



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2024

# *Workforce Follow-up*

OMB Review Draft

## CONSENT

Thank you for taking part in this study, which is about the experiences of people who worked in early care and education programs for children in 2024. It is funded by the Administration for Children and Families (ACF), of 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.

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 the study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. 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 the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis. Data will be preserved with appropriate security safeguards as long as it is necessary for the attainment of the specified study objectives and will be destroyed then after in accordance with ACF's approved retention schedules.

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 06/30/2026. Please send comments regarding the time required for this survey, your privacy-related rights, 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.

**IF INTERVIEWER-ADMINISTERED:**

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE
3. R DOES NOT CONSENT TO PARTICIPATE → BREAK OFF AND INQUIRE ABOUT ALTERNATE RESPONDENT

**IF SELF-ADMINISTERED:**

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.

**SCREENER**

We have an early care and education center on file for you that you confirmed working at in 2024.

Please select from the list below the name of the early care and education center where you worked in [MONTH] 2024.

1. Little Blossoms Nursery SCHL
2. [2024 PROGRAM]
3. Montoya Child Development CTR
4. Gildden Woods Day Care
5. I have not worked at any of these

## Section G. Identifying Job Transitions

### Respondent current employment status

#### G.A1.

Are you currently employed by [PROGRAM], where you were working in [MONTH] 2024?

1. Yes → SKIP TO SKIP LOGIC BOX G\_S\_3
2. No → SKIP TO G.A2

### Date and reason of departure from 2024 center

#### G.A2.

What month and year were you last employed by [PROGRAM]?

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

#### G.A3.

What is the main reason that you left [PROGRAM] at that time?

1. Personal or family reasons (e.g., new baby, health, etc.)
2. Convenience (e.g., schedule, commute)
3. Financial reasons (e.g., wages, benefits)
4. Work environment (e.g., relationships with coworkers, the site's leadership, the site's values or goals did not match mine)
5. I was asked to leave (e.g., downsized, fired, program closed)
6. Opportunity for career growth elsewhere
7. Other: \_\_\_\_\_

These next questions are about your current job. If you have more than one current job, think about the job you have that is in early care and education working with children under age 13. If you do not work in early care and education with children under age 13, think about the job where you spend the most hours each week.

### Current employment status and setting

#### G.D1A.

Last week, did you do any work for pay?

1. Yes
2. No
3. DID NOT WORK LAST WEEK BUT HAD A JOB (E.G., VACATION, FACILITY CLOSED, ETC.)

**SKIP LOGIC BOX G\_S\_1:**

IF G.D1A = 1 OR G.D1A=3, SKIP TO G.2

IF ELSE, ASK G.13

**G.13.**

What would you say is the main reason you are not currently working?

1. Attending school
2. Illness or disability
3. Home or caregiving responsibilities
4. Retirement
5. Cannot find work
6. Other (specify): \_\_\_\_\_

**SKIP LOGIC BOX G\_S\_2:**

SKIP TO M.B9

**G.2**

Do you currently work in a place that provides early care and education to children under age 13, even if you do not work directly with children?

1 Yes

2 No

**SKIP LOGIC BOX G\_S\_3:**

**Identification for survey pathing:**

**Stayers: G.A1 == 1**

**Movers (to another ECE role, regardless of role or setting): G.A1 == 2 & G2==1**

**Leavers: G.A1 == 2 & G2==2**

**Non-workers: G.D1A==2**

## Section M. Current Role

Now we have some questions about your current work situation.

**SKIP LOGIC BOX M\_S\_1:**  
IF STAYER SKIP TO M.B1  
IF MOVER SKIP TO M.A18  
ELSE IF LEAVER ASK M.D2

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### Occupation, Industry, and Title

#### **M.D2.**

In your current job, what kind of work do you do? If you have more than one job, please describe the job where you work the most hours. \_\_\_\_\_

RECORD JOB OR OCCUPATION BELOW

#### **M.D2A.**

What kind of business is that? \_\_\_\_\_

RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW

#### **M.2.**

What is your current job title? \_\_\_\_\_

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### Reason for taking position

#### **M.6.**

Which of the following best describes why you took this job?

