



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2019

***NSECE COVID-19
Longitudinal Follow-up
Classroom Staff
(Workforce)
Questionnaire – Wave 2***

Data Collection Period: October 2021 – February 2022

2019 National Survey of Early Care and Education (NSECE) COVID-19 Longitudinal Follow-up Classroom Staff (Workforce) Questionnaire – Wave 2 [Data Collection Period: October 2021 – February 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?

_____ 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 2

| Section | Providers who were asked section items | Constructs List | Page #'s | Key Changes from Wave 1 to Wave 2 |
|--------------------------------|--|--|----------|--|
| Section A. Employment Calendar | Asked of all providers | Confirmation of current employment with the 2019 NSECE program | A-1 | <ul style="list-style-type: none"> • Added W2 items: 0 items • Dropped W1 items: 0 items |
| | | 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 four weeks not working at 2019 NSECE program | A-2 | |
| | | Unplanned period of at least four weeks not working at 2019 NSECE program - date | A-3 | |
| | | Unplanned period of at least four weeks not working at 2019 NSECE program – reason | A-3 | |
| | | Unplanned period of at least four weeks not working at 2019 NSECE program – program status | A-3 | |
| | | Unplanned period of at least four weeks not working at 2019 NSECE program – length of time not working | A-3 | |
| | | Unplanned period of at least four weeks not working at 2019 NSECE program – return to working | A-4 | |

| Section | Providers who were asked section items | Constructs List | Page #'s | Key Changes from Wave 1 to Wave 2 |
|---------|--|---|----------|-----------------------------------|
| | | Unplanned period of at least four weeks not working at 2019 NSECE program – additional period not working | A-4 | |
| | | Employment with other early care and education (ECE) program | A-4 | |
| | | Employment with ECE program – start date | A-4 | |
| | | Employment with other ECE program – program type | A-5 | |
| | | 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 | |
| | | Employment with other ECE program – end date | A-6 | |
| | | Employment with other ECE program – end reason | A-6 | |
| | | Employment with other ECE program – additional ECE program | A-6 | |
| | | Any other jobs during this time | A-7 | |
| | | 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 | |

| Section | Providers who were asked section items | Constructs List | Page #'s | Key Changes from Wave 1 to Wave 2 |
|---|---|--|----------|--|
| | | Any other jobs during this time – end date | A-8 | |
| | | Any other jobs during this time – end reason | A-8 | |
| | | Confirmation of number of weeks when not working at all | A-9 | |
| | | Number of weeks not working and no pay | A-9 | |
| | | Conditions needed to start providing care again | A-9 | |
| Section B. Experience of Pandemic Assistance Programs | Asked of all providers providing ECE in January 2020 or providers who reported working for a CB since wave 1 interview | Sources of information valued for providing child care during COVID-19 | B-1 | <ul style="list-style-type: none"> Added W2 items: 0 items Dropped W1 items: 0 items |
| | | Worked under special circumstances | B-2 | |
| Section C. ECE Practices during Reference Period | All providers providing ECE at any time during the reference period W1: March 2020-wave 1 interview W2: Wave 1 interview-wave 2 interview | Professional development types | C-1 | <ul style="list-style-type: none"> Added W2 items: 0 items Dropped W1 items: 0 items |
| | | Support received for professional development | C-1 | |
| | | Health practices – 1 time point | C-2 | |
| | | Social distancing – 1 time point | C-2 | |
| | | Any COVID-19 exposure | C-2 | |
| | | Steps taken due to COVID-19 exposure | C-3 | |
| | | Expenditures on program (supplies, etc.) | C-3 | |
| | | Any contact with children when closed | C-3 | |
| | | Any payments for contacts when closed | C-3 | |
| | | Purpose of contact when closed | C-3 | |

| Section | Providers who were asked section items | Constructs List | Page #'s | Key Changes from Wave 1 to Wave 2 |
|---|---|--|----------|---|
| | | Most common child care concerns from parents during COVID-19 | C-4 | |
| | | Talked with supervisor about learning, behavior | C-4 | |
| Section D. ECE Status during Focal Week | Providers who were providing ECE during the focal week W2: week of September 12 – 18, 2021 | Respondent providing care during March focal week | D-1 | <ul style="list-style-type: none"> Added W2 items: 6 items - D0_0321, D1_0321, D2_0321, D0_0921, D1_0921, D2_0921 Dropped W1 items: 3 items - D11, D1, D2 |
| | | Age of children respondent worked with during focal March week | D-1 | |
| | | Number of different classrooms worked during March focal week | D-1 | |
| | | Respondent providing care during September focal week | D-1 | |
| | | Age of children respondent worked with during September focal week | D-1 | |
| | | Number of different classrooms worked during September focal week | D-2 | |
| | | Location of care | D-2 | |
| | | Respondent spoke language other than English | D-2 | |
| | | Activity planning for children | D-2 | |
| | | When activity planning occurred | D-2 | |
| | | Curbow job stress inventory's "job demands" subscale | D-3 | |
| | | Curbow job stress inventory's "job resources" subscale | D-3 | |
| | | Perceived work environment: Center had respect for staff; Center encouraged teamwork | D-3 | |

| Section | Providers who were asked section items | Constructs List | Page #'s | Key Changes from Wave 1 to Wave 2 |
|--|--|---|----------|--|
| | | Union member | D-3 | |
| Section E. Current Personal Situation | Asked of all providers | Household composition | E-1 | <ul style="list-style-type: none"> Added W2 items: 3 items - VAX3, VAX5, VAX7 Dropped W1 items: 2 items - E19, E20 |
| | | Need for child care limits ability to work | E-1 | |
| | | Health insurance on reference date | E-1 | |
| | | Gaps in health insurance | 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 | |
| | | Receipt of any financial assistance from government programs | E-3 | |
| | | Financial hardship experienced | E-4 | |
| | | Pandemic assistance received, applied for, or tried to apply for | E-5 | |
| | | Center for Epidemiological Studies Depression Scale | E-6 | |
| | | Food insufficiency experienced | E-7 | |
| | | Vaccination status | E-8 | |
| | | Expected to work in ECE in 3 years | E-9 | |
| Other experiences being an early care and education (ECE) provider during COVID-19 | E-9 | | | |

NSECE COVID-19 Longitudinal Follow-up Classroom Staff (Workforce) Questionnaire – Wave 2

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.

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

IF WAVE 1 COMPLETE, SKIP TO A17.

ELSE, ASK A1.

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
- 1. DK/REF

A8.

From March 2020 to today did you ever have an unplanned period of four 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 four week or longer gap in working for this program?

_____ Month
_____ Day
_____ Year

A10. *AL1

What was the main reason that 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/DATE OF LAST INTERVIEW], have you worked for [A/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: _____
6. Added: per month
7. Added: bi-weekly
- 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
11. Added: Center or school closed
- 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/DATE OF LAST INTERVIEW], 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/DATE OF LAST INTERVIEW]?

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

_____ Year

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 ≠ 1. MAXIMUM OF 5 NON-EARLY CARE AND EDUCATION JOB LOOPS.

A36.

Altogether in the [XX] weeks from [MARCH 1, 2020/DATE OF LAST INTERVIEW] 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, financial, etc.)
10. Added: Find a position/Position with better conditions (e.g., environment, pay, benefits)
11. Added: Already providing center-based care
- 1. DK/REF

Section A Flags:

For W1 NIR:

IF A1=2, DK/REF AND A2 = FEBRUARY 2020 OR EARLIER, DK/REF AND A17=2, DK/REF

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=1.

For W1 Completes:

IF A17 = 1, THEN FLAGB =1, FLAGC =1, FLAGD=1.

ELSE, SKIP TO SECTION E.

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, 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
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
29. Added: Respondent's center (including leadership supervisor, or other staff)
- 1. DK/REF

B9.

Since [MARCH 2020/DATE OF LAST INTERVIEW], 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
- 1. DK/REF

Section C. ECE Practices During Reference Period

C1.

Since [MARCH 2020/DATE OF LAST INTERVIEW], 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/DATE OF LAST INTERVIEW], have you participated in a health or safety training related to working with children?

1. Yes
2. No

C2a.

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

C3.

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

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. Inform parents
2. Inform staff members
3. Close down operations in one or more classrooms for at least one or two full days

C8.

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 → SKIP TO C10

C9.

About how much money did you spend on supplies since [MARCH 2020/DATE OF LAST INTERVIEW]? Your best guess is fine.

_____ Dollars

C10.

Since [MARCH 2020/DATE OF LAST INTERVIEW], 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
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

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/DATE OF LAST INTERVIEW]?

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 During Focal Week

D0_0321.

During the last full week of March 2021 (March 21-27), were you working in a center-based early care and education program?

1. Yes
2. No → SKIP TO D0_0921

D1_0321.

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)
- 1. DK/REF

D2_0321.

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

_____ Number of classrooms or groups

D0_0921.

During the week of September 12-18, 2021, were you working in a center-based early care and education program?

1. Yes
2. No → SKIP TO SECTION E

D1_0921.

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)
- 1. DK/REF

D2_0921.

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

D11a.

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
2. Receive on-site or off-site

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?

1. Strongly agree
2. Agree

3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

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 week of September 12-18, 2021, 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 'UNDER AGE 6' OR 'AGES 6 THROUGH 12' > 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 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 employer
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 (please 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/DATE OF LAST INTERVIEW], 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/DATE OF LAST INTERVIEW], 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
6. Don't know

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 [WAVE 1: 2019/WAVE 2: 2020], 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 2020, 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 2020 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

E13e.

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

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. 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/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?

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 |

VAX3.

Have you been vaccinated against COVID-19? (For example, you have received at least one dose of a single or double-dose vaccine.)

1. Yes
2. No → SKIP TO VAX7

VAX5.

During what month and year did you receive your first COVID-19 vaccination?

_____ Month
_____ Year

SKIP TO E6.

VAX7.

Once a vaccine to prevent COVID-19 is available to you, would you...

1. Definitely get a vaccine
2. Probably get a vaccine
3. Probably not get a vaccine
4. Definitely not get a vaccine

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.

CWA_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 CWA_INC_MAIL
- 3. Neither → SKIP TO CWA_CNTCT_UPD

CWA_INC_EMAIL

Please enter your email address: (*Required)

Email address*: _____

SKIP TO CC1_CNTCT_UPD.

CWA_INC_MAIL

Please enter your mailing address: (*Required)

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip*: _____

CWA_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