The Nebraska COVID-19 Early Care and Education Provider Survey III

"Holding It Together—and Hanging by a Thread"

MAY 2022

Alexandra Daro, Ph.D., Kathleen Gallagher, Ph.D., and Kristen M. Cunningham, Ph.D.

Buffett Early Childhood Institute
at the University of Nebraska

Acknowledgments

The Buffett Early Childhood Institute thanks our many agency, university, and organizational partners throughout the state for their support, input, and feedback on this work. We extend special thanks to the Early Learning Coordinators with the Nebraska Department of Education's Early Learning Connection Partnerships for their willingness to distribute the survey to providers and for their dedication to Nebraska's early childhood workforce. We thank our Needs Assessment colleagues Traci Roberts and Amanda Crawford, Workforce Planning and Development colleagues Susan Sarver and Cathey Huddleston-Casas, and Communications colleagues Lisa Caudle, Rebecca Elder, Duane Retzlaff, Erica Sesay, and Erin Duffy for their hard work, input, and gracious review. Finally, and most importantly, we thank Nebraska's early care and education providers, many of whom shared their perspectives for this report. Their investment in Nebraska's youngest citizens is one of our state's greatest treasures.

This project is made possible by funding received through Grant Number 90TP0079-01, of the USDHHS-Administration for Children and Families, Office of Early Childhood; Nebraska Department of Health and Human Services; Nebraska Department of Education; and Nebraska Children and Families Foundation, following grant requirements of 70% federal funding with 30% match from state and private resources. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

TABLE OF CONTENTS

TABLES

FIGURES

EXECUTIVE SUMMARY

In February 2022, the Buffett Early Childhood Institute conducted *the Nebraska COVID-19 Early Care and Education Survey III,* in collaboration with state agencies, University of Nebraska faculty, and organization partners. This third survey examined the impact of the COVID-19 pandemic on Nebraska's child care professionals and its implications for practice and policy.

Results from the previous surveys, released in April and August 2020, indicated that early care and education professionals in Nebraska, who were already vulnerable prior to the pandemic, have been negatively impacted from the start of the pandemic. The first survey elevated providers' immediate needs, including funding relief, access to adequate health care coverage, adjustments to subsidy policies, and information about funding and safety measures. The second survey identified providers' access to COVID-19 relief funding, use of policy changes and resources, providers' stress and resilience, and their experiences of discrimination due to bias and systemic inequity as areas for further investigation.

In this survey, licensed providers were defined as owners/operators/administrators of licensed care and education programs. They reported on aspects of their business and personal well-being, including physical health, mental health, and economic stability. With more than 750 licensed providers responding, these survey results suggest that despite Nebraska's early care and education workforce showing resilience, they are experiencing high levels of personal and professional disruption and stress. Key findings include:

COVID-19 impacted providers' personal health directly.

- More than half of providers have contracted COVID-19 at least once, a rate over twice that of all Nebraskans.
- Three-quarters of responding providers are vaccinated against COVID-19.

Child care businesses continue to be impacted by pandemic disruption.

- Two-thirds of providers experienced a reduction in their business income in the last year. Most providers (87%) received some COVID-19 relief funding in the last year, with 4 in 5 of those receiving funding using those funds for rent and utilities.
- Of providers who employ staff, 9 in 10 reported difficulty filling open positions, citing a lack of applicants and inability to offer sufficient pay.
- Two-thirds of child care providers who employ staff experienced staff turnover, with 69% reporting that staff were leaving the field of early childhood entirely.

Providers' personal and economic well-being were affected by stress in the context of the pandemic.

- Most providers reported experiencing symptoms of stress, including changes in sleep and eating.
- Many providers reported experiencing anxiety, sadness, depression, and difficulty concentrating.
- One in 4 providers reported sometimes or frequently experiencing food insecurity over the last 12 months.

- Providers of color have experienced increased discrimination during the pandemic. Two in 5 providers identifying as Black or African American and 1 in 3 providers identifying as Hispanic, Latinx, or Spanish Origin reported experiencing increased discrimination due to others' perceptions of their race or ethnicity.
- Forty-five percent of providers reported that they are currently experiencing symptoms of burnout.
- While providers are engaging in self-care practices and showing resilience, they continue to report high levels of stress.

Nebraska's early care and education workforce continues to experience incredible stress in the context of the COVID-19 pandemic. This COVID-related stress increases existing challenges, including poor funding and compensation, high job stress, and policies that do not support business health. Child care providers are essential to Nebraska's communities and economy, and many are struggling mentally, physically, and financially.

To begin to address the needs of Nebraska's families and communities, child care providers need resources and policies to address the following:

- Increased access to health care coverage and paid sick leave
- Increased wages and benefits
- Resources for stress reduction and mental health
- Funding opportunities to allow providers to remain open, employ staff, and provide quality care and education for young children

The Nebraska COVID-19 Early Care and Education Provider Survey III, The Nebraska COVID-19 Early Care and Education Provider Survey II report (August 2020) and accompanying materials, and the summary highlights from *The Nebraska COVID-19 Early Care and Education Provider Survey* (April 2020) are available at https://buffettinstitute.nebraska.edu/resources/covid-19 .

INTRODUCTION

Quality early care and education depends on the well-being of the workforce (IOM & NRC, 2015). Understanding the well-being of child care providers has been the primary aim of a series of surveys the Buffett Early Childhood Institute at the University of Nebraska has conducted in collaboration with state agencies, University of Nebraska faculty and staff, and organization partners. Research questions across the surveys examined the impact of the COVID-19 pandemic on child care professionals in Nebraska to inform potential policy and practice interventions. Surveys in 2020 examined the experiences of licensed child care providers in the state with a particular focus on the economic well-being of their businesses and opportunities for increased support and funding efforts. Those surveys documented that providers were experiencing high stress, uncertainty, and a lack of information. Even with access to federal and private financial assistance, providers were struggling with economic impacts to their businesses caused by enrollment and income reductions. Agency and policy partners responded, implementing state policy shifts in subsidy requirements, increased resources for providers and families, reallocation of federal PDG B-5 funds, legislative efforts to support the workforce, and mobilization for provider supports, including economic and mental health resources. Successful efforts hinged on state partnerships throughout the process, producing rapid results, and reporting to private funders and state agencies quickly.

Acknowledging that the COVID-19 pandemic has continued beyond expectations, we wanted to learn if and how child care providers are still experiencing pandemic disruption. In February 2022, the Buffett Institute conducted this third survey focused on the early care and education workforce in Nebraska related to the COVID-19 pandemic. We surveyed licensed providers, defined as owners/operators/administrators of licensed early childhood programs. As in previous surveys, this survey focused on various aspects of providers' business and personal well-being, including physical health, mental health, and economic stability.

This survey also incorporated questions that allowed us to examine how the pandemic might be impacting providers differently, based on their setting type and geographical location. We were interested in knowing how providers perceived their stress, well-being, and resilience. Providers were able to share their direct experiences with COVID-19, specifically how the virus itself was impacting their health, relationships, and work with young children and families. We also examined challenges associated with staffing center-based programs, including difficulties hiring and retaining qualified staff.

Survey Methods

This survey was developed in partnership with early childhood stakeholders across Nebraska, including representatives from state agencies, community organizations, and faculty and staff from the University of Nebraska campuses. The survey included some questions from the previous two COVID surveys, as well as items from national surveys of the early care and education workforce and other COVID-19 surveys.

The current survey was distributed electronically on Feb. 3, 2022, and was open for 12 days. Two partnerships facilitated the distribution of the survey in Spanish and English. The seven regional Early

Learning Coordinators (ELCs) with the Nebraska Department of Education emailed the survey to the licensed care providers in their regions. The Buffett Institute distributed the survey directly to licensed child care businesses using email addresses provided by the Nebraska Department of Health and Human Services. A total of 754 providers responded to the survey, representing approximately 25% of the licensed providers in the state.

Respondents

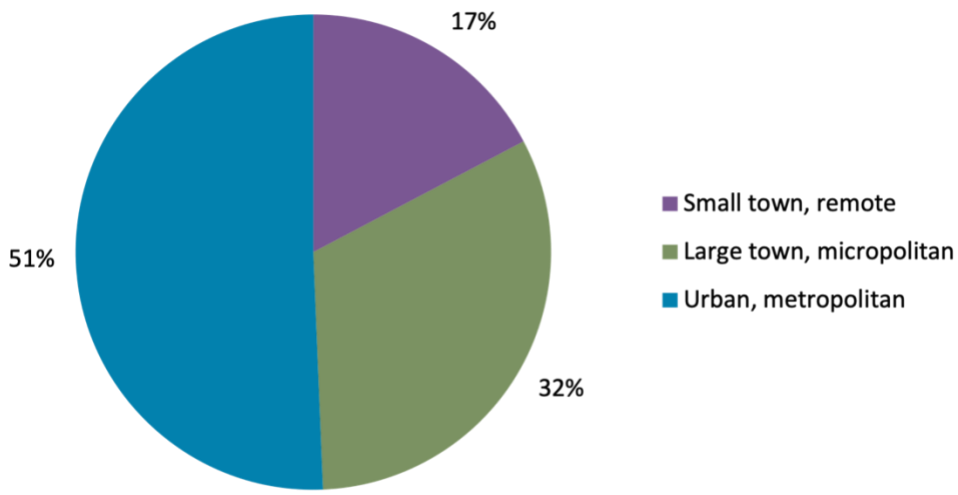
Family Child Care Home providers (FCCH; 64%, *n* = 476) comprised almost two-thirds of the survey respondents. Over a quarter of respondents were administrators from Child Care Centers (CCC; 27%, *n* = 199). As in previous surveys, FCCH providers are well represented given the percentage of licensed FCCH providers in the state (approximately 60%).

Licensed providers from across the state responded to the survey. As in the August 2020 survey report, three categories were used to describe the geographic location of the survey respondents. Based on U.S. Census Bureau (2016) population densities, counties were categorized as: Small Town/Rural, Large Town/Micropolitan, or Urban/Metropolitan (see Table 1). All geographic categories were well represented by the respondents (see Figure 1). Half of the respondents (51%, *n* = 332) worked in urban areas, a third (32%, *n* = 210) in micropolitan/large town areas, and 17% (*n* = 113) in small town areas.

