6.

Did the program take any of the following steps as a result of the diagnosis: (SELECT ALL THAT APPLY)

1. Arrange for the infected person to go home immediately
2. Inform parents
3. Inform staff members
4. Undertake additional cleaning
5. Close down operations in one or more classrooms for at least one or two full days
6. Close down operations in one or more classrooms for more than two full days
7. Contact local health department
8. Other (specify): _____
9. Added: Require quarantine and/or testing
10. Added: Infected individual had no contact with others/was not on site
11. Added: Closed or care not provided at the time
- 1. DK/REF

C7.

Since the COVID-19 pandemic began, have you provided care for any new children in the following groups? (SELECT ALL THAT APPLY)

1. Siblings of enrolled children
2. School-aged children
3. Children from sites that closed down
4. Children of essential workers
5. Children with disabilities
6. None of the above
7. Don't know
8. DK/REF

C8.

Since March 2020, have you turned away children who wanted to enroll because you did not have an empty slot?

1. Yes
2. No
3. Children are placed on a waiting list

C9.

Since March 2020, have you turned away any parents because they wanted to enroll a child who had special needs that your program wasn't prepared to meet?

1. Yes
2. No

C10.

Relative to before the COVID-19 pandemic, would you say that it is harder or easier now to cover your costs and keep your site open?

1. It is harder to cover costs now than it was before the coronavirus pandemic
2. It is easier to cover costs now than it was before the coronavirus pandemic
3. It feels about the same

C11.

What are the two most common concerns you hear from parents about using child care during the COVID-19 pandemic? (SELECT UP TO TWO)

1. They need less care because of their employment situation
2. They can afford less care because of their financial situation
3. They need care options that work for their school-age and younger children
4. They are worried about keeping their children and families safe from illness
5. They do not like the care being offered
6. Other (specify): _____
7. Added: They do not like the center's COVID policies/restrictions
8. Added: They worry about closures
9. Added: They have difficulties finding care or getting enough care
10. Added: They lack communication with teachers
11. Added: They have concerns regarding remote/on-site care
12. Added: No concerns/only positive feedback from parents
13. Added: Their work is impacting their care/care options or vice versa
- 1. DK/REF

Section D. ECE Status during Focal Week

This next section collects details about care that your program may have been providing recently. We are focusing on programs that may have been providing care to children under age 13 during the **last full week of October**

We use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [2019 NSECE program] at the address [address].

IF NUMSITE=1: [Please do not include any services you provide at other addresses.]

IF ELEMFLAG=1: [By early care and education services, we mean services to young children not yet in kindergarten as well as before, during or after school services for school-age children but not the regular elementary schooling kindergarten through sixth grade.]

D1.

Was your program providing early care and education (on-site or off-site) to children under age 13 during [REFERENCE WEEK]?

1. Yes
2. No → SKIP TO SECTION E

D1a.

During the last week of October, what best describes where children could receive the early care and education services your program offered? (SELECT ONE ONLY)

1. Receive only on-site → SKIP TO D2
2. Receive on-site or off-site
3. Receive only off-site

D1b.

What is the main purpose of the off-site contact with children and families?

1. Maintain relationships/Understand when parents will be ready to come back
2. Provide support to parents
3. Provide instruction and engagement with children
4. Other (specify: _____)

<p style="text-align: center;">D2.</p> <p style="text-align: center;">During the last week of October, what age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13.</p> <p style="text-align: center;">RANGE: 0 – 156</p>	<p style="text-align: center;">D3.</p> <p style="text-align: center;">How many children were enrolled in this age group at this site that week?</p> <p style="text-align: center;">RANGE: 0-999</p>	<p style="text-align: center;">D4.</p> <p style="text-align: center;">About how many vacancies did you have in the age group [XX to YY months]?</p> <p style="text-align: center;">RANGE: 0-999</p>	
1. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
2. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
3. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
4. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
5. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
6. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
7. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
8. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
9. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
10. ____ Months to ____ Months			-2. I don't know, at least one vacancy.
TOTAL RANGE: 0-156			

D5.

That week, about how many children in your program were paid for only by their families with no subsidies, discounts, or scholarships?

_____ Number of children

- 2. I don't know, but at least one child is paid for only by the family.
- 1. This program does not charge parents for care → SKIP TO D6

D5a.

