CC.R3.21 (R3.R60) Survey

Start of Block: Embedded Data

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R3.CC.HEAD.001 Please confirm the following information is correct.

* First Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.HEAD.002 Please confirm the following information is correct.

* Month (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Day (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAPTCHA  Before you proceed to the survey, please complete the captcha below.

Q124 Click to write the question text

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

End of Block: Embedded Data

Start of Block: Referral Question

Relationship.001 What is your relationship to the person/group who referred you?

* I provide childcare for their child(ren) (1)
* I received the link from a family member/friend (who I do not provide childcare for) (2)
* Link was posted on social media (e.g., Facebook) (3)
* My employer sent me an invitation (5)
* Other, please specify: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Referral Question

Start of Block: DEMO (Childcare)

Q2 The purpose of this section is to learn more about your experience as a caregiver or childcare provider **to one or more child(ren) who is/are not your own.**

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R3.CC.DEMO.013   
You have received this survey because you currently care for one or more children. What best describes your role as a childcare provider? Select all that apply.   
    
Please note, in this survey we are asking about caregivers who take care of one or more children who are not their own kids.

* I am a teacher in a licensed school/center-based childcare program (1)
* I am a director/administrator of a licensed school/center-based childcare program (2)
* I operate a licensed or registered home-based childcare program in my home (12)
* I operate a licensed or registered home-based childcare program in my client's home(s) (8)
* I operate an unlicensed/license-exempt or unregistered home-based childcare program in my home (13)
* I operate an unlicensed/license-exempt or unregistered home-based childcare program in my client's home(s) (9)
* I care for child(ren) age 0-5 of a family member, friend, or neighbor (5)
* I care for child(ren) age 0-5 as a babysitter (10)
* I care for child(ren) age 0-5 as a nanny (11)
* Other (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If You have received this survey because you currently care for one or more children. What best desc... = I am a director/administrator of a licensed school/center-based childcare program

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R3.CC.DEMO.013.g Do you spend time in the classroom(s) providing direct care to children in the program?

* Yes (1)
* No (0)

Display This Question:

If Do you spend time in the classroom(s) providing direct care to children in the program? = Yes

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R3.CC.DEMO.013.h In an average week, how many hours do you spend in the classroom(s) providing direct care to children in the program?

▼ <5 hours per week (1) ... More than 60 hours per week (14)

Display This Question:

If You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 of a family member, friend, or neighbor

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R3.CC.DEMO.014 If you currently provide childcare for a **family member, friend, or neighbor**, what is your relationship with the parents/guardians of the children in your care? Select all that apply.

* Family (1)
* Friend (2)
* Neighbor (3)
* Other, please specify: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 as a babysitter

Or You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 as a nanny

Or You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 of a family member, friend, or neighbor

R3.CC.DEMO.013.a As a babysitter, nanny, or in your role providing childcare to a family member, friend, or neighbor, where do you mostly provide childcare?

* In my home (1)
* In the child's home (2)
* Other (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R3.CC.DEMO.013.b Is your current role as a childcare provider different from what it was prior to the coronavirus (COVID-19) pandemic?

* Yes (1)
* No (2)

Display This Question:

If Is your current role as a childcare provider different from what it was prior to the coronavirus... = Yes

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R3.CC.DEMO.013.c   
What best describes your role as a childcare provider **prior to** the coronavirus (COVID-19) pandemic? Select all that apply.

* I was a teacher in a licensed school/center-based childcare program (1)
* I was a director/administrator of a licensed school/center-based childcare program (2)
* I operated a licensed or registered home-based childcare program in my home (12)
* I operated a licensed or registered home-based childcare program in my client's home(s) (8)
* I operated an unlicensed/license-exempt or unregistered home-based childcare program in my home (13)
* I operated an unlicensed/license-exempt or unregistered home-based childcare program in my client's home(s) (9)
* I cared for child(ren) age 0-5 of a family member, friend, or neighbor (5)
* I cared for child(ren) age 0-5 as a babysitter (10)
* I cared for child(ren) age 0-5 as a nanny (11)
* I did not provide childcare prior to the coronavirus pandemic (14)
* Other (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What best describes your role as a childcare provider prior to the coronavirus (COVID-19) pandemi... = I cared for child(ren) age 0-5 of a family member, friend, or neighbor

R3.CC.DEMO.013.e If you provided childcare for a**family member, friend, or neighbor prior to** the coronavirus pandemic, what was your relationship with the parents/guardians of the children in your care? Select all that apply.

