





## U.S. Business Response Survey to the Coronavirus Pandemic

[Test Your Browser](#)

To report your survey data, you must logon with a valid password for the Web ID that is included in your Bureau of Labor Statistics (BLS) survey request. Users have encountered compatibility issues with our security protocols when using Internet Explorer 9 (or earlier). Please use a different browser (Google Chrome, Mozilla Firefox, Safari) or a newer version of IE.

\*Web ID:  

\*Password:  

[Forgot Password?](#)

### Terms and Conditions of Use

**WARNING!** You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

*Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time.*

**Please read:**  
Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue.

If you have questions or comments, please send e-mail to: [COVID-19Survey@bls.gov](mailto:COVID-19Survey@bls.gov)

Version: 3.2



## Welcome to the U.S. Business Response Survey to the Coronavirus Pandemic

Approved. O.M.B. No.

Bureau of Labor Statistics, U.S. Department of Labor

The Bureau of Labor Statistics (BLS) is conducting a new one-time survey to quickly collect information related to how businesses have changes since the onset of the novel Coronavirus pandemic. This survey will identify changes in business operations, and changes in employment and workforce flexibilities and benefits that occurred from the onset of the pandemic. Your response to this important effort is critical to understanding how the Coronavirus pandemic affected your business and many others just like it. Click on Continue to complete this important survey.

Understanding how businesses are being affected by, and adapting to, the Coronavirus pandemic is important for policy makes, the business community and workers. The purpose of the survey is to gather data on the effects of the Coronavirus pandemic on your business. The information collected by the Bureau of Labor Statistics will be used for statistical purposes in accordance with law.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 USC 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Time of completion is estimated to be about 10 minutes. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates or any aspect of this survey, please contact [COVID-19Survey@BLS.gov](mailto:COVID-19Survey@BLS.gov). The OMB control number for this survey is 1220-\*\*\*\* and it expires on \*\*/\*\*/\*\*\*\*. Without a currently valid OMB number, BLS would not be able to conduct this survey.

If you have questions or comments, please send e-mail to: [COVID-19SurveyHelp@bls.gov](mailto:COVID-19SurveyHelp@bls.gov)





### Address and Contact Verification

This firm is OUT OF BUSINESS in Puerto Rico. Date of closure :

mm/dd/yyyy



**Company Name:** SOPS INC  
**UI Account Number:** 9999999999  
**State :** Puerto Rico

Please review the information below, and make corrections where needed.

(\*Required Field)

#### Business Mailing Address

Please review the address below. If the information is incorrect please enter updated information.

**Legal Name :**

**Trade Name :**

**\*Street Address :**

**Additional Address Information :**

**\*City :**

**\*State :**

**\*Zip Code :**

**Physical Location Address**

Please review the address below. If the information is incorrect please enter updated information. Do not include P.O. Box or out of State addresses.

[Copy Business Mailing Address](#)

**\*Street Address :**  ⓘ

**Additional Address Information :**  ⓘ

**\*City :**  ⓘ

**State :** PR ⓘ

**\*Zip Code :**   ⓘ

This business has more than one physical location in Puerto Rico. Do not count client sites or offsite projects that will last less than a year. ⓘ

This business has no physical location address in Puerto Rico and there is no county where a majority of business is conducted in Puerto Rico ⓘ

Please select the County, Township, Island, or Parish where your business is physically located. If you do not know it or it is not listed, please check the box below.

**\*County :**  ⓘ

I don't know my County or I don't see my County listed above.

**Contact Information**

Please provide your contact information.

**\*Contact Name :**  ⓘ

**\*Phone Number :**

**\*Contact Email :**

**\*Confirm Email :**

[Previous](#) [Save and Continue](#)





### Additional Physical Location(s)


Please enter information for your additional worksites in the boxes provided. Do not include P.O. Box or out of State addresses.