Table 1. Descriptions of Geographic Categories

Category	Population Size	Example Communities
Small Town/Rural	Fewer than 10,000 residents	• Harrisburg (Banner County) • Springview (Keya Paha County) • Curtis (Frontier County) • Pawnee City (Pawnee County)
Large Town/ Micropolitan	10,000 – 49,999 residents	• O'Neill (Holt County) • McCook (Red Willow County) • Alliance (Box Butte County) • Wahoo (Saunders County)
Urban/Metropolitan	50,000 residents or more	• Omaha (Douglas County) • Bellevue (Sarpy County) • Lincoln (Lancaster County) • Grand Island (Hall County)

Figure 1. Respondents by Geographic Location



Almost all respondents reported their gender as female (99%, *n* = 638). Their mean age was 47 years (*SD* = 11.3) with an age range of 22 to 78 years. On average, providers reported having 19 years (*SD* = 10.4) of paid experience working with children aged 8 and younger. A total of 1% of respondents (*n* = 10) identified as American Indian or Alaskan Native while 5% (*n* = 34) identified as Black or African American, 72% (*n* = 545) identified as white or European American, and an additional 5% (*n* = 35) identified as Hispanic, Latinx, or Spanish Origin. In responding to the question about race and ethnicity, providers could select multiple categories. Some providers (4%, *n* = 29) preferred not to answer this question. Most respondents reported speaking English (84%, *n* = 631) or Spanish (4%, *n* = 32) as their primary language. Additional races, ethnicities, and languages were reported; however, the numbers were too low to include in this report. Providers also reported their educational attainment, as described in Table 2, which includes a comparison to the general Nebraska population (U.S. Census Bureau, 2020).

Table 2. Educational Attainment of Responding Providers

Highest Level of Education Attained	% of Respondents	% of Nebraskans
Less than high school	2.6%	4.6%
High school	35.7%	41.5%
Child Development Associate (CDA)	5.0%	—
Some college or associate degree	18.4%	18.9%
Bachelor's degree or higher	38.3%	31.1%

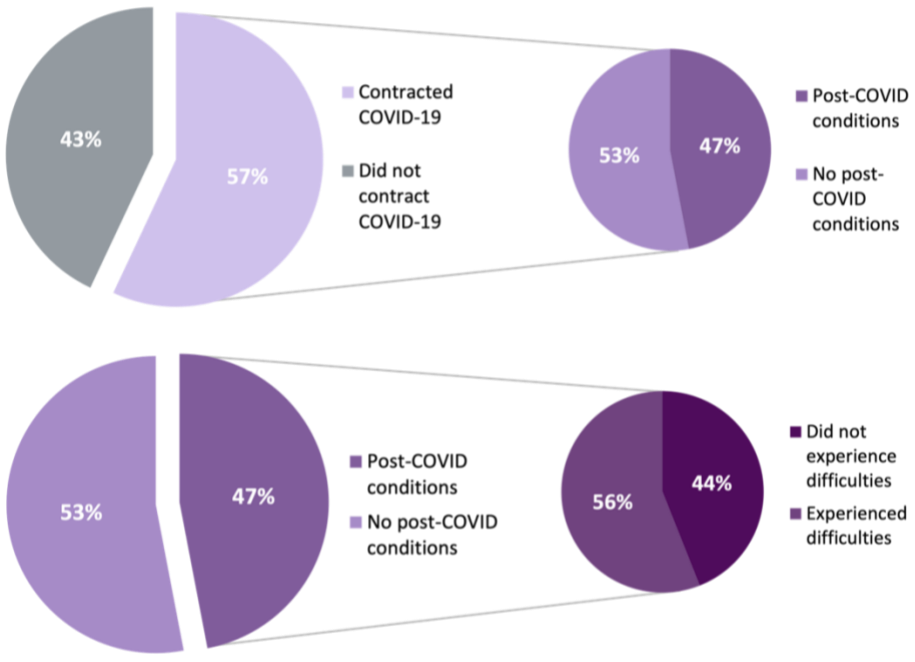
HEALTH-RELATED IMPACTS OF COVID-19

To understand the impact of COVID-19 on providers' physical health and the safety precautions implemented in their programs, providers were asked a series of questions assessing their experiences with the virus.

Provider Health

Over half of providers (56%, *n* = 376) indicated they had contracted COVID-19 at least once, double the rate among all Nebraskans[1]. Of the providers who contracted COVID-19, almost half (47%, *n* = 178) indicated that they experienced post-COVID conditions, or symptoms of COVID-19 lasting longer than four weeks. Of those experiencing post-COVID conditions, 44% (*n* = 79, 11% of all reporting providers) indicated that the lingering effects of COVID-19 made it difficult for providers to care for children or keep up with their child care business. See Figure 2 for a visual depiction. COVID-19 has also been a concern for early childhood professionals and other staff employed by programs. Of the providers who employ staff, 56% (*n* = 103) reported that their staff had experienced post-COVID conditions, and of those, 56% (*n* = 57) reported that the staff's ability to care for children had been negatively affected.

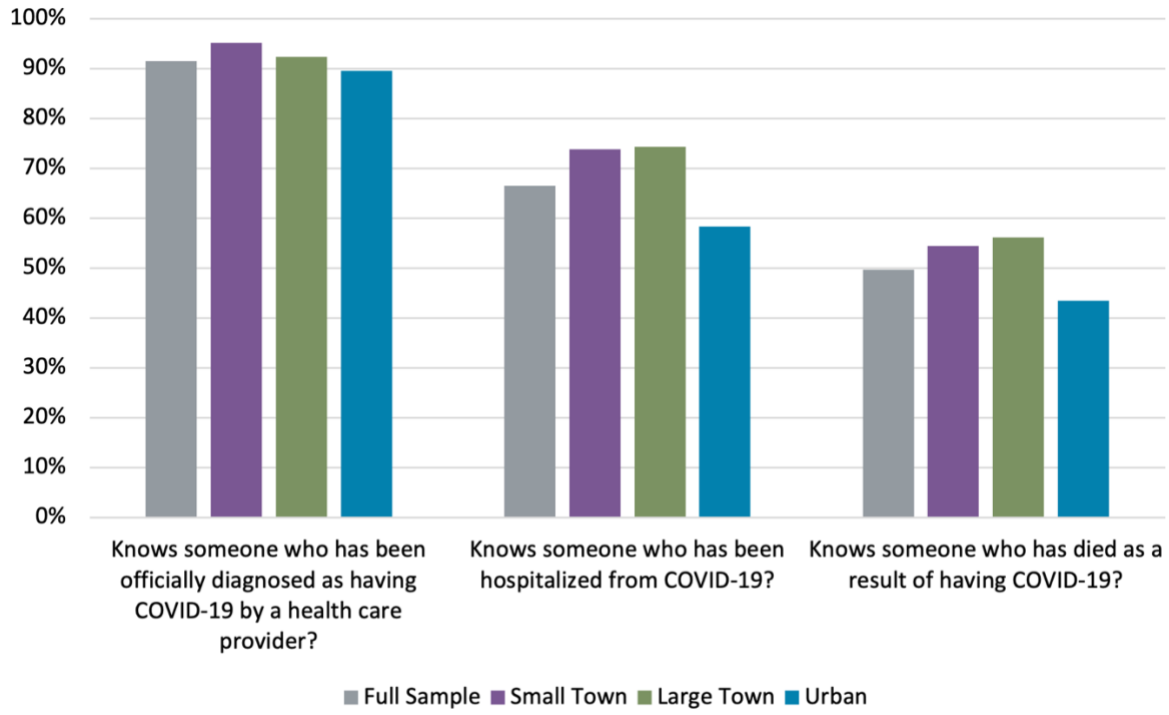
Figure 2. COVID-19 Infection Rates and Post-COVID Conditions Among Providers



[1] While difficult to know exactly how many Nebraskans have contracted COVID-19, the April 4, 2022, COVID-19 numbers from the Nebraska Department of Health and Human Services indicates that the total number of positive cases and reinfections represents only 24% of Nebraska's total population (United States Census Bureau, n.d.; Nebraska Department of Health and Human Services, n.d.)

Beyond the direct impact of COVID-19 on their health, providers have experienced COVID-19's impact secondhand through people they know personally. Almost all reporting providers (92%, *n* = 614) reported personally knowing someone in the United States who had contracted COVID-19. Two-thirds (67%, *n* = 445) knew someone who has been hospitalized from COVID-19, and half of responding providers (50%, *n* = 332) knew someone who has died from COVID-19. COVID-19 affected providers in all geographic locations. As seen in Figure 3, providers in small and large towns were more likely than urban providers to know someone who experienced COVID-19 infection (95%, *n* =120 and 92%, *n* = 206 respectively), hospitalization (74%, *n* = 93 and 74%, *n* = 165 respectively), or death (54%, *n* = 68 and 56%, *n* = 125 respectively). Rates for urban providers were 90% (infection, *n* = 280), 58% (hospitalization, *n* = 182), and 43% (death, *n* = 135). Differences in providers who knew others affected by COVID-19 were not seen across setting type (FCCH versus CCC).

