

Welcome

GEEARS: Georgia Early Education Alliance for Ready Students is interested in hearing about families' experiences during the COVID-19 crisis. If you are a Georgia parent/caregiver of a child 5 years of age or younger, we invite you to participate in this survey about your experiences with parenting and child care in the wake of the COVID-19 pandemic. At the end of the survey, you will have an opportunity to provide your email address to be entered into a lottery for a chance to win 1 of 10 \$50 Visa gift cards.

* 1. Are you a resident of the State of Georgia?

Yes

No

* 2. Are you the parent, step-parent, or legal guardian of at least one child five years old or younger who lives with you?

Yes

No

Past and Current Experiences

* 3. Have you or an adult member of your household experienced job loss, furlough, or reduction of pay or hours because of the COVID-19 pandemic?

Yes

No

* 4. Have you or an adult member of your household had to quit or reduce credit hours at a school or work training program because of the COVID-19 pandemic?

N/A (i.e., not enrolled)

Yes

No

* 5. How concerned are you about the **potential** of job loss, furlough, or reduction of hours for you or an adult member of your household?

not at all concerned slightly concerned somewhat concerned moderately concerned very concerned

* 6. Please indicate how much you agree with the following statements:

strongly disagree

disagree

neutral

agree

strongly agree

The COVID-19 pandemic has disrupted my home and family life

I worry that my child(ren)'s social, emotional, and/or cognitive development will suffer as a result of the COVID -19 pandemic

I worry about the effects of the COVID-19 pandemic on my own mental health

* 7. Would you say your current level of stress as a parent is:

much lower than usual somewhat lower than usual about the same as usual somewhat higher than usual

much higher than usual

Child Care

Please answer the following questions for your child(ren) age(s) 5 or younger.

* 8. What was your **primary** child care arrangement **before March 13th, 2020**?

- child(ren) stayed at home with parent/step-parent/guardian
- child(ren) stayed with another family member, friend, or neighbor
- child(ren) attended a child care program in a center
- child(ren) attended a family child care program in another person's home
- child(ren) attended a pre-K program in a public school
- nanny/ babysitter
- Other (please specify)

* 9. What is your primary child care arrangement **currently**?

- child(ren) stay(s) at home with parent/step-parent/guardian
- child(ren) stay(s) with another family member, friend, or neighbor
- child(ren) attend(s) a child care program in a center
- child(ren) attend(s) a family child care program in another person's home
- nanny/ babysitter
- Other (please specify)

* 10. Have you or another parent/caregiver in your household experienced any of the following **since March 13, 2020**? *Please select all that apply.*

- 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
- None of the above

* 11. How manageable do you feel your current child care situation is?

- not manageable
- somewhat manageable
- manageable

12. Why do you feel this way?

* 13. If your current child care arrangement differs from your arrangement prior to March 13th, 2020, do you anticipate returning to your original arrangement?

- N/A (i.e., it is the same arrangement as before)
- Yes
- No
- I'm not sure

14. Why or why not?

* 15. When thinking about your child care needs for the near future, how concerned are you about the following:

	not at all concerned	slightly concerned	somewhat concerned	moderately concerned	very concerned
My previous child care arrangement won't be available/open	<input type="radio"/>				
My family won't be able to afford child care	<input type="radio"/>				
Our work hours or schedule will not be compatible with available child care options	<input type="radio"/>				
My child and family will be more likely to be exposed to COVID-19	<input type="radio"/>				

Demographic Information

The information you submit in this section will be used in aggregate and will not be used to individually identify you or members of your family.

* 16. In which Georgia county do you reside?

* 17. In what ZIP code is your residence located? (enter numeric 5-digit ZIP code; for example, 00544 or 94305)

* 18. Please indicate your gender.

19. Please indicate the race with which you identify:

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> White/Caucasian |
| <input type="radio"/> Asian/Asian-American | <input type="radio"/> Multi-Race |
| <input type="radio"/> Black/African American | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | |

20. Are you of Hispanic or Latino origin?

- Yes
- No
- Prefer not to answer

* 21. What is your age?

* 22. How many children of the following ages reside with you in your home?

0-5 years

6-12 years

13-17 years

* 23. What is your **current** employment status?

- | | |
|--|---|
| <input type="radio"/> Employed full-time | <input type="radio"/> Retired |
| <input type="radio"/> Employed part-time | <input type="radio"/> Not employed and looking for work |
| <input type="radio"/> Stay-at-home parent | <input type="radio"/> Not employed and not looking for work |
| <input type="radio"/> Other (please specify) | |

* 24. What is your current marital status?

- | | |
|---|--------------------------------|
| <input type="radio"/> Single (never married) | <input type="radio"/> Divorced |
| <input type="radio"/> Married or Domestic Partnership | <input type="radio"/> Widowed |
| <input type="radio"/> Separated | |

* 25. What is the highest level of education you've completed?

- | | |
|---|--|
| <input type="radio"/> Less than 9th grade | <input type="radio"/> 2-year college degree |
| <input type="radio"/> Some high school | <input type="radio"/> 4-year college degree |
| <input type="radio"/> High school graduate | <input type="radio"/> Advanced degree (e.g., MBA, MA, PhD, MD, JD, etc.) |
| <input type="radio"/> Vocational/trade school or some college but no degree | |

Thank you and future opportunity

26. If you would like to be entered into a raffle for one of ten \$50 Visa gift cards as a thank-you for your participation in this survey, please provide your email below.

27. We are currently recruiting parents/caregivers with children ages 0-5 to participate in a future focus group. A small number of individuals will be selected to participate in these virtual focus group sessions, and each participant will receive a \$50 gift card.

If you are interested in being considered for participation, please share your email below.