



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2019**

*Home-based Provider
COVID-19 Follow-up
Questionnaire* 10/14/20

Outline for NSECE COVID-19 Follow-up Home-based Provider Questionnaire

We propose to re-interview approximately 4,600 home-based ECE providers who participated in the 2019 NSECE. Individuals approached for re-interview may be working in the originally sampled ECE setting, another ECE setting, in another industry, or may not be working at all.

Research questions are listed below. We would administer the same questionnaire in Fall 2020 and Spring 2021.

W1 cats	Left before Jan 2020	Provided any HB ECE since March 2020	Provided HB ECE last week of Oct 2020	Constructs List
W2 cats	No HB ECE during W2 Ref Period	Provided any HB ECE since W1 interview	Provided HB ECE last week of April 2021	
A Employment Calendar (CAL)	X	X	X	Status in Feb 2020 HB closures and openings Closures (dates, reason, revenues) Open spells (dates, restrictions, special status, whom served, tot enr) Any other employment (dates, hours, occupation) Current wages Confirm # weeks when not working at all Number of weeks paid not working Criteria for re-opening
B Experience of Pandemic Assistance Programs (PAND)		X	X	Applications for assistance (PPP, CARES, etc) Receipt of support (PPP, CARES, etc) Sources of information valued for application info Sources of information valued for practice Applied for special licensure or status

<p>C ECE practices during ref period (PRACT)</p> <p><i>Reference period: W1: March '20 to W1 interview; W2: W1 interview to W2 interview</i></p>		X	X	<p>Any COVID exposure Exposure-related closures Notifications for exposure Any contact with children when closed Purpose of contact when closed Any payments for contacts when closed Any staff laid off during ref period Received any revenues when children not on-site (parent tuition, govt payments) Health practices – 3 time points Social distancing – 3 time points</p>
<p>D ECE status in focal week (ECEST)</p> <p><i>Focal week = W1: last week of October '20; W2: last week of April '21</i></p>			X	<p>Enrollment chars on ref date (race, eth, ages, conditions, non-Eng lang) Program hours of service Any comprehensive services Access to health consultant Revenue sources ref date Tuition relative to Feb 2020 Own hours directly provided care ref date Any paid staff ref date Family preferences Expenditures on program (supplies, etc.)</p>
<p>E Current financial situation, household composition, and mental health (CURR)</p>	X	X	X	<p>Financial hardship qs – full ref period Food insufficiency CES-D Health status HH composition Need for child care limits ability to work Health insurance on ref date Gaps in health insurance 3/20-10/20 Expect to work in ECE in 3 years Main challenges seen for ECE</p>

Home-based Provider Questionnaire

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 xx/xx/xxxx. 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.

A. Calendar

Asked of all respondents

Status in Feb 2020
HB closures and openings
Closures (dates, reason, revenues)
Open spells (dates, restrictions, special status, whom served, tot enr, reason)
Other employment (dates, hours, occupation)
Current wages
Expected duration of current closure
Steps taking to re-open (if any)
Confirm # weeks when not working at all
Number of weeks paid not working

CAL1. Are you currently providing home-based care for children under age 13 who are not your own?

- 1 Yes (ASK CAL2)
- 2 No (SKIP to CAL 3)

CAL 2. Are you providing care at [2019 address/Wave 1 address]?

- 1 Yes (SKIP to CAL 3)
- 2 No (ASK CAL2A)

CAL 2A.

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
- 5 HOME OF ANOTHER HOME-BASED ECE PROVIDER
- 3 SOMEWHERE ELSE (SPECIFY: _____)
- 4 LOCATION VARIES

(If CAL2A=1) CAL 3. What is the address where you currently look after children under age 13?

CAL 3. 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 CAL 6)
- 2 No (ASK CAL 4)

CAL 4. 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 (GO TO CAL 5)

___ I have never provided home-based care to children who are not my own (SKIP to CAL 3.ctr)

CAL 5. What was the main reason you stopped caring for children at that time?