Figure 3. Percentage of Providers Who Knew Others Affected by COVID-19

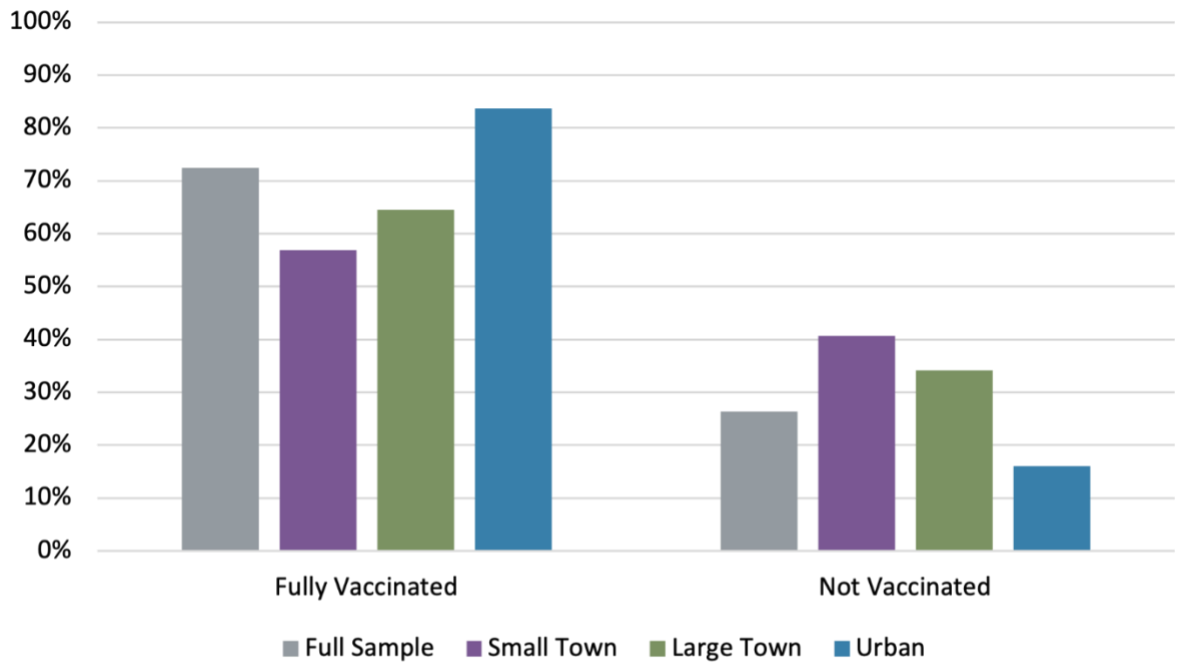


COVID-19 Safety Practices

Vaccination

Almost three-quarters (73%, *n* = 477) of reporting providers were fully vaccinated or fully vaccinated with a booster. A quarter (26%, *n* = 174) of providers were not vaccinated. Urban/Metropolitan areas had the highest full vaccination rates (84%, *n* = 256), followed by Large Town/Micropolitan (65%, *n* = 142) and Small Town/Remote (54%, *n* = 70). As seen in Figure 4, a different pattern is seen in the proportion of individuals who did not receive any vaccination: Small Town/Remote (41%, *n* = 50), Large Town/Micropolitan (34%, *n* = 75), and Urban/Metropolitan (16%, *n* = 49). Vaccination rates did not differ appreciably between providers in Family Child Care Homes and Child Care Centers.

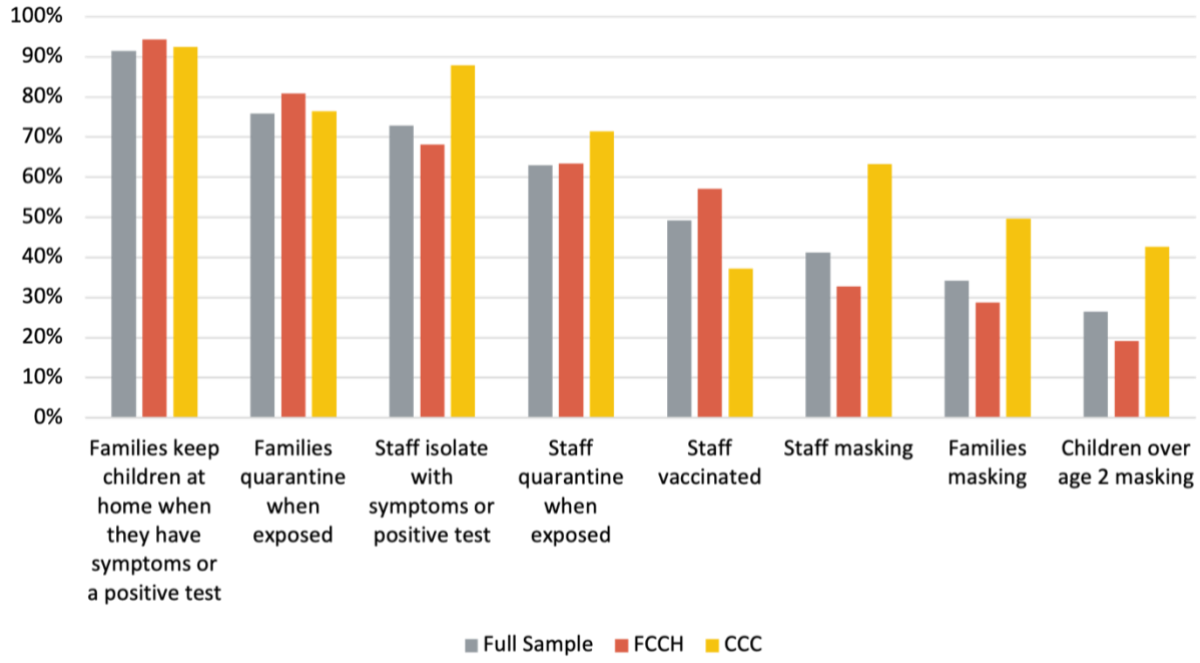
Figure 4. Vaccination Rates by Geographic Location



Safety Practices

Child care programs implemented a variety of safety practices to combat the spread of COVID-19. As of Jan. 28, 2022, the Centers for Disease Control and Prevention (CDC) recommended several strategies aimed at preventing the spread of COVID-19: vaccination for all eligible individuals, mask usage for all individuals aged 2 and older, social distancing whenever possible and/or keeping the same grouped individuals together as much as possible, proper handwashing and covering coughs/sneezes, isolation and testing when sick, quarantining in case of exposure, cleaning and disinfecting surfaces, and others. Figure 5 shows the proportion of providers reporting using various safety practices by setting type. The most frequent practice was having families keep children at home when they have symptoms of or a positive test showing infection with COVID-19 (91%, *n* = 689). Safety practices did not differ meaningfully across geographic location.

Figure 5. Safety Practices by Setting Type



CHILD CARE BUSINESSES

Providers continued to report business difficulties in the context of the ongoing pandemic, including navigating temporary closures. Over half of programs (52%, *n* = 350) reported having to close temporarily during the previous year due to COVID-19 infection or exposure. While 18% (*n* = 129) of providers reported closing temporarily for reasons other than COVID-19, more than 1 out of 10 (12*%, n* = 88) respondents closed temporarily over the past year for both COVID and non-COVID reasons. Nebraska has been fortunate to have had many programs avoid permanent closure throughout the pandemic but remaining open was not the only challenge providers faced. Child care businesses experienced reductions in enrollment and income and difficulty hiring and retaining staff but received funding to help offset some challenges.

Income Reduction

Two-thirds (67%, *n* = 476) of providers reported that their business income had been reduced in the previous year. While the proportion of providers experiencing any amount of income reduction to their businesses was similar across geographic locations and setting types, there were differences in the amount of income reduction. Over half of the providers in Urban areas (57%, *n* = 131) reported less than a 25% reduction in business income; however, this proportion of providers was smaller than the proportions reported by both Large Town (68%, *n* = 98) and Small Town (71%, *n* = 59) providers. Further, only providers in Urban areas reported income reductions at the highest level of more than 75% (5%, *n* = 12; See Figure 6). There were also differences across setting type, with a smaller proportion of child care center providers (53%, *n* = 64) than family child care home providers (67%, *n* = 208) reporting business income reduction at 25% or less, but only family child care home providers reported income reductions at the highest level of 75% or more (4%, *n* = 12; See Figure 7).

Figure 6. Income Reduction by Geographic Location

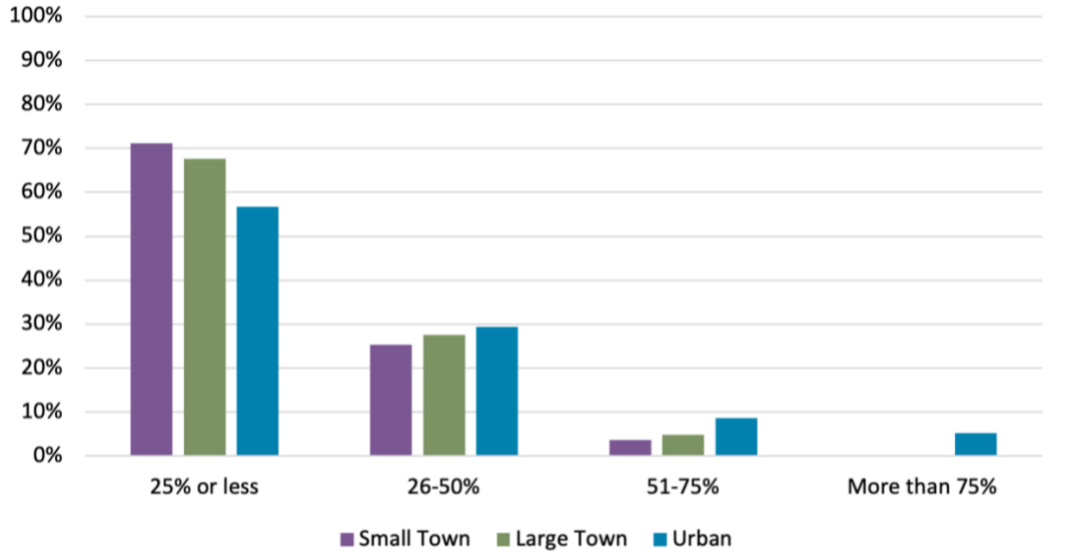
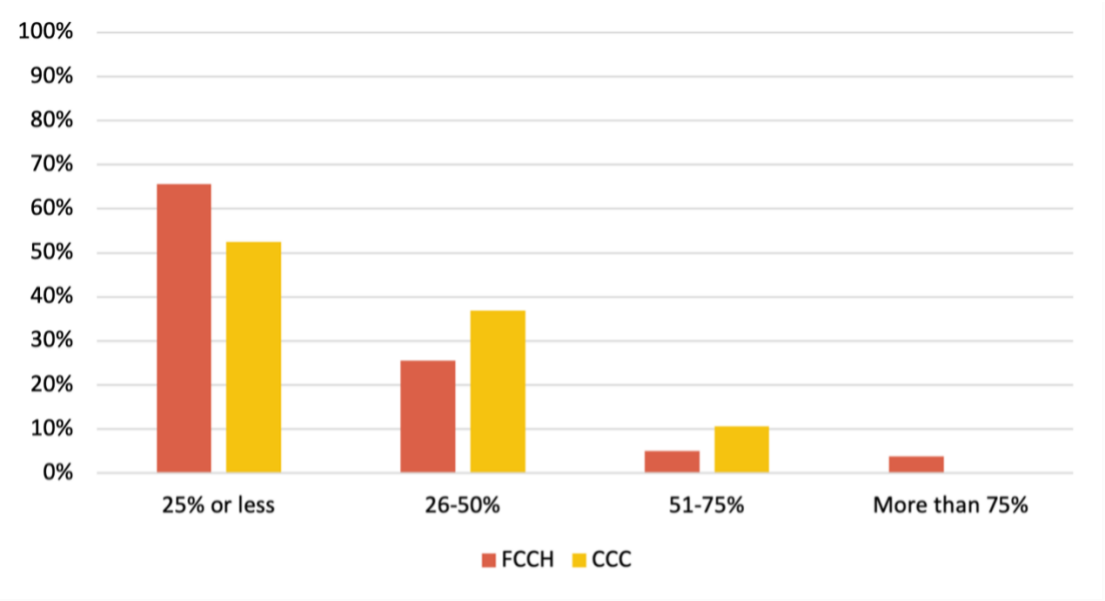


