

*COVID-19 Follow-up Classroom Staff (Workforce) Questionnaire* 10/11/19

**Workforce outline by subgroup**

We propose to re-interview approximately 4,700 center-based workers 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 center-based ECE since March 2020 | Provided center-based ECE last week of Oct 2020 | Constructs List |
| W2 cats | No center-based ECE during W2 Ref Period | Provided any center-based ECE since W1 interview | Provided center-based ECE last week of April 2021 |
| A Employment Calendar (CAL) | X | X | X | Confirm status as of Jan/Feb 2020  Employment with NSECE program (Dates, role, hours, reason for leaving, periods not on-site, reason not on-site)  Wage/Sick leave if currently at NSECE program  Any other jobs during this time (dates, occupation, hours/week)  Wage/Sick leave if currently working non-ECE job  Confirm # weeks when not working at all  Number of weeks not working and no pay |
| B Experience of Pandemic Assistance Programs (PAND) |  | X | X | Sources of information valued for health and instructional protocols  Applied for special licensure or status  Any bonus pay |
| C ECE practices during ref period (PRACT)  *Reference period: W1: March ’20 to W1 interview; W2: W1 interview to W2 interview* |  | X | X | 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  Health practices – 3 time points  Social distancing – 3 time points  Professional development types  Support received for PD  Union member |
| D ECE status in focal week (ECEST)  *Focal week = W1:* *last week of October ‘20; W2: last week of April ‘21* |  |  | X | Role  Age of children  # different classroom each week  When R plans children’s activities  Serves children with disabilities  Work climate: children happy with me, had help dealing with difficult parents/children  Talked with supervisor about learning, behavior  Hours last month building skills  Pandemic effects on learning activities  Family preferences  Expenditures on program (supplies, etc.) |
| E Current financial situation, household composition, and mental health (CURR) | X | X | X | 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 |

# Classroom Staff (Workforce) Questionnaire

**QUEXLANG**

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

ENGLISH

SPANISH

**CONSENT**

Thank you for taking part in this study, which is about the COVID-19 pandemic experiences of people who worked in early care and education programs for children prior to the pandemic.  It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government better support the people who care for our nation’s children, especially in difficult crises like the COVID-19 pandemic.

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

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 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.

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

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

**A. Calendar**

*Asked of all respondents*

|  |
| --- |
| Confirm status as of Jan/Feb 2020  Employment with NSECE program (Dates, role, hours, reason for leaving, periods not on-site, reason not on-site)  Wage/Sick leave if currently at NSECE program  Employment with another ECE program (Dates, role, hours, auspice, funding, age of children, which children served)  Wage/Sick leave if currently at other ECE pgm  Provided home-based ECE during this time (dates, another’s pgm or own, hours, age of children)  Wage/Sick leave if currently providing HB ECE  Any other jobs during this time (dates, occupation, hours/week)  Wage/Sick leave if currently working non-ECE job  Confirm # weeks when not working at all  Number of weeks not working and no pay |

A1. Are you currently employed by {program}, where you were working in {2019/at Wave 1 interview}?

1 Yes (Skip to A5)

2 No (Ask A2)

A2. What month and year were you last employed by {program}?

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

A3. What is the main reason that you left {program} at that time?

O Personal or family reasons (e.g., new baby, health, etc.)

O Financial reasons (e.g., wages, benefits)

O No longer wanted to work in early childhood education

O Work environment (e.g., relationships with coworkers)

O The site’s leadership

O The site’s values or goals did not match mine

O I was asked to leave (e.g., downsized, fired)

O Other:

[IF A2 ON OR AFTER MARCH 2020]: A4. How much would you say that your leaving {program} was related to the COVID-19 pandemic?

Not at all related to the pandemic

Somewhat related to the pandemic

Directly related to the pandemic

[skip to A17]

A5. About how many hours did you usually work each week in that job?

                     Hours worked [Range: 0-168]

A6. Are you working at that program currently?

1 Yes (ASK A7)

2 No (SKIP to A8)

A7. About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

$\_\_\_\_\_\_\_\_

1🞏 per hour

2🞏 per day

3🞏 per week

4🞏 per year  
5🞏 other: \_\_\_\_\_\_\_\_\_\_\_

(Skip to CAL 10.J14)

A8. From [March 2020/Wave 1] to [today/when you left this job], did you ever have a period of two weeks or more that you were not working on-site with children?

1 YES

2 NO

A9. When did you (first/next) have a gap in serving children on-site?

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

A10. What was the main reason you were not serving children on-site 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

A11. About how long did you continue not serving children on-site for that main reason?

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

A12. Did you go back to working with children on-site after that, or did you continue not serving children but for a different reason?

1 Went back on-site

2 Different reason for not being on-site

A13. What was the next reason for not working with children on-site?

◻ 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

A14. Did you have another periods of 2 weeks or more after that that you did work with children on-site?

