



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2019

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

Data Collection Period: December 2020 – March 2021

National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up Home-based Provider Questionnaire – Wave 1 [Data Collection Period: December 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 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 Home-based Provider Questionnaire – Wave 1

Section	Respondents who were asked section items	Constructs List	Page #s
Section A. Calendar	Asked of all respondents	Current home-based provider status	A-1
		Respondent providing care at 2019 address	A-1
		Type of location provider cared for children	A-1
		Address where respondent currently provided care	A-1
		Home-based provider status in February 2020	A-1
		Date last provided care prior February 2020	A-1
		Reason for stopping care prior to February 2020	A-2
		Enrollment in February 2020	A-2
		Unplanned period of at least two weeks not providing home-based care	A-2
		Unplanned period of at least two weeks not providing home-based care - date	A-2
		Unplanned period of at least two weeks not providing home-based care – reason	A-3
		Unplanned period of at least two weeks not providing home-based care – revenue	A-3
		Unplanned period of at least two weeks not providing home-based care – resume paid care	A-3
		Unplanned period of at least two weeks not providing home-based care – date resumed paid care	A-3
		Reason still not providing care	A-3
		Criteria for re-opening	A-4
		Reason for providing care during reference date	A-4
		Type of location provider cared for children during reference period	A-5
		Enrollment in a typical week	A-5
		Number of children providing payment	A-5
Number of children with prior relationship	A-5		
Special authorization to operate	A-5		

Section	Respondents who were asked section items	Constructs List	Page #s
		Stopped providing care after reference period	A-6
		Any other employment	A-6
		Any other employment – occupation	A-6
		Any other employment – hours per week	A-6
		Any other employment – start date	A-6
		Any other employment – current status	A-7
		Any other employment – wage	A-7
		Any other employment – end date	A-7
		Any other employment – end reason	A-7
		Any other employment – additional employment	A-8
		Number of weeks unable to provide planned services	A-8
		Number of weeks when not working at all	A-8
		Number of weeks paid but not working	A-8
Section B. Experience of Pandemic Assistance Programs	Asked of all respondents who hadn't left ECE prior to February 2020	Receipt of COVID-19 assistance (Paycheck Protection Program (PPP), CARES, etc)	B-1
		Applications for COVID-19 assistance not received (PPP, CARES, etc)	B-1
		Sources of information valued for assistance application processes	B-2
		Sources of information valued for providing child care during COVID-19	B-2
Section C. ECE Practices during Reference Period	Respondents currently providing ECE 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	C-2
		Steps taken due to COVID-19 exposure	C-3
		Provided care for new child group since beginning of COVID-19	C-3
		Whether children had been turned away due to lack of vacancies	C-3

Section	Respondents who were asked section items	Constructs List	Page #s
		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-4
		Respondent's own money spent on COVID-19 supplies	C-4
Section D. ECE Status During Focal Week	<p>Respondents who were providing ECE during the focal week</p> <p>Focal week: last week of October</p> <p>Focal week: Last week of October 2020</p>	Respondent providing care in October 2020	D-1
		Whether program's services were on-site or off-site	D-1
		Purpose of off-site contact	D-1
		Whether respondent provided care in someone else's home-based program	D-1
		Number of children enrolled by age group	D-2
		Number of vacancies by age group	D-2
		Number of children with a physical condition that affects care	D-2
		Number of children with emotional, developmental or behavioral condition that affects care	D-2
		Number of Hispanic or Latino children	D-3
		Number of children by race	D-3
		Number of children who speak a language other than English at home	D-3
		Federal, state, or local agencies paid for care	D-3
		Number of children funded by different agencies or government programs	D-4
		Whether provider helped enrolled children find comprehensive services	D-4
		Number of children experiencing food insecurity	D-5
		Program listed with referral agency	D-5
		Whether provider plans daily activities and time spent planning	D-5
		Change in quality of adult-child interactions between February 2020 and October 2020	D-5