\_\_\_\_\_

For FI Administration:

1. Personal or family reasons (e.g., new baby, health, etc.)
2. Convenience (e.g., better schedule, easier commute)
3. Financial reasons (e.g., wages, benefits)
4. Work environment (e.g., relationships with coworkers, the site's leadership, the site's values or goals matched mine)
5. Opportunity for career growth
6. Other: \_\_\_\_\_

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### Interim ECE experience

#### **M.A18 [MODIFIED]**

When did you start working in your current place of employment?

\_\_\_\_\_Month

\_\_\_\_\_Day

\_\_\_\_\_Year

### **M.A17 [MODIFIED]**

Between [DATE R LEFT 2024 PROGRAM] and [DATE R BEGAN AT CURRENT ROLE], have you worked in another center-based or home-based early care and education program, such as a preschool, Head Start or public pre-K program or family child care provider?

1. YES
2. NO

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## Hours and features of work schedule

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### **M.B1.**

Approximately how many hours **per week** do you usually work at this company/organization?

\_\_\_\_\_ Number of hours  
Range: 0-168

### **M.D2\_2.**

How far in advance do you usually know what days and hours you will need to work?

1. One week or less
2. Between 1 and 2 weeks
3. Between 3 and 4 weeks
4. 4 weeks or more

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## Additional current employment

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The next questions are about additional work you do for pay **outside of your current job**. Your current job is the one where you spend the most hours each week.

### **M.A26.**

Do you do any other work for pay in addition to the work you have already mentioned? Please include work on your own or a family business.

1. YES
2. NO → SKIP TO M.B9

### **M.A28.**

About how many hours do you usually work each week in that job?

\_\_\_\_\_ Hours worked  
RANGE: 0-168

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## Recent job search

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### **M.B9**

In the past 3 months, have you done anything to look for a new job or an additional job?

1. YES
2. NO → SKIP TO SECTION I

### **M.B9a\_M.**

What is the main reason you have looked for work?

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For FI Administration:

1. TO FIND A SECOND JOB
2. TO FIND A JOB THAT PAYS MORE
3. WORRIED THAT THIS JOB MAY END
4. HOPE TO REDUCE COMMUTE OR IMPROVE SCHEDULE
5. TO FIND IMPROVED WORK CONDITIONS
6. WANT TO LEAVE THIS FIELD
7. TO SEE WHAT ELSE IS AVAILABLE
8. TO FIND SUMMER EMPLOYMENT
1. TO FIND A JOB FOR PROFESSIONAL GROWTH AND/OR ADVANCEMENT WITHIN FIELD OF CHILD CARE
2. TO FIND A JOB THAT IS A BETTER FIT WITH MY TRAINING/EXPERIENCE
9. OTHER

### **M.10.**

Have you looked for jobs...?

- |  |   |   |
|--|---|---|
| 1. In early care and education working with children under the age of 13     | Y | N |
| 2. Not in early care and education working with children under the age of 13 | Y | N |



## Section I. Career Trajectories

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The next questions are about your experiences working in early care and education over the years.

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### ECE Credential or Degree

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**SKIP LOGIC BOX I\_S\_1:**

IF RESPONDENT REPORTED CDA, CERTIFICATION, OR COLLEGE DEGREE IN 2024,  
ASK I.35\_X\_year FOR YEAR  
ELSE ASK I.31

**I.35\_X\_year**

In what year did you earn your [CDA, STATE CERTIFICATION, 2 YEAR DEGREE, 4 YEAR DEGREE]?\_\_

\_\_\_\_\_ Year

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### Early experiences working in ECE

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Please think about the first job you had since your 18<sup>th</sup> birthday doing paid work providing early care and education to children under age 13.