1 Yes

2 No

A15. When did you go back to working on-site with children?

\_\_\_\_ Month \_\_\_Day

A16. Did you have another period where you did not work with children on-site after that?

1 Yes (go to A9)

2 No

A17. Since [March 2020/Wave 1], have you worked for another center-based early care and education program, such as a preschool, Head Start or public pre-K program since [March 2020/Wave 1 interview]?

1 Yes

2 No (SKIP TO CAL 10.j14)

A18. When did you start working at that program?

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

A19. What best describes your role at that program:

1 Teacher, lead teacher or instructor

2 Assistant teacher or aide

3 Other role working directly with children, such as specialist or floater

4 Other role not working directly with children, such as cook or director

A20. About how many hours did you usually work each week in that job?

                     Hours worked [Range: 0-168]

A21. Are you working at that program currently?

1 Yes (ASK A22)

2 No (SKIP to A23)

A22. 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 A26)

A23. When did you stop working at [program]?

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

A24. What was the main reason you stopped working at [program] at that time?

1 Personal, family (including pregnancy)

2 Return to school

3 Health

4 Retirement or old age

5 Temporary, seasonal or intermittent job completed

6 Slack work or business conditions

7 Unsatisfactory work arrangements (hours, pay, etc)

8 Other (specify)

A25. How much would you say that you stopped caring for children 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

A26. Since [March 2020/Wave 1], have you done any (other) work for pay (in addition to caring for these children)? Please include work in your own or a family business.

1 🞏 Yes🡪 (ASK A27)

2 🞏 No 🡪 (SKIP TO A36)

A27. What kind of work did you do in the (first/next) job (outside of caring for children) that that you had since [March 2020/Wave 1 interview]?

Job/Usual duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A28. About how many hours did you usually work each week in that job?

                     Hours worked [Range: 0-168]

A29. When did you start working at that job?

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

A30. Are you working at that job currently?

1 Yes (ASK A31)

2 No (SKIP to A26)

A31. 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 A36)

A32. When did you stop working at that job?

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

A33. 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)

A34. 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

A36. 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?

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

A37. For how many of the [XX] weeks did you receive any work income, even if it was less than you usually would have received?

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

A38. 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)\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Section PAND: Experiences Providing Pandemic Care and Receiving Pandemic Assistance**

*Asked of respondents providing ECE as of January 2020 (FLAGB=1)*

|  |
| --- |
| Sources of information valued for practices and regulations  Worked under special circumstances |

This next section asks about your experiences with programs designed to help organizations and businesses during the COVID-19 pandemic.

B4. What have been the three most helpful sources of information regarding providing child care during the COVID-19 pandemic?

*Select your top three choices.*

1. State child care agency

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

**B9.** Since [March 2020/Wave 1], have you worked under in any of the following special situations that may have occurred during the COVID-19 pandemic? (CODE ALL THAT APPLY)

* Provided emergency care for children of essential workers
* Received special permission or a waiver on licensing requirements for workers
* Worked in a supplemental summer program for Head Start
* Worked in a school-age care program because local schools were not meeting in-person
* Received pandemic-related training, technical assistance, or mental health resources from a government resource
* Was paid using PPP funds although I was not working with children
* Received ‘bonus pay’ or other grants for providing pandemic care

**C. ECE practices during ref period (PRACT)**

Asked of all respondents providing ECE at any time during reference period [Wave 1: March 2020 – Wave 1 interview/Wave 2: Wave 1 interview to Wave 2 interview]

|  |
| --- |
| 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  Health practices – 3 time points  Social distancing – 3 time points  Professional development types  Prof dev on working w/ children across races, etc.  Support received for PD  Union member |

C1.

Since [March 2020/Wave 1], have you done any of the following to improve your skills or gain new skills in working with children?

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

1 🞏 YES 2 🞏 NO

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

1🞏 YES 2 🞏 NO

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

1🞏 YES 2 🞏 NO

C2. Since [March 2020/Wave 1], have you participated in a health or safety training related to working with children?

1 🞏 YES

2 🞏 NO

C2a. 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

C3. As far as you recall, what, if any, special practices were in place in any program you were working in:

|  |  |  |  |
| --- | --- | --- | --- |
|  | [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)

**C8.**

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

**C9.**

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

**C10.**

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

1 🞏 YES

2 🞏 NO

**C11.**

Were you being paid to contact children and famiies?

1 🞏 YES

2 🞏 NO

**C12.**What was the main purpose of the contact with children and families?

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

O Provide support to parents

O Provide instruction and engagement with children

O Other

**C13**. What are the two most common concerns you hear from parents about using child care during the COVID-19 pandemic? (SELECT UP TO 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)

C14.

How often have you and your supervisor (such as a center director, program director, or lead teacher) discussed each of the following since [March 2020/Wave 1]?

