



Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, GA 30334
 (404) 656-5957

Nathan Deal
 Governor

Amy M. Jacobs
 Commissioner

November 10, 2016

Dear Program Director:

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is surveying programs regarding the **2016** cost of child care and early education statewide. The information you provide will help us compile a snapshot of early care and education and prepare Georgia's next Child Care and Development Fund State Plan.

Our survey consultants, Care Solutions, Inc., are sending the survey to child care and early education programs statewide, including exempt programs and informal child care providers participating in the child care subsidy program.

Please complete the survey as soon as possible, *even if you do not charge parents* for the child care and early education you provide. **You can complete the survey online or on the enclosed survey form.**

To complete the survey online:

1. Copy or type <https://www.caresolutions.com/GAMRsurvey/> into your Internet browser's address bar (not the search bar).
2. Log in with the five-digit ID number printed above your program name and the zip code on the survey form.

If you prefer to fill out the paper survey form, return the completed form to Care Solutions in the enclosed pre-addressed, postage-paid envelope. If you **complete** the survey online, you do not need to return a paper survey form.

If your program has more than one site, complete a separate survey (online or on paper) for each site. (Each site should have received its own letter and form.) If you prefer, you can email Care Solutions to request a custom survey spreadsheet that you can use for all of your sites.

If you have any questions, do not call DECAL. Contact Care Solutions toll-free at 1-800-227-3410 or email GAMRsurvey@caresolutions.com. They will be happy to answer your questions.

Your participation is critical and will help us get the most accurate information possible. Thank you for your help in this important effort!

Sincerely,

Amy M. Jacobs
 Commissioner

Si prefiere recibir la información y completar el cuestionario de cuidado de niños en español, por favor llame gratuitamente a Care Solutions al 1-800-227-3410 y luego marque 5.



This survey should be completed by the owner, director or assistant director of your center/program.

Please read all instructions and mark your responses carefully.

Complete ALL SIDES of this form – THANK YOU!

1. Does your center, program site, or school currently provide child care, early education (prior to kindergarten), or before/after school care for children under age 13? (mark one box)

Yes → *If yes, continue with Question #2.*

No → *If no, skip the rest of the questionnaire and return it in the enclosed pre-addressed, pre-paid envelope or call 1-800-227-3410 so we can update our records.*

2. Which of the following best describes your center, program site or school (hereafter referred to as center)? (mark one)

A faith-based child care center/program/preschool

A public school-based before and/or after-school program

A company-sponsored child care center serving only company employees

A public school-based child care center, preschool or pre-k program

A privately owned and operated for-profit child care center/program/preschool

A military base center/program/preschool

A private non-profit child care center/program/preschool

An Early Head Start or Head Start center only

A college or university-based center/program/preschool

A community or parks/recreation center/program

Another type of center (please specify): _____

3. Your center is: (mark one)

A center/program/school with only one site

Part of a chain of centers with more than one site

4. What kind of care does your center provide for children under age 13? (mark all that apply)

Full-time care (at least three days a week)

Part-time care (less than three days a week)

Drop-in care (when there is space available)

5. When does your center open and close? (If not open during one of the periods listed, mark the "Not Open" box. If it is open, mark the "Open" box, write in the opening and closing times for each period, and mark am or pm)

	<u>Not Open</u>	<u>Open</u>	<u>Opening Time</u>	<u>Closing Time</u>												
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6. Do you provide after-hours care if requested? No Yes

7. How long has your center been providing child care and education services? (mark one)

Less than 1 year 1 to 2 years 3 to 5 years 6 to 9 years 10 years or more

8. Please indicate whether your center provides each of the following: (mark "yes" or "no" for each one listed)

- | | | | | | |
|---|-----------------------------|------------------------------|--|-----------------------------|------------------------------|
| Georgia's lottery-funded Pre-K (GA Pre-K) | No <input type="checkbox"/> | Yes <input type="checkbox"/> | After-hours care (evening/night/weekend) | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Private 4-year-old pre-k | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Summer care/programs | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Full-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Transportation to or from the child's school | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Half-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Transportation to or from the child's home | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Early Head Start Services | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for medically fragile children | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Head Start Services | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for children while they are sick | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Before and/or after-school care | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for children with special needs | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

9. For each age group listed below, write in the number of children currently enrolled in (attending) your center, and the number of children you would like to have enrolled (desired enrollment):

<i>(write number in box; if none, put "0" – do not leave any line blank)</i>	Number Enrolled	Desired Enrollment
Infants (0 – 12 months):		
1-year-olds (13 – 24 months):		
2-year-olds (25 – 36 months):		
3-year-olds:		
4-year-olds:		
5-year-olds not in school (not in kindergarten or first grade):		
Children ages 5-12 (school-age):		
Total number of children ages 0-12:		

10. Do you currently receive state child care subsidy program (CAPS) payments to provide child care for any of the children enrolled in your center?

- Yes, currently receive CAPS payments → Skip to Question #13
- No, have received CAPS payments in the past but not currently
- No, have never received CAPS payments → Continue with Question #11

11. Will you accept children who are subsidized by CAPS? No → Continue with Question #12
Yes → Skip to Question #18

12. Why do you not participate in the state's child care subsidy program (CAPS)? (mark all that apply)

- | | |
|--|---|
| Too much paperwork involved <input type="checkbox"/> | Families living in the area would not qualify <input type="checkbox"/> |
| Payment rates are too low <input type="checkbox"/> | Have full enrollment without families that would qualify <input type="checkbox"/> |
| Takes too long to get payments <input type="checkbox"/> | Not eligible to participate in CAPS <input type="checkbox"/> |
| Families we serve would not qualify <input type="checkbox"/> | Other reason (please specify): _____ |

----- Skip to Question #18 -----

13. For how many children do you receive CAPS subsidy payments? (write in number; if none, put "0") _____

14. Do you limit the number of children receiving CAPS subsidies that can be enrolled in your center?

- No → Skip to Question #16
- Yes → Continue with Question #15

15. Why do you limit the number of children receiving CAPS subsidies? (mark all that apply)

- | | |
|--|---|
| Too much paperwork involved <input type="checkbox"/> | Families living in the area would not qualify <input type="checkbox"/> |
| Payment rates are too low <input type="checkbox"/> | Have full enrollment without families that would qualify <input type="checkbox"/> |
| Takes too long to get payments <input type="checkbox"/> | Other reason (please specify): _____ |
| Families we serve would not qualify <input type="checkbox"/> | _____ |

16. Do you charge families receiving CAPS subsidies all or part of the difference between the total CAPS rate (the payment you receive from CAPS plus the family co-pay) and your center's stated rate? (mark one)

- Yes, the full difference Yes, part of the difference No

17. For what reasons have families receiving child care assistance (CAPS) left your center? (mark all that apply)

- Did not want to pay the family co-payment Unable to get a certificate renewed due to lack of funds
- Could not afford the family co-payment Dissatisfied with my center
- Child moved to an Early Head Start or Head Start program My center asked them to leave
- Child moved to a free Pre-K program Other reason (please specify): _____
- Child went to kindergarten

18. Do you charge families for the child care/education services provided by your center? No → Skip to Question #29.Yes → Continue with Question #19.**INSTRUCTIONS for Questions 19-24**If you **do not** charge or receive payment from parents or guardians for child care, go to Question #29.If you **do** charge or receive payment from parents or guardians for child care:**PLEASE READ:**

- Write in **the TOTAL amount** you charge by age group, that is, the higher amount of:
 - The amount you charge parents who do not receive CAPS child care assistance subsidies, OR
 - The amount the parent pays **plus** the payment you receive from CAPS
- For each amount written in, mark the box in that row to show whether that total amount is for one hour, day, evening, overnight, week, weekend, etc., of care; **mark ONE box in each row.**

19. If you provide weekday child care/early education, how much do you charge for each of the following age groups?

(child care Monday-Friday typically between 7 am and 6 pm)

- | | | | | | | |
|-------------------------------|----------|------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| Infants (0 – 12 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 1-year-olds (13 – 24 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 2-year-olds (25 – 36 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 3-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 4-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 5-year-olds not in school: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |

Are the above rates for a full-day or a half-day program? Full-day Half-day **20. If you provide child care at night or overnight, how much do you charge for each of the following age groups?**

(child care evenings/nights between 6 pm and 7 am)

- | | | | | | | |
|-------------------------------|----------|------|-------------------------------|----------------------------------|------------------------------------|-------------------------------|
| Infants (0 – 12 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 1-year-olds (13 – 24 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 2-year-olds (25 – 36 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 3-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 4-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 5-year-olds not in school: | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |
| 5-12-year-olds (school age): | \$ _____ | per: | Hour <input type="checkbox"/> | Evening <input type="checkbox"/> | Overnight <input type="checkbox"/> | Week <input type="checkbox"/> |

