



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2019

***NSECE COVID-19  
Longitudinal Follow-up  
Center-Based Provider  
Questionnaire – Wave 2  
Fall***

*Data Collection Period: October 2021 – February 2022*

# National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up Center-Based (CB) Provider Questionnaire– Wave 2 Fall [Data Collection Period: October 2021 – February 2022]

**OPRE Report #2024-053**

**May 2024**

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Office of Planning, Research, and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services

**Contract Number:** HHSP233201500048I

**OMB Control Number:** 0970-0391

**Expiration Date:** 10/31/2019

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**Suggested citation: National Survey of Early Care and Education Project Team (2024).**  
*2019 National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up  
Center-Based Provider Questionnaire– Wave 2 Fall*, OPRE Report #2024-053, Washington, DC:  
Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S.  
Department of Health and Human Services. Available at:  
<https://www.acf.hhs.gov/opre/project/national-survey-early-care-andeducation-2019-2017-2022>

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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 2 Fall

Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
Section A. Calendar	Asked of all providers	Provider Status in February 2020	A-1	<ul style="list-style-type: none"> <li>• Added W2 fall items: 0</li> <li>• Dropped W2 spring items: 0</li> </ul>
		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	
		Status on date of last interview	A-2	
		Reference date closure reason	A-2	
		Provider closures since reference date	A-2	
		Provider closures since February 2020 - dates	A-3	
		Provider closures since February 2020 - number of weeks	A-3	
		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-4	
		Provider open spells – date resumed	A-4	
		Provider open spells – reasons for providing care at that time	A-4	
		Provider open spells - enrollment	A-4	

Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
		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	
		COVID vaccinations – program helped staff	A-5	
		COVID vaccinations – proportion of staff vaccinated	A-5	
		Main reason program still closed	A-6	
		Conditions needed to reopen (if any)	A-6	
		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 B. Experience of Pandemic Assistance Programs	Asked of all providers providing ECE in February 2020	Receipt of support (Unemployment Insurance (UI), Paycheck Protection Program (PPP), etc.)	B-1	
		Applications for assistance not received (UI, CARES, etc.)	B-2	
		Sources of information valued for application processes	B-2	

Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
		Sources of information valued for providing child care during COVID-19	B-3	
Section C. ECE Practices during Reference Period	Providers providing ECE at any time during the reference period  Reference period: March 2020 – date of interview	Any contact with children or families when closed	C-1	<ul style="list-style-type: none"> <li>Added W2 fall items: 0</li> <li>Dropped W2 spring items: 0</li> </ul>
		Purpose of contact when closed	C-1	
		Health practices – 3 time points	C-1	
		Social distancing – 3 time points	C-1	
		Any COVID exposure	C-2	
		Steps taken due to COVID exposure	C-2	
		Provided care for new child group since beginning of pandemic	C-3	
		Whether children had been turned away due to lack of vacancies	C-3	
		Whether children with special needs had been turned away	C-3	
		Difficulty covering costs since COVID	C-3	
Most common pandemic child care concerns from parents	C-3			
Section D. ECE Status during Focal Week	Providers who were providing ECE during the focal week last week of March/September	Program providing care during specified focal week	D-1	<ul style="list-style-type: none"> <li>Added W2 fall items: 3 items – D1_upd, D1a_upd, D4_upd</li> <li>Dropped W2 spring items: 2 items – D25, D47</li> </ul>
		Location of care during specified focal week	D-1	
		Number of children enrolled by age group during specified focal week	D-2	
		Number of vacancies by age group during specified focal week	D-2	



Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
		Program providing care during September focal week	D-3	
		Location of care during September focal week	D-3	
		Purpose of off-site contact	D-3	
		Age groups served during September focal week	D-3	
		Number of children enrolled by age group during September focal week	D-3	
		Number of vacancies by age group during September focal week	D-3	
		Number of children paid for only by parent fees	D-4	
		Whether families pay same price as prior to COVID	D-5	
		Agency or programing paying part or all of cost for care during focal week	D-5	
		Number of children funded by agencies/government programs	D-5	
		Any or meals provided to children	D-6	
		Any access to health consultant	D-6	
		Number of hours program open for care on-site on reference date	D-6	
		Total number of staff working with children	D-6	
		Total number of staff not working with children	D-6	

Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
		Whether wages for staff working with children changed since January 2020	D-7	
		Main reason for change in wages	D-7	
		Any professional development resources for staff – access to coaches	D-7	
		Program benefits for staff – health insurance	D-7	
		Paid or unpaid sick leave provided	D-7	
		Facility acquisition, construction, or renovation needs	D-8	
		Quality of teacher-child interactions between September 2021 and February 2020	D-8	
		Number of children with physical disability	D-8	
		Number of children with IEP/ISFP	D-9	
		Ethnicity of children in program	D-9	
		Race of children in program	D-9	
		Changes in number of teachers, assistant teachers, aides, or specialists	D-10	
		Number of aides and assistants working in program	D-10	
		Number of full-time aides and assistants	D-10	
		Number of teachers working in program	D-10	
		Number of full-time teachers	D-11	

Section	Providers who were asked section items	Constructs List	Page #s	Key Changes from Wave 2 spring to Wave 2 fall
		Number of specialists working in program	D-11	
		Number of full-time specialists	D-11	
		Education attainment of instructional staff members in program	D-11	
		Staff working in program in October 2019 not working in September 2021	D-12	
		Main reason staff not working in program in September 2021	D-12	
Section E. Current situation	Asked of all providers	Likelihood program will be operating in 3 years	E-1	<ul style="list-style-type: none"> <li>• Added W2 fall items: 0</li> <li>• Dropped W2 spring items: 0</li> </ul>
		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 2 Fall

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.

**Supplement cases** – subset of centers that completed the Wave 2 Spring interview and were randomly selected to only answer an abbreviated Wave 2 Fall questionnaire focused on pandemic assistance received in the summer or fall of 2021. For supplement cases CB\_SUPPLEMENT=1.

### CB Respondent Qualification Questions (RQQ):

- 1. We have some questions about the early care and education center that [organization] operated at [address] in spring 2019. Are you knowledgeable about that center's activities during 2021?**

*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 during 2021, 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]. 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: \_\_\_\_\_

IF CB_SUPPLEMENT = 1, ASK CONSENT STATEMENT FOR SUPPLEMENT CASES, ELSE SKIP TO FULL SURVEY CONSENT STATEMENT
---

### **Consent statement for supplement cases**

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 less than 10 minutes to complete. 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. Because your program participated in the study last spring, this questionnaire covers a limited set of topics, such as experiences with pandemic assistance programs, information sources used, vaccination assistance, and program offerings in late September. The information collected through this questionnaire will supplement your responses from last spring.

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.

IF CB\_SUPPLEMENT=1, SKIP TO A5

### **Full Survey 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 [organization] at [address] in answering questions about your program and its services.

IF PROVIDER IS A WAVE 1 AND/OR WAVE 2 SPRING COMPLETE SKIP TO A\_W2INTRO,  
ELSE, ASK A1.

### 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 \_\_\_\_\_
- 1. DK/REF

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

SKIP TO A5

### A\_W2INTRO.

Your program's last interview was on [Wave 1 completion date]. We will refer to this date throughout the interview.



On [Wave 1], was your program providing any on-site 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 A5
2. No

**W1\_WHYNotsite.**

On [Wave 1], was your program having a planned closure, such as a vacation, or were you closed for some other reason?

1. Planned Closure/Vacation
2. Other Reason → SKIP TO A8

**A5.**

Since [February 2020/Date of last interview], have you had an **unplanned** period of four 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 Logic Box A\_S\_1**

IF CB\_SUPPLEMENT=1, SKIP TO A23.  
IF CB\_SUPPLEMENT≠1 AND A5 = 1, ASK A6.  
ELSE, SKIP A23.

*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 for at least four weeks? If you do not recall the date, please give your best estimate.

\_\_\_\_\_ Month  
\_\_\_\_\_ Day  
\_\_\_\_\_ Year

**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
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 safety
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
15. Added: Program closed (unspecified)
- 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 on-site paid care again?

1. Yes
2. No → SKIP TO A17

**A11. \*AL1**

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

\_\_\_\_\_ Month  
\_\_\_\_\_ Day  
\_\_\_\_\_ Year

**A12. \*AL1**

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

**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 (Added: includes critical care, emergency care license)
4. Other (please specify): \_\_\_\_\_
5. Added: Meet other COVID-19 guidelines and regulations (not specific to occupancy)
- 1. DK/REF

**A16. \*AL1**

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

1. Yes → LOOP TO A6
2. No

*End of A\_L\_1 Loop (\*AL1):*

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

**A23.**

Is your program helping staff get vaccinated against COVID-19? For example, are you providing your staff information from the federal government about vaccines for child care workers?