- Recommendations from the local health department, the governor, and/or the state
- Adherence with guidance for K-12 schools
- Reduced enrollment and/or the increased costs of staying open
- A case/cases of coronavirus in my site's immediate community (families, children, or staff)
- Either I or a family member/loved one got sick
- Concerns about my and my family's health
- Other, please explain

CAL 6. 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

CAL 7. Since February 2020, have you had a period of two weeks or more when you were not providing care to any children under age 13 who were not your own? For example, did you have a planned vacation, did you not have enough families who were seeking care, or was there a government-ordered shutdown associated with COVID-19?

- 1 Yes
- 2 No

CAL 8. About what date did you first have a period of not serving children?

Month _____ Day _____

CAL 9. What was the main reason that you were not caring for children 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)

CAL 10. Were you receiving any revenues during the time that you were not serving children on-site, for example, from parent payments or government payments for children's care?

- 1 Yes
 - 2 No
-

CAL 11. After you were closed for [REASON FROM CAL 9], did you begin to provide paid care 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

CAL 12. What was the next reason that you were not caring for children in a home-based setting?

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)

CAL 12_closed. When did that become the main reason you were not caring for children in a home-based setting?

Month ____ Day ____
[RETURN TO CAL 11]

CAL 12_OPEN. When did you return to providing paid care for children in a home-based setting?

Month _____ Day ____

CAL 12_OPEN1.A1C1 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
- 5 HOME OF ANOTHER HOME-BASED ECE PROVIDER
- 3 SOMEWHERE ELSE (SPECIFY: _____)
- 4 LOCATION VARIES

CAL 12_OPEN2. How many children were you caring for in a typical week?

____ Number of children

CAL 12_OPEN3. How many of the children you cared for each week were you receiving payment to care for?

____ Number of children

CAL 12_OPEN4. How many of those children you cared for each week did you have a prior personal relationship with?

____ Number of children

CAL 12_OPEN5. 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 (ask OPEN 6)
-

2 NO (skip to CAL 13)

CAL 12 OPEN6. 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)

CAL 13. Did you stop caring for children in a home-based setting for 2 or more weeks after that time?

- 1 Yes (return to CAL 9)
- 2 No

CAL 10.J14.

Since [March 2020/Wave 1], 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 → (ASK CAL 11.J15)
- 2 No → (SKIP TO J17)

CAL 11.J15.

What kind of work did you do in the (first/next) job (outside of caring for children in a home-based setting) that that you had since [March 2020/Wave 1 interview]?

Job/Usual duties: _____

CAL 111A. J15A. About how many hours did you usually work each week in that job?

_____ Hours worked [Range: 0-168]

CAL 12. When did you start working at that job?

____ Month ____ Day

CAL 13. Are you working at that job currently?

- 1 Yes (ASK 13a)
- 2 No (SKIP to 14)

CAL 13a. J15B. 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: _____
- (Skip to CAL 17)

CAL 14. When did you stop working at that job?
____ Month ____ Day

- CAL 15. (CPS JHRSN) 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)

CAL 16. (SEELA 4A) How much would you say that you stopped working at that job at that time because of the COVID-19 pandemic?

- Not at all related to the pandemic
- Somewhat related to the pandemic
- Directly related to the pandemic

CAL 17. Since [March 2020/Wave 1], have you had another job other than caring for children?

- 1 Yes (go back to CAL 11)
- 2 No (ASK CAL 18)

CAL 18. Altogether in the [xx] weeks from [March 1, 2020/Wave 1] to today, about how many of those weeks did you not have any employment, including paid home-based care to children?

_____ # of weeks

CAL 19. 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

- CAL 20. 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)_____

A22. SET FLAGS FOR REMAINING SECTIONS

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.