**I.31.**

In what year did you start that job?

\_\_\_\_\_ YEAR

**I.(MODIFIED A.21).**

Which best describes that first job? (Select one)

1. Center-based early care and education for children birth to age 5, not yet in kindergarten
2. A home-based setting such as your home, a child's home, or a program in someone else's home
3. A program for school-aged children
4. Another setting working with children such as a summer camp, recreational program, or something else

**I.36**

What best describes your role in that first job?

1. Assistant, aide or floater
2. Teacher or instructor
3. Another role working directly with children

4. A role not working directly with children, such as an administrative assistant, driver, cook, specialist, or manager

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## Career experiences in different ECE settings

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### I.7.

These next questions are about different types of early care and education jobs you have had and the types of organizations you may have ever worked for. Please think about **any** job you have had in early care and education working with children under age 13, including one you have now.

### I7a.

Since your 18<sup>th</sup> birthday, how many different early care and education centers or home-based settings have you worked in? Please count each center and each home-based setting once, even if you had different jobs there.

I.7a.1            \_\_\_\_ Number of centers

I.7a.2            \_\_\_\_ Number of homes

**SKIP LOGIC BOX I\_S\_2:**  
 IF I.7a.1 == 1 SKIP TO I.7f  
 ELSE ASK I.7d

### I.7d.

Have any of these jobs been in a classroom where you worked with children aged...

	1. YES	2. NO
Under 3		
Pre school (age 3 years to kindergarten)		
School-aged (kindergarten and older)		

### I.7b.

As far as you know, were any of these jobs for a...

	1. YES	2. NO
Not for profit organization		
For profit organization		
Organization run by a government agency		

### I.11

As far as you know, have you personally provided any services that were part of a....

	1. YES	2. NO
Head Start		
State or local public pre-kindergarten program		

**I.7f.**

Have you ever had any of the following roles or titles?

	1. YES	2. NO
Aide/assistant teacher		
Teacher/lead teacher		
Other role not directly caring for children		

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**Wage and role progression**

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**SKIP LOGIC BOX I\_S\_3:**

IF RESPONDENT YEARS IN FIELD (FROM 2024) >=5 , ASK I.9  
ELSE SKIP TO I.5

**I.9.**

Think about your last 5 years working in early care and education.

- a. How did your earnings change over those 5 years?
  - 1. My earnings did not change over those 5 years
  - 2. My earnings increased over those 5 years
  - 3. My earnings decreased over those 5 years
  - 4. My earnings both increased and decreased over those 5 years
  
- b. How would you describe your responsibilities in your role as an early care and education professional over those 5 years?
  - 1. My responsibilities did not change over those 5 years
  - 2. My responsibilities increased over those 5 years
  - 3. My responsibilities decreased over those 5 years
  - 4. My responsibilities both increased and decreased over those 5 years.

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**Non-ECE career experience**

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**I.5.**

How many years in the past 10 years did you do any paid work in early childhood education?

\_\_\_\_\_ Number of years with any ECE

**I.12.**

How many years in the past 10 years did you do any paid work in a job **not** in early care and education?

\_\_\_\_\_ Number of years with any non-ECE

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## Intent to work in ECE

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### **I. A31.**

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 care and education.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

## Section N. Current Employment Characteristics

### SKIP LOGIC BOX N\_S\_1:

IF NOT CURRENTLY EMPLOYED, SKIP TO SECTION L

These questions ask further details about the work you are doing now.

### Wages and non-wage compensation

#### N.B4\_M.

How much are you paid before taxes and deductions? Is it per...

\$ \_\_\_\_\_ per

1. Hour
2. Day
3. Week
8. Every 2 weeks
4. Month
5. Year
6. Other: \_\_\_\_\_
7. Added: Don't know/Refused/No answer

#### N.B16.

How many days per year do you accrue in paid time off for sick or vacation time?