1. Yes
2. No

**A24.**

As far as you know, what proportion of your center staff have received at least one dose of the COVID-19 vaccine?

1. Less than 25 percent
2. 25 – 49 percent
3. 50 - 74 percent
4. 75 percent or more
5. Don't have that information

**Skip Logic Box A\_S\_2**

IF CB\_SUPPLEMENT=1, SKIP TO B1.  
ELSE, SKIP TO A19.

**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 or needed to operate remotely
15. Added: Currently open, potentially providing unpaid care
17. Added: Personal reasons
18. Added: I retired
- 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/Date of last interview] 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?

\_\_\_\_\_ Number of weeks

**A21.**

So would you say you had about [xx-A19a-A19b-A20] weeks since [March 1, 2020/Date of last interview] that your program was closed or unable to provide full services to children as you would have in another year?

1. Yes
2. No (please explain): \_\_\_\_\_

**Section A Flags (CCA\_A22\_SECFLAG)**

IF A1=2 OR -1 THEN FLAGB=0,FLAGC=0, FLAGD=0, FLAGE=1  
 IF A1=1, then FLAGB=1,FLAGC=1, FLAGD=1, FLAGE=1  
 IF A19A>0 OR A19B>0 THEN FLAGC=1 AND FLAGD=1  
 IF A19A OR A19B IS MISSING THEN FLAGC=1 AND FLAGD=1  
 IF A19A AND A19B=0 THEN FLAGC=0 AND FLAGD=0

## 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 [organization].

### **B1.**

Since (March 2020/Date of last interview) 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
4. Other federal assistance (please specify): \_\_\_\_\_
5. State supply, retention or stabilization grants
18. State funds for essential supplies (cleaning/health supplies or PPE)
6. State subsidies for children of essential workers
7. Donations or private fundraising
8. Other (please specify): \_\_\_\_\_
9. None of the above
10. State bonuses or one-time payments
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
19. Added: Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA)
20. Added: American Rescue Plan Act of 2021 (ARPA)
21. Added: Emergency Assistance to Non-Public Schools (EANS)
22. Added: Elementary and Secondary School Emergency Relief (ESSER)
- 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
4. Other federal assistance (please specify): \_\_\_\_\_
5. State supply, retention or stabilization grants
18. State bonuses or one-time payments
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
19. Added: Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA)
20. Added: American Rescue Plan Act of 2021 (ARPA)
21. Added: Emergency Assistance to Non-Public Schools (EANS)
22. Added: Elementary and Secondary School Emergency Relief (ESSER)
- 1. DK/REF

**B3.**

Since [March 2020/Date of last interview] where did your program get most of your information about how to apply for pandemic assistance? (SELECT UP TO THREE)

1. State, local or county child care agency
2. State, local or county agency for public health
3. Local school district
4. Local Resource and Referral (R&R) agency
5. Other child care programs or child care professionals such as coaches or trainers
6. Union representatives
7. National child-care organizations
8. Federal child care or education agency
9. Federal health agency
10. Other (please specify): \_\_\_\_\_
11. 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 source
- 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, local or county child care agency
- 2. State, local or county agency for public health
- 3. Local school district
- 4. Local Resource & Referral (R&R) agency
- 5. Other child care programs or child care professionals such as coaches or trainers
- 6. Union representatives
- 7. National child-care organizations
- 8. Federal child care or education agency
- 9. Federal health agency
- 10. Other (please specify): \_\_\_\_\_
- 11. 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 source
- 28. Added: School organization/association
- 29. Added: Respondent's center (including leadership supervisor, or other staff)
- 1. DK/REF

<p>IF CB_SUPPLEMENT=1, SKIP TO D1. ELSE, ASK C1.</p>
--



## Section C. ECE Practices during Reference Period

The next questions are about your experiences regarding providing child care from (March 2020/Date of last interview) to today.

### C1.

Since [March 2020/Date of last interview], did your staff have any telephone, in-person or on-line contact with the children or families you were not serving on-site?

