



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

*COVID-19 Follow-up*  
*Center-Based Provider*

3/27/21

## Outline for NSECE COVID-19 Follow-up Center-based Provider Questionnaire

We propose to re-interview approximately 6,000 center-based ECE providers who participated in the 2019 NSECE and are not associated with a public school district. Providers approached for re-interview may still be providing ECE at the originally sampled address, temporarily closed, or permanently closed. Research questions are listed below. We would administer the same questionnaire in Fall 2020 and Spring 2021.

| W1 subgroup                                         | Closed before Feb 2020         | Provided any CB ECE since March 2020   | Provided CB ECE last week of Oct 2020   | Constructs List                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------|--------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| W2 subgroup                                         | No CB ECE during W2 Ref Period | Provided any CB ECE since W1 interview | Provided CB ECE last week of April 2021 |                                                                                                                                                                                                                                                                                                  |
| A Center Status Calendar (CAL)                      | X                              | X                                      | X                                       | Status in Feb 2020<br>CB closures and openings<br>Closures (dates, reason, revenues during closure, staff laid off/retained, staff health insurance offered)<br>Open spells (dates, restrictions, special status, whom served, tot enr, # staff, reason)<br>Expected duration of current closure |
| B Experience of Pandemic Assistance Programs (PAND) |                                | X                                      | X                                       | Applications for assistance (UI, PPP, etc)<br>Receipt of support (UI, PPP, etc)<br>Sources of information valued for application processes<br>Sources of information valued for health and instructional protocols<br>Applied for special licensure or status                                    |
| C ECE practices during ref period (PRACT)           |                                | X                                      | X                                       | Any COVID exposure<br>Exposure-related closures<br>Notifications for exposure<br>Any contact with children and families when closed<br>Purpose of contact when closed<br>Health practices – 3 time points<br>Social distancing – 3 time points<br>Family preferences                             |
| D ECE status during focal week (ECEST)              |                                |                                        | X                                       | Enrollment chars on ref date (race, eth, ages, conditions, non-Eng lang)<br>Staffing chars on ref date<br>Program hours of service                                                                                                                                                               |

|                                                                                |   |   |   |                                                                                                                                                                                       |
|--------------------------------------------------------------------------------|---|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                |   |   |   | Any comprehensive services<br>Access to health consultant<br>Revenue sources ref date<br>Facilities needs<br>Tuition relative to Feb 2020<br>Expenditures on program (supplies, etc.) |
| E Current financial situation, household composition, and mental health (CURR) | X | X | X | Current situation feels temporary/permanent<br>Main challenges seen for ECE                                                                                                           |

You should have received a personal identification number (PIN) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN:

Password:

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

## Center-based Provider Questionnaire

Thank you for taking part in this study, which is about the impact of the COVID-19 pandemic on early care and education programs that were available in 2019 for children under age 13. It is funded by the U.S. Department of Health and Human Services and conducted by NORC at the University of Chicago. Your participation in this study will help the government at all levels better understand and support the child care and early education services that are most needed in your area.

This interview takes about 20 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason, we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name, or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is xx/xx/xxxx. Please send comments regarding the time required for this survey or any other aspect of this information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

You can click on the "PREVIOUS" button to go back and change your answers if needed. Clicking "STOP" will save your responses and allow you to return to the last question you answered the next time you access the survey.

1. CONTINUE
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## A. Calendar

*Asked of all respondents*

Status in Feb 2020  
closures and openings  
Closures (dates, reason, revenues)  
Open spells (dates, restrictions, special status, whom served, tot enr, reason)  
Expected duration of current closure  
Steps taking to re-open (if any)  
Confirm # weeks not serving children on-site  
Number of weeks planned closure  
Necessary conditions to reopen

A1. In February 2020, was your program providing early care and education to children under age 13?  
By early care and education we mean services to children under age 13 other than regular elementary school grades kindergarten through eighth grade.

- 1 Yes (SKIP to A3)
- 2 No (ASK A2)

A2. What month and year had your program last provided care to children prior to February 2020?  
\_\_\_\_\_ Month \_\_\_\_\_ Year (GO TO A3)

A3. What was the main reason your program stopped caring for young children at that time? (CODE ONE ONLY)

- 1 Financial challenges operating the program
- 2 Owner closed the program for non-financial reasons
- 3 Sponsoring organization closed the program for non-financial reasons
- 4 Program changed focus to other age groups or services
- 5 Other reason, please specify \_\_\_\_\_

[skip to A22]

A4. In February 2020, what was the total number of children under age 13 enrolled in your program for early care and education services?  
\_\_\_\_\_ Number of children

A5. Since (February 2020/Wave 1), have you had an **unplanned** period of four weeks or more when you were not providing care on-site to any children under age 13 who were not your own? Please do not count planned holidays or vacations.