21. If you provide child care on the weekend, how much do you charge? (child care between Friday night and Sunday night)

- | | | | | | |
|-------------------------------|----------|------|-------------------------------|------------------------------|----------------------------------|
| Infants (0 – 12 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 1-year-olds (13 – 24 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 2-year-olds (25 – 36 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 3-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 4-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 5-year-olds not in school: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |
| 5-12-year-olds (school age): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Weekend <input type="checkbox"/> |

22. If you provide out-of-school time care for school children ages 5-12, how much do you charge for each of the following?Before **AND** after school care: \$ _____ per: Hour Day Week Before school care only: \$ _____ per: Hour Day Week After school care only: \$ _____ per: Hour Day Week Summer care: \$ _____ per: Hour Day Week **23. If you provide part-time care (less than three days a week), how much do you charge for each of the following age groups?**Infants (0 – 12 months): \$ _____ per: Hour Day 1-year-olds (13 – 24 months): \$ _____ per: Hour Day 2-year-olds (25 – 36 months): \$ _____ per: Hour Day 3-year-olds: \$ _____ per: Hour Day 4-year-olds \$ _____ per: Hour Day 5-year-olds not in school: \$ _____ per: Hour Day **24. If you provide drop-in child care, how much do you charge?***(child care for shorter periods of time when you have space available)* \$ _____ per: Hour Day **25. Do you permit parents to pay for care based on the number of hours needed and used each week?** No Yes **26. Do you offer a discount to families for more than one child?** No Yes **27. Do you charge a registration fee?** No Yes *If yes, which type of registration fee do you charge, and what is the highest registration fee that you charge? (mark one box and write in the amount)* A one-time fee per family of \$ _____ A yearly fee per family of \$ _____ A one-time fee per child of \$ _____ A yearly fee per child of \$ _____**28. What additional fees, if any, do you charge?** Application fee Activity fee Materials fee Other fee **29. Does your center receive money from the state's food program (CACFP) for children in your care?**No Yes → *If yes, for how many children?* _____**30. Does your center receive any additional funding from private foundations or other grants?**No Yes → *If yes, for what purpose(s)?* _____**31. Including director(s) and administrators, how many full-time staff and part-time staff does your center have currently? (if none, put "0")** Full-time staff (work at least 32 hours a week): _____
Part-time staff (work less than 32 hours a week): _____**32. Write in the number of full-time and part-time staff in each category below. (Count each person only once; if a person does more than one job, count that person in the role where they spend the most time. If none, put "0")**

Director/assistant directors: _____ Lead teachers: _____ Assistant teachers: _____

Social work/family services staff: _____ Cook/cafeteria/maintenance/other staff: _____

33. What is the HIGHEST level of education or credential completed by each of your teachers, administrators, directors, and specialists?Lead/Asst. Teachers,
Other Teaching StaffAdministrators,
Directors, Specialists**Write number in box and count each person only once for his/her highest degree.***For example, if a teacher has both a bachelor's degree and a master's degree, count that teacher in the master's degree row but not in the bachelor's degree row.**If you have none at the specified educational level, put "0." Do not leave any box blank.*

Master's, specialist, doctoral, or other degree beyond a bachelor's (MA, MS, MEd, MBA, EdS, PhD, EdD, MD, JD, etc.)

Bachelor of Arts or Science degree (BA or BS)

Associate of Arts or Science degree (AA or AS)

Technical College Diploma (TCD)

Technical Certificate of Credit (TCC)

Child Development Associate (CDA)

Some college, but no CDA credential or degree

High school diploma/GED

Some high school

34. What is the average hourly rate you pay your teachers for providing child care and early education? (mark one box in each row)

Lead teachers	\$7.25 - \$8.25 <input type="checkbox"/>	\$8.26 - \$9.25 <input type="checkbox"/>	\$9.26 - \$10.25 <input type="checkbox"/>	\$10.26 or more <input type="checkbox"/>
Assistant teachers	\$7.25 - \$8.25 <input type="checkbox"/>	\$8.26 - \$9.25 <input type="checkbox"/>	\$9.26 - \$10.25 <input type="checkbox"/>	\$10.26 or more <input type="checkbox"/>

35. Does your center participate in the state's Quality Rated program? (mark only one)

- Yes → Continue with Question #36
- No, but plan to participate in the near future
- No, have no plans to participate
- No, not sure whether to participate → If no, skip to Question #40
- No, have not heard of this program
- No, not eligible for this program (schools and other exempt programs)

36. How has participating in Quality Rated benefitted your center, or how do you expect it to benefit your center/program? (mark all that apply)

- The CAPS tiered reimbursement helps us serve families
- Center/program is more profitable
- Staff feel more professional
- Current families feel more positive about our center/program
- Helps recruit new families
- Helps in replacing materials/equipment
- Helps in adding materials/equipment
- Improves teaching practices
- Other benefit (please specify): _____

37. What have been the two largest costs to your center as a result of participating in Quality Rated, or what do you expect the two largest costs will be? (mark no more than two boxes)

- Materials/equipment
- Professional development
- Increased number of staff
- Hired more staff with higher qualifications requiring higher salaries
- Renovations
- Increased management oversight
- Other costs (please specify): _____

38. Do you feel the benefits of participating in the Quality Rated program are worth the investment/costs? No Yes **39. Has your center received a Quality Rated star rating? No Yes → _____ star rating**

- If yes:** Have you posted this Quality Rating in the lobby or reception area? No Yes
- Have you informed parents of this Quality Rating by letter, email or newsletter? No Yes

40. How many children currently enrolled in your center have: (write in number; if none, put "0")

An Individual Education Plan (IEP) _____ An Individual Family Service Plan (IFSP) _____

41. How many children currently enrolled in your center reside in a home where the primary language is not English?

(if none, put "0") _____

If one or more: Do any of these children receive any care or instruction in their home language? No Yes

If yes, which language(s)? Spanish Other → (please specify): _____

42. What is the title of the person completing this survey? (mark only one)

Owner Director Assistant director Other → (please specify): _____

**Thank you for your help on this important survey! Please return your completed form in the enclosed postage-paid envelope to:
Care Solutions, Inc., 1117 Perimeter Center West, Suite W-300, Atlanta, GA 30338.**



Georgia Department of Early Care and Learning

Please read all instructions and mark your responses carefully. Complete ALL SIDES of this form - THANK YOU!

1. Do you currently provide child care for children under age 13? (mark one box)

Yes → Please continue with Question #2.

No → Please stop, put this survey in the enclosed pre-addressed, pre-paid envelope and mail it back to us or call 1-800-227-3410 so we can update our records.

2. Where do you provide child care? (mark one)

In your home

At the child's home

Location varies

At another location

If another location, where? _____

3. Which of the following do you provide? (mark all that apply)

Full-time care (at least three days a week)

Part-time care (less than three days a week)

Drop-in care (as you have space available)

4. Do you provide care for children under age 13 who are: (mark "yes" or "no" for each one)

Your own children? No Yes

Your own grandchildren? No Yes

Other children related to you? No Yes

Children **NOT** related to you? No Yes

5. Write in the number of children you care for at least five hours a week in each of the following age groups:

Write in the number of children in each age group. If you do not care for children in a specified age group, write in 0. Do not leave anything blank.

Infants (0-12 months): _____

4-year-olds: _____

1-year-olds (13-24 months): _____

5-year-olds not in school

2-year-olds (25-36 months): _____

(not in kindergarten or first grade): _____

3-year-olds: _____

5-12-year-olds (school-age): _____

6. When do you provide child care for children under age 13? (If you do not provide care on the days listed, mark the "Not Open" box. If you do provide care on those days, mark the "Open" box, write in your starting and ending times, and mark am or pm)

	<u>Not Open</u>	<u>Open</u>	<u>Starting Time</u>	<u>Ending Time</u>																				
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7. Do you provide after-hours care if requested? No Yes

8. Do you currently receive payments from the state's child care subsidy program (CAPS) for any of the children in your care?

Yes, currently receive CAPS payments → Skip to Question #11

No, have received CAPS payments in the past but not currently → Continue with Question #9
 No, have never received CAPS payments

9. Will you accept children who are subsidized by CAPS? No → Continue with Question #10

Yes → Skip to Question #16

10. Why will you not accept children who are subsidized by CAPS? (mark all that apply)

- | | |
|---|--|
| Too much paperwork involved <input type="checkbox"/> | Families living in my area would not qualify <input type="checkbox"/> |
| Payment rates are too low <input type="checkbox"/> | Spaces are filled without families that would qualify <input type="checkbox"/> |
| Takes too long to get payments <input type="checkbox"/> | Home is not eligible to participate in CAPS <input type="checkbox"/> |
| Families I serve would not qualify <input type="checkbox"/> | Other reason (please specify): _____ |

----- Skip to Question #16 -----

11. For how many children do you receive CAPS subsidy payments? (write in number) _____ children

12. Do you limit the number of children receiving CAPS subsidies that can be cared for in your home?

No → Skip to Question #14

Yes → Continue with Question #13

13. Why do you limit the number of children receiving CAPS subsidies? (mark all that apply)

- | | |
|---|--|
| Too much paperwork involved <input type="checkbox"/> | Families living in my area would not qualify <input type="checkbox"/> |
| Payment rates are too low <input type="checkbox"/> | Spaces are filled without families that would qualify <input type="checkbox"/> |
| Takes too long to get payments <input type="checkbox"/> | Other reason (please specify): _____ |
| Families I serve would not qualify <input type="checkbox"/> | _____ |

14. Do you charge families receiving CAPS subsidies all or part of the difference between the total CAPS rate (the payment you receive from CAPS plus the family co-pay) and your regular rate for children not receiving CAPS? (mark one)

Yes, the full difference Yes, part of the difference No

15. For what reasons have families receiving CAPS subsidies left your care? (mark all that apply)

- | | |
|---|---|
| Did not want to pay the co-payment <input type="checkbox"/> | Child went to kindergarten <input type="checkbox"/> |
| Could not afford the co-payment <input type="checkbox"/> | Unable to get certificate renewed due to lack of funds <input type="checkbox"/> |
| Child moved to an Early Head Start or Head Start program <input type="checkbox"/> | Dissatisfied with my child care/home <input type="checkbox"/> |
| Child moved to a free Pre-K program <input type="checkbox"/> | I asked them to leave <input type="checkbox"/> |
| Other reason (please specify) _____ | |

16. Do you charge the children's parents or guardians for the child care and early education you provide? No → Skip to Question #25.

Yes → Please continue with Question #17.

IMPORTANT INSTRUCTIONS for Questions #17-23

If you **DO NOT** charge or receive payment from parents or guardians for child care, go to Question #25.

If you **DO** charge or receive payment from parents or guardians for child care:

- For each age group, write in the **higher** amount of:
 - The total amount** you charge the parent for children who are not in the CAPS program, **OR**
 - The amount you charge the parent plus** the amount the state CAPS program pays. (Do not include any payments received from other sources, such as the food program.)
- For each amount written in, mark the box in that row to show whether that total amount is for one hour, day, evening, overnight, week, weekend, etc., of care; **mark ONE box in each row.**

Call 1-800-227-3410 if you have any questions about how to report your rates.

17. If you provide weekday child care, how much do you charge for each of the following age groups?*(Child care Monday-Friday typically between 7 am and 6 pm)*

Infants (0 – 12 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>
1-year-olds (13 – 24 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>
2-year-olds (25 – 36 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>
3-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>
4-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>
5-year-olds not in school:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>

18. If you provide child care at night or overnight, how much do you charge for each of the following age groups?*(Child care evenings/nights between 6 pm and 7 am)*

Infants (0 – 12 months):	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
1-year-olds (13 – 24 months):	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
2-year-olds (25 – 36 months):	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
3-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
4-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
5-year-olds not in school:	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>
5-12-year-olds (school age):	\$ _____	per:	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>

19. If you provide child care on the weekend, how much do you charge for each of the following age groups?*(Child care between Friday night and Sunday night)*

Infants (0 – 12 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
1-year-olds (13 – 24 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
2-year-olds (25 – 36 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
3-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
4-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
5-year-olds not in school:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>
5-12-year-olds (school age):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Weekend <input type="checkbox"/>

20. If you provide out-of-school-time care for school children ages 5-12, how much do you charge for each of the following?

Before- AND after-school care:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>
Before-school care only:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>
After-school care only:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>
Summer care:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>

21. If you provide part-time care (less than three days a week), how much do you charge for each of the following age groups?