(\*Required Field)


**Company Name:** SOPS INC  
**UI Account Number:** 777777777  
**State:** Puerto Rico


\*Trade Name :  


\*Street Address :  


\*City :  


\*State : PR 

\*Zip Code :   

\*County :  

\*Approx. # of Employees :  

\*Worksite Description :  

\*Main Business Activity :  

Add Another Location

Previous Save and Continue



### Main Business Activity

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the "Save and Continue" button.

**Company Name:** SOPS INC  
**UI Account Number:** 222222222  
**State:** Virgin Islands

**Dog and Cat Food Manufacturing**

This U.S. industry comprises establishments primarily engaged in manufacturing dog and cat food from ingredients, such as grains, oilseed mill products, and meat products.

311111

\*While your business may not be engaged in all of the economic activities listed above, does the description above accurately include your main business activity during the Coronavirus pandemic?

- YES, the Main Business Activity selected above accurately represents my business.
- NO, I am unable to find an applicable Main Business Activity description.

If you answer 'NO' you will be able to choose your correct economic activity on the next page.

Previous Save and Continue



### Main Business Activity Selection

#### Step 1: Search for your Main Business Activity.

Type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business. Simple key words work best (ex. If your business is a fast food restaurant, type "restaurant" into the search box.) The results displayed will be a general description and may not be an exact match. There may be activities listed in which you do not participate, and some of your business's activities may not be listed. If the description is generally correct for a majority of your business, please check "YES" in Step 2, and if it is incorrect for a majority of your business, please check "NO" in Step 2 and proceed to Step 3.

**Company Name:** SOPS INC  
**UI Account Number:** 2222222222  
**State:** Virgin Islands

Type your key word search:

- Pet food, dog and cat, manufacturing
- Pet grooming services
- Pet health insurance carriers, direct
- Pet hospitals
- Pet licensing
- Pet shops
- Pet sitting services**
- Pet supplies (except pet food) merchant wholesalers
- Pet supply (except pet food) merchant wholesalers
- Pet supply stores
- Pet training services
- Pet transportation services
- Petrochemical feedstocks made in petroleum refineries

---

**Pet Care (except Veterinary) Services**

**Description**

This industry comprises establishments primarily engaged in providing pet care services (except veterinary), such as boarding, grooming, sitting, and training pets.

---

**Index Items**

1. Animal grooming services
2. Animal shelters
3. Boarding services, pet
4. Dog pounds
5. Grooming services, animal
6. Guard dog training services
7. Guide dog training services
8. Kennels, pet boarding
9. Obedience training services, pet
10. Pedigree record services, pet
11. Pet boarding services
12. Pet grooming services
13. Pet sitting services
14. Pet training services
15. Sitting services, pet
16. Working, sporting, and service dog training services

812910

#### Step 2: Verify your Main Business Activity.

\*While your business may not be engaged in all of the activities listed above, and some activities may be slightly different, does the selection above generally describe your main business activity during the past 12 months?

- YES, the Main Business Activity selected above accurately represents my business.
- NO, I am unable to find an applicable Main Business Activity description.

#### Step 3: Describe your Main Business Activity.

\*Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%. (Maximum 255 Characters)

I run a doggie daycare operation.



### Review Address and Business Activity

Print

**Company Name:** SOPS INC  
**UI Account Number:** 2222222222  
**State:** Virgin Islands

### Main Business Activity

Edit

#### Industry Verification :

Pet Care (except Veterinary) Services

This industry comprises establishments primarily engaged in providing pet care services (except veterinary), such as boarding, grooming, sitting, and training pets.

812910

#### Business Activity Description :

I run a doggie daycare operation.