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

1 🞏 Once a year

2 🞏 Several times a year

3 🞏 Once a month

4 🞏 A few times a month

5 🞏 Once a week or more

6 🞏 Never

b. How you can improve your skills working with children’s behavior? Would you say…

1 🞏 Once a year

2 🞏 Several times a year

3 🞏 Once a month

4 🞏 A few times a month

5 🞏 Once a week or more

6 🞏 Never

**D. ECE status in focal week (ECEST)**

Asked of respondents providing center-based ECE during focal week [Wave 1: last week of October 2020; Wave 2: last week of April 2021]

|  |
| --- |
| Role  Age of children  # different classroom each week  When R plans children’s activities  Serves children with disabilities  Work climate: children happy with me, had help dealing with difficult parents/children  Talked with supervisor about learning, behavior  Hours last month building skills  Pandemic effects on learning activities |

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

**<0}D1.**   
  
What age children were you mostly working with that week?

1 🞏 Infant and Toddler (birth to age 3)

1. 🞏 Pre-school (age 3 years to kindergarten)

4 🞏 School-age

3 🞏 Other (specify\_\_\_\_\_\_\_\_)

<0}D2.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of classrooms or groups

**D3.**

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

1 🞏 YES

2 🞏 NO

**D4.**   
  
Did you plan or help plan the daily activities of the children in this classroom or group?

1 🞏 YES 🡪(ASK D5)

2 🞏 NO 🡪 (SKIP TO D6)

**D5.**   
  
When did you plan daily activities?

1 🞏 While caring for children

2 🞏 Time while at work, but not caring for children

3 🞏 I didn’t make specific plans

4 🞏 Personal time when I was not at work

**D6.**

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

**D6c.**

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

1🞏 Never

2🞏 Once

3🞏 More than once

**D6e.**

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

1🞏 Never

2🞏 Once

3🞏 More than once

**D7.**

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

**D8.**

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

1🞏 Strongly agree

2🞏 Agree

3🞏 Neither agree nor disagree

4🞏 Disagree

5🞏 Strongly disagree

**D9.**

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

1🞏 Strongly agree

2🞏 Agree

3🞏 Neither agree nor disagree

4🞏 Disagree

5🞏 Strongly disagree

D10. That last week of [October/April], were you a member of a union (such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters)?

1 🞏 YES

2 🞏 NO

**E. Section CURR. Current Personal Situation**

**Asked of all respondents**

*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?

O Not at all challenging

O Somewhat challenging

O Very challenging

O 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 E5)

9🞏OTHER (SPECIFY)

E4. Since March 2020, was there any time that you did not have any health insurance or coverage?

1 YES

0 NO

SKIP toE7

E5.Since March 2020, was there any time that you had health coverage?

1 YES

0 NO

**E6.** Are you able to take advantage of either unpaid or paid sick leave at your job at your current (or most recent) job?

O No, I am not offered any sick leave at my job

O Yes, I am offered unpaid sick leave at my job

O Yes, I am offered paid sick leave at my job

O I am self-employed

O I am not currently working

O Don’t know

E7. Overall, would you say your health is excellent, very good, fair, or poor?

1 🞏 Excellent

2 🞏 Very good

3 🞏 Fair

4 🞏 Poor

E8. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_ Days

E9. Approximately what was your total household income in [wave 1: 2019, before the pandemic/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]

1. You had to put yourself at risk of exposure to coronavirus because you couldn’t afford to stay home and miss work
2. You've had to help family financially
3. You lost savings or your investments declined in value
4. You had to delay bill payments
5. You’ve received financial help from family or friends, including a place to stay

E14. Did you pay your last month's rent or mortgage on time?   
1 Yes  
2 NO

3 Didn’t owe any rent or mortgage

E15.

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

O Not at all difficult

O Somewhat difficult

O Very difficult

O Extremely difficult

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)

1. Unemployment Insurance
2. Pandemic unemployment assistance
3. A government payment in response to the coronavirus pandemic (such as from the CARES ACT)
4. Other assistance from the government
5. 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. | 🞏 | 🞏 | 🞏 | 🞏 |
| 2. I had trouble keeping my mind on what I was doing. | 🞏 | 🞏 | 🞏 | 🞏 |
| 3. I felt depressed. | 🞏 | 🞏 | 🞏 | 🞏 |
| 4. I felt that everything I did was an effort. | 🞏 | 🞏 | 🞏 | 🞏 |
| 7. My sleep was restless. | 🞏 | 🞏 | 🞏 | 🞏 |
| 8. I was sad. | 🞏 | 🞏 | 🞏 | 🞏 |
| 10. I could not "get going." | 🞏 | 🞏 | 🞏 | 🞏 |

E18.

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

O No

O Yes

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

O No

O Yes

E21. 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 coronavirus pandemic?

                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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