1. 0 days
2. 1-5 days
3. 6-10 days
4. More than 10 days

#### N.1.

Does your employer offer retirement benefits such as a retirement annuity, 401(k) or 403(b) plan?

1. YES
2. NO

### SKIP LOGIC BOX N\_S\_2:

IF RESPONDENT HAS CHILD UNDER AGE 6 FROM 2024, SKIP TO N.D9  
ELSE, ASK N.11

#### N.11

Do you receive any help from your employer to pay for child care, for example, tuition assistance or a discount?

1. Yes
2. No

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## Perceived work environment

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### **N.D9D.**

How much do you agree or disagree with the following statement about working in your current organization?

I am 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

### **N.3.**

How much do you agree or disagree with the following statement:

My workplace fosters positive relationships among coworkers.

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

### **N.4.**

Would you say the contributions you make at work are valued...

1. A great deal
2. A fair amount
3. Some
4. Not much
5. Not at all

### **N.5.**

Do you currently have someone at work who you consider a mentor - that is, an experienced person who cares about your professional development?

1. YES

2. NO

**N.6.**

Would you say your employer cares about your well-being....

1. A great deal
2. A fair amount
3. Some
4. Not much
5. Not at all

**N.7.**

Would you say you have at least one close friend at work?

1. YES
2. NO
3. NO ANSWER

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## Burnout

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**N.D25.**

How often in the past six months have you experienced the following?

**N.D25a.**

I feel burned out from my work.

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

**N.D25b.**

I have become more callous toward people since I took this job

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

## Job Satisfaction

### N.8.

For each of the following, would you say that you are: extremely satisfied, very satisfied, somewhat satisfied, not too satisfied, or not at all satisfied?

	1. EXTREMELY SATISFIED	2. VERY SATISFIED	3. SOMEWHAT SATISFIED	4. NOT TOO SATISFIED	5. NOT AT ALL SATISFIED	6. NO ANSWER
N.8a. The benefits your employer provides you, such as health insurance and paid time off						
N.8b. How much you are paid						
N.8c. Your opportunities for promotion at work						

### N.9.

How much do you agree or disagree with the following statements?

	1. Strongly agree	2. Somewhat agree	3. Neither agree nor disagree	4. Somewhat disagree	5. Strongly disagree
N9.a. I worry about... having my work hours reduced					



<b>N9.b.</b> I worry about... being laid off					
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## Section J. Current Work in ECE Setting (Staff working in ECE)

### SKIP LOGIC BOX J\_S\_1:

LEAVERS and NON-WORKERS SKIP TO SECTION L

These next questions are about the characteristics and policies of the early care and education setting where you are currently working.

### Current title

#### J.B6.

Which of the following best describes your title at your current program?

1. Director → SKIP TO J.10
2. Program Coordinator → SKIP TO J.10
3. Lead Teacher or Lead Instructor → SKIP TO J.C1\_2\_M
4. Teacher or Instructor → SKIP TO J.C1\_2\_M
5. Assistant Teacher or Aide → SKIP TO J.C1\_2\_M
6. Specialist → SKIP TO J.10
7. Something else (please specify: \_\_\_\_\_) → SKIP TO J.10
8. Don't know/Refused/No answer → SKIP TO J.10

### Characteristics of current position

#### J.C1\_2\_M.

What age children do you mostly work with?

1. Infant and Toddler (birth to age 3)
2. Pre-school (age 3 years to kindergarten)
3. School-age (kindergarten and older)
4. Don't know/Refused/No answer
5. Other (specify: \_\_\_\_\_)

#### J.10

As far as you know, are you providing any services that are part of Head Start or a state or local public pre-kindergarten program?

1 Yes

2 No

#### J.1.

Do you do any of the following as part of your work at this program?

	1. YES	2. NO	3. NA
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b. Provide coaching or mentoring to other staff			
c. Lead training for classroom teachers or aides			
d. Make scheduling or classroom assignments			

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## Program Characteristics

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The next questions are about the program where you work.

