The South Carolina Early Childhood Advisory Council and the United Way Association of South Carolina want to hear how the COVID-19 pandemic has impacted your family and your ability to get child care for your young children. We want to learn how we can "build it back better," when this crisis is over.

This survey takes about 10 minutes to complete, and your participation is voluntary. Your responses will not impact your ability to receive services at any time. Your responses will never be reported; they will be combined with other responses for reporting.

To thank you for completing the survey, you can enter a drawing for 1 of 10 \$200 Visa gift cards. To enter, you must provide your email address at the end of the survey when prompted. This survey will close on Sunday, August, 9, 2020 at 11:59PM. You will only be allowed to respond once.

will close on Sunday, August, 9, 2020 at 11.39PM. Tou will only be allowed to respond once.
If you have any questions regarding this survey, please contact Chelsea Richard (crichard@scfirststeps.org; (803) 734-1620). For more information about the South Carolina Early Childhood Advisory Council, visit earlychildhoodsc.org .
* 1. Do you live in South Carolina and are the parent or primary caregiver of at least one child under age 6?
Yes
○ No

h Carolina. If you are	interested in rece	ining luture surv	eys, piease leave	e your eman add	ress riere.

* 3. Using the drop-downs, tell us how many people	ole, including yourself, in your household are	
Under 6 years old		
6 - 11 years old		
12 - 17 years old		
18 years or older		

4. Before March 13, 2020, what was the main type of child care your family used for the young children your home? Choose one. child care center/daycare/preschool		13, 2020 was the day Governor Henry McMaster declared a "State of Emergency" related to the COVID-19	pandemic i
your home? Choose one. child care center/daycare/preschool Head Start public school family child care (outside of your home; paid) in-home care (nanny/sitter; paid) myself/loved ones (family/friend; unpaid) I don't know/l'm not sure	uth C	Carolina.	
Head Start public school family child care (outside of your home; paid) in-home care (nanny/sitter; paid) myself/loved ones (family/friend; unpaid) I don't know/l'm not sure			ı children
public school family child care (outside of your home; paid) in-home care (nanny/sitter; paid) myself/loved ones (family/friend; unpaid) I don't know/l'm not sure		child care center/daycare/preschool	
family child care (outside of your home; paid) in-home care (nanny/sitter; paid) myself/loved ones (family/friend; unpaid) I don't know/l'm not sure		Head Start	
in-home care (nanny/sitter; paid) myself/loved ones (family/friend; unpaid) I don't know/l'm not sure		public school	
myself/loved ones (family/friend; unpaid) I don't know/l'm not sure		family child care (outside of your home; paid)	
I don't know/l'm not sure		in-home care (nanny/sitter; paid)	
		myself/loved ones (family/friend; unpaid)	
Other (please specify)		I don't know/I'm not sure	
		Other (please specify)	

Yes			
No			
Don't know/not sure			

	SC Voucher administered through Department of Social Services
	SC Voucher for Children of Essential Workers administered through Department of Social Services
	Head Start
	Public School
]	First Steps 4K
	Free or reduced tuition provided from child care provider directly
	Other scholarship or voucher
	Provided through my employer
	Don't know/not sure
	None of the above
	Other (please specify)

7. Since March 2		Š	- , ,	Č	
No					

-)	child care center/daycare/preschool
)	Head Start
)	family child care (outside of your home; paid)
)	in-home care (nanny/sitter; paid)
)	myself/loved ones (family/friend; unpaid)
)	summer program/camp
)	I don't know/I'm not sure
)	Other (please specify)

Yes		
No		
Don't know/not sure		
Don't know/not sure		

First Steps 4K Free or reduced tuition provided from child care provider directly Other scholarship or voucher Provided through my employer Oon't know/not sure	C Voucher adm	ninistered through Department of Social Services
Head Start First Steps 4K Free or reduced tuition provided from child care provider directly Other scholarship or voucher Provided through my employer Don't know/not sure None of the above Other (please specify)		
First Steps 4K Free or reduced tuition provided from child care provider directly Other scholarship or voucher Provided through my employer Don't know/not sure None of the above		nildren of Essential Workers administered through Department of Social Services
Free or reduced tuition provided from child care provider directly Other scholarship or voucher Provided through my employer Don't know/not sure None of the above		
Other scholarship or voucher Provided through my employer Don't know/not sure None of the above		
Provided through my employer Don't know/not sure None of the above		
Don't know/not sure None of the above		
None of the above	Provided through	n my employer
	Don't know/not su	ure
Other (please specify)	None of the abov	<i>n</i> e
	Other (please spe	ecify)

Telecommuting/working from home while caring for children Alternating work hours with someone in my household in order to provide child care Working outside of normal business hours in order to provide child care Working fewer hours in order to provide child care Taking paid leave in order to provide child care Taking unpaid leave in order to provide child care Working outside of the home and bringing children to work with me None of the above	202	Have you or another parent/caregiver in your household experienced any of the following since Marcl 0? Select all that apply.
Working outside of normal business hours in order to provide child care Working fewer hours in order to provide child care Taking paid leave in order to provide child care Taking unpaid leave in order to provide child care Working outside of the home and bringing children to work with me		Telecommuting/working from home while caring for children
Working fewer hours in order to provide child care Taking paid leave in order to provide child care Taking unpaid leave in order to provide child care Working outside of the home and bringing children to work with me		Alternating work hours with someone in my household in order to provide child care
Taking paid leave in order to provide child care Taking unpaid leave in order to provide child care Working outside of the home and bringing children to work with me		Working outside of normal business hours in order to provide child care
Taking unpaid leave in order to provide child care Working outside of the home and bringing children to work with me		Working fewer hours in order to provide child care
Working outside of the home and bringing children to work with me		Taking paid leave in order to provide child care
		Taking unpaid leave in order to provide child care
None of the above		Working outside of the home and bringing children to work with me
		None of the above