* Family (1)
* Friend (2)
* Neighbor (3)
* Other, please specify (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What best describes your role as a childcare provider prior to the coronavirus (COVID-19) pandemi... = I cared for child(ren) age 0-5 of a family member, friend, or neighbor

Or What best describes your role as a childcare provider prior to the coronavirus (COVID-19) pandemi... = I cared for child(ren) age 0-5 as a babysitter

Or What best describes your role as a childcare provider prior to the coronavirus (COVID-19) pandemi... = I cared for child(ren) age 0-5 as a nanny

R3.CC.DEMO.013.d **Prior to** the coronavirus (COVID-19) pandemic, where did you mostly provide childcare as a babysitter, nanny, or when providing childcare for a family member, friend, or neighbor?

* In my home (1)
* In the child's home (2)
* Other (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.DEMO.015 Overall, how many hours per week do you provide care to children who are not your own?

* <5 (1)
* 5-10 (2)
* 10-20 (3)
* 20-30 (4)
* 30-40 (5)
* 40+ (6)

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R3.CC.DEMO.016 How many years of experience do you have working with children other than your own?

* Since the pandemic (less than one year) (1)
* 1-3 years (2)
* 3-10 years (3)
* 10+ years (4)

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R3.CC.DEMO.017.2 In a typical week, how many children do you provide care for in each age range?

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| Birth-11 months old (R3.CC.DEMO.017.2\_1) | ▼ 0 (1) ... 20 (21) |
| 1 year old (R3.CC.DEMO.017.2\_2) | ▼ 0 (1) ... 20 (21) |
| 2 years old (R3.CC.DEMO.017.2\_3) | ▼ 0 (1) ... 20 (21) |
| 3 years old (R3.CC.DEMO.017.2\_4) | ▼ 0 (1) ... 20 (21) |
| 4 years old (R3.CC.DEMO.017.2\_5) | ▼ 0 (1) ... 20 (21) |
| 5 years old (R3.CC.DEMO.017.2\_6) | ▼ 0 (1) ... 20 (21) |
| 6-8 years old (R3.CC.DEMO.017.2\_7) | ▼ 0 (1) ... 20 (21) |
| 9-11 years old (R3.CC.DEMO.017.2\_8) | ▼ 0 (1) ... 20 (21) |
| 12-18 years old (R3.CC.DEMO.017.2\_9) | ▼ 0 (1) ... 20 (21) |

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~~R3.CC.DEMO.019 What is the age of the~~ **~~youngest~~** ~~child you care for between the ages of 0-5?~~

~~▼ 0 months (0) ... Less than 6 years (71 months) (71)~~

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~~R3.CC.DEMO.020 Do you care for another child / additional children between the ages of 0-5?~~

* ~~Yes (1)~~
* ~~No (0)~~

~~Display This Question:~~

~~If Do you care for another child / additional children between the ages of 0-5? = Yes~~

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~~R3.CC.DEMO.021 What is the age of the~~ **~~oldest~~** ~~child you care for between the ages of 0-5?~~

~~▼ 0 months (0) ... Less than 6 years (71 months) (71)~~

R3.CC.DEMO.018 Which language is spoken when you are providing care?

* English (1)
* Spanish (10)
* Arabic (2)
* Chinese (3)
* French (4)
* German (5)
* Italian (6)
* Japanese (7)
* Korean (8)
* Russian (9)
* Vietnamese (11)
* Other, please specify: (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: DEMO (Childcare)

Start of Block: DEMO (Non-Childcare)

R3.CC.DEMO The purpose of the following section is to collect information about you in general **unrelated to your childcare provider status** including basic demographic information on yourself. This information helps us determine what subgroups of the population are more or less impacted by the coronavirus pandemic.

R3.CC.DEMO.001 What is the zip code for your current residence?

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R3.CC.DEMO.002 What state do you live in?

▼ Alabama (1) ... Washington, D.C. (51)

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R3.CC.DEMO.003 Do you have children of your own?

* Yes (1)
* No (0)

Display This Question:

If Do you have children of your own? = Yes

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R3.CC.DEMO.003.a **How many** children of your own do you have in each age group? Select all that apply

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| 0-3 (R3.CC.DEMO.003\_1) | ▼ 0 Children (1) ... 20 children (21) |
| 4-5 (R3.CC.DEMO.003\_2) | ▼ 0 Children (1) ... 20 children (21) |
| 6-8 (R3.CC.DEMO.003\_3) | ▼ 0 Children (1) ... 20 children (21) |
| 9-11 (R3.CC.DEMO.003\_4) | ▼ 0 Children (1) ... 20 children (21) |
| 12-18 (R3.CC.DEMO.003\_5) | ▼ 0 Children (1) ... 20 children (21) |
| 19-25 (R3.CC.DEMO.003\_6) | ▼ 0 Children (1) ... 20 children (21) |
| 26-55 (R3.CC.DEMO.003\_7) | ▼ 0 Children (1) ... 20 children (21) |
| 56-64 (R3.CC.DEMO.003\_8) | ▼ 0 Children (1) ... 20 children (21) |
| 65+ (R3.CC.DEMO.003\_9) | ▼ 0 Children (1) ... 20 children (21) |