Figure 7. Income Reduction by Setting Type

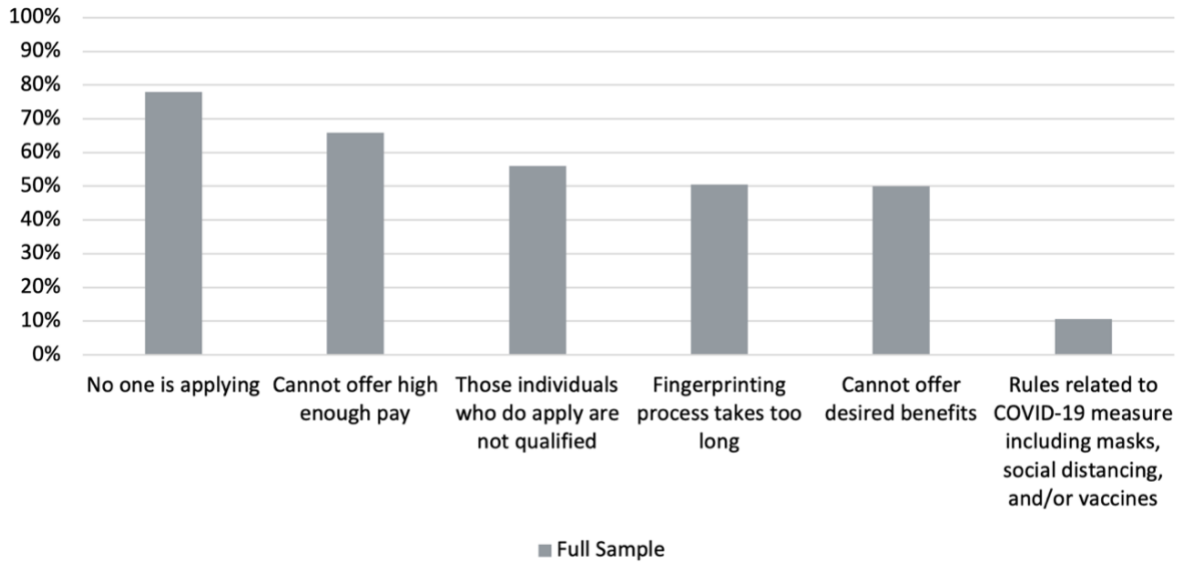


Hiring and Retaining Staff

Throughout the pandemic, Nebraska has experienced staffing challenges in multiple industries (Mastre, 2022; Richardson, 2022). Child care center providers responded to questions about challenges hiring and retaining staff. Most of these providers (92%, *n* = 214) reported having difficulty hiring staff for their programs. The problem was consistent across geographic locations with 85% (*n* = 22) of Small Town providers, 89% (*n* = 55) of Large Town providers, and 96% (*n* = 112) of Urban providers reporting difficulties hiring staff for their programs.

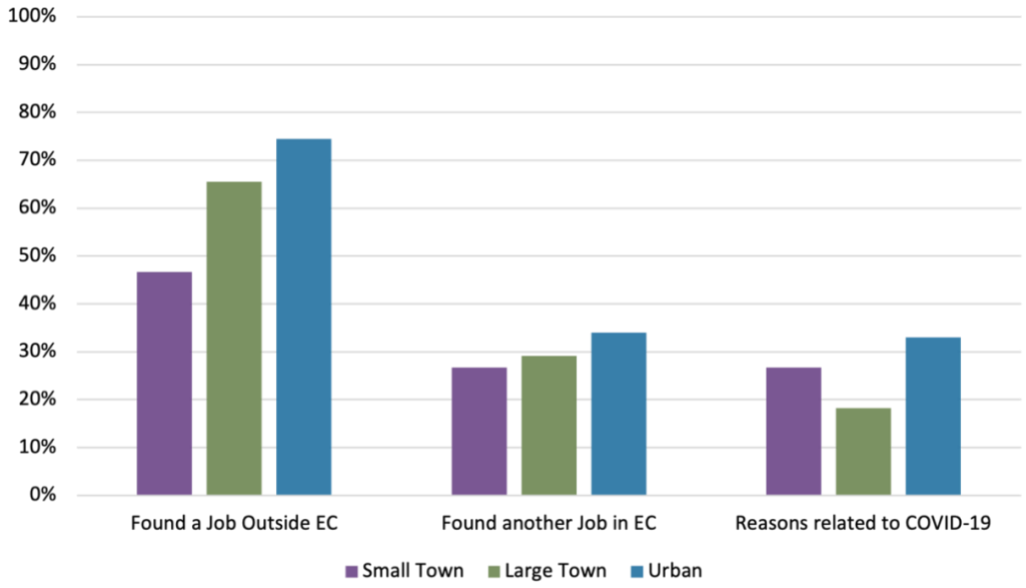
When asked to select among reasons for difficulty hiring staff, child care center providers reported a lack of applicants (78%, *n* = 167), an inability to offer high enough pay (66%, *n* = 141), and applicants being unqualified (56%, *n* = 120) with the most frequency. Other reasons for difficulty were that the fingerprinting process takes too long (51%, *n* = 108), an inability to offer desired benefits (50%, *n* = 107), and rules related to COVID-19 measures including masks, social distancing, and/or vaccines (11%, *n* = 23). Figure 8 provides a visual depiction of the percentage of providers reporting these reasons. Related to child care center providers' inability to offer desired benefit, only 25% (*n* = 48) of child care center providers offered paid sick time to employees.

Figure 8. Reasons for Staffing Challenges



In addition to difficulty hiring staff for their programs, child care center providers also experienced substantial staff turnover. Two-thirds (67%, *n* = 165) of providers employing staff reported having staff leave their programs voluntarily in the last year. Turnover varied across locations, such that providers in Large Town (72%, *n* = 55) and Urban areas (75%, *n* = 94) were more likely to report staff turnover than providers in Small Town areas (38%, *n* = 15). When asked to select reasons that staff had left, a majority (69%, *n* = 114) reported that they had found a job outside of early childhood, 32% (*n* = 52) reported that they found a different job within early childhood, and 28% (*n* = 45) reported they had left for reasons related to COVID-19. Figure 9 displays the reasons for turnover across geographic location.

Figure 9. Reasons for Staff Turnover Rates Across Geographic Location



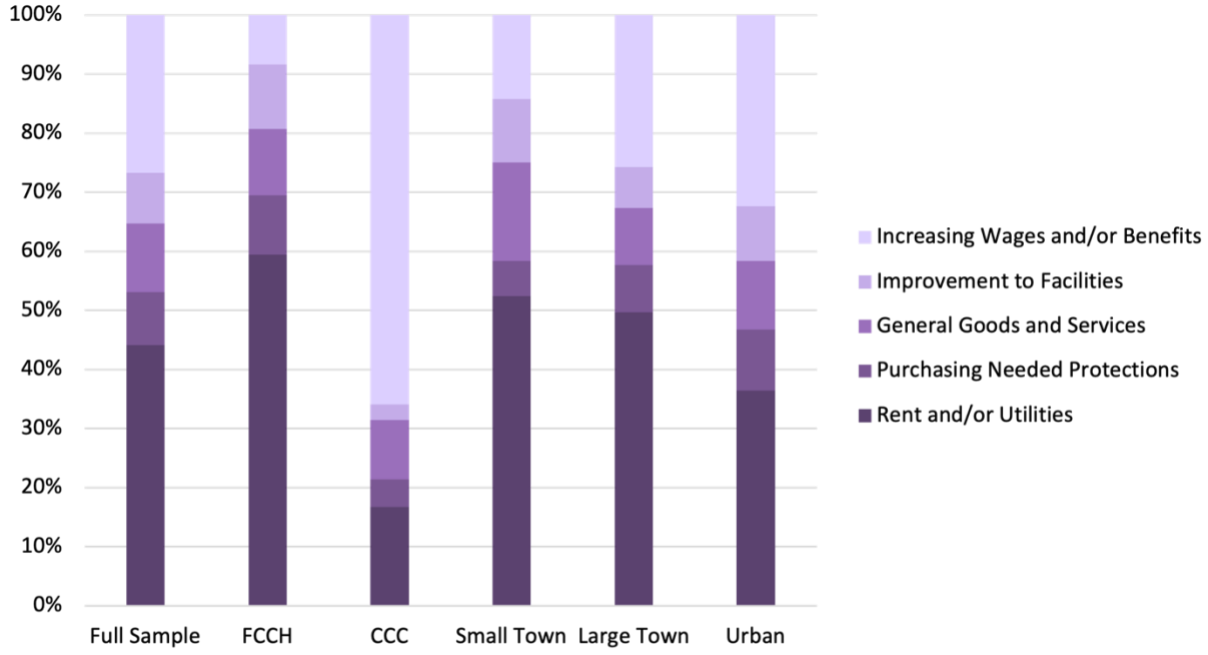
COVID-19 Relief Funding

While many providers' businesses have been negatively impacted during the pandemic, there have been several opportunities for COVID-19 relief funding. Most respondents (87%, *n* = 580) reported receiving some form of COVID-19 funding to support their programs in the last year. The average amount of funding received varied by geographic location and setting type. Urban programs received an average of $26,675 (*SD* = $37,151), Large Town programs received an average of $19,107 (*SD* = $20,452), and Small Town programs received an average of $14,043 (*SD* = $19,150). Family Child Care Home providers received an average of $11,067 (*SD* = $7,112) while Child Care Centers, typically serving more children, received an average of $49,761 (*SD* = $43,605).