B. Experience of Pandemic Assistance Programs

Asked of all respondents who hadn't left ECE prior to February 2020 (FLAGB=1)

Applications for assistance (PPP, CARES, etc) Receipt of support (PPP, CARES, etc) Sources of information valued for application process Sources of information valued for providing child care Applied for special licensure or status

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.

- a. Federal Paycheck Protection Program (PPP)
- b. Federal Small Business Administration (SBA) loan
- c. Federal Employee Retention Credit under the CARES Act
- d. Other federal assistance (please specify) _____
- e. State supply/retention grants
- f. State funds for essential supplies (cleaning/health supplies or PPE)
- g. State subsidies for children of essential workers
- h. Donations or private fundraising
- i. Other (please specify): _____
- j. None of the above

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]

- a. Federal Paycheck Protection Program (PPP)
- b. Federal Small Business Administration (SBA) loan
- c. Federal Employee Retention Credit under the CARES Act
- d. Other federal assistance (please specify) _____
- e. State supply/retention grants
- f. State funds for essential supplies (cleaning/health supplies or PPE)
- g. State subsidies for children of essential workers
- h. Donations or private fundraising
- i. Other (please specify): _____
- j. None of the above

B3. Where did your program get most of your information about how to apply for pandemic assistance?
(Select up to 3)

- a. State child care agency
 - b. State agency for public health
 - c. Local/county child care agency
 - d. Local/county agency for public health
-

- e. Local school district
- f. Local Resource & Referral (R&R) agency
- g. Other child care programs
- h. Coaches or trainers
- i. Union representatives
- j. National child-care organizations
- k. Federal child care or education agency
- l. Federal health agency
- m. Other (please specify): _____
- n. None of the above

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.

- a. State child care agency
 - b. State agency for public health
 - c. Local/county child care agency
 - d. Local/county agency for public health
 - e. Local school district
 - f. Local Resource & Referral (R&R) agency
 - g. Other child care programs
 - h. Coaches or trainers
 - i. Union representatives
 - j. National child-care organizations
 - k. Federal child care or education agency
 - l. Federal health agency
 - m. Other (please specify): _____
 - n. None of the above
-

C. ECE Practices during Reference Period

Respondents providing ECE at any time during the reference period (March 2020 - Wave 1)

Any COVID exposure
Exposure-related closures
Notifications for exposure
Any contact with children when closed
Purpose of contact when closed
Any payments for contacts when closed
Any staff laid off during ref period
Health practices – 3 time points
Social distancing – 3 time points

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?

No (skip to C3)

Yes (ask C2)

C2. What was the main purpose of the contact with children and families?

Maintain relationships/Understand when parents will be ready to come back

Provide support to parents

Provide instruction and engagement with children

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]
Additional cleaning and sanitation	y/n/don't know/ not providing care then (skip rest of column)	y/n/don't know/ not providing care then (skip rest of column)	y/n/don't know/ not providing care then (skip rest of column)
Maintaining small group sizes for social distancing	y/n/don't know/not providing care then	y/n/don't know/not providing care then	y/n/don't know/not providing care then
Reduced mixing of children across groups	y/n/don't know/not providing care then	y/n/don't know/not providing care then	y/n/don't know/not providing care then
Limit parents' entry into program space	y/n/don't know/not providing care then	y/n/don't know/not providing care then	y/n/don't know/not providing care then
Mask wearing by staff	y/n/don't know/not providing care then	y/n/don't know/not providing care then	y/n/don't know/not providing care then
Health screening of children on arrival	y/n/don't know/not providing care then	y/n/don't know/not providing care then	y/n/don't know/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 (ask C5)
- 2 NO (SKIP TO C7)

C5. Who was diagnosed? (CODE ALL THAT APPLY)

- children
- staff
- household members of children
- household members of staff

C6. Did the program take any of the following steps as a result of the diagnosis: (CODE ALL THAT APPLY)

- arrange for the infected person to go home immediately
- inform parents
- inform staff members
- undertake additional cleaning
- close down operations in one or more classrooms for at least one or two full days
- close down operations in one or more classrooms for more than two full days
- contact local health department
- Other (specify)

C7. Since the COVID-19 pandemic began, have you provided care for any new children in the following groups? Mark all that apply.