Section	Respondents who were asked section items	Constructs List	Page #s
		Any meals provided to children	D-6
		Program's participation in Child and Adult Care Food Program	D-6
		Location of children's physical activity while in care	D-6
		Access to a family support resource/mental health consultant/guidance counselor	D-6
		Type of professional development caregiver has had in past 12 months	D-6
		Assistance with cost of professional development	D-7
		Whether any individuals assist with provision of care	D-7
		Number of people assisting provider look after children	D-7
		Number of hours provider spent directly caring for children during reference week	D-7
		Time spent on all program activities in addition to time spent with children	D-7
		E. Current Personal Situation	Asked of all respondents
Need for provider's own child care limits ability to work	E-1		
Health insurance	E-2		
Gaps in health insurance 3/20-10/20	E-2		
Overall health status	E-3		
Number of days poor physical or mental health affected usual activities	E-3		
Respondent household income	E-3		
Receipt of any financial assistance from government programs	E-4		
Financial hardship experienced	E-4		
COVID-19 assistance received, applied for, or tried to apply for	E-5		
Center for Epidemiological Studies Depression Scale	E-6		
Food insufficiency experienced	E-6		

Section	Respondents who were asked section items	Constructs List	Page #s
		Respondent and household high risk for COVID-19 due to health condition	E-6
		Expected to work in ECE in 3 years	E-7
		Other experiences being an early care and education (ECE) provider during COVID-19	E-7

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

ADDRESS VERIFICATION QUESTION

We have an address on file for you from 2019 that begins with the following five characters. Do these five characters match an address you had in 2019?

First five characters of 2019 address on file: [PREFILL FIRST 5 CHARACTERS OF 2019 ADDRESS]

Matches 2019 address → SKIP TO CONSENT_LISTEDSCR

Doesn't match 2019 address → ASK NOMATCHTEXT

NOMATCHTEXT

We want to make sure that we can collect your data properly. Please email nsece-prov@norc.org or call 1 (800) 487-4609 to ensure we are able to include you in the NSECE COVID-19 Follow-up Survey. We apologize for the inconvenience.

(Survey will stay on NOMATCHTEXT until a reset is requested and the reason for the address not matching confirmed eligible for a reset.)

CONSENT_LISTEDSCR

NORC at the University of Chicago is conducting an important study for the U.S. Department of Health and Human Services (DHHS) to learn the COVID-19 pandemic experiences of people who were looking after children under age 13 in a home-based setting before the pandemic. This information will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources.

This survey 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 survey 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.

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

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 the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

Section A. Calendar

A1.

Are you currently providing home-based care for children under age 13 who are not your own?

1. Yes
2. No → SKIP to A5

A2.

Are you providing care at [2019 address]?

1. Yes → SKIP to A5
2. No

A3.

How would you describe the location where you look after children? Is it your home, the home of a child you care for, the home of someone else who runs a home-based child care program, another kind of building, or does the location vary? (SELECT ALL THAT APPLY)

1. Your Home
2. Child's own home
3. Home of another Home-Based ECE provider
4. Somewhere else (SPECIFY: _____)
5. Location varies

IF A3 = 1, ASK A4. ELSE, SKIP TO A5.

A4.

What is the address where you currently look after children under age 13?

A5.

In February 2020, were you caring for children under age 13, who were not your own, at least 5 hours weekly, in a home-based setting?

1. Yes → SKIP to A8
2. No

A6.

What month and year did you last care for children under age 13 who are not your own in a home-based setting?

_____ Month

_____ Year

1. I have never provided home-based care to children who are not my own

IF A6 = 1 , SKIP TO SECTION E

A7.

What was the main reason you stopped caring for children at that time? (SELECT ONE)

1. Personal or family reasons (e.g., retirement, health, etc.)
2. Financial reasons
3. No longer wanted to work in early childhood education
4. Work environment (e.g., administrative burdens, lack of colleagues)
5. Other, please explain: _____
6. Added: COVID/COVID related
7. Added: Started providing center-based care
8. Added: Low enrollment/care no longer needed
- 1. DK/REF

SKIP TO A16.