Infants (0 – 12 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>
1-year-olds (13 – 24 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>
2-year-olds (25 – 36 months):	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>
3-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>
4-year-olds:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>
5-year-olds not in school:	\$ _____	per:	Hour <input type="checkbox"/>	Day <input type="checkbox"/>

22. If you provide drop-in child care, how much do you charge?*(Child care for shorter periods of time when you have space available)*\$ _____ per: Hour Day **23. Do you charge a registration fee?**No Yes

If yes, which type of registration fee do you charge, and what is the highest amount you charge? (mark one box and write in amount)

A one-time fee per family of \$ _____
 A one-time fee per child of \$ _____

A yearly fee per family of \$ _____
 A yearly fee per child of \$ _____

24. Do you permit parents to pay for care based on the number of hours needed and used each week? No Yes

25. Please indicate whether you provide each of the following services: (mark "yes" or "no" for each one)

- | | | | | | |
|---------------------------------|-----------------------------|------------------------------|--|-----------------------------|------------------------------|
| Full-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Transportation for children in your care | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Half-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for medically fragile children | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Before and/or after-school care | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for children while they are sick | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Early Head Start services | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | | |

26. Do you receive money from the state's food program (CACFP) for feeding children in your care? No Yes

27. How long have you been providing child care? (mark one)

- Less than 1 year 1 to 2 years 3 to 5 years 6 to 9 years 10 years or more

28. Do you have any paid staff or assistants? No Yes → If yes, how many? _____

29. How many children in your care have: (write in number; if none, put "0")

- An Individual Education Plan (IEP) _____ An Individual Family Service Plan (IFSP) _____

30. How many children in your care live in a home where the primary language is not English? (write in number; if none, put "0") _____

31. What is your HIGHEST level of education? (mark only one)

- | | | | |
|---|--------------------------|--|--------------------------|
| Some high school | <input type="checkbox"/> | Technical College Diploma (TCD) | <input type="checkbox"/> |
| High school diploma or GED | <input type="checkbox"/> | Associate of Arts or Science degree (AA or AS) | <input type="checkbox"/> |
| Some college, but no CDA credential or degree | <input type="checkbox"/> | Bachelor of Arts or Science degree (BA or BS) | <input type="checkbox"/> |
| Child Development Associate (CDA) | <input type="checkbox"/> | Master's, specialist, doctoral or other degree beyond bachelor's (MA, MS, Med, MBA, EdS, PhD, EDD, MD, JD, etc.) | <input type="checkbox"/> |
| Technical certificate of credit (TCC) | <input type="checkbox"/> | | |

32. Do you participate in the state's Quality Rated program? (mark only one)

- Yes → Continue with Question #33
- No, but plan to participate in the near future
- No, have no plans to participate
- No, not sure whether to participate → If no, skip to Question #36
- No, have not heard of this program
- No, I am not eligible for this program (informal care provider)

33. How has participating in Quality Rated benefitted, or how do you expect it to benefit, your family child care learning home? (mark all that apply)

- | | | | |
|---|--------------------------|--|--------------------------|
| The CAPS tiered reimbursement helps me serve families | <input type="checkbox"/> | Helps in replacing materials/equipment | <input type="checkbox"/> |
| My child care business is more profitable | <input type="checkbox"/> | Helps in adding materials/equipment | <input type="checkbox"/> |
| Current families feel more positive about my child care | <input type="checkbox"/> | Improves my teaching practices | <input type="checkbox"/> |
| Helps me recruit new families | <input type="checkbox"/> | Other benefit (please specify): | _____ |

34. What have been the two largest costs to you as a result of participating in Quality Rated, or what do you expect the two largest costs will be? (mark all that apply)

- Materials/equipment Professional development/training
- Renovations Other costs (please specify): _____

35. Do you feel the benefits of participating in the Quality Rated program are worth the costs? No Yes

36. What languages do you speak? (mark all that apply)

- English Spanish Other language(s) → Which one(s)? _____

37. Do you have Internet access: At your home? No Yes At another location? No Yes

38. Do you have an email address for parents to contact you? No Yes

Thank you for your help on this survey! Please return your completed form in the enclosed postage-paid envelope to: Care Solutions, Inc., 1117 Perimeter Center West, Suite W-300, Atlanta, GA 30338.



Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, GA 30334
 (404) 656-5957

Nathan Deal
 Governor

Amy M. Jacobs
 Commissioner

November 10, 2016

Dear Family Child Care Owner:

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is surveying providers regarding the **2016** cost of child care and early education. Your responses will help us compile a snapshot of early care and education and prepare Georgia's next Child Care and Development Fund State Plan.