Display This Question:

If Do you have children of your own? = Yes

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R3.CC.DEMO.004 **How many children** of your own do you have in each age group **currently living in your household**? Select all that apply

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| 0-3 (R3.CC.DEMO.004\_1) | ▼ 0 children (1) ... 20 children (21) |
| 4-5 (R3.CC.DEMO.004\_2) | ▼ 0 children (1) ... 20 children (21) |
| 6-8 (R3.CC.DEMO.004\_3) | ▼ 0 children (1) ... 20 children (21) |
| 9-11 (R3.CC.DEMO.004\_4) | ▼ 0 children (1) ... 20 children (21) |
| 12--18 (R3.CC.DEMO.004\_5) | ▼ 0 children (1) ... 20 children (21) |
| 19-25 (R3.CC.DEMO.004\_6) | ▼ 0 children (1) ... 20 children (21) |
| 26-55 (R3.CC.DEMO.004\_7) | ▼ 0 children (1) ... 20 children (21) |
| 56-64 (R3.CC.DEMO.004\_8) | ▼ 0 children (1) ... 20 children (21) |
| 65+ (R3.CC.DEMO.004\_9) | ▼ 0 children (1) ... 20 children (21) |

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R3.CC.DEMO.005 What gender do you identify with?

* Male (0)
* Female (1)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do not wish to disclose (7)

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R3.CC.DEMO.006 Are you of Hispanic, Latinx, or Spanish origin?

* No, not of Hispanic, Latinx, or Spanish origin (1)
* Yes, Puerto Rican (2)
* Yes, Cuban/Cuban American (3)
* Yes, Dominican Republic (4)
* Yes, Mexican/Mexican American (5)
* Yes, Central/South American (6)
* Yes, other Hispanic or Latinx (7)

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R3.CC.DEMO.007 What is your race? Select all that apply                                      
   
 If you don’t identify with any of the races listed below, and/or are unsure of what your race is, please select ‘Some other race’. For example: Hispanic, Samoan, Guamanian etc.

* American Indian/ Alaska Native (1)
* Asian (2)
* Black / African American (3)
* Native Hawaiian/ Pacific Islander (4)
* White/ Caucasian (5)
* Some Other Race (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.DEMO.008 What language is primarily spoken in your home?

▼ English (1) ... Other (12)

Display This Question:

If What language is primarily spoken in your home? = Other

R3.CC.DEMO.008.a Which other language is spoken in your home?

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R3.CC.DEMO.009 Where were you born?

* Inside the United States (1)
* Outside the United States (2)

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R3.CC.DEMO.010 What generation do you identify with?

* First Generation - You were born outside the United States (1)
* Second Generation - You were born in the United States to immigrant parents (2)
* Third Generation - You were born in the United States to U.S. born parents (3)
* Fourth Generation or Greater - Parents and grandparents were born in the U.S. (4)
* Unknown or unsure (5)

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R3.CC.DEMO.011 What is the highest degree or certification YOU have earned, in any program? (Please select one)

* Less than high school (1)
* Some high school (2)
* High school diploma or equivalency (GED) (3)
* Some college (4)
* Associate degree (5)
* Bachelor's degree (6)
* Master's degree (7)
* Doctorate or professional (PhD, MD, JD, DDS, etc.) (8)
* Other (please specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If What is the highest degree or certification YOU have earned, in any program? (Please select one) = Some college

Or What is the highest degree or certification YOU have earned, in any program? (Please select one) = Associate degree

Or What is the highest degree or certification YOU have earned, in any program? (Please select one) = Bachelor's degree

Or What is the highest degree or certification YOU have earned, in any program? (Please select one) = Master's degree

Or What is the highest degree or certification YOU have earned, in any program? (Please select one) = Doctorate or professional (PhD, MD, JD, DDS, etc.)

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R3.CC.DEMO.011.a What was your major for the highest degree you have or have studied for?

* Elementary education (1)
* Special education (2)
* Child development or psychology (3)
* Early childhood education or early or school-age care (4)
* Other. please specify: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Undeclared (6)
* None/Not applicable (0)
* Don't know (7)

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R3.CC.DEMO.012.2 Do you have a Child Development Associate (CDA) certificate or state certification to teach young children, special education, or elementary school?

