



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2019

NSECE COVID-19
Longitudinal Follow-up
Classroom Staff (Workforce)
Questionnaire — Wave 1

Data Collection Period: January 2021 – March 2021

National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up Classroom Staff (Workforce) Questionnaire – Wave 1 [Data Collection Period: January 2021 – March 2021]

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Submitted to:

Ivelisse Martinez-Beck, Ph.D, Co-Project Officer
Ann Rivera, Ph.D, Co-Project Officer
Paula Daneri, Ph.D., Project Team Member
Bonnie Mackintosh, Ed.D., Project Team Member
Shannon Warren, Ph.D., Project Team Member

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Project Director:

Rupa Datta
NORC at the University of Chicago
55 E Monroe Street
Chicago, Illinois, 60603

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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?

_____ Hours per week

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 Classroom Staff (Workforce) Questionnaire – Wave 1

Section	Respondents who were asked section items	Constructs List	Page #'s
Section A. Employment Calendar	Asked of all respondents	Confirmation of current employment with the 2019 NSECE program	A-1
		Month and year last employed by 2019 NSECE program	A-1
		Reason for leaving 2019 NSECE program	A-1
		Weekly hours worked if currently at 2019 NSECE program	A-2
		Wage if currently at 2019 NSECE program	A-2
		Unplanned period of at least two weeks not working at 2019 NSECE program	A-2
		Unplanned period of at least two weeks not working at 2019 NSECE program - date	A-3
		Unplanned period of at least two weeks not working at 2019 NSECE program – reason	A-3
		Unplanned period of at least two weeks not working at 2019 NSECE program – program status	A-3
		Unplanned period of at least two weeks not working at 2019 NSECE program – length of time not working	A-3
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		Unplanned period of at least two weeks not working at 2019 NSECE program – additional period not working	A-4
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		Employment with ECE program – start date	A-4

Section	Respondents who were asked section items	Constructs List	Page #'s
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		Employment with other ECE program – role	A-5
		Employment with other ECE program – hours	A-5
		Employment with other ECE program – current status	A-5
		Employment with other ECE program – wage	A-5
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		Any other jobs during this time – occupation	A-7
		Any other jobs during this time – hours per week	A-7
		Any other jobs during this time – start date	A-7
		Any other jobs during this time – current status	A-7
		Any other jobs during this time – wage	A-8
		Any other jobs during this time – end date	A-8
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		Confirmation of number of weeks when not working at all	A-9
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		Conditions needed to start providing care again	A-10

Section	Respondents who were asked section items	Constructs List	Page #'s
Section B. Experience of Pandemic Assistance Programs	Asked of respondents providing home-based or center-based ECE at any time since March 2020	Sources of information valued for providing child care during COVID-19	B-1
		Worked under special circumstances	B-2
Section C. ECE Practices during Reference Period	Asked of respondents providing home-based or center-based ECE at any time during reference period Reference period: March 2020 – Date of interview	Professional development types	C-1
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		Health practices – 3 time points	C-2
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		Any COVID-19 exposure	C-2
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Section D. ECE Status in Focal Week	Asked of respondents providing center-based ECE during focal week Focal week: Last week of October 2020	Program providing care during focal week	D-1
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		Age of children	D-1
		Number of different classrooms worked in	D-1
		Activity planning for children	D-1
		When activity planning occurred	D-2
		Curbow job stress inventory's "job demands" subscale	D-2
		Curbow job stress inventory's "job resources" subscale	D-2
		Perceived work environment: Center had respect for staff; Center encouraged teamwork	D-2
		Union member	D-3

Section	Respondents who were asked section items	Constructs List	Page #'s
Section E. Current Personal Situation	Asked of all respondents	Household composition	E-1
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		Health insurance on reference date	E-1
		Gaps in health insurance March 2020 – October 2020	E-2
		Respondent able to take paid or unpaid sick leave	E-2
		Overall health status	E-2
		Number of days poor physical or mental health affected usual activities	E-2
		Respondent income	E-3
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		Financial hardship experienced	E-4
		Pandemic assistance received, applied for, or tried to apply for	E-5
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		Food insufficiency experienced	E-6
		Respondent and household high risk for COVID due to health condition	E-7
		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 Classroom Staff (Workforce) Questionnaire – Wave 1

QUEXLANG

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW

ENGLISH
SPANISH

CONSENT

Thank you for taking part in this study, which is about the COVID-19 pandemic experiences of people who worked in early care and education programs for children prior to the pandemic. 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 better support the people who care for our nation's children, especially in difficult crises like the COVID-19 pandemic.