### J.2.

Please think about the current program where you work in early care and education working with children under age 13.

#### J.2b.

Is your current program home-based, or run by an organization that is for profit, not for profit, part of a school district, or another organization run by a government agency?

1. Home-based
2. For profit organization
3. Not for profit organization
4. Part of a public school district
5. Another organization run by a government agency

**J.2c.** Is your current program a program that serves these age groups of children?

	YES	NO
Infant and Toddler (birth to age 3)		
School-age (kindergarten and older)		

### J.3.

Thinking about the current **program** where you work, about how many children attend at least 5 hours weekly?

Total children \_\_\_\_\_

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## Program considers teacher and aide input

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### J.4.

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

**J.4a.** Teachers and aides in our program are able to provide input on our classroom assignments and schedules.

1. Strongly agree
2. Agree
3. Disagree

4. Strongly disagree

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## Distributed leadership

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### J.D24\_Intro.

Rate the following statement about being well-informed and giving input at your work on a scale of 1-4, with 1 indicating "strongly agree" and 4 indicating "strongly disagree".

	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
<b>K.D24b.</b> Teachers, aides, and assistants' input about program goals is taken seriously.				

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## Wellness supports in work environment

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### SKIP LOGIC BOX J\_S\_2:

RANDOMLY ASSIGN RESPONDENTS TO "A" OR "B" GROUP

IF "A" GROUP, ASK J.D20a, b, J.D20\_1

IF "B" GROUP, ASK J.D20c, J.D20\_2, 3, 4

### J.D20.

At this program, do you have...

**J.D20a.** Adult-sized furniture (such as adult-size chairs or tables in the classroom or break room)

1. YES
2. NO

**J.D20b.** Space for relaxation (away from children)

1. YES
2. NO

**J.D20c.** Daily designated breaks (including meal breaks and other rest breaks)

1. YES
2. NO

**J.D20\_1.** Healthy snack and meal options

1. YES
2. NO

**J.D20\_2.** Opportunities for peer-to-peer connections

- 1. YES -> ASK J.D20\_3
- 2. NO -> ASK J.D20\_4

**J.D20\_3.** Dedicated spaces for peer-to-peer connections

- 1. YES
- 2. NO

**J.D20\_4.** Designated staff to promote staff well-being

- 1. YES
- 2. NO

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**Experiences of program turnover or workforce challenges**

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**J.7.**

Is the program you work in currently experiencing staffing shortages?

- 1. Yes
- 2. No →SKIP to J9
- 3. I don't know → SKIP to J9
- 4. Not applicable → SKIP to J9

**J.8.**

What impact have the staffing shortages had on your experience at work?

	1. YES	2. NO
I have less time to prepare for class		
I am less able to take time off		
My schedule is less predictable		
I have had to perform duties that are not part of my regular job		

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**Promotions or other changes to role/responsibilities since time of last interview**

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**J.A1A**

Please compare your job in early care and education today to your job in early care and education in [MONTH] 2024.

- a. Do you have a job title that is...
  - 1 Better today
  - 2 The same
  - 3 Worse today
  
- b. Do you have job responsibilities that require..

- 1 More skill today
- 2 The same
- 3 Less skill today

c. Is your power to make decisions

- 1 More today
- 2 The same
- 3 Less today

## Section L. Demographics and Personal Circumstances

We finish the interview with some questions about your personal characteristics.

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### Recent education and certification

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**SKIP LOGIC BOX L\_S\_1:**

IF R DID NOT HAVE B.A. IN 2024: ASK L.2

ELSE, SKIP TO L.E23

**L.2.**

Since [DATE OF LAST INTERVIEW], have you received any new degree, credential, or certification?

1. YES
2. NO

**SKIP LOGIC BOX L\_S\_2:**

IF L.2==1, ASK L.2\_type

IF L.2==2, ASK L.E23

**L.2\_type**

What type of degree, credential, or certification did you receive most recently?