* State certification only (1)
* CDA certificate only (2)
* Both CDA and state certification (3)
* Neither state certification nor CDA (4)
* Don't know (0)

End of Block: DEMO (Non-Childcare)

Start of Block: CHILDCARE EXPERIENCES

R3.CC.CE.001 **Prior to** the coronavirus (COVID-19) pandemic, how often did you talk with a parent about something happening in the child’s family (for example child-parent relationships, stresses like parent’s finances and employment; family tensions)

* Never (1)
* Rarely (2)
* Sometimes (3)
* Usually (4)
* Always (5)
* Not applicable (6)

R3.CC.CE.002.a **In the past week**, how often do you talk with a parent about something happening in the child’s family (for example child-parent relationships, stresses like parent’s finances and employment; family tensions)

* Never (1)
* Rarely (2)
* Sometimes (3)
* Usually (4)
* Always (5)
* Not applicable (6)

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| Page Break |  |

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R3.CC.CE.003 **Prior to**the coronavirus (COVID-19) pandemic, how did you feel about the following statement:   
  
 “There were major sources of stress in the children’s lives that I couldn’t do anything about"

* Strongly agree (1)
* Somewhat agree (2)
* Not sure (3)
* Somewhat disagree (4)
* Strongly disagree (5)
* Not applicable (0)

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R3.CC.CE.004.a **In the past week**, how have you felt about the following statement:   
  
 “There were major sources of stress in the children’s lives that I couldn’t do anything about"

* Strongly agree (1)
* Somewhat agree (2)
* Not sure (3)
* Somewhat disagree (4)
* Strongly disagree (5)
* Not applicable (0)

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R3.CC.CE.005   
How often do you engage in the following activities as a childcare provider?

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|  | Never (0) | Rarely (1) | Often (2) | All the time (3) |
| I create activities that build on the child/ren's interests (R3.CC.CE.005.a\_1) |  |  |  |  |
| I read to the child/ren (R3.CC.CE.005.a\_2) |  |  |  |  |
| I sing to the child/ren (R3.CC.CE.005.a\_5) |  |  |  |  |
| I tell stories to the child/ren (R3.CC.CE.005.a\_3) |  |  |  |  |
| I provide supportive teaching of positive behavior (R3.CC.CE.005.a\_4) |  |  |  |  |
| I prevent challenging behaviors (R3.CC.CE.005.a\_6) |  |  |  |  |
| I engage in a back-and-forth exchange with the child/ren's verbal and nonverbal communication (R3.CC.CE.005.a\_7) |  |  |  |  |

Display This Question:

If You have received this survey because you currently care for one or more children. What best desc... = I operate a licensed or registered home-based childcare program in my home

Or You have received this survey because you currently care for one or more children. What best desc... = I operate an unlicensed/license-exempt or unregistered home-based childcare program in my home

Or You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 of a family member, friend, or neighbor

Or You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 as a babysitter

Or You have received this survey because you currently care for one or more children. What best desc... = I care for child(ren) age 0-5 as a nanny

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R3.CC.CE.005.a   
I ensure the home environment is safe and promotes child wellness

* Never (0)
* Rarely (1)
* Often (2)
* All the time (3)
* Not applicable (4)

R3.CC.CE.006 I am familiar with the stages of child development and can anticipate the next stage.

* Agree (1)
* Disagree (2)

End of Block: CHILDCARE EXPERIENCES

Start of Block: INCOME AND EMPLOYMENT (Non-Childcare)

R3.CC.JOB The next set of questions assess your family's income and employment and what changes have occurred in regards to income and employment since the pandemic began.

R3.CC.JOB.001.a To the best of your knowledge, what was your **gross** (before taxes) **household income** from all sources, including from providing childcare, in 2019 (**prior to the coronavirus (COVID-19**) Pandemic)?   
  
  
You may respond with your household income weekly, monthly, or yearly, whatever is easiest for you. **Please do not include any dollar signs or commas in your response. You only need to fill out one of these.**

* Weekly (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Monthly (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Yearly (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.JOB.001.b How many people were being supported by your total household income in 2019?

▼ 0 (0) ... 20 (20)

R3.CC.JOB.002.a To the best of your knowledge, what was your **gross** (before taxes) **household income** from all sources, including from providing childcare, in **2020**?    
    
You may respond with your household income weekly, monthly, or yearly, whatever is easiest for you. **Please do not include any dollar signs or commas in your response. You only need to fill out one of these.**

* Weekly (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Monthly (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Yearly (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.JOB.002.b How many people were being supported by your total household income in 2020?

▼ 0 (0) ... 20 (20)

R3.CC.JOB.003.a To the best of your knowledge, what is your **gross** (before taxes) **household income** from all sources,including from providing childcare, **currently?**   
    
You may respond with your household income weekly, monthly, or yearly, whatever is easiest for you. **Please do not include any dollar signs or commas in your response. You only need to fill out one of these.**

* Weekly (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Monthly (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Or Yearly (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.JOB.003.b How many people are being supported by your total household income currently?