When asked to indicate how they used COVID-related funding, 4 in 5 (82%, *n* = 477) providers reported using funds to pay rent and/or utilities; 78% (*n* = 452) reported using funds to purchase needed protection, sanitation, or cleaning implements and supplies; 74% (*n* = 429) reported using funds for general goods and services related to the provision of care for children; 55% (*n* = 319) reported using funds for improvements to facilities; and 51% (*n* = 296) reported using funds to increase wages and/or benefits for themselves or their staff.

Providers were asked to indicate which of their funding expenditures was the most important. More than 2 in 5 (44%, *n* = 246) providers reported that paying rent and/or utilities was their most important use of the funds and 1 in 4 (27%, *n* = 149) reported that increasing wages and/or benefits was their most important use of the funds. Figure 10 shows the breakdown among the full sample of respondents answering this question, as well as the breakdown by setting type and geographic location. Most notably a larger proportion of FCCH providers indicated that rent and/or utilities was the most important use of their funds while a larger proportion of CCC providers indicated that increasing wages and/or benefits was the most important.

Figure 10. Most Important Use of COVID-Related Funds



Child Care Subsidy

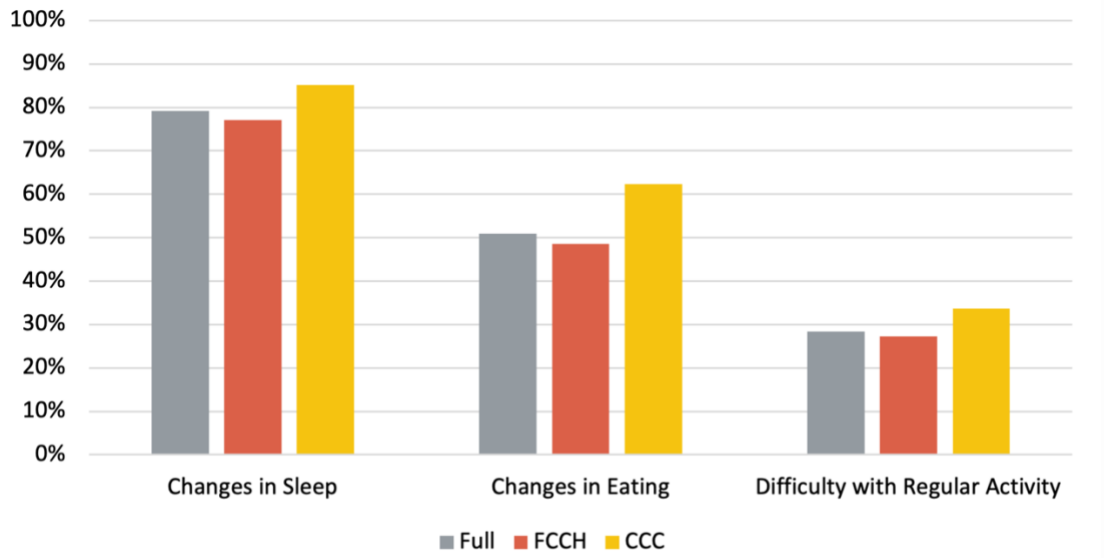
To compensate for increased child absence and provider income instability in the context of the pandemic, an executive order from the governor in April 2020 allowed providers to bill child care subsidy for an unlimited number of child absences every month. That executive order expired in July 2021, permitting enactment of the Child Care Subsidy regulation from September 2020 allowing providers to bill for up to five absent days per month per child. Over half of respondents (58%, *n* = 423) reported that they served families who use child care subsidy, with more than half of those respondents (63%, *n* = 263) reporting that they were using the policy change allowing for billing for up to five absent days per month. Child care centers served higher proportions of families using subsidy than family child care homes (CCC: 86%, *n* = 167; FCCH: 52%, *n* = 240), and higher proportions of child care centers were using the policy change related to billing for absent days (CCC: 74%, *n* = 120; FCCH: 51%, *n* = 137).

PROVIDERS' PERSONAL AND PROFESSIONAL WELL-BEING

Physical Well-Being

While over half of providers reported having been infected with COVID-19, most providers (72%, *n* = 492) reported not having trouble performing their work or other regular activities due to their physical health. However, more than 1 in 4 (28%, *n* = 195) reported that they sometimes or frequently did have difficulty performing their work or regular activities. A majority (79%, *n* = 552) reported experiencing at least some changes in sleep, and many (51%, *n* = 352) reported at least some changes in eating. There were some differences in physical well-being across setting types, with child care center providers experiencing more changes in sleep (CCC: 85%, *n* = 155; FCCH: 77%, *n* = 351), changes in eating (CCC: 62%, *n* = 113; FCCH: 49%, *n* = 218), and difficulty with regular activity (CCC: 34%, *n* = 61; FCCH: 27%, *n* = 122) (see Figure 11). Physical well-being did not differ across geographic location.

Figure 11. Physical Well-Being by Setting Type

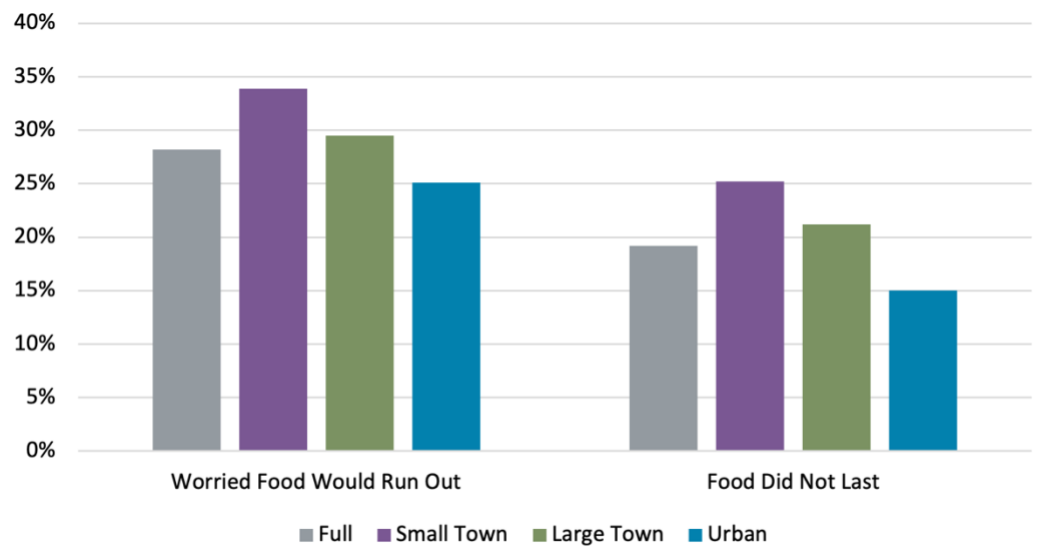


Economic Well-Being

In addition to business financial challenges, providers reported experiencing serious personal economic challenges in the last year. As one approach to assessing personal economic well-being, we asked providers questions about food insecurity in their personal households over the last 12 months. Food insecure households are those that are at times "unable to acquire enough food for one or more household members because they have insufficient money or other resources" (Hubbert, 2020). Food insecurity negatively affects well-being and is associated with increased health care costs in general (Feeding America, n.d.). More than 1 in 4 providers (28%, *n* = 182) reported that they worried at least sometimes about running out of money and food, and nearly 1 in 5 (19%, *n* = 122) experienced running

out of food at least sometimes. As a reference point, the average rate of food insecurity in the U.S. is 11.5%, and 1 in 9 people (12%) in Nebraska are food insecure (Hubbert, 2020). Thus, child care providers reported levels of food insecurity at rates twice as high as the Nebraska average. Furthermore, providers from small town areas reported higher levels of both worrying about running out of food (34%, *n* = 41) and running out of food (25%, *n* = 30) than either large towns (30%, *n* = 64; 21%, *n* = 46) or urban areas (25%, *n* = 75; 15%, *n* = 44). See Figure 12 for a visual depiction. Food insecurity did not vary between Family Child Care Home providers and Child Care Centers.

Figure 12. Food Insecurity by Geographic Location



Psychological Well-Being

Providers responded to questions related to personal well-being and resilience. Most responding providers experienced increased psychological distress during the pandemic. They expressed high rates of concern about contracting COVID-19 (69%, *n* = 475). Half of providers reported feeling negative or anxious about the future sometimes, and an additional 15% reported feeling that way most of the time. Furthermore, over half reported increased feelings of social isolation (57%, *n* = 391), lack of control (64%, *n* = 445), and sadness or depression (52%, *n* = 356). Over 60% (*n* = 415) reported experiencing increased difficulty concentrating. None of these symptoms are particularly surprising in the context of a pandemic; the World Health Organization has reported a 25% increase in the prevalence of anxiety and depression in the context of the COVID-19 pandemic (World Health Organization, 2022). However, when adults responsible for the care and education of young children experience increased symptoms of mental health challenges, it can have serious repercussions for the quality of children's experiences (Shonkoff & Phillips, 2000).