A8.

In February 2020, what is the total number of children under age 13 you were caring for at least five hours weekly?

_____ Number of children

A9.

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

1. Yes
2. No → SKIP to A39

*Start of A_L_1 Loop (*AL1):*

ASK A10 – A23 UNTIL A23 ≠ 2 OR A13 = 3 OR A16 = 1 . MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A10. *AL1

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

_____ Month

_____ Day

A11. *AL1

What was the main reason that you were not caring for children in person at that time?

1. Planned closedown/break
2. Families pulled their children out of care
3. Government closed down home-based programs
4. I was worried for my own health or my family's health
5. I was not sure I could keep children safe
6. I did not have the needed staff to provide care
7. Other (please specify) _____
8. Added: COVID-19 (unspecified)
9. Added: COVID-19 diagnosis or exposure (respondent/family/children)
10. Added: Personal reasons
- 1. DK/REF

A12. *AL1

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

1. Yes
2. No

A13. *AL1

After you were closed for [A11 response], did you begin to provide paid care in person again, or were you not directly caring for children for a different main reason?

1. Provide care
2. Not providing care for a different reason → LOOP TO A10
3. Never returned to care → SKIP TO A38

A16. *AL1

When did you return to providing paid care for children in a home-based setting?

_____ Month
_____ Day → SKIP TO A39

1. Never returned to care

A38. *AL1

What are the main reasons your program is still closed?

(SELECT UP TO 3)

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
16. Added: I had a job/career change
17. Added: Personal reasons
18. Added: I retired
19. Added: I now provide care in a center-based setting
- 1. DK/REF

A36. *AL1

Under what conditions would you expect to start providing home-based care to children again?

1. End of the pandemic
2. Vaccine widely available
3. My children go back to school/ other household members return to work
4. Members of the household not at risk of getting sick from COVID
5. Return to pre-pandemic regulations for caregiving
6. Having enough paying families
7. I don't expect to return to home-based child care
8. Other (specify) _____
9. Added: When personal conditions change (health, family, financial, etc.)
10. Added: Find a position/Position with better conditions (e.g., environment, pay, benefits)
11. Added: Already providing center-based care
12. Added: Move to a fitting location
- 1. DK/REF

SKIP TO A24

A39. *AL1

What were the main reasons that your program was serving children at that time? (SELECT UP TO 3)

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: Completely 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 my family members (children, grandchildren, etc.)
- 1. DK/REF

A17. *AL1

Where were you providing that care? Was it your home, the home of a child you cared for, the home of someone else who runs a home-based child care program, another kind of building, or does the location vary? (SELECT ALL THAT APPLY)

1. Your Home
2. Child's own home
3. Home of another Home-Based ECE provider
4. Somewhere else (SPECIFY: _____)
5. Location varies
- 1. DK/REF

A18. *AL1

How many children were you caring for in a typical week?

_____ Number of children

A19. *AL1

How many of the children you cared for each week were you receiving payment to care for?

_____ Number of children

A20. *AL1

How many of those children you cared for each week did you have a prior personal relationship with?

_____ Number of children

A21. *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 A23

A22. *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

A23. *AL1

Did you stop caring for children in a home-based setting for 2 or more weeks after that time?

- 1. Yes → LOOP TO A10
- 2. No

*End of A_L_1 Loop (*AL1):*

REPEAT A10 – A23 UNTIL A23 ≠ 2 OR A13 = 3 OR A16 = 1 . MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A24.

Since [March 2020/Date of last interview], have you done any work for pay (in addition to caring for these children)? Please include work in your own or a family business.

- 1. Yes
- 2. No → SKIP TO A34

*Start of A_L_2 Loop (*AL2):*

ASK A25 – A33 UNTIL A33 ≠ 1. MAXIMUM OF 5 NON-EARLY CARE AND EDUCATION JOB LOOPS.

A25. *AL2

What kind of work did you do in the (first/next) job (outside of caring for children in a home-based setting) that you had since [March 2020/Date of last interview]?

Job/Usual duties: _____

A26. *AL2

About how many hours did you usually work each week in that job?

_____ Hours worked

Range: 0-168

A27. *AL2

When did you start working at that job?

_____ Month _____ Day _____ Year

A28. *AL2

Are you working at that job currently?

1. Yes
2. No → SKIP to A30

A29. *AL2

About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

\$ _____

1. Per hour
2. Per day
3. Per week
4. Per year
5. Other: _____
6. Added: per month
7. Added: Varies/Depends
8. Added: Commission
9. Added: per job/piece
- 1. DK/REF

SKIP TO A33

A30. *AL2

When did you stop working at that job?

_____ Month
_____ Day
_____ Year

A31. *AL2

What was the main reason you stopped working at that job at that time?

1. Personal, family (including pregnancy)
2. Return to school
3. Health
4. Retirement or old age
5. Temporary, seasonal or intermittent job completed
6. Slack work or business conditions
7. Unsatisfactory work arrangements (hours, pay, etc)
8. Other (specify)
9. Added: COVID-19 (unspecified)
10. Added: Start new job/return to other job
- 1. DK/REF

A32. *AL2

How much would you say that you stopped working at that job at that time because of the COVID-19 pandemic?

- 1. Not at all related to the pandemic
- 2. Somewhat related to the pandemic
- 3. Directly related to the pandemic

A33. *AL2

Since [March 2020/Date of last interview], have you had another job other than caring for children?

- 1. Yes → LOOP TO A25
- 2. No

*End of A_L_2 Loop (*AL2):*

REPEAT A25 – A33 UNTIL A33 ≠ 1. MAXIMUM OF 5 NON-EARLY CARE AND EDUCATION JOB LOOPS.

A40.

Altogether in the [xx] weeks from [March 1, 2020/Date of first interview] to today, about how many of those weeks would you say that your program was closed or unable to provide full services to children as you originally planned?

_____ # of weeks

A34.

Altogether in the [xx] weeks from [March 1, 2020/Date of first interview] to today, about how many of those weeks did you not have any employment, including paid home-based care to children?

_____ # of weeks

A35.

For how many of the [XX] weeks did you receive any work income, even if it was less than you usually would have received?

_____ # of weeks

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.

IF A1=1 AND PROVIDER SERVING 3 OR FEWER CHILDREN AND ALL PRIOR PERSONAL RELATIONSHIPS, THEN FLAGB=1, FLAGC=1, FLAGD=0, FLAGE=1.

IF A13=3 OR A16=1 THEN FLAGB=1, FLAGC=0, FLAGD=0, 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.

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 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 3)

- 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-governmental 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 3 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 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

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/Dec 2020]	[July 2020/Feb 2021]	[October 2020/ Apr 2021]
C3a. Additional cleaning and sanitation	1.Yes 2. No 3. Don't know 4. Not providing care then → SKIP REST OF COLUMN	1.Yes 2. No 3. Don't know 4. Not providing care then → SKIP REST OF COLUMN	1.Yes 2. No 3. Don't know 4. Not providing care then → SKIP REST OF COLUMN
C3b. Maintaining small group sizes for social distancing	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then
C3c. Reduced mixing of children across groups	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then
C3d. Limit parents' entry into program space	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then
C3e. Mask wearing by staff	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then
C3f. Health screening of children on arrival	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then	1.Yes 2. No 3. Don't know 4. Not providing care then

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

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

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 2)

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 lack communication with teachers
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

C12.

Since [March 2020/Date of last interview], did you spend any of your own money on supplies related to the coronavirus pandemic (e.g., cleaning and hygiene products, forehead thermometers, etc.) for a classroom where you were working?

1. Yes
2. No

C13.

About how much money did you spend on supplies? Your best guess is fine.