▼ 0 (0) ... 20 (20)

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R3.CC.JOB.008.a What was your employment/childcare status**prior to**the coronavirus (COVID-19) Pandemic?

* Employed/self-employed as a childcare provider (6)
* Employed/self-employed, NOT as a childcare provider (8)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Stay-at-home parent (not seeking employment) (5)
* Providing unpaid childcare (7)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.JOB.009.a Which of the following best describes your **current**employment status?

* Employed/self-employed as a childcare provider (6)
* Employed/self-employed, NOT as a childcare provider (8)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Stay-at-home parent (not seeking employment) (5)
* Providing unpaid childcare (7)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.JOB.010 Has your level of employment decreased **due to** the coronavirus (COVID-19) pandemic?

* Yes (1)
* No (0)
* Not applicable (2)

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R3.CC.JOB.011 What was your **partner's** employment status**prior to**the coronavirus (COVID-19) Pandemic? If you do not have a partner, please select not applicable.

* Working (1)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Stay-at-home parent (not seeking employment) (6)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable (5)

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R3.CC.JOB.012 What is your partner's **current** employment status? If you do not have a partner, please select not applicable.

* Working (1)
* Unemployed or laid off (2)
* Temporarily out of work or furloughed (3)
* Stay-at-home parent (not seeking employment) (6)
* Other (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable (5)

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R3.CC.JOB.013 Are you receiving any sort of public or employment benefits?                                                                       
  
  
*EX. Federal cash assistance programs such as the Temporary Assistance for Needy Families (TANF), Social Security Income (SSI). OR, Federal-in kind benefit programs such as Medicaid, Food Stamps and Housing.*

* Yes (1)
* No (0)
* Didn’t Qualify (2)
* Intend to Apply (3)

Display This Question:

If Are you receiving any sort of public or employment benefits?                                    ... = Yes

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R3.CC.JOB.014 What types of benefits are you receiving?

* Health or Medical Services (ex. Vaccine programs, counseling, STD testing etc.) (1)
* Child care subsidy to help with the cost of care for your own child/ren (9)
* Housing (8)
* Income (i.e. TANF) (3)
* Unemployment benefit/insurance, INCLUDING the $300 weekly bonus from the American Rescue Plan Act (16)
* Unemployment (not including $300 weekly bonus from the American Rescue Plan Act) (17)
* Disability (not military) (4)
* Military Benefits (ex. disability, pension, veterans medical care (5)
* Food (2)
* Transportation (11)
* Training (12)
* Clothing (13)
* Other, please describe: (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: INCOME AND EMPLOYMENT (Non-Childcare)

Start of Block: INCOME AND EMPLOYMENT (Childcare)

R3.CC.JOB.CC The next set of questions assess your income and employment related to your role as a **childcare provider** and what changes have occurred in regards to income and employment since the pandemic began.

Display This Question:

If What was your employment/childcare status prior to the coronavirus (COVID-19) Pandemic?  = Employed/self-employed as a childcare provider

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R3.CC.JOB.015.a **Prior to** the coronavirus pandemic, was you childcare provider employment/business your primary source of income?

* Yes (1)
* No (0)

Display This Question:

If What was your employment/childcare status prior to the coronavirus (COVID-19) Pandemic?  = Employed/self-employed as a childcare provider

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R3.CC.JOB.024 Approximately how much of your household income in 2019 came from your work with children under age 5?

* All (6)
* Almost all (5)
* More than half (4)
* About half (3)
* Less than half (2)
* Very little (1)
* None (0)
* Not applicable (7)

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R3.CC.JOB.015.b How many non-childcare jobs were you employed at **prior to** the coronavirus (COVID-19) pandemic?

▼ 0 (0) ... 10 (10)

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Display This Question:

If Which of the following best describes your current employment status? = Employed/self-employed as a childcare provider

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R3.CC.JOB.016.a **Currently,** is your childcare provider employment/business your primary source of income?

* Yes (1)
* No (0)

Display This Question:

If Which of the following best describes your current employment status? = Employed/self-employed as a childcare provider

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R3.CC.JOB.025 Approximately how much of your current household income comes from your work with children under age 5?

* All (6)
* Almost all (5)
* More than half (4)
* About half (3)
* Less than half (2)
* Very little (1)
* None (0)

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R3.CC.JOB.016.b How many non-childcare jobs are you **currently** employed at?

▼ 0 (0) ... 10 (10)

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R3.CC.JOB.019 Are you currently caring for more or fewer children than before the pandemic?