Societal tensions related to racial equity also increased during the pandemic (United Nations, 2020). Because of the potential impact on the well-being of providers of color, we wanted to know if providers were experiencing an increase in discrimination in the context of the COVID-19 pandemic. Providers' experiences of discrimination varied by their racial and ethnic identities. Among providers who

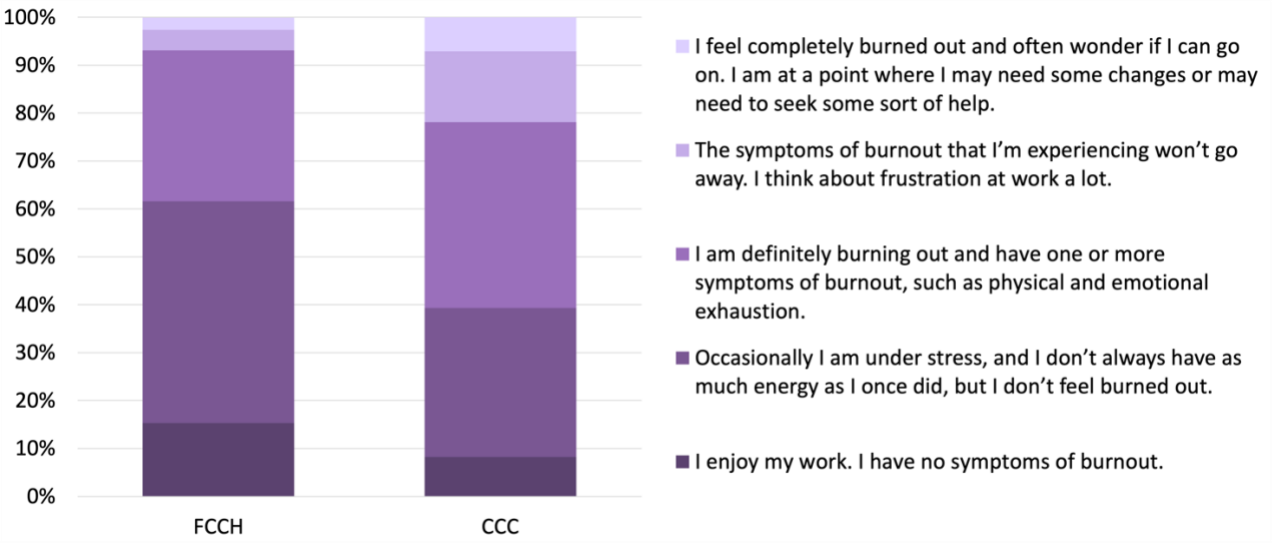
identified as Black or African American, 41% (*n* = 13) reported that they experienced increased discrimination at least sometimes. Among those who identified as Hispanic, Latinx, or Spanish Origin, 36% (*n* = 12) reported experiencing increased discrimination at least sometimes. Among providers who identified as a person of color (American Indian or Alaskan Native; Asian or Asian American; Black or African American; Hispanic, Latinx, or Spanish Origin; or Native Hawaiian or Other Pacific Islander), 1 in 3 (34%, *n* = 26) indicated they had experienced increased discrimination at least sometimes.

Providers' reported symptoms of stress suggest that they continue to experience disruption to their overall well-being over the course of the pandemic. While well-being is important to healthy functioning, providers' capacity to be resilient—to be well and do well in the context of stress and adversity— is associated with sustaining positive relationships, a sense of environmental mastery, and a positive perspective regarding ongoing personal growth (Ryff & Keyes, 1995). Regarding their positive relations with others, almost all providers agreed that others would describe them as a giving person, willing to share time with others (96%, *n* = 648). A majority reported that they have experienced warm and trusting relationships with others (70%, *n* = 475). However, providers were split on their perspectives of close relationships with 37% (*n* = 250) endorsing that maintaining close relationships was frustrating. Environmental mastery is a key aspect of adult well-being and refers to having opportunities to feel in control of one's activities and experiences. Many providers acknowledged feeling in charge of their situation (72%, *n* = 488) and managing responsibilities of daily life (85%, *n* = 579). However, nearly half (49%, *n* = 334) recognized that the demands of daily life often get them down. Providers reported highly positive perspectives toward their personal growth. Only 1 in 10 (11%, *n* = 73) endorsed having given up on making improvements or changes in their life. Most (84%, *n* = 568) endorsed the importance of having new experiences that challenge thinking, and almost all reported that for them, life has been a continuous process of learning, changing, and growing.

Work-Related Stress

Burnout refers to a condition of exhaustion or negativity about one's work, and often results in a decision to leave a job. Recognizing the potential for increased stress in the context of the pandemic, we asked providers to report on their level of burnout in their work using a single-item measure of burnout (Roland, Kruse, & Rohrer, 2004). While over half the responding providers did not report experiencing burnout, 45% (*n* = 303) did report experiencing burnout, and over 1 in 10 reported severe symptoms that were persistent (8%, *n* = 52) or required help (4%, *n* = 24). Child care center providers reported higher levels of burnout than family child care home providers (CCC: 61%, *n* = 111; FCCH: 38%, *n* = 168) (see Figure 13). Differences in burnout did not exist across geographic location.

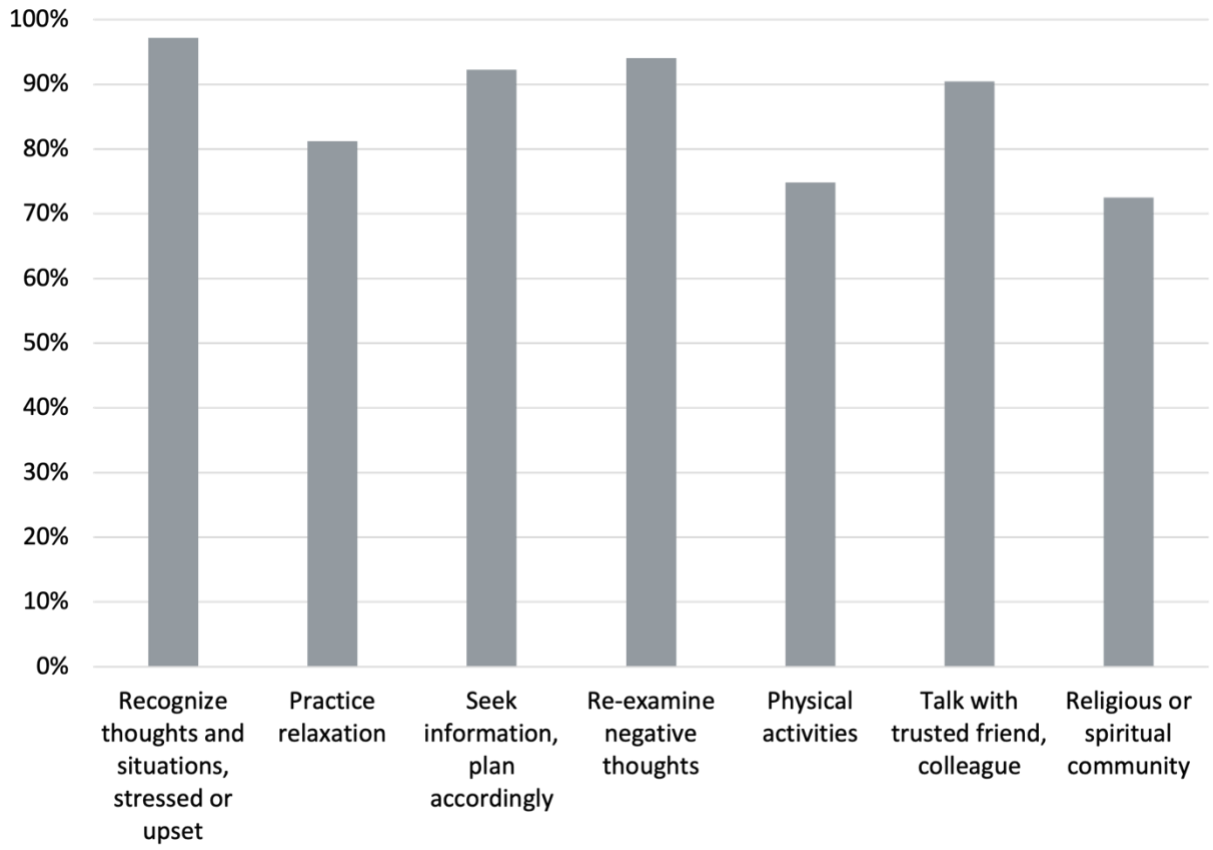
Figure 13. Provider Burnout Rates by Setting Type



Self-Care

Self-care practices, such as physical activity, seeking social support, and relaxation techniques, are known to enhance well-being in the context of stress. In addition to helping to manage stress, self-care practices can reduce the likelihood of getting sick (National Institute of Mental Health, 2021). Providers reported on a variety of self-care practices. Most providers reported using an emotion regulation strategy of noticing when situations or thoughts cause stress (97%, *n* = 656) and most sought social connection for emotional support (91%, *n* = 609). Most reported seeking information to address concerns (92%, *n* = 623), and most reported shifting their perspectives to overcome negative thinking (94%, *n* = 633). Providers reported less frequent use of relaxation techniques (81%, *n* = 548), physical activity, such as walking, yoga, or group exercise, to manage stress (75%, n = 504), and participation in a religious or spiritual community (73%, n = 486). (see Figure 14). Participation in self-care practices was similar across geographic location and setting type.

Figure 14. Providers' Participation in Self-Care Practices



SUMMARY AND IMPLICATIONS

Looking to the Future

Despite experiencing substantial stress and its effects on their businesses and their health and well-being, child care providers in Nebraska are holding it together. In the context of uncertainty, stress, and loss of income, most early care and education programs remain open and functioning to support Nebraska's families and community economies. Providers' worries about their programs and about children and families have not decreased over the pandemic. Most providers remain concerned about contracting COVID-19 (69%) or infecting families (78%). A majority are worried that provider and family stress will negatively impact the quality of care that children are receiving. Providers who employ staff are worried about their well-being, and about being able to recruit and retain qualified caregivers.

Child care programs have remained open to provide care and education to the youngest Nebraskans due to the dedication and efforts of providers. Circumstances for providers in Nebraska were not ideal before the pandemic (Roberts, Gallagher, Sarver & Daro, 2018). It is our hope that by providing a survey landscape of providers' business and personal well-being, our systems of support can respond to prevent the kind of child care industry collapse that has occurred in other states (Lurye, 2022). Implications of this survey's findings for practice, policy, and ongoing research are presented below.

Implications for Practice and Policy

The findings described above give rise to many implications for the practice of providing care and education to young children and to potential policy supports policymakers could implement.