### Contact and Address Information

#### Business Mailing Address

Edit

Legal Name : SOPS INC  
Trade Name : SHARON'S LLC  
Street Address : 1 MAIN STREET  
Additional Address Information : STE 10  
City : NEW YORK  
State : NY  
Zip Code : 10016 1000

#### Physical Location Address

Street Address : 2nd STREET  
Additional Address Information :  
City : Viena  
State : VI  
Zip Code : 00801  
County : ST. THOMAS  
Explanation:

#### Contact Information

Contact Name : xyz  
Contact Phone : (020) 888 - 7777  
Contact Email : xyz@xyz.com

Continue



## U.S. Business Response Survey to the Coronavirus Pandemic

We understand your business is likely facing challenges right now, and we appreciate your response to this important survey. Now that you've verified your address and business activity, please click on continue to answer eight specific Coronavirus pandemic questions about this business location's experience **beginning January 1, 2020**.

Please answer the following questions for this business location only, even if you have more than one location that was affected by the Coronavirus pandemic.

[Continue](#)

---

If you have questions or comments, please send e-mail to: [COVID-19SurveyHelp@bls.gov](mailto:COVID-19SurveyHelp@bls.gov)



1. As a result of the Coronavirus pandemic, which of the following did this business location experience?

Select all that apply

- Shortage of supplies or inputs
- Decrease in demand for products or services
- Increase in demand for products or services
- Difficulty in moving or shipping goods
- Government-mandated closure of this business location
- None
- Don't Know
- Other, specify

2. As a result of the Coronavirus pandemic, what changes, if any, were made to employment or payroll at this business location?

Select all that apply

- Hired additional employees
- Told employees not to work, with or without pay (for example, laid off or furloughed)
- Increased employees' hours of work
- Reduced employees' hours of work, employees worked at least some hours
- Increased salaries and wages
- Reduced salaries and wages
- None
- Don't know
- Other, specify

3. Did this business location continue to pay some or all employees who were told not to work as a result of the Coronavirus pandemic while they were not working?

- Yes
- No
- Not applicable, no employees were told not to work
- Don't know

4. Did this business location continue to pay a portion of health insurance premiums for some or all employees who were told not to work as a result of the Coronavirus pandemic?

- Yes
- No
- Not applicable, no employees were told not to work
- Not applicable, this business does not offer health insurance
- Don't know

5. Did this business location offer more opportunities for employees to telework (work remotely) as a result of the Coronavirus pandemic?

Select all that apply

- Yes, offered telework to employees who could not telework prior to the Coronavirus pandemic
- Yes, increased the number of telework hours for employees already permitted to telework
- No change in existing telework arrangements
- No telework at this location both before and after the Coronavirus pandemic
- Don't know

6. As a result of the Coronavirus pandemic, did this business location increase the amount of paid sick leave provided to employees?

Select all that apply

- Yes, provided paid sick leave to employees who did not have paid sick leave prior to the Coronavirus pandemic
- Yes, increased the amount of paid sick leave for employees who already had sick leave prior to the Coronavirus pandemic
- No change to paid sick leave, or no paid sick leave provided
- Don't know

*Federal and state governments have created loans and grants to help businesses that have been hurt by the Coronavirus pandemic. Sources of these loans and grants, some of which were created under the CARES Act, include the Paycheck Protection Program, Main Street Lending Program, Economic Injury Disaster Loan, and Secondary Market Corporate Credit Facility.*

7. Did this business location receive a Coronavirus-related loan or grant tied to re-hiring or maintaining employees on the payroll?

- Yes
- No
- Don't know

8. Would you like to provide any additional information about changes affecting employment that this business location has made as a result of the Coronavirus pandemic?

Submit Data to BLS

If you have questions or comments, please send e-mail to: [COVID-19SurveyHelp@bls.gov](mailto:COVID-19SurveyHelp@bls.gov)



Logout

**Thank you for reporting your data.**

Your data were received by BLS on Apr 24, 2020 at 06:12:25 AM

You have successfully submitted data for the U.S. Business Response Survey to the Coronavirus Pandemic.

Print

If you have questions or comments, please send e-mail to: [COVID-19SurveyHelp@bls.gov](mailto:COVID-19SurveyHelp@bls.gov)