* More (1)
* No change (2)
* Fewer (3)
* I did not provide childcare prior to the coronavirus pandemic (4)

Display This Question:

If Are you currently caring for more or fewer children than before the pandemic? != No change

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R3.CC.JOB.019.a How have your earnings changed as a result of changes in number of children you provide care for?

* Increased earnings (1)
* No change (2)
* Decreased earnings (3)

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R3.CC.JOB.020 In your role as a childcare provider, does your state consider you an essential worker?

* Yes (1)
* No (2)
* Unsure (3)

Display This Question:

If In your role as a childcare provider, does your state consider you an essential worker? = Yes

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R3.CC.JOB.021 Have you accessed any benefits related to this status (essential worker)? Select all that apply.

* Hazard pay (1)
* Vaccine prioritization (2)
* Personal protective equipment (3)
* Other, please specify (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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R3.CC.JOB.022 Do you have paid sick days as a childcare provider?

* Yes (1)
* No (0)
* Unsure (2)

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R3.CC.JOB.023 How likely is it that you would lose your job *providing childcare or your childcare business* if you were required to take at least 2 weeks of sick leave?

* Very likely (1)
* Likely (2)
* Neutral/Unsure (3)
* Unlikely (4)
* Vey unlikely (5)
* Not applicable (6)

End of Block: INCOME AND EMPLOYMENT (Childcare)

Start of Block: EHQ (Non-Childcare)

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R3.CC.EHQ.001 Which of the following best described what has happened to your household income **during the** coronavirus (COVID-19) pandemic?

* Has increased very much (4)
* Has increased somewhat (3)
* Has stayed the same (2)
* Has decreased somewhat (1)
* Has decreased very much (0)

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R3.CC.EHQ.002 Which of the following best describes your household financially at this time:

* No problems (0)
* Minor problems (1)
* Major problems (2)
* Extreme problems (3)

End of Block: EHQ (Non-Childcare)

Start of Block: FSTR (Non-Childcare)

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R3.CC.FSTR.001 **In the past month**, how hard has it been for you to pay for the very basics like food, housing, medical care, and heating? Would you say…

* Very hard (3)
* Hard (2)
* Somewhat hard (1)
* Not very hard (0)

Skip To: End of Block If How hard to pay for basics = Not very hard

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R3.CC.FSTR.002 Which of these needs for your household have been hard to pay **in the past month**? Select all that apply

* Food (1)
* Housing (2)
* Utilities (electric, water, trash, etc.) (3)
* Healthcare (4)
* Social/Emotional (10)
* Childcare (7)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above (9)

Display This Question:

If Which needs hard to pay for = Utilities (electric, water, trash, etc.)

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R3.CC.FSTR.003 In the past month, which of the following utilities for your household have you had difficulty paying for? Select all that apply.

* Water (1)
* Sewer (2)
* Electricity (3)
* Gas (4)
* Trash (5)
* Phone or Cell-Phone (6)
* Internet (7)
* Other, please describe: (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (9)

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R3.CC.FSTR.004 What methods are you using or do you plan to use to cover your household expenses? Select all that apply

* By putting it on my credit card and paying it off in full at the next statement (1)
* By putting in on my credit card and paying it off over time (2)
* With the money currently in my checking/savings account or with cash (3)
* Using a bank loan or line of credit (4)
* By borrowing from a friend or family member (5)
* Using a payday loan, deposit advance, or overdraft (6)
* By selling something (7)
* By using my stimulus payment (8)
* By asking my landlord or mortgage provider for an extension (9)
* I wouldn’t be able to pay for the expense right now (10)
* Other (11)

End of Block: FSTR (Non-Childcare)

Start of Block: HEALTH (Non-Childcare)

R3.CC.HEALTH The following questions ask about your health and healthcare behaviors.

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R3.CC.HEALTH.001 Are you covered by any kind of health insurance or some other kind of health care plan?

* Yes (1)
* No (0)
* I don't know (2)

Display This Question:

If Are you covered by any kind of health insurance or some other kind of health care plan? = Yes

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R3.CC.HEALTH.002 What type of health insurance or health care coverage do you have?

* Insurance through a current or former employer or union (by you or another family member) (1)
* Insurance purchased from an insurance company (by you or another family member) (2)
* Medicare, for people 65 and older, or people with certain disabilities (3)
* Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability (4)
* TRICARE or other military healthcare (5)
* VA (enrolled for VA healthcare) (6)
* Indian Health Service (7)
* Any other type of health insurance or health coverage plan (Please Describe) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I don't know (9)

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R3.CC.HEALTH.003 **Since the coronavirus (COVID-19) pandemic,** have you **delayed** getting medical care (including physical or mental health visits) for any of the following reasons?    
  