_____ Dollars

Section D. ECE Status During Focal Week

D1.

Were you providing paid home-based care to children under age 13 not your own during the last week of October 2020?

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 D2a
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: _____)

D2a.

Were you providing care as a paid employee of a home-based program owned or operated by someone else?

1. Yes → SKIP TO SECTION E
2. No

D3.

This next section asks about the paid home-based care that you were providing to children under age 13 not your own during the last week of October 2020. Please think about that week when answering these questions.

D4.

Age Group	D4A: In the last week of October, 2020, how many children were you looking after in each of the following age groups? Range: 0-999 for each age group	D4B. At that time, how many vacancies did you have in this age group? Range: 0-999
Under 3 years		-2. I don't know, at least one vacancy
3-5 years, not yet in kindergarten		-2. I don't know, at least one vacancy
School-age (kindergarten and up)		-2. I don't know, at least one vacancy
TOTAL Range: 0-999 for the total		

D5.

That last week of October, how many of your children had an emotional, developmental or behavioral condition that affected the way you looked after them?

_____ Number of Children

Range: 0-999

D6.

That last week of October, how many of the children you were looking after had a physical condition that affected the way you looked after them?

_____ Number of Children

Range: 0-999

D7.

Again thinking about all the children you looked after regularly during the last week of October, about how many of the children were of Hispanic or Latino origin?

_____ Number of Children

Range: 0-999

-2. I don't know the exact number but at least one child

D8.

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

Category	Number of Children	
D8a. White		1. I don't know the exact number but at least one child
D8b. Black or African-American		1. I don't know the exact number but at least one child
D8c. Asian		1. I don't know the exact number but at least one child
D8d. Mixed race, another race, or you are not certain		1. I don't know the exact number but at least one child

D9.

During the last week of October how many children were you looking after without receiving regular payment?

_____ Number of Children

Range: 0-999

-2 I don't know the exact number but at least one child

D10.

How many of the children you looked after speak a language other than English at home?

_____ Number of Children

Range: 0-999

D11.

How many of your children have a parent who needs the help of an interpreter or a child to speak with you?

_____ Number of Children

Range: 0-999

D12.

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 D14

D13.

Please report the number of children you looked after, if any, who were funded by dollars from each of these agencies or government programs that week.

	# of Children	
D13_1. State pre-kindergarten such as [STATE PRE K NAME]		1. I don't know the exact number but at least one child
D13_2. Head Start, including Early Head Start	_____ < 3 years _____ 3-5 years	1. I don't know the exact number but at least one child
D13_3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government)		1. I don't know the exact number but at least one child
D13_4. Child Care subsidy programs such as CCDF or TANF, or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	_____ < 3 years _____ 3-5 years _____ school-age (Kindergarten and up)	1. I don't know the exact number but at least one child

D14.

In the past 12 months, have you helped find any of the following kinds of help for children that you look after?

	YES	NO
D14a. Health screening, such as for medical, dental, vision, hearing, or speech?		
D14b. Developmental assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)?		
D14c. Services such as speech therapy, occupational therapy, or other services for children with special needs available to children?		
D14d. Counseling services for children or parents?		
D14e. Social services to families such as housing assistance, food stamps, financial aid, or medical care?		

D15.

As far as you know, how many children that you were looking after in the last week of October sometimes don't have enough food to eat at home because there is not enough money to buy it?

_____ Number of children

1. I don't know the exact number but at least one child

D16.

During the last week of October were you listing your services with a resource and referral agency to try to find new children to look after?

1. Yes
2. No

D17.

During the last week of October, were you planning the daily activities of the child(ren) you were looking after?

1. Yes
2. No → SKIP TO D18

D17a.

Around that time, how much time were you spending each week planning children's activities?

_____ Hours per week

Range: 0-168

D18.

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

1. Were much better in February 2020 than October 2020
2. Were somewhat better in February 2020 than October 2020
3. Are 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

D19.