- Siblings of enrolled children
- School-aged children
- Children from sites that closed down
- Children of essential workers
- Children with disabilities
- None of the above
- Don't know

C8. Since [March 2020/Wave 1 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/Wave 1 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?

- It is harder to cover your costs now than it was before the coronavirus pandemic
- It is easier to cover your costs now than it was before the coronavirus pandemic
- 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)

C12. Since [March 2020/Wave 1 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

D. ECE Status During Focal Week

Respondents who were providing ECE during the focal week (last week of October/April)

Enrollment chars on ref date (race, eth, ages, conditions, non-Eng lang)
 Program hours of service
 Any comprehensive services
 Access to health consultant
 Revenue sources ref date
 Tuition relative to Feb 2020
 Own hours directly provided care ref date
 Any paid staff ref date
 Family preferences – not yet included
 Expenditures on program (supplies, etc.)

D1. It appears that you were not providing paid home-based care to children under age 13 not your own during the last week of [October 2020/April 2021]. Is that correct?

- 1 Yes (skip to Section E)
- 2 No (Go to D3)

D2. It appears that you were providing paid home-based care to children under age 13 not your own during the last week of [October 2020/April 2021]. Is that correct?

- 1 Yes (Go to D2a)
- 2 (skip to Section E)

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 (Go to D3)

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/April 2021]. Please think about that week when answering these questions.

D41.

Age Group	D4A:	D4B.
	In the last week of October, 2020, how many children were you looking after in each of the following age groups?	At that time, how many vacancies did you have in this age group?

	Range: 0-999 for each age group	Range: 0-999
Under 3 years		
3-5 years, not yet in kindergarten		
School-age (kindergarten and up)		
TOTAL Range: 0-999 for the total		

D5.

That last week of [October/April], 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/April], 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/April], about how many of the children were of Hispanic or Latino origin?

Number of children

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

Range: 0-999

D8.

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

Category	Number of Children	
a. White		<input type="checkbox"/> I don't know the exact number but at least one child
b. Black or African-American		<input type="checkbox"/> I don't know the exact number but at least one child
c. Asian		<input type="checkbox"/> I don't know the exact number but at least one child
d. Mixed race, another race, or you are not certain		<input type="checkbox"/> I don't know the exact number but at least one child

D9.

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

_____ Number of Children

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

Range: 0-999

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

D12.

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

- 1 YES → (ASK D13)
- 2 NO → (SKIP TO D14)

D13.

Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.

	# of Children	
1. State pre-kindergarten such as [STATE PRE K NAME]		<input type="checkbox"/> I don't know the exact number but at least one child
2. Head Start, including Early Head Start	_____ < 3 years _____ 3-5 years	<input type="checkbox"/> I don't know the exact number but at least one child
3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government)		<input type="checkbox"/> I don't know the exact number but at least one child
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)	<input type="checkbox"/> 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?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D14b. Developmental assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D14c. Services such as speech therapy, occupational therapy, or other services for children with special needs available to children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D14d. Counseling services for children or parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D14e. Social services to families such as housing assistance, food stamps, financial aid, or medical care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

D15.

As far as you know, how many children that you look after sometimes don't have enough food to eat at home because there is not enough money to buy it?

_____ Number of children

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

D16.

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

1 Yes →(ASK D18)

2 No → (SKIP TO INSTRUCTION BEFORE D19)

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 you compare 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 than October
- 2 were somewhat better in February than October
- 3 are about the same in February and October
- 4 were somewhat better in October than in February
- 5 were much better in October than in February

D19

Do you provide the children in your care any meals such as breakfast, lunch or dinner?