- 1 Yes
  - 2 No
-

A6. About what date did you (first/next) have a period of four weeks or more not serving children on-site? If you do not recall the date, please give your best estimate.

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

A7. About how many weeks were you closed at that time?

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

A8. What was the main reason that you were not caring for children on-site at that time? (CODE ONE ONLY)

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

A9. Were you receiving any revenues during the time that you were not serving children on-site, for example, from parent payments or government payments for children's care?

1 Yes

2 No

A10. After your program was closed in [MONTH FROM A6], did you begin to provide paid care again?

1 Yes

2 No (skip to A17)

A11. When did your program return to providing ECE services for children under age 13?

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

A12. What were the main reasons that your program began serving children at that time? (SELECT UP TO 3)

☐ I did not have the financial resources to survive revenue loss from a closure

☐ I felt that I was able to safely provide child care

☐ I wanted to serve children of essential workers or children from at-risk populations

☐ I received federal Paycheck Protection Program (PPP) funding

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☐ I received state or local funding

☐ The state said that child care is allowed to open for all families

☐ The network of programs that I am part of (such as a school district or a center with multiple sites) reopened

☐ Other please specify: \_\_\_\_\_

A13. When you re-opened how many children under 13 were you caring for in a typical week?

\_\_\_\_\_ Number of children

A14. 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 A15)

2 NO (skip to A16)

A15. 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)

A16. Did your program stop caring for children on-site for four or more weeks after that time?

1 Yes (return to A6)

2 No (ask A17)

A17. What are the main reasons your program is still closed? *Select up to 3.*

☐ I felt the health of children and families was at risk by keeping my program open

☐ I felt my health was at risk by keeping my program open

☐ I did not have enough children attending my program

☐ I was not able to cover my operating costs

☐ I was not able to maintain my staff

☐ I was not able to obtain sufficient cleaning/sanitizing supplies or personal protective equipment (PPE)

☐ I was not able to adhere to social distancing and cleaning guidelines

☐ I closed because my local school district closed

☐ I closed in accordance with the shelter-in-place order

☐ I am part of a network of programs that all shut down (such as a school district or a center with multiple sites)

☐ Other (please specify): \_\_\_\_\_

☐ None of the above

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A18. Under what conditions will you be able to reopen your program? *Please pick the three most important.*

- ☐ My program will not reopen, it is permanently closed
- ☐ My program is currently reopening (within the next two weeks)
- ☐ Once the network of programs that I am part of (such as a school district or a center with multiple sites) reopens
- ☐ Once the local school district reopens
- ☐ Once I determine it is safe to reopen
- ☐ Once I am able to hire or rehire staff
- ☐ Once I have enough interested families to cover the cost of reopening
- ☐ Once I am able to return to my licensed capacity prior to the pandemic
- ☐ Once I am able to adhere to cleaning and sanitizing guidelines
- ☐ Once I am able to adhere to social distancing guidelines
- ☐ Once I am able to adhere to group size and staffing guidelines
- ☐ Once I am able to adhere to health screening guidelines
- ☐ Once my projected revenues outweigh my program costs
- ☐ Other (please specify): \_\_\_\_\_

A19. Altogether in the [xx] weeks from [March 1, 2020/Wave 1] to today, about how many of those weeks was your program...

- a. serving children under age 13 on-site? \_\_\_\_\_ # of weeks
- b. Not serving children under age 13 on-site, but providing off-site services at least 90 minutes each day \_\_\_\_\_ # of weeks

A20. For how many of the [XX] weeks did you have closures or vacations planned even before the pandemic set in

\_\_\_\_\_ # of weeks

A21. So would you say you had about [xx-A19a-A19b-A20] weeks since March 1, 2020 that your program was closed or unable to provide full services to children as you originally planned?

1 Yes

2 No: please explain \_\_\_\_\_

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.

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## B. Experience of Pandemic Assistance Programs

*Asked of all respondents providing ECE in 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 information about providing child care

This next section asks about your experiences with programs designed to help organizations and businesses during the COVID-19 pandemic from [Wave 1 date] to today.