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.

Please enter your login ID and password below and then click the "Continue" button.

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.

Section A. Employment Calendar

A1.

Are you currently employed by [PROGRAM], where you were working in 2019?

1. Yes → SKIP TO A5
2. No

A2.

What month and year were you last employed by [PROGRAM]?

_____ Month
_____ Year

A3.

What is the main reason that you left [PROGRAM] at that time?

1. Personal or family reasons (e.g., new baby, health, etc.)
2. Financial reasons (e.g., wages, benefits)
3. No longer wanted to work in early childhood education
4. Work environment (e.g., relationships with coworkers)
5. The site's leadership
6. The site's values or goals did not match mine
7. I was asked to leave (e.g., downsized, fired)
8. Other: _____
9. Added: Building/Center/Program closed (unknown reason or non-COVID related)
10. Added: Got a different job (within early childhood education or type unspecified)
11. Added: Transferred or changed position in organization
12. Added: Retired
13. Added: COVID-19 (unspecified)
14. Added: COVID-related closure/layoff/furlough
15. Added: Health/Safety concerns related to COVID
- 1. DK/REF

IF A2 IS RECORDED AS MARCH 2020 OR AFTER MARCH 2020, THEN ASK A4.
ELSE, SKIP TO A5.

A4.

How much would you say that your leaving [PROGRAM] was related to the COVID-19 pandemic?

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

SKIP TO A17.

A5.

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

_____ Hours worked

Range: 0-168

A7.

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: Bi-weekly
8. Added: None (e.g., owner, volunteer)

A8.

From March 2020 to [TODAY/WHEN YOU LEFT THIS JOB], did you ever have an unplanned period of two weeks or more that you were not working for this program, either on-site or remotely? Consider vacations as planned breaks that you would not report here.

1. Yes
2. No → SKIP TO A17

*Start of A_L_1 Loop (*AL1):*

ASK A9 – A16 UNTIL A16 ≠ 1 OR A12 = 3. MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A9. *AL1

When did you [FIRST/NEXT] have a two week or longer gap in working for this program?

_____ Month

_____ Day

A10. *AL1

What was the main reason you were not working for this program 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: Government policy/Mandated close
- 1. DK/REF

A10b. *AL1

How much would you say that you stopped caring for children 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

A10a. *AL1

Was the program serving children when you were not working for them?

1. Yes
2. No

A11. *AL1

About how long did you continue not working for the program?

_____ Number of weeks

RANGE: 0 - 99

A12. *AL1

Did you go back to working at this program after that, or did you have another period not working for the program for a different reason?

- 1. Went back to working for the program
- 2. Different reason for not working for the program → LOOP TO A9
- 3. Never returned to program → SKIP TO A17

A15. *AL1

When did you go back to working on-site with children?

- _____ Month
- _____ Day
- _____ Year
- _____ Never returned to care

A16. *AL1

Did you have another period where you did not work for this program after that?

- 1. Yes → LOOP TO A9
- 2. No

*End of A_L_1 Loop (*AL1):*
 REPEAT A9 – A16 UNTIL A16 ≠ 1 OR A12 = 3. MAXIMUM OF 10 UNPLANNED CLOSURE LOOPS.

A17.

Since March 2020, have you worked for another center-based or home-based early care and education program, such as a preschool, Head Start or public pre-K program or family child care provider?

- 1. Yes
- 2. No → SKIP TO A26

*Start of A_L_2 Loop (*AL2):*
 ASK A18 – A25a UNTIL A25a ≠ 1 OR A21 = 1. MAXIMUM OF 10 CENTER-BASED OR HOME-BASE ECE PROGRAM LOOPS.

A18. *AL2

When did you start working at that program?

- _____ Month
- _____ Day
- _____ Year

A18a. *AL2

Is that a home-based or center-based program?

1. Home
2. Center

A19. *AL2

What best describes your role at that program:

1. Teacher, lead teacher or instructor
2. Assistant teacher or aide
3. Other role working directly with children, such as specialist or floater
4. Other role not working directly with children, such as cook or director
5. Program owner

A20. *AL2

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

_____ Hours worked

RANGE: 0-168

A21. *AL2

Are you working at that program currently?

1. Yes
2. No → SKIP to A23

A22. *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: _____
- 1. DK/REF

SKIP TO A26.

A23. *AL2

When did you stop working at that program?

_____ Month
_____ Day
_____ Year

A24. *AL2

What was the main reason you stopped working at that program 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: Other work-related
- 1. DK/REF

A25. *AL2

How much would you say that you stopped caring for children 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

A25a. *AL2

Since you left that program, have you worked for any other center-based or home-based program?