Yes			
No			

Τ

	d your child care arra ution for your young c			s needs. What t
	er/daycare/preschool	maron would bo	socing it now.	
Head Start				
public school				
	re (outside of your home; p	oaid)		
	nanny/sitter; paid)	,		
	nes (family/friend; unpaid)			
summer progra				
program at my				
Other (please :				
J (4				

	not at all concerned	slightly concerned	somewhat concerned	moderately concerned	very concerned
My ideal child care arrangement won't be available/open.	0	0	0	0	0
My family won't be able o afford my ideal child care arrangement.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My family will not have ransportation to access available child care options.	0		0		0
will not be able to return o work/school fully with available child care options.	0	0	0	0	0
My work/school hours are not compatible with available child care options.	0	0	0	0	0
My child and family will be more likely to be exposed to COVID-19.					

6. Fill in the blank. It is	for me to find available child care options in my area.
Very easy	Somewhat difficult
Somewhat easy	Very difficult
Neither easy nor difficult	
7. Please indicate what sources y	you rely on to find available child care options. Select all that apply.
My employer	
Friends/family	
Local media (newspaper, TV)	
Social media	
Internet search	
A certain website (please specify)	

	strongly disagree	slightly disagree	neither disagree nor agree	slightly agree	strongly agree	not applicable
The COVID-19 pandemic has disrupted my home and family life.	\circ	\circ	0	0	0	0
I worry about the effects of the COVID-19 pandemic on my ability to meet my family's basic needs.	\circ	0	\circ	0	0	0
I worry about the effects of the COVID-19 pandemic on my mental health.	0	0	0	0	0	0
I worry about the effects of the COVID-19 pandemic on my young child(ren)'s mental health.	\circ	0	\circ	0	0	\circ
I worry my young child(ren) is (are) missing out on important developmental opportunities (socialization and learning) because of the COVID-19 pandemic.		0		0		0
Because my child has a special health care or educational need, I worry my young child(ren) is (are) not receiving adequate support during the COVID-19 pandemic.		0				0
19. Would you say you much lower than us somewhat lower that about the same as	sual an usual	level of stress or	anxiety as a p	arent/caregive	r is	

working full-time
working part-time
working but not for pay
not working but looking for work
not working and not looking for work

21. You indica	ted you worked p	art-time in the pa	ast month. How	many average h	ours did you woi	rk per we

22.	. What is the main reason you did not work for pay this past month?
	taking care of children or family
	going to school/a training program
	off-season
	didn't get any hours
	contract/temporary work ended
	on family or maternity leave
	temporarily unable to work for health reasons
	on layoff/furlough
	retired
	disabled
	Other (please specify)

on average?			

Yes	- · · · •	}" as the main	-		
No					

worker?			
Yes			
No			
Don't know/not s	ure		

26.	What sector do you work in?			
\bigcirc	Essential services (examples: health care workers, first responders, commercial transport, critical state government operation childcare providers)			
	Individuals involved in making sure the public has access to essential services (examples: food, water, gas, utilities, sanitatio medical, child care)			
$\overline{)}$	Critical infrastructure operations (examples: communications, national guard mobilization, transportation)			
\supset	Other (please specify)			

nder 1 year old (<12	
nonths old) year old (12 to <24	
nonths old)	
years old (24 to <36 nonths old)	
years old (36 to <48 nonths old)	
years old (48 to <60 nonths old)	
i years old (60 to <72 nonths old)	
Foster parent or guardian Sibling (include biological, step, and adopt Other relative Not related in any way Don't know / Not sure	ive sibling)
Other (please specify)	

	/hat South Carolina county do you live in?
0. V	hich race/ethnicity best describes you? (Please choose only one.)
) 4	merican Indian or Alaskan Native
) 4	sian / Pacific Islander
) E	slack or African American
) H	lispanic
) \	Vhite / Caucasian
) F	refer not to answer
) !	fultiple ethnicity / Other (please specify)
۷ha	A in communication and the second of the sec
	t is your annual household income? If you prefer not to answer, put N/A.
	t is your annual nousehold income? If you prefer not to answer, put N/A.
າ L	
	low old are you?
) ι	low old are you? Under 18
) (low old are you? Inder 18
) 1	low old are you? Inder 18 8-24 5-34
	low old are you? Inder 18 8-24 5-34
	low old are you? Inder 18 8-24 5-34
	low old are you? Inder 18 8-24 5-34 5-44
	low old are you? Inder 18 8-24 5-34 5-44 5-54
	low old are you? Inder 18 8-24 5-34 5-44 5-54 5-64
	low old are you? Inder 18 8-24 5-34 5-44 5-54 5-64
	low old are you? Inder 18 8-24 5-34 5-44 5-64 5-64 5-therefer not to answer
	low old are you? Inder 18 8-24 5-34 5-44 5-64 5-64 5-therefer not to answer

	only be used by the Sou es described below. We				Way Association of South
	e drawing for 1 of 1 r, you will be contac	_		ur email address	here. If you are
	ly recruiting parents ation for participatio		ung children to	o participate in fu	ture focus groups or
you are intereste	d in being considere	ed for participation,	enter your em	ail address here.	