Were most of the families of children who were attending that week paying the same price of care as they were prior to the coronavirus pandemic?

- 1. Yes
- 2. No
- 3. This program does not charge parents for care
- 4. Don't know

D6.

During the last week of October, was a federal, state or local agency or group (such as a human services or education agency or department); or a welfare, employment or training program paying part or all of the cost for any of the children you look after?

- 1. Yes
- 2. No → SKIP TO D7

D6a.

That last week of October, how many children in your program were funded by dollars from the following government programs?

	# of Children	
D6a_1. State pre-kindergarten such as [STATE PRE-K NAME]		-2. I don't know, but at least one child is funded this way.
D6a_2. Head Start, including Early Head Start	Under 3 years ____ 3-5 years, not in kindergarten _____	-2. I don't know, but at least one child is funded this way.
D6a_3. Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)		-2. I don't know, but at least one child is funded this way.
D6a_4. Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	Under 3 years ____ 3-5 years, not in kindergarten _____ School-age _____	-2. I don't know, but at least one child is funded this way.
D6a_5. Title I		-2. I don't know, but at least one child is funded this way.

-4. DK/REF ON ALLI

D7.

That week, where did children participate in vigorous physical activity most often? (SELECT ONE ONLY)

1. In the classroom
2. In another inside room for physical activity (e.g., gym)
3. In outdoor space reserved for our children
4. In nearby public outdoor space (e.g., public park or parking lot)
5. Children were exclusively off-site
6. No vigorous physical activity

D8.

Were you providing meals such as breakfast, lunch, or dinner to the children in your care?

1. Yes
2. No → SKIP TO D10

D9.

Was your program participating in the Child and Adult Care Food Program?

1. Yes
2. No
3. Not eligible

D10.

Does your program have or have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

1. Yes
2. No

D11.

The following questions are about various services that children and their families might require in addition to your program’s basic offerings.

Were the following available to children from your program, including by another organization?

D11a. Health screening: medical, dental, vision, hearing, or speech?	1. Yes 2. No
D11b. Developmental assessments. These assessments check whether the child is on-track with regard to their physical, emotional, or social conditions.	1. Yes 2. No
D11c. Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs.	1. Yes 2. No
D11d. Counseling services for children or parents	1. Yes 2. No

D12.

That last week of October, did your program help connect parents with social services, such as housing or food assistance, access to medical care, or help getting assistance from government or private programs?

- 1. Yes
- 2. No

D13.

What languages were spoken by your staff when working directly with children? (SELECT ALL THAT APPLY)

- 1. English
- 2. Spanish
- 3. Other, specify: _____
- 5. Added: African dialects
- 6. Added: Afrikaans
- 7. Added: Albanian
- 8. Added: Amer Sign Lang
- 9. Added: Amharic
- 10. Added: Arabic
- 11. Added: Arapaho
- 12. Added: Armenian
- 13. Added: Athabaskan
- 14. Added: Azerbaijani
- 15. Added: Bengali
- 16. Added: Berber
- 17. Added: Bosnian
- 18. Added: Bulgarian
- 19. Added: Burmese
- 20. Added: Cambodian/Khmer

21. Added: Cantonese
22. Added: Cape Verdean Creole
23. Added: Chaldean
24. Added: Chamorro
25. Added: Chinese
26. Added: Chuukese
27. Added: Creole
28. Added: Croatian
29. Added: Czech
30. Added: Dakota
31. Added: Danish
32. Added: Dari
33. Added: Dinka
34. Added: Dutch
35. Added: Dzongkha
36. Added: Esan
37. Added: Ethiopian
38. Added: Farsi/Persian
39. Added: Fijian
40. Added: Filipino/Tagalog
41. Added: Finnish
42. Added: French
43. Added: French Creole
44. Added: Fujianese
45. Added: Fulani
46. Added: Gaelic
47. Added: German
48. Added: Ghanaian dialects
49. Added: Greek
50. Added: Guarani
51. Added: Gujarati
52. Added: Guyanese Creole
53. Added: Haitian Creole
54. Added: Hakka Chinese
55. Added: Hawaiian
56. Added: Hebrew
57. Added: Hindi
58. Added: Hmong
59. Added: Hopi
60. Added: Hualapai
61. Added: Hungarian
62. Added: Ibo
63. Added: Igbo
64. Added: Ilocano
65. Added: Indian dialects
66. Added: Indonesian

67. Added: Italian
68. Added: Jamaican Patois/Creole
69. Added: Japanese
70. Added: Jewish
71. Added: Kannada
72. Added: Karen
73. Added: Korean
74. Added: Kurdish
75. Added: Lakota
76. Added: Lanc-Patua
77. Added: Lao
78. Added: Latin
79. Added: Latvian
80. Added: Lebanese
81. Added: Lithuanian
82. Added: Macanese
83. Added: Macau Creole
84. Added: Mai Mai
85. Added: Mandarin
86. Added: Mandinka
87. Added: Mao
88. Added: Maricopa
89. Added: Marshallese
90. Added: Micronesian
91. Added: Mien
92. Added: Mi'kmaq
93. Added: Min Chinese
94. Added: Mixtecan
95. Added: Mohawk
96. Added: Mongolian
97. Added: Nahuatl
98. Added: Navajo
99. Added: Neapolitan
100. Added: Nepali
101. Added: Nigerian
102. Added: Norwegian
103. Added: Ojibwe
104. Added: Oromo
105. Added: Pakistani
106. Added: Pali
107. Added: Papago
108. Added: Pashto
109. Added: Patois
110. Added: Pidgin
111. Added: Pimic
112. Added: Polish

113. Added: Portuguese
 114. Added: Punjabi
 115. Added: Romanian/Moldovan
 116. Added: Russian
 117. Added: Samoan
 118. Added: Seneca
 119. Added: Serbian
 120. Added: Serbo-Croatian
 121. Added: Sesotho
 122. Added: Sinhala
 123. Added: Sioux
 124. Added: Slovakian
 125. Added: Somali
 126. Added: S American dialects
 127. Added: Swahili
 128. Added: Swedish
 129. Added: Taishanese
 130. Added: Taiwanese
 131. Added: Tamil
 132. Added: Telegu
 133. Added: Thai
 134. Added: Tibetan
 135. Added: Tigrinya
 136. Added: Trukese
 137. Added: Turkish
 138. Added: Twi
 139. Added: Ukrainian
 140. Added: Urdu
 141. Added: Uto-Aztec
 142. Added: Uzbek
 143. Added: Vietnamese
 144. Added: Visayan
 145. Added: Winnebago
 146. Added: Wolof
 147. Added: Yiddish
 148. Added: Yoruba
 149. Added: Slovenian
 150. Added: Crow
 151. Added: Palauan
- 1. DK/REF

D14.

How many hours was your program open for children to be cared for on-site on Tuesday, [REFERENCE DATE]? Your best guess is fine.

_____ Number of hours

RANGE: 0 - 24

D15.

During the last week of October, what was the total number of staff employed at this site in your program who work directly with children under 13? Please include full-time and part-time workers, but only those who work in the early care and education activities we are discussing in this survey.

RANGE: 0-999

D16.

How many of these staff are new to your program since March 2020?

RANGE: 0-[D15]

D17.

Was your total number of staff working directly with children under 13 larger in late October than it was in March 2020?

1. Yes
2. No

D18.

During the last week of October, what was the total number of staff who did not work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks and anyone else who works on your early care and education activities for children up to age 13.

-2. I don't know, but at least one staff member does not work directly with children.

D19.

How many of these staff were new to your program since March 2020?

RANGE: 0-D18

D20.

Was your total number of staff not working directly with children larger today than it was in March 2020?

1. Yes
2. No

D21.

How would you compare the hourly pay rates of staff working directly with children today compared to January 2020?

1. Staff earn lower wages today than in January 2020
2. Staff earn higher wages today than in January 2020
3. Staff earn the same wages today as in January 2020 → SKIP TO D23

D22.

What is the main reason for the change in wages?

1. Program can't afford to pay as much due to new operating practices
2. Staff earn more for hazard pay
3. Staff earn higher hourly rates because they work fewer hours
4. Wages have changed because staff qualifications are different
5. Other (specify): _____
6. Added: Scheduled/Annual/Contractual raise
7. Added: Cost of living adjustment
8. Added: Wage increase due to demand
9. Added: Wage change due to lower hours or enrollment
10. Added: Government-mandated increase
11. Added: Raise (no reason provided)
12. Added: Increase in program funding/revenue
13. Added: Performance-based increase
14. Added: Change determined by organization/administration
- 1. DK/REF

D23.

That last week of October, did you provide any of the following for your teachers, assistant teachers, or aides?

	Yes	No
D23a. Funding to participate in college courses or off-site training?		
D23b. Paid time off to participate in college courses or off-site training?		
D23d. Mentors, coaches, or consultants who visit and work with staff in their classrooms or virtually?		

D24.

That last week of October, were you providing any of the following benefits to your teachers, assistant teachers or aides?

D24a.

Reduced tuition at your program?

1. Yes
2. No

D24b.

Health insurance?

1. Yes
2. No

D25.

[In February 2020/In October 2020], did this site offer its teachers, assistant teachers, or aides paid or unpaid sick leave?

1. No paid or unpaid sick leave
2. Unpaid sick leave only
3. Paid sick leave
4. Don't know

D26.

In the last week of October 2020, did this site offer paid or unpaid sick leave to its teachers, assistant teachers, or aides?

1. No, this site did not offer sick leave
2. Yes, this site offered unpaid sick leave
3. Yes, this site offered paid sick leave
4. Don't know

Skip Logic Box D_S_1:

IF THIS IS WAVE 2, ASK D27, ELSE SKIP TO D29

D27.

Does your program currently have any facility acquisition, construction or renovation needs?

1. Yes
2. No → SKIP TO D29

D27a.

Are any of these needs related to improving the health and safety conditions for children in your care, for example, dealing with lead paint or mold, making electrical upgrades, improving ventilation, or expanding access to water for sanitation?

1. Yes
2. No

D29 INTRO.

PLEASE ANSWER THESE NEXT QUESTIONS ABOUT THE CHILDREN IN YOUR PROGRAM AGE 5 AND UNDER, NOT YET IN KINDERGARTEN THAT YOU WERE SERVING DURING THE LAST WEEK OF OCTOBER.

D30.

How would you say teacher-child interactions in your program in October 2020 compared to February 2020, before the COVID-19 pandemic? Would you say teacher child interactions...

1. were much better in February 2020 than October 2020

2. were somewhat better in February 2020 than October 2020
3. were about the same in February 2020 and October 2020
4. were somewhat better in October 2020 than in February 2020
5. were much better in October 2020 than in February 2020

D31.

How many of the young children enrolled in your program had a physical condition that affects the way your program serves them?

_____ Number of Children

RANGE: 0-999

-2. I don't know, but at least one child had a physical condition that affects the way our program serves them.

D32.

How many of the young children had an IEP/IFSP? [IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services.]

_____ Number of Children

RANGE 0-999

-2. I don't know, but at least one child has an IEP/IFSP

D33.

Again thinking about all the young children enrolled that week, about how many them are of Hispanic or Latino origin?

_____ Number of Children

RANGE: 0-999

-2. I don't know, but at least one child is of Hispanic or Latino origin.

D34.

As far as you know, how many of the young children who are not Hispanic or Latino are....

	Category	Number of children	
D34a.	White	_____ RANGE: 0-999	1. I don't know, but at least one child is White.
D34b.	Black or African-American	_____ RANGE: 0-999	1. I don't know, but at least one child is Black.
D34d.	Asian	_____ RANGE: 0-999	1. I don't know, but at least one child is Asian.
D34e.	Mixed race, another race, or you are not certain	_____ RANGE: 0-999	1. I don't know, but at least one child is Mixed Race.

D35.

Comparing the last week of October 2020 to the last week of February 2020, how many children age 5 and under, not yet in kindergarten, did your program stop caring for? Please include children whose parents withdrew them from care as well as children you didn't want to care for anymore. Your best estimate is fine.

_____ Number of Children

RANGE: 0-999

D36.

Comparing the last week of October 2020 to the last week of February 2020, about how many new children did your program start taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

_____ Number of Children

RANGE: 0-999

D37.

Next are questions about staff who work directly with young children at your center – children age 5 and under, not in kindergarten. Please put your staff working with any young children into three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these three categories.

First, please think about aides or assistant teachers. How many aides or assistant teachers work with young children in your program?