*Indicate how many times each of these barriers has delayed you getting medical care*  
  
*(including physical or mental health visits), leave blank or select 0 if a listed barrier has not delayed you.*

|  |  |
| --- | --- |
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| Cost (R3.CC.HEALTH.003\_1) | ▼ 0 (1) ... 20 (21) |
| Unable to get time away from work (R3.CC.HEALTH.003\_2) | ▼ 0 (1) ... 20 (21) |
| Inability to find childcare (R3.CC.HEALTH.003\_3) | ▼ 0 (1) ... 20 (21) |
| Concern over exposure to coronavirus (R3.CC.HEALTH.003\_4) | ▼ 0 (1) ... 20 (21) |
| Caring for family members (R3.CC.HEALTH.003\_5) | ▼ 0 (1) ... 20 (21) |
| Other, please describe: (R3.CC.HEALTH.003\_6) | ▼ 0 (1) ... 20 (21) |

End of Block: HEALTH (Non-Childcare)

Start of Block: Attention Checks

CC.Q81 What year is 6 years from now?

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

CC.Q82 What year is 3 years from now?

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

CC.Q83 What year was 10 years ago?

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

CC.Q84 What year is 15 years from now?

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

CC.Q85 What is the second month of the year?

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

End of Block: Attention Checks

Start of Block: COVID-19 (Non-Childcare)

R3.CC.COVID The next set of questions are related to your experience with the COVID-19 virus.  
   
   
 Instructions: Please answer each question to the best of your ability. All questions are optional. Coronavirus is also known as COVID-19, and refers to the global pandemic occurring in late 2019 and throughout 2020-2021.

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R3.CC.COVID.001 Have you been **suspected or diagnosed** with coronavirus (COVID-19)?

* Yes, suspected (1)
* Yes, diagnosed with a positive test result (2)
* Yes, diagnosed by a healthcare professional or public health official without a test (3)
* No (0)

|  |  |
| --- | --- |
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R3.COVID.002 Do you personally know anyone in the U.S. who...

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (0) |
| Has been officially diagnosed as having COVID-19 by a health care provider (R3.COVID.002\_1) |  |  |
| Has been hospitalized or died as a result of having COVID-19 (R3.COVID.002\_2) |  |  |

End of Block: COVID-19 (Non-Childcare)

Start of Block: Provider mental health/wellbeing (Non-Childcare)

R3.CC.GAD2 The next set of questions ask about your overall mental health and well-being. There will be questions about stress levels, anxiety, and depression before the pandemic began and now.

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R3.CC.GAD2.001 **Prior to the coronavirus (COVID-19) pandemic**, during an average week, how often were you bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge? (R3.CC.GAD2.001\_1) |  |  |  |  |
| Not being able to stop or control worrying? (R3.CC.GAD2.001\_2) |  |  |  |  |

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R3.CC.GAD2.002 **In the past week**, how often have you been bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Feeling nervous, anxious, or on edge? (R3.CC.GAD2.002\_1) |  |  |  |  |
| Not being able to stop or control worrying? (R3.CC.GAD2.002\_2) |  |  |  |  |

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R3.CC.PHQ.001 **Prior to the coronavirus (COVID-19) pandemic,**during an average week, how often were you bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Little interest or pleasure in doing things (R3.CC.PHQ.001\_1) |  |  |  |  |
| Feeling down, depressed, or hopeless (R3.CC.PHQ.001\_2) |  |  |  |  |

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R3.CC.PHQ.002 **In the past week,** how often have you been bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all (0) | Several days (1) | More than half of the days (2) | Nearly every day (3) |
| Little interest or pleasure in doing things (R3.CC.PHQ.002\_1) |  |  |  |  |
| Feeling down, depressed, or hopeless (R3.CC.PHQ.002\_2) |  |  |  |  |

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R3.CC.STRESS.001 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Did you feel this kind of stress **before the coronavirus (COVID-19) pandemic began?**

* 1 - Not at all (0)
* 2 - Only a little (1)
* 3 - To some extent (2)
* 4 - Rather much (3)
* 5 - Very Much (4)

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R3.CC.STRESS.002 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Have you felt this kind of stress **in the past week?**

* 1 - Not at all (0)
* 2 - Only a little (1)
* 3 - To some extent (2)
* 4 - Rather much (3)
* 5 - Very Much (4)

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R3.CC.LONE.001.a **Prior to** the coronavirus (COVID-19) pandemic, please describe how often…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Rarely (1) | Sometimes (2) | Usually (3) | Always (4) |
| I felt lonely (R3.CC.LONE.001.a\_1) |  |  |  |  |  |

