



California Child Care Snapshot – Center-Based Provider Survey

Introduction

Thank you for participating in this research study!

In this survey, we will ask you to recall specific information about services you provided in the month of March 2017. To help you answer these questions and ensure accuracy, we strongly recommend that you use past or relevant records (for example, enrollment forms, attendance forms, reporting forms) from March 2017 to complete the survey.

Screener Question

1. First, please answer the following question about your child care. Did you provide child care in March 2017?
 - Yes
 - No

IF NO to providing care in March 2017 → If you did not provide care in March 2017, please do not continue the survey. We're sorry, but for this study, we are only surveying providers who provided care in March 2017. Thank you for your interest and time.

Section 1: Number of Children and Families

Next, we'd like to learn more about child care you provided in March 2017, including your enrollment and receipt of subsidies for children in the following age groups:

- 0-18 months
 - 19-24 months
 - 25-35 months
 - 3-5 years old (not yet in transitional kindergarten or kindergarten)
 - 5 years or older (in transitional kindergarten or higher)
2. Were any **0-18-month-old children** enrolled in your program in March 2017?
 - Yes
 - No → **skip to 5**
 - Don't know → **skip to 5**
 - I prefer not to answer → **skip to 5**
 3. How many **0-18-month-old-children** were enrolled in your program in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 4. How many **0-18-month-old-children** in your program received a subsidy in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 5. Were any **19-24-month-old children** enrolled in your program in March 2017?
 - Yes
 - No → **skip to 8**
 - Don't know → **skip to 8**
 - I prefer not to answer → **skip to 8**
 6. How many **19-24-month-old children** were enrolled in your program in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 7. How many **19-24-month-old children** in your program received a subsidy in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 8. Were any **25-35-month-old children** enrolled in your program in March 2017?
 - Yes
 - No → **skip to 11**
 - Don't know → **skip to 11**

- I prefer not to answer → **skip to 11**
9. How many **25-35-month-old children** were enrolled in your program in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
10. How many **25-35-month-old children** in your program received a subsidy in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
11. Were any **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) enrolled in your program in March 2017?
- Yes
 - No → **skip to 14**
 - Don't know → **skip to 14**
 - I prefer not to answer → **skip to 14**
12. How many **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) were enrolled in your program in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
13. How many **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) received a subsidy in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
14. Were any children **5 years or older** (in transitional kindergarten or higher) enrolled in your program in March 2017?
- Yes
 - No → **skip to 17**
 - Don't know → **skip to 17**
 - I prefer not to answer → **skip to 17**
15. How many children **5 years or older** (in transitional kindergarten or higher) were enrolled in your program in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
16. How many children **5 years or older** (in transitional kindergarten or higher) in your program received a subsidy in March 2017?
- _____ (Enter a number)
 - Don't know

- I prefer not to answer

Section 2: Ratios, Classroom Size, and Hours of Care

Please think about your **center's policies** on child-to-adult ratios in March 2017.

What was your child-to-adult ratio for:

17. **0-18-month-old children?**

_____ **Child(ren)** to _____ **Adult(s)**

- Don't know
- I prefer not to answer
- Not applicable

18. **19- 24-month-old children?**

_____ **Child(ren)** to _____ **Adult(s)**

- Don't know
- I prefer not to answer
- Not applicable

19. **25-35-month-old children?**

_____ **Child(ren)** to _____ **Adult(s)**

- Don't know
- I prefer not to answer
- Not applicable

20. **3-5-year-old children** (not yet in transitional kindergarten or kindergarten)?

_____ **Child(ren)** to _____ **Adult(s)**

- Don't know
- I prefer not to answer
- Not applicable

21. **Children 5 years or older** (in transitional kindergarten or higher)?

_____ **Child(ren)** to _____ **Adult(s)**

- Don't know
- I prefer not to answer
- Not applicable

Please think about your center's **classroom sizes** in March 2017.

22. For **0-18-month-old children**, what was the typical classroom size at your center in March 2017?

- _____ (*Enter a number*)
- Don't know
- I prefer not to answer
- Not applicable

23. For **19-24-month-old children**, what was the typical classroom size at your center in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 - Not applicable
24. For **25-35-month-old children**, what was the typical classroom size at your center in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 - Not applicable
25. For **3-5-year-old children** (not yet in transitional kindergarten or kindergarten), what was the typical classroom size at your center in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 - Not applicable
26. For **children 5 years or older** (in transitional kindergarten or higher), what was the typical classroom size at your center in March 2017?
- _____ (Enter a number)
 - Don't know
 - I prefer not to answer
 - Not applicable
27. Which days of the week was your program typically open in March 2017? *Please select all that apply.*
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - Sunday
 - Don't know
 - I prefer not to answer
28. Did your program open at the same time each day in March 2017?
- Yes
 - No → skip to 30
 - Don't know → skip to 30
 - I prefer not to answer → skip to 30