Our survey consultants, Care Solutions, Inc. are sending the survey to child care and early education programs statewide, including exempt programs and informal child care providers participating in the child care subsidy program.

Please complete the survey as soon as possible, ***even if you do not charge parents*** for the child care and early education you provide. ***You can complete the survey online or on the enclosed survey form.***

To complete the survey online:

1. Copy or type <https://www.caresolutions.com/GAMRsurvey/> into your Internet browser's address bar (not the search bar).
2. Log in with the five-digit ID number printed above your name and the zip code on the survey form.

If you prefer to fill out the paper survey form, return the completed form to Care Solutions in the enclosed pre-addressed, post-paid envelope. If you ***complete*** the survey online, you do not need to return a paper survey form.

If you have any questions, do not call DECAL. Contact Care Solutions toll-free at 1-800-227-3410 or email GAMRsurvey@caresolutions.com. They will be happy to answer your questions.

Your participation is critical and will help us get the most accurate information possible. Thank you for your help in this important effort!

Sincerely,

Amy M. Jacobs
 Commissioner

Si prefiere recibir la información y completar el cuestionario de cuidado de niños en español, por favor llame gratuitamente a Care Solutions al 1-800-227-3410 y luego marque 5.



Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, GA 30334
 (404) 656-5957

Nathan Deal
 Governor

Amy M. Jacobs
 Commissioner

December 8, 2016

Dear School-Based Program Director:

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is surveying Georgia programs regarding the **2016** cost of child care, early education, and before/after-school care. Your responses will help us compile a snapshot of child care and early education and prepare Georgia's next Child Care and Development Fund State Plan. Schools should complete the survey for any onsite after-school programs, Georgia Pre-K classrooms, early learning centers, or early intervention preschool classes.

Our survey consultants, Care Solutions, Inc., are sending the survey to child care and early education programs statewide, including exempt programs and informal child care providers participating in the child care subsidy program.

Please complete the survey as soon as possible, *even if you do not charge parents* for the child care and early education services you provide. **You can complete the survey online or on the enclosed survey form.**

To complete the survey online:

1. Copy or type <https://www.caresolutions.com/GAMRsurvey/> into your Internet browser's address bar (not the search bar).
2. Log in with the five-digit ID number printed above your program name and the zip code on the survey form.

If you prefer to fill out the paper survey form, return the completed form to Care Solutions in the enclosed pre-addressed, post-paid envelope. If you **complete** the survey online, you do not need to return a paper survey form.

If yours is an after-school program with more than one site, complete a separate survey (online or on paper) for each site. (Each site should have received its own letter and form.) If you prefer, you can contact Care Solutions toll-free at 1-800-227-3410 or email GAMRsurvey@caresolutions.com to request a custom survey spreadsheet you can use for all of your sites.

If you have any questions, do not call DECAL. Contact Care Solutions; they will be happy to answer your questions.

Your participation is critical and will help us get the most accurate information possible. Thank you for your help in this important effort!

Sincerely,

Amy M. Jacobs
 Commissioner



Georgia Department of Early Care and Learning

This survey should be completed by the director or assistant director of your program/site.
Please read all instructions and mark your responses carefully.
Complete ALL SIDES of this form – THANK YOU!

1. Does your center, program site, or school **currently** provide child care, early education (prior to kindergarten), or before/after school care for children under age 13? (mark one box)
- Yes → If yes, continue with Question #2 and respond to the survey questions based on those programs rather than regular K-12 classrooms
- No → If no, skip the rest of the questionnaire and return it in the enclosed pre-addressed, pre-paid envelope or call 1-800-227-3410 so we can update our records.

2. Which of the following best describes your center, program site or school? (mark one)
- | | |
|--|---|
| A college or university-based center/program/preschool <input type="checkbox"/> | A military base center/program/preschool <input type="checkbox"/> |
| A public school-based before and/or after-school program <input type="checkbox"/> | An Early Head Start or Head Start center only <input type="checkbox"/> |
| A public school-based child care center, preschool or pre-k program <input type="checkbox"/> | A community or parks/recreation center/program <input type="checkbox"/> |
- Another type of center or school (please specify): _____

3. What kind of care does your center or school provide for children under age 13? (mark all that apply)
- | |
|---|
| Full-time care (at least three days a week) <input type="checkbox"/> |
| Part-time care (less than three days a week) <input type="checkbox"/> |
| Drop-in care (when there is space available) <input type="checkbox"/> |