That last week of October, did you provide the children in your care any meals such as breakfast, lunch or dinner?

1. Yes
2. No

IF D19 = 1, ASK D20. ELSE, SKIP TO D21.
--

D20.

[If meals provided:] Do you participate in the Child and Adult Care Food Program?

1. Yes
2. No
3. Not eligible

D21.

The last week of October, where did children participate in vigorous physical activity most often, when they are in your care? (SELECT ONE ONLY)

1. In the indoor space for regular care
2. In your own outdoor space (e.g., backyard)
3. In nearby public outdoor space (e.g., public park or parking lot)

D22.

Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

1. Yes
2. No

D23.

These questions are about different **types of activities** that may help you maintain or improve your skills in looking after children. Later in the interview, we will ask about the topics covered. Since [March 2020/Date of last interview], have you participated in any of the following activities to help you maintain or improve your skills in looking after children?

D23a.

Had help from a home-visitor or coach

1. Yes
2. No

D23b.

Gone to a workshop sponsored by a community agency or family child-care network

1. Yes
2. No

D23c.

What other types of activities have you participated in since [March 2020/Date of last interview] to help you maintain or improve your skills in looking after children?

D24.

Since [March 2020/Date of last interview], have you participated in a health or safety training?

1. Yes
2. No

D25.

Since [March 2020/Date of last interview], did you receive any assistance with the costs of improving your skills looking after young children? For example, did a local or state agency, a college or university, or another organization help you pay direct costs such as tuition or registration fees

1. Yes
2. No

D26.

During the last week of [October/April] did anyone ever help you look after the children in your care? Please include any people you pay to help you as well as any family members or others who help you without receiving payment

1. Yes
2. No → SKIP TO D28

D27.

How many people did you pay to help you look after children that week?

_____ # of paid assistants

D28.

The last week of [October/April], about how many hours did you spend directly caring for children?

_____ Hours last week of [October/April]

D29.

We understand that caring for children in their home or yours can take time *outside* of the hours you spend with the children, to plan your program, buy supplies, keep records, etc. Excluding any time you are actually caring for children, about how many hours would you say you spend on all of these activities combined, per month?

_____ Hours

Section E. Current Personal Situation

These next questions are about your family and the other people who live in your household.

E1.

Not including yourself, how many people in your household are in the following age categories:

- Under age 6 _____
- Ages 6 through 12 _____
- Ages 13-17 _____
- Ages 18 – 65 _____
- Age 66 or older _____

Skip Logic Box E_S_1:

IF COUNT OF CHILDREN UNDER 6 + COUNT OF CHILDREN 6 THROUGH 12 < 13, ASK E2.
ELSE, SKIP TO E3.

E2.

How challenging has it been to find care for your own child(ren) during the coronavirus pandemic?

1. Not at all challenging
2. Somewhat challenging
3. Very challenging
4. Extremely challenging

E3.

What kind of health insurance or health care coverage do you have for yourself?

[Please check all that apply]

1. Private health insurance plan from your own employer
2. Private health insurance plan purchased directly
3. Private health insurance plan through a state or local government, a health insurance exchange, or community program
4. Private health insurance plan through your spouse or partner's employment
5. MEDICAID
6. MEDICARE
7. Military Health Care/VA or CHAMPUS/TRICARE/CHAMP-VA
8. No coverage of any type → SKIP TO E6
9. Other (SPECIFY) _____
10. Added: Private Health Insurance plan through parents
11. Added: Private Health Insurance Source unspecified
12. Added: Health Insurance through Union, College/University, or Church
13. Added: Supplemental Insurance Plan
14. Added: Other state/local public health insurance

- 15. Added: Indian Health Services
- 16. Added: Means-based private insurance
- 1. DK/REF

E5.

Since March 2020, was there any time that you did not have any health insurance or coverage?

- 1. Yes
- 2. No

Skip Logic Box E_S_2:

IF E5 = 1 OR E5 = 2, SKIP TO E7.
ELSE, ASK E6.

E6.

Since March 2020, was there any time that you had health coverage?

- 1. Yes
- 2. No

E7.

Overall, would you say your health is excellent, very good, fair, or poor?

- 1. Excellent
- 2. Very Good
- 3. Fair
- 4. Poor

E8.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Days

E9.

Approximately what was your total household income in 2019, before taxes or deductions? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

_____ Dollars

Skip Logic Box E_S_3:

IF E9 = -4 (DK/REF), ASK E10.
ELSE, SKIP TO E11.

E10.

It can be difficult to remember or report these numbers and an approximate range is fine. What was your total household income in 2019, in the year before the pandemic, before taxes or deductions...

1. Less than \$15,000
2. \$15,001 to \$30,000
3. \$30,001 to \$45,000
4. \$45,001 to \$60,000
5. \$60,001 or more

E11.

Approximately how much of your household income in 2019 came from your work with children under age 13?

1. All
2. Almost all
3. More than half
4. About half
5. Less than half
6. Very little
7. None

E12.

Do you currently receive financial or in-kind assistance from any government programs for needy families, such as cash assistance for disabilities, housing assistance, free-reduced lunch for your children or food stamps?

1. Yes
2. No

E13.

In what ways, if any, has the coronavirus affected your job, income, or finances?

E13a.

You had to put yourself at risk of exposure to coronavirus because you couldn't afford to stay home and miss work

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

E13b.

You've had to help family financially

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

E13c.

You lost savings or your investments declined in value

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

E13d.

You had to delay bill payments

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

E14.

Did you pay your last month's rent or mortgage on time?

1. Yes
2. No
3. No monthly payment required

E16.

Since [March 2020/Date of last interview], have you either received, applied for, or tried to apply for any of the following forms of income or assistance, or not? (Response Items: Received, Applied for, Tried to apply for, Did not receive nor apply for any)

E16a.

Unemployment Insurance

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

E16b.

Pandemic unemployment assistance

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

E16c.

A government payment in response to the coronavirus pandemic (such as from the CARES Act)

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

E16d.

Other assistance from the government

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

E16e.

Other assistance not from the government, such as a church, union, or community organization

1. Received
2. Applied for
3. Tried to apply for
4. Did not receive nor apply for any

E17.

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
E17_1. I did not feel like eating; my appetite was poor.				
E17_2. I had trouble keeping my mind on what I was doing.				
E17_3. I felt depressed.				
E17_4. I felt that everything I did was an effort.				
E17_7. My sleep was restless.				

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
E17_8. I was sad.				
E17_10. I could not "get going."				

E18.

Read the three statements below. In the past month, how true was each statement below for you or members of your household? (SELECT ONE RESPONSE PER LINE)

E18a. I/we have worried that my/our food might run out before I/we have money to get more	<ol style="list-style-type: none"> 1. Never true 2. Sometimes true 3. Often true
E18b. The food that I/we bought just didn't last, and I/we didn't have the money to get more	<ol style="list-style-type: none"> 1. Never true 2. Sometimes true 3. Often true
E18c. I/we couldn't afford to eat balanced meals.	<ol style="list-style-type: none"> 1. Never true 2. Sometimes true 3. Often true

E19.

Do you have any health conditions that put you at high risk of severe illness from COVID-19?

1. Yes
2. No

E20.

Does anyone else in your household have a health condition that puts them at high risk of severe illness from COVID-19?

1. Yes
2. No

E21.

How much would you agree or disagree with the statement, "Thinking ahead to three years from now, I am very likely to still 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?

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.

CH1_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 CH1_INC_MAIL
- 3. Neither → SKIP TO CH1_CNTCT_UP

CH1_INC_EMAIL

Please enter your email address: (*Required)

Email address*: _____

SKIP TO CC1_CNTCT_UPD

CH1_INC_MAIL

Please enter your mailing address: (*Required)

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip*: _____

CH1_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 _____

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