29. What time did your program open each day in March 2017?

Opening Time

30. Did your program close at the same time each day in March 2017?

- Yes
- No → skip to 32
- Don't know → skip to 32
- I prefer not to answer → skip to 32

31. What time did your program close each day in March 2017?

Closing Time

32. In March 2017, what time did your program open on **Mondays**? ____ /Don't Know/I prefer not to answer

33. In March 2017, what time did your program close on **Mondays**? ____ /Don't Know/I prefer not to answer

34. In March 2017, what time did your program open on **Tuesdays**? ____ /Don't Know/I prefer not to answer

35. In March 2017, what time did your program close on **Tuesdays**? ____ /Don't Know/I prefer not to answer

36. In March 2017, what time did your program open on **Wednesdays**? ____ /Don't Know/I prefer not to answer

37. In March 2017, what time did your program close on **Wednesdays**? ____ /Don't Know/I prefer not to answer

38. In March 2017, what time did your program open on **Thursdays**? ____ /Don't Know/I prefer not to answer

39. In March 2017, what time did your program close on **Thursdays**? ____ /Don't Know/I prefer not to answer

40. In March 2017, what time did your program open on **Fridays**? ____ /Don't Know/I prefer not to answer

41. In March 2017, what time did your program close on **Fridays**? ____ /Don't Know/I prefer not to answer

42. In March 2017, what time did your program open on **Saturdays**? ____ /Don't Know/I prefer not to answer

43. In March 2017, what time did your program close on **Saturdays**? ____ /Don't Know/I prefer not to answer

44. In March 2017, what time did your program open on **Sundays**? ____/Don't Know/I prefer not to answer
45. In March 2017, what time did your program close on **Sundays**? ____ /Don't Know/I prefer not to answer

Section 3: Tracking Child Development

Now we have some questions about developmental screenings or any tests or observations you use to tell if a child is learning basic skills when he or she should, or if there are delays.

46. Do you assess the development or progress of the children in your care?
- Yes
 - No → **skip to 48**
 - Don't know → **skip to 48**
 - I prefer not to answer → **skip to 48**
47. Which assessment(s) or developmental screener(s) do you use? *Please check all that apply.*
- Ages and Stages Questionnaires
 - Desired Results Developmental Profile (DRDP)
 - Brigance Screens
 - Battelle Developmental Inventory
 - Early Screening Inventory-Preschool or Early Screening Inventory-Kindergarten
 - Developmental Indicators for the Assessment of Learning (DIAL)
 - Denver Developmental Screening Test
 - Learning Accomplishment Profile-Diagnostic (LAP-D)
 - Parents' Evaluation of Developmental Status (PEDS)
 - Mullen Scales of Early Learning
 - Another assessment or developmental screener. Please specify:

 - Use something other than an assessment or screener. Please specify:

 - Don't know
 - I prefer not to answer

→ If question 47 answered, all respondents skip to 50

48. Does an outside group assess the development or progress of the children in your care?
- Yes
 - No → **skip to 51**
 - Don't know → **skip to 51**
 - I prefer not to answer → **skip to 51**
49. Do you have access to the information they collect?
- Yes
 - No → **skip to 51**
 - Don't know → **skip to 51**
 - I prefer not to answer → **skip to 51**

50. How do you use information from assessments or developmental screeners? *Please select all that apply.*

- To track developmental changes over time
- To identify areas of developmental concern
- To inform the referral process
- To individualize learning goals and plans
- To inform parents about their child's development
- Other use. Please specify: _____
- We don't use the information
- Don't know
- I prefer not to answer

Section 4: You and Your Background

Finally, we have some questions about you, personally.

51. What is your gender?

- Male
- Female
- Non-binary/genderqueer/gender neutral
- Don't know
- I prefer not to answer

52. Do you speak any languages other than English at home?

- Yes
- No → **skip to 54**
- Don't know → **skip to 54**
- I prefer not to answer → **skip to 54**

53. Which other language(s) do you speak at home? *Please select all that apply.*

- Spanish
- Arabic
- Chinese, Cantonese
- Chinese, Mandarin
- Chinese, other than Cantonese or Mandarin
- French
- German
- Japanese
- Korean
- Punjabi
- Portuguese
- Russian
- Tagalog
- Vietnamese
- Other Language(s). Please specify: _____

54. What is your primary language?

- English
- Spanish
- Arabic
- Chinese, Cantonese
- Chinese, Mandarin
- Chinese, other than Cantonese or Mandarin
- French
- German
- Japanese
- Korean
- Punjabi
- Portuguese