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 in September 2021:

#### C3a.

COVID-specific cleaning and sanitation

1. Yes
2. No
3. Don't Know
4. Not Providing Care Then → SKIP TO C4

#### C3b.

Maintaining small group sizes for social distancing

1. Yes
2. No
3. Don't Know

#### C3c.

Limited mixing of children across groups

1. Yes
2. No
3. Don't Know

**C3d.**

Limiting parents' entry into program space

1. Yes
2. No
3. Don't Know

**C3e.**

Mask wearing by staff

1. Yes
2. No
3. Don't Know

**C3f.**

Health screening of children on arrival

1. Yes
2. No
3. Don't Know

**C4.**

Since [March 2020/Date of last interview], 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. Inform parents
2. Inform staff members
3. Close down operations in one or more classrooms for at least one or two full days

**C7.**

Since [the COVID-19 pandemic began/Date of last interview], 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/Date of last interview], 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/Date of last interview], 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
  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

SKIP TO D1 IF WAVE 2 SPRING COMPLETE BUT CB\_SUPPLEMENT≠1

### **D1\_upd.**

Was your program providing early care and education (on-site or off-site) to children under age 13 during [the week of March 21-27, 2021/the week of September 12-18, 2021]?

1. Yes
2. No

### **Skip Logic Box D\_S\_1**

IF D1\_UPD = 2 OR DK/REF, AND CB\_SUPPLEMENT≠1, SKIP TO D1.  
ELSE, SKIP TO SECTION E.

### **D1a\_upd.**

During [the week of March 21-27, 2021/the week of September 12-18, 2021], what best describes the services your program providing early care and education services that children... (SELECT ONE ONLY)

1. receive only on-site
2. receive on-site or off-site
3. receive only off-site

**D4\_upd.**

Age Group	<b>D4_CATS_A:</b> During [the week of March 21-27, 2021/the week of September 12-18, 2021], how many children were you looking after in each of the following age groups?  RANGE: 0-999 for each age group	<b>D4_CATS_B.</b> At that time, how many vacancies did you have in this age group?  RANGE: 0-999
Under 3 years		I don't know, but at least one vacancy
3 through 5 years, not yet in kindergarten		I don't know, but at least one vacancy
School-age (kindergarten and up)		I don't know, but at least one vacancy
TOTAL RANGE: 0-999 for the total		

IF CB\_SUPPLEMENT=1, SKIP TO D6.  
ELSE, ASK D1.

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 week of September 12-18, 2021.**

We use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [org] 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 [the week of September 12 - 18]?

- 1. Yes
- 2. No → SKIP TO SECTION E

**D1a.**

During the week of [September 12-18, 2021], 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: \_\_\_\_\_)
- 1. DK/REF

<p style="text-align: center;"><b>D2.</b></p> <p style="text-align: center;">During the week of [September 12-18, 2021] 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; color: purple;">RANGE: 0 - 156</p>	<p style="text-align: center;"><b>D3.</b></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; color: purple;">RANGE: 0-999</p>	<p style="text-align: center;"><b>D4.</b></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; color: purple;">RANGE: 0-999</p>	
1. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
2. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
3. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
4. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.

<p align="center"><b>D2.</b></p> <p align="center">During the week of [September 12-18, 2021] 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 align="center">RANGE: 0 - 156</p>	<p align="center"><b>D3.</b></p> <p align="center">How many children were enrolled in this age group at this site that week?</p> <p align="center">RANGE: 0-999</p>	<p align="center"><b>D4.</b></p> <p align="center">About how many vacancies did you have in the age group [XX to YY months]?</p> <p align="center">RANGE: 0-999</p>	
5. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
6. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
7. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
8. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
9. ____ Months to ____ Months			-2. I don't know, but at least one vacancy.
10. ____ Months to ____ Months			-2. I don't know, but 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



**D5b.**

Comparing the prices you are charging families today with what you were charging families prior to the coronavirus pandemic, would you say you were charging...

- 1. Higher prices in September 2021
- 2. Higher prices prior to the pandemic
- 3. About the same prices at both times

**D6.**

During the week of [September 12-18, 2021], 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 D8

IF CB\_SUPPLEMENT=1, SKIP TO D15.  
 IF D6 = 1, ASK D6A.  
 ELSE, IF D6 ≠ 1, SKIP TO D8.

**D6a.**

That week of [September 12-18, 2021], how many children in your program were funded by dollars from the following government programs?

	# of Children	
<b>D6a_1.</b> State pre-kindergarten such as [STATE PRE-K NAME]		-2. I don't know, but at least one child is funded this way.
<b>D6a_2.</b> 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.
<b>D6a_3.</b> 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.
<b>D6a_4.</b> 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.
<b>D6a_5.</b> Title I		-2. I don't know, but at least one child is funded this way.

-4. DK/REF ON ALL

**D8.**

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

1. Yes
2. No

**D10.**

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

1. Yes
2. No

**D14.**

How many hours was your program open for children to be cared for on-site on Tuesday, [September 14, 2021]? Your best guess is fine.

\_\_\_\_\_ Number of hours

RANGE: 0 - 24

**D15.**

During the week of [September 12-18, 2021], 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

IF CB\_SUPPLEMENT=1, SKIP TO E25.

ELSE, ASK D18.

**D18.**

During that week in September, 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.

**D21.**

How would you compare the hourly pay rates of staff working directly with children the last full week in September 2021 compared to January 2020?

1. Staff earned lower wages in September 2021 than in January 2020
2. Staff earned higher wages in September 2021 than in January 2020
3. Staff earned the same wages in September 2021 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**

Do you provide your teachers, assistant teachers, or aides...

**D23d.** Mentors, coaches, or consultants who visit and work with staff in their classrooms or virtually?

1. Yes
2. No

**D24.**

That week in September, were you providing your teachers, assistant teachers or aides with?

**D24b.** Health insurance?

1. Yes
2. No

**D26.**

That week in September, 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

**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

**D28a.**

Are any of your program's facilities needs related to improving the quality of children's experiences, such as improving existing space, renovating playgrounds, or adding space for designated activities?

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 week of [September 12-18, 2021].

**D30.**

How would you say teacher-child interactions in your program in September 2021 compared to February 2020, before the COVID-19 pandemic? Would you say teacher child interactions...

1. were much better in February 2020 than September 2021
2. were somewhat better in February 2020 than September 2021
3. were about the same in February 2020 and September 2021
4. were somewhat better in September 2021 than in February 2020
5. were much better in September 2021 than in February 2020

**D31.**

That week in September, 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.**

That same week, 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	
<b>D34a.</b>	White	_____ RANGE: 0-999	1. I don't know, but at least one child is White.
<b>D34b.</b>	Black or African-American	_____ RANGE: 0-999	1. I don't know, but at least one child is Black.
<b>D34d.</b>	Asian	_____ RANGE: 0-999	1. I don't know, but at least one child is Asian.
<b>D34e.</b>	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.

(RANGE: 0-999 FOR ALL SUBITEMS)

**Skip Logic Box D\_S\_3:**

IF R COMPLETED WAVE 1 OR WAVE 1.5, ASK D36A.

ELSE SKIP TO D37.

**D36a.**

Since (Date of last interview), have you had any changes in your numbers of full-time or part-time teachers, assistant teachers, aides or specialists?

1. Yes, at least one change
2. No changes → SKIP TO D45

**D37.**

Next are questions about staff who worked directly with young children at your center – children age 5 and under, not in kindergarten during the week of September 12 – 18, 2021.

Please put your staff that were 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 during that week of September 12 - 18. How many aides or assistant teachers worked 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 were full-time?

\_\_\_\_\_ Number of aides or assistant teachers  
RANGE: 0-[D37]

**D39.**

That week, how many of your staff working with young children were teachers or lead teachers?

\_\_\_\_\_ Number of staff  
RANGE: 0-99

IF D39 > 0, ASK D40.  
ELSE, SKIP TO D41.

**D40.**

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

\_\_\_\_\_ Number of staff  
RANGE: 0-[D39]

**D41.**

That week, how many specialists worked 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 D44.

**D42.**

How many of these specialists worked 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 that last full week of September:

	Number of teachers, lead teachers, instructors	Aides, assistants
<b>D44a.</b> Who have a 4-year college degree or higher		
<b>D44b.</b> Who have no 2-year or 4-year college degree		
<b>D44c.</b> Who have a CDA or state certification		
<b>D44d.</b> 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 September 2021?

\_\_\_\_\_ RANGE: 0-99

IF D45=0, SKIP TO SECTION E.  
ELSE, ASK D46.

**D46.**

What are the main reasons that staff working with children age 5 and under in October 2019 were not there in September 2021? (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



## Section E. Current situation

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

### 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 fall of 2021?

\_\_\_\_\_

**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.

**CCA\_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 CCA\_INC\_MAIL
3. Neither → SKIP TO CCA\_CNTCT\_UPD

**CCA\_INC\_EMAIL.**

Please enter your email address: (\*Required)

Email address\*: \_\_\_\_\_

Full Name\*: \_\_\_\_\_

SKIP TO CCA\_CNTCT\_UPD

**CCA\_INC\_MAIL.**

Please enter your mailing address: (\*Required)

Full Name\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_

Address 2: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip\*: \_\_\_\_\_

**CCA\_CNTCT\_UPD.**

As the pandemic continues to evolve, the NSECE may attempt to contact you again. 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 \_\_\_\_\_

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