Given the close physical proximity of providers and children, it is not surprising that so many providers have contracted COVID-19. The extent to which the long-term impact of the virus has affected providers' ability to care for children and run their businesses is cause for concern. When considered in the context of both the insufficient availability of sick leave for child care center providers and recent news that individuals who cannot work because their post-COVID conditions are being denied disability benefits from both private companies and federal programs (Rowland, 2022), this concern is more than justified. Providers need to be encouraged to include adequate sick time for themselves and their employees in their contracts and agreements with families and provided with concrete examples of how to do so. In addition, policy supports need to be implemented that would increase providers' access to affordable health insurance.

Low wages and insufficient benefits are long-standing challenges for the early care and education workforce (Phillips et al., 2016). With few center-based respondents to this study having access to two weeks of sick time, two-thirds of respondents reporting a reduction in income, and two-thirds of providers looking to hire staff reporting that they are not able to offer adequate pay and benefits, wages and benefits remain challenges to the workforce in Nebraska. Policies supporting increased wages for the early care and education workforce are needed.

A national survey of early childhood educators (NAEYC, 2022) found that COVID-19 funding support is helping providers to stay open, evidence which is mirrored in the responses to this survey. With almost 9 out of every 10 respondents to this survey receiving COVID-19 relief funding in the last year, and 4 out of every 5 of those receiving funding using those funds for rent and utilities, the funding distributed in Nebraska has helped providers to remain open. But with respondents also reporting using funding for purchasing materials related to cleaning and sanitation as well as goods and services needed for the provision of care for children, simply staying open is not the end of the challenges providers are experiencing. Further funding opportunities for licensed providers will certainly be needed as the pandemic continues and already stressed production lines continue to raise the costs of needed goods and services. Policies supporting single-occasion supplemental payments for providers to offset increased costs need to be prioritized (Sarver & Huddleston-Casas, 2021).

Providers reported experiencing negative impacts to their emotional well-being and mental health. Recent work by Swigonski et al. (2021) found that early care and education providers were experiencing increased amounts of stress symptoms during the pandemic. Many Nebraska programs and organizations have addressed mental health at different points in the pandemic, and while these efforts have been helpful in the short term, systemic change is needed to support the mental health of providers in the long term. For providers of color, the negative impacts on emotional well-being were intensified by their experience of systemic inequity and bias. Iruka et al. (2021) described the dual pandemic experienced by Black families, noting Black families' experiences with economic instability, their challenges with accessing needed health appointments, and their movement toward caring for their children at home. Some of the providers of color who responded to the current survey reported experiencing increased discrimination because of others' perceptions of their race or ethnicity. For these providers, many of whom may be experiencing similar challenges to those described by Iruka et al., specialized supports are needed. To understand exactly what supports would be culturally appropriate for each community, programs and policymakers should partner with trusted voices and gather information directly from providers as to what supports would be most beneficial.

Implications for Research

The COVID-19 provider surveys have effectively described the ways in which the pandemic has impacted owners/administrators/operators and their child care and education businesses. Recruiting and retaining qualified teachers and caregivers in child care settings emerged as an area of significant need in Nebraska. Current and ongoing efforts will examine how different education and preparation pipelines work for recruiting and preparing early childhood professionals, such as the RESPECT grant effort. RESPECT (Responsive Equitable System for Preparing Early Childhood Teachers Across Nebraska; Torquati, 2022–2025) will examine how to enhance the capacity of Institutions of Higher Education to prepare early childhood professionals for the workforce.

This third survey has also shed light on providers' physical, psychological, and economic well-being in the context of increased stress. However, many questions remain unanswered that could capture differential well-being among providers working in different circumstances and settings. As examples, future research will examine who among providers is most likely to be experiencing symptoms of burnout and how providers' well-being varies by their setting and program economic circumstances.

Ongoing and future research is needed to inform this work and recommend ways to improve well-being for child care providers.

Child care providers are experiencing economic challenges to sustaining their businesses in the context of the pandemic. Their business incomes have been reduced. Center-based leaders are struggling to hire and retain staff, attributed to their inability to pay living wages. Research is needed to examine how early childhood professionals are recruited and retained in Nebraska. In the context of state efforts to increase the number of child care providers, ongoing research could help to reveal which efforts are effective for different types of providers.

As child care providers reported higher rates of COVID-19 infection than the general population in Nebraska, and a substantial number experienced personal loss and extended symptoms of the virus, ongoing research efforts should continue to examine the direct and ongoing effects of COVID-19 on their health and well-being.

While efforts were made to expand the diversity of responding providers, there remains a need to increase the response rate from providers who speak languages other than English and are racially and ethnically diverse. More detailed information is needed, especially from providers whose perspectives are less represented in the surveys. Focus groups are needed to learn more from providers about how systems support or fail to support their well-being and ability to provide quality experiences for children and families. Future research efforts should also include others in the early care and education profession, including providers who are not licensed, and those who teach in Head Start/Early Head Start and public PreK.

Finally, research efforts to capture the perspectives of early childhood professionals should be ongoing. Some options for documenting providers' circumstances and experiences could include a regular survey, focus groups, and/or interviews. Current and future state investments in early care and education should regularly include learning from and elevating the voices of providers.

CONCLUSION

Marking its second year, the COVID-19 pandemic has been a disruptive force in the lives of Nebraskans. During these two years, child care providers have continued to care for and educate young children, so that Nebraska parents can attend work and go to school to improve the lives of families and communities. While all have experienced challenges during the pandemic, child care providers have been presented with challenges that have put their physical, mental, and financial health at risk.

This third *Nebraska COVID-19 Early Care and Education Provider Survey* documents that early care and education providers continue to work hard to provide quality care for Nebraska's children, families, and communities, and demonstrate resilience and strength even though their well-being has been undermined in the ongoing pandemic. With a workforce that serves such an essential role in communities, it is important that we identify and elevate their concerns and needs to support and sustain our child care businesses. We need to care for those who care for the youngest Nebraskans.

REFERENCES

Centers for Disease Control and Prevention. (2022, January 28). *COVID-19 guidance for operating early care and education/child care programs.* https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html

Department of Health and Human Services (n.d.) *Nebraska respiratory illness dashboard.* Retrieved April 4, 2022. https://atlas-dhhs.ne.gov/Atlas/Respiratory_Illness

Feeding America. (n.d.). *The health care costs of food insecurity.* https://www.feedingamerica.org/research/

Hubbert, E. (2020). *Food insecurity: A legislative research office FAQ.* Nebraska Legislature. https://www.nebraskalegislature.gov/pdf/reports/research/food_insecurity_2020.pdf

Institute of Medicine and National Research Council. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation*. The National Academies Press. https://doi.org/10.17226/19401.

Iruka, I. U., Curenton, S. M., Sims, J., Escayg, K-A., Ibekwe-Okafor, N., & RAPID-EC. (2021). *Black parent voices: Resilience in the face of the two pandemics—COVID-19 and racism.* Researchers Investigating Sociocultural Equity and Race (RISER) Network. https://fpg.unc.edu/publications/black-parent-voices-resilience-face-two-pandemics-covid-19-and-racism

Lurye, S. (2022, February 1). *Where the child care crisis is hitting America the hardest.* U.S. News and World Report. https://www.usnews.com/news/best-states/articles/2022-02-01/states-where-families-have-the-biggest-challenge-finding-child-care

Mastre, B. (2022, January 17). *Hospitals in Nebraska trying to solve staffing shortage.* WOWT. https://www.wowt.com/2022/01/18/hospitals-nebraska-trying-solve-staffing-shortage/

National Association for the Education of Young Children. (2022). *Saved but not solved: America's economy needs congress to fund child care.* https://www.naeyc.org/sites/default/files/wysiwyg/user-98/naeyc_ece_field_survey_february2022.pdf

National Institute of Mental Health. (2021, April). *Caring for your mental health.* https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health

Phillips, D., Austin, L. J. E., & Whitebook, M. (2016). The early care and education workforce. *The Future of Children*, *26*(2), 139–158. http://www.jstor.org/stable/43940585

Richardson, A. (2022, January 18). *Nebraska schools work through staffing shortages.* WOWT. https://www.wowt.com/2022/01/19/nebraska-schools-work-through-staffing-shortages/

Roberts, A. M., Gallagher, K. C., Sarver, S. L., & Daro, A. M. (2018). *Early childhood teacher turnover in Nebraska*. Buffett Early Childhood Institute, University of Nebraska. https://buffettinstitute.nebraska.edu/-/media/beci/docs/early-childhood-staff-turnover-in-nebraska-brief-final.pdf?la=en

Rohland, B. M., Kruse, G. R., & Rohrer, J. E. (2004). Validation of a single-item measure of burnout against the Maslach Burnout Inventory among physicians. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *20*(2), 75-79. https://doi.org/10.1002/smi.1002

Rowland, C. (2022, March 8). Covid long-haulers face grueling fights for disability benefits. *The Washington Post*. https://www.washingtonpost.com/business/2022/03/08/long-covid-disability-benefits/

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*(4), 719. https://doi.org/10.1037/0022-3514.69.4.719

Sarver, S., & Huddleston-Casas, C. (2021). Using short-term investments to leverage long-term sustainability: Supporting the early childhood workforce with federal relief funds. Retrieved from Buffett Institute website: https://buffettinstitute.nebraska.edu/-/media/beci/docs/elevating-ece-workforce-with-arpa-funds-10-19-2021.pdf

Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development.* National Academies Press. https://doi.org/10.17226/9824.

Swigonski, N. L., James, B., Wynns, W., & Casavan, K. (2021). Physical, mental, and financial stress impacts of COVID-19 on early childhood educators. *Early Childhood Education Journal*, *49*(5), 799-806. https://doi.org/10.1007/s10643-021-01223-z

Torquati, J. (Principal Investigator). (2022-2025). Responsive Equitable System for Preparing Early Childhood Teachers Across Nebraska [Grant]. Early Educator Investment Collaborative and Buffett Early Childhood Fund.