B1. Since (March 2020/Wave 1) 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
- d. Other federal assistance (please specify) \_\_\_\_\_
- e. State supply, retention or stabilization grants
- k. State bonuses or one-time payments
- 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
  - d. Other federal assistance (please specify) \_\_\_\_\_
  - e. State supply, retention or stabilization grants
  - k. State bonuses or one-time payments
  - 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, local or county child care agency
- b. State, local or county agency for public health
- e. Local school district
- f. Local Resource & Referral (R&R) agency
- g. Other child care programs or child care professionals such as 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. Since (March 2020/Wave 1), 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, local or county child care agency
  - b. State, local or county agency for public health
  - e. Local school district
  - f. Local Resource & Referral (R&R) agency
  - g. Other child care programs or child care professionals such as 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 interview/Wave 1 interview – Wave 2 interview)*

|                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any COVID exposure<br>Exposure-related closures<br>Notifications for exposure<br>Any contact with children when closed<br>Purpose of contact when closed<br>Health practices – 3 time points<br>Social distancing – 3 time points<br>Family concerns |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The next questions are about your experiences regarding providing child care from (March 2020/Wave 1) to today.

**C1.** Since (March 2020/Wave 1), 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

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C3. As far as you recall, what, if any, special health practices did you have in place in March 2021:

|                                                     |                                                                     |
|-----------------------------------------------------|---------------------------------------------------------------------|
| COVID-specific cleaning and sanitation              | y/n/don't know/<br>not providing care then<br>(skip rest of column) |
| Maintaining small group sizes for social distancing | y/n/don't know/not<br>providing care then                           |
| Limited mixing of children across groups            | y/n/don't know/not<br>providing care then                           |
| Limiting parents' entry into program space          | y/n/don't know/not<br>providing care then                           |
| Mask wearing by staff                               | y/n/don't know/not<br>providing care then                           |
| Health screening of children on arrival             | y/n/don't know/not<br>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)

- inform parents
  - inform staff members
  - close down operations in one or more classrooms for at least one or two full days
-

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

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

VAX9. As far as you know, what proportion of your center staff have received at least one dose of the COVID-19 vaccine?

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

**C7.** Since (the COVID-19 pandemic began/Wave 1), 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)
-

#### **D. ECE Status during focal week (ECEST)**

*Respondents who were providing ECE during the focal week (last full week of March 2021)*

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  
Staff chars on ref date (race, eth, roles, quals, changes)  
Family preferences  
Expenditures on program (supplies, etc.)

This next section collects details about care that your program may have been providing recently. We are focusing on programs that may have been providing care to children under age 13 **during the week of March 21 - 27, 2021**, the last full week of March.

We use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [org] at the address [address].

[IF NUMSITE=1, Please do not include any services you provide at other addresses.]

[IF ELEMFLAG=1: By early care and education services, we mean services to young children not yet in kindergarten as well as before, during or after school services for school-age children but not the regular elementary schooling kindergarten through sixth grade.]

**D1.** Was your program providing early care and education (on-site or off-site) to children under age 13 during [FOCAL WEEK]?

- 1 YES (go to D1a)
- 2 NO (skip to Section E)

**D1a.** During the last full week of [March 2021], what best describes the services your program providing early care and education services that children... (CODE ONE ONLY)

- 1. receive only on-site (go to D2)
- 2. receive on-site or off-site (ask D1b)
- 3. receive only off-site (ask D1b)

**D1b.** What is the main purpose of the off-site contact with children and families?

- 1. Maintain relationships/Understand when parents will be ready to come back
  - 2. Provide support to parents
  - 3. Provide instruction and engagement with children
  - 4. Other (specify: \_\_\_\_\_)
-

| D2.<br>During the last full week of [March], what age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13. Range 0 - 156 | D3.<br>How many children were enrolled in this age group at this site that week?<br>Range 0-999 |  | D4.<br>About how many vacancies did you have in the age group [XX to YY months]?<br>Range 0-999<br><br><input type="checkbox"/> I don't know, at least one vacancy. |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 2. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 3. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 4. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 5. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 6. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 7. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 8. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 9. ____ Months to ____ Months                                                                                                                                                                                                                                                                                             |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| 10. ____ Months to ____ Months                                                                                                                                                                                                                                                                                            |                                                                                                 |  |                                                                                                                                                                     | <input type="checkbox"/> I don't know, at least one vacancy. |
| TOTAL (RANGE: 0 TO 156)                                                                                                                                                                                                                                                                                                   |                                                                                                 |  |                                                                                                                                                                     |                                                              |



**D5.**

That week, about how many children in your program were paid for only by their families with no subsidies, discounts, or scholarships?

\_\_\_\_\_ Number of children

- ☐ I don't know, but at least one child is paid for only by the family  
☐ This program does not charge parents for care

D5a. Compared the prices you are charging families today with what you were charging families prior to the coronavirus pandemic, would you say you were charging...

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

**D6.**

During the last full week of March 2021, was a federal, state or local agency or group such as a human services or education agency or department, or a welfare, employment or training program paying part or all of the cost for any of the children you look after?

- 1 ☐ YES → (ASK D6A)  
 2 ☐ NO → (SKIP TO D7)

**D6a.**

That last full week of [March], how many children in your program were funded by dollars from the following government programs?

|                                                                     | # of Children                                                  |                                                                                   |
|---------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. State pre-kindergarten such as [STATE PRE-K NAME]                |                                                                | <input type="checkbox"/> I don't know, but at least one child is funded this way. |
| 2. Head Start, including Early Head Start                           | Under 3 years _____<br>3-5 years, not in kindergarten<br>_____ | <input type="checkbox"/> I don't know, but at least one child is funded this way. |
| 3. Local Government (e.g., Pre-K funding from local school board or |                                                                | <input type="checkbox"/> I don't know, but at least one child is funded           |

|    |                                                                                                                            |                                                                                 |                                                                                   |
|----|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|    | other local agency, grants from city or county government)                                                                 |                                                                                 | this way.                                                                         |
| 4. | Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts) | Under 3 years _____<br>3-5 years, not in kindergarten _____<br>School-age _____ | <input type="checkbox"/> I don't know, but at least one child is funded this way. |
| 5. | Title I                                                                                                                    |                                                                                 | <input type="checkbox"/> I don't know, but at least one child is funded this way. |
|    |                                                                                                                            |                                                                                 |                                                                                   |

☐ DK/REF ON ALL

**D8.** Were you providing meals such as breakfast, lunch or dinner to the children in your care?

- 1 ☐ Yes (ask D9)  
2 ☐ No (skip to D10)

**D10.** Does your program have or have access to a health consultant or nurse who can help with mental health, nutrition or other health-related issues?

- 1 ☐ Yes  
2 ☐ No

**D14.** How many hours was your program open for children to be cared for on-site on Tuesday [March 23, 2021]? Your best guess is fine.

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

**D15.** During the last full week of [March], what was the total number of staff employed at this site in your program who **work directly with children under 13**? Please include full-time and part-time workers, but only those who work in the early care and education activities we are discussing in this survey.

RANGE: 0-999

**D18.** During the last full week of [March], what was the total number of staff who **did not work directly with children**? Include full-time and part-time workers, administrators, support staff, drivers, cooks and anyone else who works on your early care and education activities for children up to age 13.

☐ I don't know, but at least one staff member does not work directly with children.

**D21.**

How would you compare the hourly pay rates of staff working directly with children today compared to January 2020?

- 1 ☐ Staff earn lower wages today than in January 2020
- 2 ☐ Staff earn higher wages today than in January 2020
- 3 ☐ Staff earn the same wages today as in January 2020

**D22.**

What is the main reason for the change in wages?

- 1 ☐ Program can't afford to pay as much due to new operating practices
- 2 ☐ Staff earn more for hazard pay
- 3 ☐ Staff earn higher hourly rates because they work fewer hours
- 4 ☐ Wages have changed because staff qualifications are different
- 5 ☐ Other (specify)

**D23.**

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

|                                                                                                            |                                |                               |
|------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| <b>d.</b> Mentors, coaches, or consultants who visit and work with staff in their classrooms or virtually? | 1 Yes <input type="checkbox"/> | 2 No <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|

**D24.** That last full week of [March], were you providing health insurance to to your teachers, assistant teachers or aides?

- 1 Yes
- 2 No

**D26.** In the last full week of [March 2021, did this site offer paid or unpaid sick leave to its teachers, assistant teachers, or aides?

- ☐ No, this site did not offer sick leave
- ☐ Yes, this site offered unpaid sick leave
- ☐ Yes, this site offered paid sick leave
- ☐ Don't know

[IF THIS IS WAVE 2, ASK D27, ELSE SKIP TO D29]

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D27. Does your program currently have any facility acquisition, construction or renovation needs?

- 1 Yes
- 2 No (skip to D29)

D28. Are any of these needs related to improving the health and safety conditions for children in your care, for example, dealing with lead paint or mold, making electrical upgrades, improving ventilation, or expanding access to water for sanitation?

- 1 Yes
- 2 No

D28a. Are any of your program's facilities needs related to improving the quality of children's experiences, such as improving existing space, renovating playgrounds, or adding space for designated activities?

- 1 Yes
  - 2 No
-

D29 INTRO. Please answer these next questions about the children in your program age 5 and under, not yet in kindergarten that you were serving during the last full week of March 2021.