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R3.CC.LONE.001.b **Since the** coronavirus (COVID-19) pandemic began, please describe how often…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Rarely (1) | Sometimes (2) | Usually (3) | Always (4) |
| I felt lonely (R3.CC.LONE.001.b\_1) |  |  |  |  |  |

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R3.CC.PMH\_001 We’d like to know how people taking care of children feel about life. Prior to the coronavirus (COVID-19) pandemic, how often did you feel…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | none of the time (1) | a little of the time (2) | some of the time (3) | most of the time (4) | all of the time (5) | don’t know (0) |
| So sad that nothing could cheer you up? (R3.CC.PMH.001.a) |  |  |  |  |  |  |
| Nervous? (R3.CC.PMH.002.a) |  |  |  |  |  |  |
| Restless or fidgety? (R3.CC.PMH.003.a) |  |  |  |  |  |  |
| Hopeless? (R3.CC.PMH.004.a) |  |  |  |  |  |  |
| That everything was an effort? (R3.CC.PMH.005.a) |  |  |  |  |  |  |
| Worthless? (R3.CC.PMH.006.a) |  |  |  |  |  |  |

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R3.CC.PMH\_002 We’d like to know how people taking care of children feel about life. **In the last 30 days**, how often did you feel…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | none of the time (1) | a little of the time (2) | some of the time (3) | most of the time (4) | all of the time (5) | don’t know (0) |
| So sad that nothing could cheer you up? (R3.CC.PMH.001.b) |  |  |  |  |  |  |
| Nervous? (R3.CC.PMH.002.b) |  |  |  |  |  |  |
| Restless or fidgety? (R3.CC.PMH.003.b) |  |  |  |  |  |  |
| Hopeless? (R3.CC.PMH.004.b) |  |  |  |  |  |  |
| That everything was an effort? (R3.CC.PMH.005.b) |  |  |  |  |  |  |
| Worthless? (R3.CC.PMH.006.b) |  |  |  |  |  |  |

End of Block: Provider mental health/wellbeing (Non-Childcare)

Start of Block: OPEN ENDED (Non-Childcare)

Q123 The following questions are for you to let us know anything else that **you or your family** may be experiencing during the coronavirus COVID-19 Pandemic (unrelated to your status as a childcare provider) and are completely optional.

R3.CC.OPEN.001 What are the biggest challenges and concerns for you and your family right now?

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

End of Block: OPEN ENDED (Non-Childcare)

Start of Block: OPEN ENDED (Childcare)

Q27 The following questions are for you to let us know anything else that you may be experiencing during the coronavirus COVID-19 pandemic as a **childcare provider** and are completely optional.

CC.OPEN.004 What are the biggest challenges and concerns for you as a childcare provider right now?

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

CC.OPEN.005 What/who is helping you as a childcare provider the most right now?

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

CC.OPEN.006 What would you like your elected officials or other policymakers (for example, U.S. Congress, state and local leaders) to know about how you are doing or what you need as a childcare provider during this time?

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| --- |
|  |

CC.OPEN.007 Is it okay to share your comments in our research communications? We will not use your name or any other identifiable information!

* Yes (1)
* No (0)

End of Block: OPEN ENDED (Childcare)

Start of Block: Survey Experience

R3.CC.SE We have just a few more questions we'd like to ask about your experience taking this and other surveys.

|  |  |
| --- | --- |
|  |  |

R3.CC.SE.001 In the past 12 months, have you been invited to take another survey or surveys about your role as a childcare provider?

* Yes (1)
* No (0)
* Not sure/can't remember (2)

Display This Question:

If In the past 12 months, have you been invited to take another survey or surveys about your role as... = Yes

|  |  |
| --- | --- |
|  |  |

R3.CC.SE.001.a In the past 12 months, how many surveys related to your role as a childcare provider have you taken?

▼ 1 (1) ... 10 (10)

|  |  |
| --- | --- |
|  |  |

R3.CC.SE.002 How would you rate your overall experience taking this survey?

* Very bad (1)
* Somewhat bad (2)
* Somewhat good (3)
* Very good (4)

|  |  |
| --- | --- |
|  |  |

R3.CC.SE.003 Please indicate how much you agree with each of the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree (1) | Disagree (2) | Agree (3) | Strongly agree (4) |
| This survey was easy for me to take (R3.CC.SE.003\_1) |  |  |  |  |
| I would be likely to recommend another childcare provider take this survey (R3.CC.SE.003\_2) |  |  |  |  |

End of Block: Survey Experience

Start of Block: Text Consent

TXTCONSENT Would you like to receive invitations to our follow-up surveys through text message in addition to/instead of email?   
  
 If you select yes, you will receive up to 2 text messages per survey invitation. One initial invitation and one reminder. **Msg & Data rates may apply.**

* Yes (1)
* No (2)

End of Block: Text Consent