1. Yes → LOOP TO A18
2. No

*End of A_L_2 Loop (*AL2):*

REPEAT A18 – A25a UNTIL A25a ≠ 1 OR A21 = 1. MAXIMUM OF 10 CENTER-BASED OR HOME-BASE ECE PROGRAM LOOPS.

*Start of A_L_3 Loop (*AL3):*

ASK A26 – A34 UNTIL A26 ≠ 1. MAXIMUM OF 5 NON-EARLY CARE AND EDUCATION JOB LOOPS.

A26. *AL3

Since March 2020, have you done any (other) 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 A36

A27. *AL3

What kind of work did you do in the (first/next) job (outside of caring for children in a center-based program) that you had since March 2020?

Job/Usual duties: _____

A28. *AL3

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

_____ Hours worked
RANGE: 0-168

A29. *AL3

When did you start working at that job?

_____ Month
_____ Day
_____ Year

A30. *AL3

Are you working at that job currently?

1. Yes
2. No → SKIP to A32

A31. *AL3

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

LOOP TO A26.

A32. *AL3

When did you stop working at that job?

_____ Month

_____ Day

A33. *AL3

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

A34. *AL3

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

LOOP TO A26.

*End of A_L_3 Loop (*AL3):*

REPEAT A26 – A34 UNTIL A26 \neq 1. MAXIMUM OF 5 NON-EARLY CARE AND EDUCATION JOB LOOPS.

A36.

Altogether in the [XX] weeks from March 1, 2020 to today, about how many of those weeks did you not have any employment?

_____ # of weeks

A37.

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

Skip Logic Box A_S_1:

IF A1 = 1 OR A21 = 1, SKIP TO SECTION A FLAGS.

ELSE, ASK A38.

A38.

Under what conditions would you expect to start providing center-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 center-based child care
8. Other (specify) _____
9. Added: Personal conditions change (health, family, 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 for home-based care
- 1. DK/REF

Section A flags:

IF A1=2 OR DK AND A2 = FEBRUARY 2020 OR EARLIER AND A17=NO THEN FLAGB=0,FLAGC=0, FLAGD=0, FLAGE=1

ELSE, FLAGB=1,FLAGC=1, FLAGD=1, FLAGE=1.

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

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.

B4.

What have been the three most helpful sources of information regarding providing child care during the COVID-19 pandemic?

(SELECT YOUR TOP THREE CHOICES)

1. State child care agency
2. State agency for public health
3. Local/county child care agency
4. Local/county agency for public health
5. Local school district
6. Local Resource & Referral (R&R) agency
7. Other child care programs
8. Coaches or trainers
9. Union representatives
10. National child-care organizations
11. Federal child care or education agency
12. Federal health agency
13. Other (please specify): _____
14. None of the above
15. Added: Other/unspecified state source
16. Added: Other/unspecified local or county source
17. Added: Other/unspecified federal source
18. Added: Other government agency
19. Added: Department of Education (Federal/State/Local/Unspecified)
20. Added: Corporate office/parent organization (unspecified)
21. Added: Religious organization
22. Added: Financial sources
23. Added: Other non-government 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

B9.

Since March 2020, have you worked under any of the following special situations that may have occurred during the COVID-19 pandemic? (SELECT ALL THAT APPLY)

1. Provided emergency care for children of essential workers
2. Received special permission or a waiver on licensing requirements for workers
3. Worked in a supplemental summer program for Head Start
4. Worked in a school-age care program because local schools were not meeting in-person
5. Received pandemic-related training, technical assistance, or mental health resources from a government resource
6. Was paid using PPP funds although I was not working with children
7. Received 'bonus pay' or other grants for providing pandemic care
8. DK/REF

Section C. ECE Practices during Reference Period

C1.

Since March 2020, have you done any of the following to improve your skills or gain new skills in working with children?

C1a.

Participated in any workshops, for example, those offered by professional associations, resource and referral networks, etc.?

1. Yes
2. No

C1b.

Participated in coaching, mentoring or ongoing consultation with a specialist?

1. Yes
2. No

C1e.

Enrolled in a course at a community college or four-year college or university relevant to your work with children under age 13?

1. Yes
2. No

C2.

Since March 2020, have you participated in a health or safety training related to working with children?

1. Yes
2. No

C2a.

Since March 2020, 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

C3.

As far as you recall, what, if any, special health practices were in place in any program you were working in:

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

C4.

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

1. Yes
2. No → SKIP TO C8

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

C8.

Since March 2020, 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 → SKIP TO C10

C9.