United Nations Human Rights Office of the High Commissioner, (2020). *Racial discrimination in the context of the covid-19 crisis*. https://www.ohchr.org/sites/default/files/Documents/Issues/Racism/COVID-19_and_Racial_Discrimination.pdf

United States Census Bureau. (2020). *American Community Survey: Educational attainment 5 year estimates* (Table S1501). [Data set]. U.S. Department of Commerce. https://data.census.gov/cedsci/table?q=United%20States&t=Educational%20Attainment&g=0100000US_0400000US31&tid=ACSST5Y2020.S1501https://data.census.gov/cedsci/table?q=United%20States&t=Educational%20Attainment&g=0100000US_0400000US31&tid=ACSST5Y2020.S1501

United States Census Bureau. (2016). *Annual estimates of the resident population by sex, race, and Hispanic origin for the United States, States, and Countries: April 1, 2010, to July 1, 2015*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

United States Census Bureau. (n.d.). *QuickFacts: Nebraska. U.S. Department of Commerce*. Retrieved April 4, 2022, from https://www.census.gov/quickfacts/NE

World Health Organization (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide#:~:text=In%20the%20first%20year%20of,Health%20Organization%20(WHO)%20today.

APPENDIX

Nebraska Early Childhood Provider Survey III

The coronavirus (COVID-19) pandemic continues to be a challenge to the health and well-being of children, families, and child care professionals. This brief survey is intended for early care and education providers in family and center-based child care settings. We would like to better understand how the coronavirus pandemic continues to impact the well-being of Nebraska's providers—physically, emotionally, and financially. We are also seeking to understand the ways that child care professionals experience stress and exhibit resilience in the face of the continuing pandemic. We are asking that one person per licensed program complete this 10-minute survey. For a child care home, that person would be the owner or primary provider. For a child care center, that would be a director, owner, or administrator. Your individual responses to these questions are anonymous. Please respond to this survey by Friday, February 11th. Thank you for all you continue to do for Nebraska's children and families.

ABOUT YOUR PROGRAM
In this section, provide information about the program that you direct, own, and/or operate.

1. What type of program do you direct/operate?
   a. Family Home I
   b. Family Home II
   c. Child Care Center
   d. Preschool
   e. School-aged Only

2. Please select any of the following that also describe your program (select all that apply)
   a. Private or Parochial School
   b. Public School
   c. Head Start
   d. Early Head Start
   e. Sixpence

3. Does your program offer employees paid sick days to cover an illness of two weeks or more? (yes/no)

4. Does your contract/agreement with families include paid sick leave to cover an illness of two weeks or more? (yes/no)

5. Please provide the zip code of your business/program

6. Have you temporarily closed your business in the past year? (y/n)

7. Does your program serve families who use child care subsidies (Title XX)? (yes/no/IDK)

8. Are you using the policy change which allows for child care subsidy reimbursement for up to 5 absences per month? (yes/no/IDK)

9. Have you entered or updated your provider profile on the Nebraska Child Care Referral Network (CCRN)? (yes/no/IDK)

10. Have you entered or updated your profile on Nebraska Early Childhood Professional Record System (NECPRS)? (yes/no/IDK)

11. In the last year, has your program's income been reduced? (y/n)

12. (if yes to previous question) Approximately how much has your business/program's income been reduced?
    a. 25% or less
    b. 26-50%
    c. 51-75%
    d. More than 75%

13. Have you experienced difficulty hiring staff for your program? (yes/no/does not apply)

14. Which of the following are reasons you have not been able to hire staff in the last year? (select all that apply)
    a. No one is applying
    b. Those individuals who do apply are not qualified
    c. Cannot offer high enough pay
    d. Cannot offer desired benefits
    e. Fingerprinting process takes too long
    f. Rules related to COVID-19 measure including masks, social distancing, and/or vaccines

15. Select the COVID-19 measures you are using in your program (select all that apply):
    a. Staff masking
    b. Families masking
    c. Children over age 2 masking
    d. Staff vaccinated
    e. Staff quarantine when exposed
    f. Families quarantine when exposed
    g. Staff isolate when have symptoms or a positive test
    h. Families keep children out when child(ren) have symptoms or a positive test

16. Have you had staff voluntarily leave your program in the last year? (yes/no)

17. Which of the following are reasons why staff have left your program? (select all that apply)
    a. Found another job in early childhood
    b. Found a job outside early childhood
    c. Reasons related to COVID-19
    d. Other
    e. Don't know

ABOUT YOUR HEALTH AND WELL-BEING

In this section, provide information about your personal health and well-being over the last year.

18. Many people have experienced personal changes during the COVID-19 pandemic. Please indicate how frequently you have experienced the following: (almost never, sometimes, most of the time for each)
    a. Changes in my sleep
    b. Anxiousness about getting ill from COVID-19
    c. Worry about possibly infecting families
    d. Feelings of social isolation or loneliness
    e. Difficulty concentrating
    f. Feeling a lack of control
    g. Concerns about a family member or close friend getting COVID-19
    h. Feelings of sadness or depression
    i. Increased discrimination because of the perception of my race or ethnicity
    j. Changes in my eating
    k. Feeling negative and/or anxious about the future
    l. Difficulty performing work or other regular activities due to my physical health

19. Please indicate how strongly you agree or disagree with each of the following statements (strongly agree, somewhat agree, a little agree, neither agree nor disagree, a little disagree, somewhat disagree, strongly disagree):
    a. The demands of everyday life often get me down.
    b. Maintaining close relationships has been difficult and frustrating for me.
    c. In general, I feel I am in charge of the situation in which I live.
    d. I am good at managing the responsibilities of my daily life.
    e. For me, life has been a continuous process of learning, changing, and growth.
    f. I think it is important to have new experiences that challenge how I think about myself and the world.
    g. People would describe me as a giving person, willing to share my time with others.
    h. I gave up trying to make big improvements or changes in my life a long time ago.
    i. I have not experienced many warm and trusting relationships with others.

20. Which of the following statements best describe your current level of burnout in your work?
    a. I enjoy my work. I have no symptoms of burnout.
    b. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
    c. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
    d. The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
    e. I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.

21. How worried are you about the following? (not worried, somewhat worried, very worried for each)
    a. Staff may come to work even if they are sick because they cannot afford to stay home and not work.

b. Families may send sick children to your program because parents need child care in order to work.
c. The stress providers and families are experiencing could negatively affect the quality of care children are receiving.

22. In times of stress, many people find it helpful to use self-care practices. Please indicate how frequently you have used each of these practices in the past year: (almost never, sometimes, most of the time)
    a. I recognize thoughts and situations that make me feel stressed or upset.
    b. I practice relaxation (e.g., deep breathing, meditation) when feeling stressed.
    c. I seek information and plan accordingly to address concerns.
    d. I re-examine negative thoughts and gain a new perspective when concerned.
    e. I take part in physical activities I enjoy such as brisk walking, yoga, or group exercise.
    f. I talk with a trusted friend or colleague about how I am feeling.
    g. I participate in a religious or spiritual community.

ABOUT YOUR EXPERIENCE WITH COVID-19

In this section, provide information about your experiences with COVID-19.

23. Please indicate your experience with COVID-19 since the beginning of the pandemic. Have you suspected having or been diagnosed with coronavirus (COVID-19)?
    a. I suspected I had COVID-19 but did not have it.
    b. I had COVID-19 once.
    c. I had COVID-19 two or more times.
    d. I have not suspected having or had COVID-19.

24. Post-COVID conditions are defined as "ongoing health problems people can experience four or more weeks after first being infected with the virus." These problems can include ongoing fatigue, difficulty thinking or concentrating, joint and muscle pain, gastrointestinal issues, and more. Post-COVID conditions are also known as long COVID, long-haul COVID, post-acute COVID-19, long-term effects of COVID, or chronic COVID. Would you describe yourself as having post-COVID conditions? (yes/no)

25. Have lingering effects of having COVID-19 made it difficult for you to care for children or keep up with your child care business? (yes/no)

26. Do you have staff who would describe themselves as having post-COVID conditions? (yes/no/does not apply)

27. Have lingering effects of having COVID-19 among your staff made it difficult to care for children or keep up with your child care business? (yes/no)

28. Do you personally know anyone in the U.S. who… (yes/no)
    a. Has been officially diagnosed as having COVID-19 by a health care provider?
    b. Has been hospitalized from COVID-9?
    c. Has died as a result of having COVID-19?

29. Please indicate your level of vaccination. I am:
    a. Not vaccinated
    b. Partially vaccinated
    c. Fully vaccinated
    e. Fully vaccinated with booster

30. During the past year, have you had to close your program for any length of time due to COVID exposure or infection?

ABOUT YOUR FUNDING

In this section, provide information about the types of funding you have received in the last year.

31. Have you received funding related to COVID-19 to support your program in the last year? (yes/no)

32. Please estimate, in dollars, the total amount of COVID-19 relief funding you have received in the last year: _____

33. In the last year, which of the following did you spend COVID-19 relief funds on?
    a. Improvements to facilities
    b. Increasing wages and/or benefits for self or staff
    c. Paying rent and/or utilities
    d. Purchasing needed protection, sanitation, or cleaning implements and supplies
    e. General goods and services related to the provision of care for children

34. Follow Up – of those you selected, which was most important?

ABOUT YOU

In this section, provide information about yourself and your experience.

35. In the past 12 months, how often were the following statements true for your personal household? (never true, sometimes true, often true)
    a. We worried whether our food would run out before we got money to buy more.
    b. The food that we bought just did not last, and we did not have money to get more.

36. I am (select all that apply)
    a. American Indian or Alaskan Native
    b. Asian or Asian American
    c. Black or African American
    d. Hispanic, Latinx, or Spanish Origin
    e. Middle Eastern or North African
    f. Native Hawaiian or Other Pacific Islander
    g. White or European American
    h. Prefer not to answer

37. What year were you born?

38. Please specify what language(s) are spoken in your home. (Select all that apply)
    a. Arabic
    b. English
    c. Karen
    d. Somali
    e. Spanish
    f. Vietnamese
    g. Please specify:

39. How many years of paid experience (not babysitting) do you have working with children who are under age 8? Please include any paid experiences in a home or center-based setting.

40. What is the highest level of education you have completed?
    a. Elementary/Middle School
    b. Some high school
    c. High school diploma or GED
    d. CDA
    e. Associate degree
    f. Bachelor's degree
    g. Graduate degree

41. What is your gender?
    a. Female
    b. Male
    c. Self-describe: