

Appendix A: NSECE COVID-19 Follow-up Study Research Questions

1. Among ECE providers operating in spring 2019, what fraction were still in operation 18 months later in fall 2020, and/or 24 months later in Spring 2021? What were the 2019 characteristics of providers that were more likely to be serving children in these later periods?
2. To what extent do providers offer the same service in later periods as in Fall 2019, for example, ages of children served, total enrollment, hours of service, or other major program changes?
3. What evidence is available about families' preferences for ECE settings during and after the pandemic? How do changes in observed ECE supply align with that evidence?
4. How many providers in later periods considered themselves to be in a long-term situation vs how many felt their situation as a provider was still temporary?
5. If not already open, are providers attempting to re-open for service to children and families? What requirements do they report for re-opening?
6. What do the 2019 ECE providers see as the most significant challenges to restoring ECE supply and the ECE workforce as of the interview date?
7. What happened to workforce members employed by the provider in spring 2020? How many were laid off, lost benefits, were eligible for unemployment insurance, were continuously employed, or were rehired after layoffs?
8. How many providers active in February 2020 experienced a closure of services during the pandemic, for how long, and on what dates?
9. During the reference period, what do providers report as the main reasons for closures during or after the pandemic emergency: government policies closing child care facilities; decline in demand from parents no longer needing child care, unable to afford it, or concerned about?
10. During the reference period, were there any known instances of COVID-19 exposure within the provider's facility? Who was affected (workers, children, parents, other organizations or individuals sharing the facility)? Whom did providers notify (e.g., staff or parents) of the exposure? What safety measures did providers take in response to the exposure?
11. During the reference period, did the provider implement any special health practices in response to the pandemic, for example, limiting movement of children across classrooms, extra cleaning of facilities, food service changes, temperature screening, mask wearing by children, mask wearing by staff, etc.?
12. During periods of provider closure, to what extent did staff have contact with the children or families they had served before the closure?
13. Are there any significant changes in educational practice, for example, changes in ratios or group sizes, limits on moving children from one room to another, or extent or type of professional development investments/participation (whether within or outside of their organization)?

14. Are there any significant changes in health-related practice, for example, when sick children or workers are permitted to attend, hand-washing/toileting/food service practices, paid sick time for teachers, etc?
15. How and where did providers learn about various policy changes, developments, opportunities for assistance? What information and information sources were most useful – and what agencies did providers look to for information/guidance?
16. What were the specific financial consequences to providers of the pandemic? Loss of income, necessary expenses, debts incurred, etc. Which providers had any reliable sources of revenue during the pandemic period, for example, pre-paid tuition not refunded to parents, grants or contracts with public agencies that were not disrupted, ongoing parent payments, or other sources?
17. What financial assistance did the provider seek and/or receive, for example, SBA loans, Paycheck Protection, grants from states/localities/philanthropies, or other emergency assistance?
18. Did providers seek any special approvals during the pandemic period, for example, licensing status as an emergency child care provider, approval for child care subsidy funds for first responders, waivers of licensing standards, etc?
19. Whom were providers serving through emergency approvals?
20. Among ECE workforce members in February 2020, what fraction were still in working in ECE at later periods? What were the 2019 characteristics of workers that were more likely to be serving children in later periods?
21. During the reference period, what 2019 ECE workforce members participated in special first responder child care services in center-based or home-based settings during the emergency?
22. What pandemic assistance did workforce members apply for or receive, for example, unemployment insurance, Pandemic Unemployment Assistance, CARES Act payments or others?
23. To what extent do we see shifts among workforce members between center and home-based care?
24. How many workforce members in later periods considered themselves to be in a long-term situation vs how many felt their situation as a provider was still temporary?
25. What do the 2019 ECE workforce members see as the most significant challenges to restoring ECE supply and the ECE workforce as of the interview date?
26. Have former ECE workforce members had non-ECE employment during this period? In what industries or occupations have they looked for work? Do they expect to return to ECE in the future?
27. What is the mental health status of workforce members in later periods?
28. What is the household situation of 2019 ECE workforce members in later periods, for example, HH composition, housing stability, food insufficiency, health insurance coverage, etc?