D30. How would you compare teacher-child interactions in your program in March 2021 compared to February 2020, before the COVID-19 pandemic? Would you say teacher child interactions...

1 were much better in February 2020 than March 2021

2 were somewhat better in February 2020 than March 2021

3 are about the same in February 2020 and March 2021

4 were somewhat better in March 2021 than in February 2020

5 were much better in March 2021 than in February 2020

D31. That last full week of March, how many of the young children enrolled in your program had a physical condition that affects the way your program serves them?

Number of children

☐ I don't know, but at least one child had a physical condition that affects the way our program serves them.

RANGE: 0-999

D32. That same week, how many of the young children had an IEP/IFSP? [IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services.]

Number of children

☐ I don't know, but at least one child has an IEP/IFSP.

RANGE 0-999

D33. Again thinking about all the young children enrolled that week, about how many them are of Hispanic or Latino origin?

Number of children

---

☐ I don't know, but at least one child is of Hispanic or Latino origin.

RANGE: 0-999

**D34.** (RANGE: 0-999 FOR ALL SUBITEMS)

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

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

[If R COMPLETED WAVE 1, ASK D36A, ELSE SKIP TO D37]

D36a. Since (Wave 1), have you had any changes in your numbers of full-time or part-time teachers, assistant teachers, aides or specialists?

1. Yes, at least one change (go to D37)
2. No changes (go to D45)

**D37.** Next are questions about staff who work directly with young children at your center – children age 5 and under, not in kindergarten. Please put your staff working with any young children into three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these three categories.

First, please think about aides or assistant teachers. How many aides or assistant teachers work with young children in your program?

\_\_\_\_\_ Number of aides or assistant teachers

RANGE: 0-99

[IF D37>0 ASK D38. OTHERWISE GO TO D39.]

**D38.** How many of these aides or assistant teachers are full-time?

\_\_\_\_\_ Number of aides or assistant teachers

RANGE: 0-99

**D39.** How many of your staff working with young children are teachers or lead teachers?

\_\_\_\_\_ Number of staff

RANGE: 0-99

[IF D39>0, ASK D40. OTHERWISE GO TO D41.]

**D40.** How many of these teachers or lead teachers are full time?

\_\_\_\_\_ Number of staff

RANGE: 0-99

**D41.** How many specialists work in your program with young children, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?

\_\_\_\_\_ Number of specialists

RANGE: 0-99

[IF D41, ASK D42. OTHERWISE GO TO D44.]

**D42.** How many of these specialists work full-time?

\_\_\_\_\_ Number of specialists

RANGE: 0-E1d

**D44.** Please tell us about the qualifications of your staff working directly with children 5 and under, not yet in kindergarten:

|                                            | Number of teachers, lead teachers, instructors | Aides, assistants |
|--------------------------------------------|------------------------------------------------|-------------------|
| Who have a 4 year college degree or higher |                                                |                   |

|                                                                   |  |  |
|-------------------------------------------------------------------|--|--|
| Who have no 2-year or 4-year college degree                       |  |  |
| Who have a CDA or state certification                             |  |  |
| Who have worked in early care and education for 2 years or longer |  |  |

**D45.** Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many such individuals were working in your program in October 2019, but not in March 2021?

RANGE: 0-99

[if D45=0, skip to Section E]

**D46.** What are the main reasons that staff working with children age 5 and under in October 2019 were not there in October 2020? (Select all that apply)

1. Left the program for reasons unrelated to COVID-19
2. Did not want to work due to health concerns for themselves or other household members
3. Unable to work because children are not in school or child care
4. Program was financially unable to keep them
5. Dismissed from the program for non-financial reasons
6. Other reasons (PLEASE SPECIFY)

**D47.** Do you expect any of these staff from Fall 2019 to return to work in your program by Fall 2021?

- 1 ☐ Yes
- 2 ☐ No



## E. Current situation

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

*Asked of all respondents*

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| Likelihood program will be operating in 3 years<br>Likelihood respondent will be in ECE in 3 years<br>Main challenge seen for ECE |
|-----------------------------------------------------------------------------------------------------------------------------------|

E25. How much do you agree or disagree with the statement: Thinking ahead to three years from now, this early care and education program is very likely to be serving children five years and younger, not yet in kindergarten.

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

E21. How much do you agree or disagree with the statement: Thinking ahead to three years from now, I am very likely to be working in early childhood education.

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

E22. Is there anything else you want policy makers to understand about the experience of being an early childhood educator during the spring of 2021?

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\_\_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.]

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