_____ Number of aides or assistant teachers

RANGE: 0-99

IF D37 > 0 ASK D38.
ELSE, SKIP TO D39.

D38.

How many of these aides or assistant teachers are full-time?

_____ Number of aides or assistant teachers

RANGE: 0-99

D39.

How many of your staff working with young children were teachers or lead teachers?

_____ Number of staff

RANGE: 0-99

IF D39 > 0, ASK D38.
ELSE, SKIP TO D41.

D40.

How many of these teachers or lead teachers were full time?

_____ Number of staff

RANGE: 0-99

D41.

How many specialists work in your program with young children, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?

_____ Number of specialists

RANGE: 0-99

IF D41 > 0, ASK D42.
ELSE, SKIP TO D43.

D42.

How many of these specialists work full-time?

_____ Number of specialists

RANGE: 0-D41

D44.

Please tell us about the qualifications of your staff working directly with children 5 and under, not yet in kindergarten:

	Number of teachers, lead teachers, instructors	Aides, assistants
D44a. Who have a 4 year college degree or higher		
D44b. Who have no 2-year or 4-year college degree		
D44c. Who have a CDA or state certification		
D44d. Who have worked in early care and education for 2 years or longer		

D45.

Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many such individuals were working in your program in October 2019, but not in October 2020?

RANGE: 0-99

<p>IF D45 = 0, SKIP TO SECTION E. ELSE, ASK D46.</p>
--

D46.

What are the main reasons that staff working with children age 5 and under in October 2019 were not there in October 2020? (SELECT ALL THAT APPLY)

1. Left the program for reasons unrelated to COVID-19
2. Did not want to work due to health concerns for themselves or other household members
3. Unable to work because children are not in school or child care
4. Program was financially unable to keep them
5. Dismissed from the program for non-financial reasons
6. Other reasons (PLEASE SPECIFY): _____
7. Added: Made more money on unemployment
8. Added: COVID (unspecified)
9. Added: Not applicable (e.g., staff still at center/returned)
10. Added: Respondent too new to report
- 1. DK/REF

D47.

Do you expect any of these staff from Fall 2019 to return to work in your program by Fall 2021?

1. Yes
2. No

Section E. Current Situation

We have a few final questions about you and your thoughts about ECE in the near future.

E23.

Were you working at this program at [ADDRESS] in spring of 2019?

1. Yes
2. I was not at this address but was working at a different address for the same organization
3. No

E25.

How much do you agree or disagree with the statement: Thinking ahead to three years from now, this early care and education program is very likely to be serving children five years and younger, not yet in kindergarten.

1. Strongly Disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree

E21.

How much do you agree or disagree with the statement: Thinking ahead to three years from now, I am very likely to be working in early childhood education.

1. Strongly Disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree

E22.

Is there anything else you want policy makers to understand about the experience of being an early childhood educator during the COVID-19 pandemic?

THANK_END. Those are all of the questions we have for you today. Thank you for sharing your program's experiences during the pandemic.

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.

CC1_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, you may choose to have a \$10 Amazon electronic gift code sent by email or have \$10 cash mailed to you. Please select your preferred option below and provide the necessary contact information. Please make sure to enter your email or mailing address correctly to ensure delivery.

- 1. By Email →
- 2. By Mail → SKIP TO CC1_INC_MAIL
- 3. Neither → SKIP TO CC1_CNTCT_UPD

CC1_INC_EMAIL

Please enter your email address: (*Required)

Email address*:

SKIP TO CC1_CNTCT_UPD

CC1_INC_MAIL

Please enter your mailing address: (*Required)

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip*: _____

CC1_CNTCT_UPD

As the pandemic continues to evolve, the NSECE may attempt to contact you again in the spring of 2021. Please take a few moments to provide your most up to date contact information.

First name _____ Last Name _____

Title (if applicable) _____

Provider Name (if applicable) _____

Address line 1 _____ Address Type (drop down) _____

Address line 2 (if applicable) _____

City _____ State _____ Zip _____

Email _____ Email Type (drop down) _____

Phone _____ Phone Type (drop down) _____

Address/Email/Phone drop down options

- 1. Personal
- 2. Work

Phone drop down

- 1. Cell
- 2. Home
- 3. Work