- Russian
- Tagalog
- Vietnamese
- Other Language(s). Please specify: _____

55. Which language(s) do you speak when caring for children? *Please select all that apply*

- English
- Spanish
- Arabic
- Chinese, Cantonese
- Chinese, Mandarin
- Chinese, other than Cantonese or Mandarin
- French
- German
- Japanese
- Korean
- Punjabi
- Portuguese
- Russian
- Tagalog
- Vietnamese
- Other Language(s). Please specify: _____

56. What is the highest level of education that you have ever completed in the United States?

- 8th grade or less → **skip to 58**
- 9th-12th grade, no diploma → **skip to 58**
- GED or high school equivalency → **skip to 58**
- High school diploma → **skip to 58**
- Some college credit but no degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Not applicable, I have not completed any education in the United States → **skip to 58**
- Don't know
- I prefer not to answer

57. What was your major for the highest degree or some college you completed? *Please select all that apply.*

- Early childhood/child development
- Early childhood education
- Early childhood special education
- Elementary education
- Special education
- Human growth and development

- Clinical/counseling psychology
- Nursing or other health field
- Social work
- Other major(s). Please specify: _____
- Don't know
- I prefer not to answer

58. Have you completed education outside of the United States?

- Yes
- No → **skip to 60**
- Don't know → **skip to 60**
- I prefer not to answer → **skip to 60**

59. What is the highest level of education that you have completed outside of the United States?

- 8th grade or less
- 9th-12th grade, no diploma
- GED or high school equivalency
- High school diploma
- Some college credit but no degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Don't know
- I prefer not to answer

60. Do you have any of the following certificates? *Please select all that apply.*

- California state teaching credential → **skip to 62**
- A teaching credential from another state → **skip to 62**
- Child Development Associate (CDA) Credential → **skip to 62**
- California child development permit
- At least 12 early childhood education or child development credits → **skip to 62**
- Other certificate. Please specify: _____ → **skip to 62**
- None of the above → **skip to 62**
- Don't know → **skip to 62**
- I prefer not to answer → **skip to 62**

61. What is the highest California child development permit you hold?

- Assistant
- Associate Teacher
- Teacher
- Master Teacher
- Site Supervisor
- Program Director
- Not applicable
- Don't know

- I prefer not to answer
62. How many years have you been working with or taking care of children, other than your own?
- _____ year(s)
 - Don't know
 - I prefer not to answer
63. What is your current position? *Please select all that apply.*
- Director/Executive Director/CEO
 - Assistant Director/Program Director
 - Teacher
 - Business Manager/Financial Manager/CFO
 - Other position: _____
 - I prefer not to answer
64. How many years have you been in your current position?
- _____ year(s)
 - Don't know
 - I prefer not to answer
65. In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children? *Please select all that apply.*
- Participated in any workshops
 - Participated in coaching, mentoring or ongoing consultation with a specialist
 - Made visits to classrooms in other programs
 - Attended a meeting of a professional organization like Zero-to-Three, NAEYC, or NAFCC
 - Enrolled in a course at a community college or four-year college or university relevant to your work with children under age 13
 - Other. Please specify:

 - None of the above
 - Don't know
 - I prefer not to answer
66. How many hours of early childhood professional development (e.g., classes, workshops, training) did you complete in the last 12 months?
- _____ hour(s)
 - Don't know
 - I prefer not to answer

Section 5: Employee Education & Qualifications

We would like to know more about the education and credentials status of the staff who worked directly with children (teachers, assistant teachers, aides, etc.) in March 2017.

If you have more than 25 staff who work directly with children, please contact us at 1-866-694-8199.

California Child Care Study Staff Qualification Worksheet

Please use this sheet to log the highest education and credentials of staff who worked directly with children (teachers, assistant teachers, aides, etc.) in March 2017. If you have duplicate titles in your organization, please number the duplicates (e.g. Teacher 1, Teacher 2). You will enter this information into a table at the end of the survey.

	Job Title	Highest Level of Education										Certificate (please select all that apply)				
	You can also include staff initials on this sheet to help you distinguish each staff member. However, only use job title in the online survey.	8th grade or less 9th-12th grade, no diploma GED or high school equivalent High school diploma Some college credit but no degree Associate degree Bachelor's degree Graduate or professional degree Don't know										California State Teaching Credential Teaching credential from another state Child Development Associate (CDA) Credential At least 12 early childhood education credits Highest CA child development permit held (see LEGEND in footer for response options)				
												Other certificate, please specify:				
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End of Survey

Finally, we have a question about taking this survey.

67. Did you use written or electronic records from March 2017 to gather information requested in this survey?
- Yes
 - No
 - I don't have records
 - Don't know
 - I prefer not to answer

68. Please feel free to share any comments.

69. Thank you for participating in the California Child Care Study! After you "submit" your survey you will be contacted by email to redeem your \$40 incentive.

Please let us know your preferred email address below:

- I do not want to provide an email address (I prefer to receive it by mail)
- I do not want to redeem a gift card.