- 1 Yes
- 2 No

[IF G_FOODb=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.

Where do children participate in vigorous physical activity most often, when they are in your care? CODE ONE ONLY

- In the indoor space for regular care
- In your own outdoor space (e.g., backyard)
- 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/Wave 1], 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/Wave 1 interview] to help you maintain or improve your skills in looking after children?

D24.

Since [March 2020/Wave 1], have you participated in a health or safety training?

- 1 Yes
- 2 No

D26. Since [March 2020/Wave 1], 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

D27. 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 → (GO TO D28)

2 No → (SKIP TO D29)

D28. How many people did you pay to help you look after children that week?

__ # of paid assistants

D29. The last week of [October/April], about how many hours did you spend directly caring for children?

_____ Hours last week of [October/April]

D30. 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

[IF THIS IS WAVE 2, ASK D31, ELSE SKIP TO SECTION E]

D31. Does your program currently have any facility acquisition, construction or renovation needs?

1 Yes

2 No (skip to Section E)

D31a. Are any of these needs related to improving the health and safety conditions for children in your care, for example, dealing with lead paint or mold, making electrical upgrades, improving ventilation, or expanding access to water for sanitation?

1 Yes

2 No

D32. Do you have any of the following facility acquisition, construction or renovation needs that are not related to children's health and safety?

- | | | |
|-----------------------------|---|---|
| a. Upgrading existing space | Y | N |
| b. Playground Renovation | Y | N |
| c. Adding more Space | Y | N |
| d. Other | Y | N |

E. Current Personal Situation

Financial hardship qs – full ref period

Food insufficiency

CES-D

Health status

HH composition

Need for child care limits ability to work

Health insurance on ref date

Gaps in health insurance 3/20-10/20

Expect to work in ECE in 3 years

Main challenges seen for ECE

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

[IF CHILDREN < 13 IN HH, ASK E2, ELSE SKIP TO E3.]

E2. How challenging has it been to find care for your own child(ren) during the coronavirus pandemic?

Not at all challenging

Somewhat challenging

Very challenging

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 (GO TO E6)

9 OTHER (SPECIFY)

E5. Since March 2020, was there any time that you did not have any health insurance or coverage?

- 1 YES
- 0 NO
- SKIP to E7

E6. Since March 2020, was there any time that you had health coverage?

- 1 YES
- 0 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 [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 → GO TO E11

[IF DK/REF, GO TO E10, ELSE GO 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 [wave 1: 2019, in the year before the pandemic, /wave 2: 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 [wave 1: 2019/wave 2: 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? [responses: Yes No DON'T KNOW SKP/REF]

- a. You had to put yourself at risk of exposure to coronavirus because you couldn't afford to stay home and miss work
- b. You've had to help family financially
- c. You lost savings or your investments declined in value
- d. You had to delay bill payments

E14. Did you pay your last month's rent or mortgage on time?

- 1 Yes
- 2 NO

E16. Since [March 2020/Wave 1], 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)

- a. Unemployment Insurance
- b. Pandemic unemployment assistance
- c. A government payment in response to the coronavirus pandemic (such as from the CARES Act)
- d. Other assistance from the government
- e. Other assistance not from the government, such as a church, union, or community organization

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)
1. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could not "get going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E18.

Read the three statements below. In the past month, how true was each statement below for you or members of your household? *Mark one response per line.*

I/we have worried that my/our food might run out before I/we have money to get more	Never true Sometimes true Often true
The food that I/we bought just didn't last, and I/we didn't have the money to get more	Never true Sometimes true Often true
I/we couldn't afford to eat balanced meals.	Never true Sometimes true Often true

E19. Do you have any health conditions that put you at high risk of severe illness from COVID-19?

- No
- Yes

E20. Does anyone else in your household have a health condition that puts them at high risk of severe illness from COVID-19?

- No
- Yes

E21. 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 coronavirus pandemic?

[PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.]