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

_____ Dollars

C10.

When your center was closed or you were not working with children in-person, did you have any contact with the children or families you had been serving?

1. Yes
2. No → SKIP TO C13

C11.

Were you being paid to contact children and families?

1. Yes
2. No

C12.

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

C13.

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

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

C14.

How often have you and your supervisor (such as a center director, program director, or lead teacher) discussed each of the following since March 2020?

C14a.

How you can improve your skills helping children learn? Would you say...

1. Once a year
2. Several times a year
3. Once a month
4. A few times a month
5. Once a week or more
6. Never

C14b.

How you can improve your skills working with children's behavior? Would you say...

1. Once a year
2. Several times a year
3. Once a month
4. A few times a month
5. Once a week or more
6. Never

Section D. ECE Status in Focal Week

These next questions are about the work you were doing in a center-based early care and education program during the last week of October (October 25-31). If you worked at two different centers that week, please answer for the one where you worked the most hours.

D11.

Was your program providing early care and education (on-site or off-site) to children under age 13 during last week of October?

1. Yes
2. No → SKIP TO SECTION E

D11a.

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
2. receive on-site or off-site

D1.

What age children were you mostly working with that week?

1. Infant and Toddler (birth to age 3)
2. Pre-school (age 3 years to kindergarten)
3. School-age
4. Other (specify _____)
5. Added: Infant/Toddler through pre-school
6. Added: Infant/Toddler through school age
7. Added: Not working with children (e.g., not at center, position does not work with children)

D2.

About how many different classrooms or groups did you work with that week?

_____ Number of classrooms or groups

RANGE: 0 - 99

D3.

That week, did you ever speak a language other than English when you were working with children?

1. Yes
2. No

D4.

Did you plan or help plan the daily activities of the children in this classroom or group?

1. Yes
2. No → SKIP TO D6

D5.

When did you plan daily activities?

1. While caring for children
2. Time while at work, but not caring for children
3. I didn't make specific plans
4. Personal time when I was not at work

D6.

How often did the following things happen to you that week at your program?

D6c.

There were children with behavior problems that were hard to deal with. (Would you say never, once, or more than once in the last week?)

1. Never
2. Once
3. More than once

D6e.

There were major sources of stress in the children's lives that I couldn't do anything about (Would you say never, once, or more than once in the last week?)

1. Never
2. Once
3. More than once

D7.

How much do you agree or disagree with the following statements about working in this program?

D8.

My co-workers and I are treated with respect on a day-to-day basis. (Would you say you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with this statement?)

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

D9.

Team work is encouraged. (Would you say you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with this statement?)

1. Strongly agree
2. Agree
3. Neither agree nor disagree

4. Disagree
5. Strongly disagree

D10.

That last week of October, were you a member of a union (such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters)?

1. Yes
2. No

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 CHILDREN UNDER 13 IN HOUSEHOLD > 0, 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?

(SELECT 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 E5
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

E4.

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

1. Yes
2. No

SKIP TO E6.

E5.

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

1. Yes
2. No

E6.

Are you able to take advantage of either unpaid or paid sick leave at your current (or most recent) job?

1. No, I am not offered any sick leave at my job
2. Yes, I am offered unpaid sick leave at my job
3. Yes, I am offered paid sick leave at my job
4. I am self-employed
5. I am not currently working

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_2:

IF E9=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

E13b.

You've had to help family financially

1. Yes
2. No

E13c.

You lost savings or your investments declined in value

1. Yes
2. No

E13d.

You had to delay bill payments

1. Yes
2. No

E13e.

You've received financial help from family or friends, including a place to stay

1. Yes
2. No

E14.

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

1. Yes
2. No
3. Didn't owe any rent or mortgage

E15.

How difficult is it for you to live on your household income right now?

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

E16.

Since March 2020, have you either received, applied for, or tried to apply for any of the following forms of income or assistance, or not?

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.				
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	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	1. Never true 2. Sometimes true 3. Often true
E18c. I/we couldn't afford to eat balanced meals.	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 in your household, other than you, have a health condition that puts them at high risk of severe illness from COVID-19?

1. Yes
2. No

E21.

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

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

E22.

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

THANK_END.

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

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.

CW1_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 CW1_INC_MAIL
- 3. Neither → SKIP TO CW1_CNTCT_UPD

CW1_INC_EMAIL

Please enter your email address: (*Required)

Email address*: _____

SKIP TO CC1_CNTCT_UPD.

CW1_INC_MAIL

Please enter your mailing address: (*Required)

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip*: _____

CW1_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