1. Child Development Associate (CDA) certificate
2. State certificate or endorsement for early care and education
3. Associate Degree (AA,AS)
4. Bachelor's Degree (BA, BS, AB)
5. Graduate or professional degree
6. Other

**L.2\_area**

In what content area was the degree, credential, or certification you received?

\_\_\_\_\_

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### Household composition

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**L.E23**

Including yourself, how many people are in your household?

\_\_\_\_\_ Number

## Physical and mental health

### L.D11.

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.

	1. Rarely or none of the time (less than 1 day)	2. Some or a little of the time (1-2 days)	3. Occasionally or a moderate amount of time (3-4 days)	4. All of the time (5-7 days)
L.D11_1. I did not feel like eating; my appetite was poor.				
L.D11_2. I had trouble keeping my mind on what I was doing.				
L.D11_3. I felt depressed.				
L.D11_4. I felt that everything I did was an effort.				
L.D11_7. My sleep was restless.				
L.D11_8. I was sad.				
L.D11_10. I could not "get going."				

## Household income

### L.E14.

Approximately what was your total household income in 2024, 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

-1. DK/REF

#### SKIP LOGIC BOX L\_S\_3:

IF L.E14 = DK/REF ASK L.E15

ELSE, SKIP TO L.G4B

### L.E15.



It can be difficult to remember or report these numbers and an approximate range is fine. What was your total household income in 2024 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

**L.G4B.**

How many different people's job earnings did you count in that 2024 household income?

\_\_\_\_\_ NUMBER OF PEOPLE  
Range: 1-20

**L.E17.**

Approximately how much of your household income in 2024 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

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**Non-wage compensation**

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**L.B4a.**

In addition to the regular payments you have earned from your work, have you received any other payments for early care and education workers in the past 12 months? This could include a bonus, special service pay, an award for good performance, incentives for participating in trainings, or other money outside of your regular pay.

1. YES
2. NO → SKIP TO L.B7\_M

**L.B4b.**

Approximately how much in total did you receive in the last 12 months in payments for early care and education workers other than your regular pay?

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

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## Health care benefits

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### **L.B7\_M.**

What kind of health insurance or health care coverage do you have for yourself?

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For FI Administration:

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR EMPLOYER OR WORKPLACE
- 2 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 3 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM
1. PRIVATE HEALTH INSURANCE PLAN THROUGH PARENTS
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
- 8 NO COVERAGE OF ANY TYPE
- 9 OTHER (SPECIFY)

**SKIP LOGIC BOX L\_S\_4:**

IF L.B7\_M = 9 THEN ASK L.B7\_OTHER  
ELSE SKIP TO SKIP LOGIC BOX L\_S\_5

### **L.B7\_Other.**

Please specify the kind of health insurance or health care coverage you have for yourself.

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## Public benefit participation

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**SKIP LOGIC BOX L\_S\_5:**

IF FROM 2024 QUESTIONNAIRE, CHILDREN UNDER AGE 6 OR AGES 6 THROUGH 12 > 0, THEN ASK L.3  
ELSE, SKIP TO L.E27

### **L.3.**

Do any of your children participate in Head Start or receive a state child care subsidy, such as [FILL IN STATE SUBSIDY NAME]?

1. YES
  2. NO
- 

## Financial resources to cover emergency expense

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### **L.E27.**

Suppose that you have an emergency expense that costs \$400. Could you pay for this expense right now using cash or money in a checking/savings account, or with a credit card that you could pay off at the next statement?

1. YES
2. NO

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### Home zip code

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#### **L.B10.**

What is your home ZIP code?

\_\_\_\_\_ [5-digit only]

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### Wrap up

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#### **L.4.**

You have completed the NSECE Workforce Follow-up interview. Is there anything else you would like the researchers and policymakers to understand about experiences of individuals who currently or recently worked in early care and education?

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