4. When does your center or school open and close for child care, including before- and after-school care, or education programs (other than regular K-12 classes)? (If not open during one of the periods listed, mark the "Not Open" box. If it is open, mark the "Open" box, write in the opening and closing times for each period, and mark am or pm)

	<u>Not Open</u>	<u>Open</u>	<u>Opening Time</u>		<u>Closing Time</u>													
Monday-Friday:	<input type="checkbox"/>	<input type="checkbox"/> →	<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; text-align: center;">:</td><td style="border: none;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>			:				am <input type="checkbox"/> pm <input type="checkbox"/>	<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; text-align: center;">:</td><td style="border: none;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>			:				am <input type="checkbox"/> pm <input type="checkbox"/>
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Work or School Holidays:	<input type="checkbox"/>	<input type="checkbox"/> →	<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; text-align: center;">:</td><td style="border: none;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>			:				am <input type="checkbox"/> pm <input type="checkbox"/>	<table style="display: inline-table; border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: none; text-align: center;">:</td><td style="border: none;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>			:				am <input type="checkbox"/> pm <input type="checkbox"/>
:																		
:																		

5. Do you provide after-hours care if requested? No Yes

6. How long has your center or school been providing child care or education programs (other than regular K-12 classes)? (mark one)

Less than 1 year 1 to 2 years 3 to 5 years 6 to 9 years 10 years or more

7. Please indicate whether your center or school provides each of the following child care and early education services: (mark "yes" or "no" for each one listed)

- | | | | | | |
|---|-----------------------------|------------------------------|--|-----------------------------|------------------------------|
| Georgia's lottery-funded Pre-K (GA Pre-K) | No <input type="checkbox"/> | Yes <input type="checkbox"/> | After-hours care (evening/night/weekend) | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Private 4-year-old pre-k | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Summer care/programs | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Full-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Transportation to or from the child's school | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Half-day preschool | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Transportation to or from the child's home | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Early Head Start Services | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for medically fragile children | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Head Start Services | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for children while they are sick | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Before and/or after-school care | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Care for children with special needs | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

8. For each age group listed below, write in the number of children currently enrolled in (attending) child care or education programs (other than regular K-12 classes) at your center or school, and the number of children you would like to have enrolled in those programs (desired enrollment):

(write number in box; if none, put "0" – do not leave any line blank)

	Number Enrolled	Desired Enrollment
Infants (0 – 12 months):		
1-year-olds (13 – 24 months):		
2-year-olds (25 – 36 months):		
3-year-olds:		
4-year-olds:		
5-year-olds not in school (not in kindergarten or first grade):		
Children ages 5-12 (school-age):		
Total number of children ages 0-12:		

9. Do you currently receive state child care subsidy program (CAPS) payments to provide child care for any of the children enrolled in child care or education programs other than regular K-12 classes at your center or school?

- Yes, currently receive CAPS payments → Skip to Question #12
- No, have received CAPS payments in the past but not currently → Continue with Question #10
- No, have never received CAPS payments

10. Will you accept children who are subsidized by CAPS? No → Continue with Question #11
Yes → Skip to Question #17

11. Why do you not participate in the state's child care subsidy program (CAPS)? (mark all that apply)

- | | |
|--|---|
| Too much paperwork involved <input type="checkbox"/> | Families living in the area would not qualify <input type="checkbox"/> |
| Payment rates are too low <input type="checkbox"/> | Have full enrollment without families that would qualify <input type="checkbox"/> |
| Takes too long to get payments <input type="checkbox"/> | Not eligible to participate in CAPS <input type="checkbox"/> |
| Families we serve would not qualify <input type="checkbox"/> | Other reason (please specify): _____ |

----- Skip to Question #17 -----

12. For how many children do you receive CAPS subsidy payments? (write in number; if none, put "0") _____

13. Do you limit the number of children receiving CAPS subsidies that can be enrolled in your center or school?

- No → Skip to Question #17
- Yes → Continue with Question #16

14. Why do you limit the number of children receiving CAPS subsidies? (mark all that apply)

- Too much paperwork involved Families living in the area would not qualify
- Payment rates are too low Have full enrollment without families that would qualify
- Takes too long to get payments Other reason (please specify): _____
- Families we serve would not qualify _____

15. Do you charge families receiving CAPS subsidies all or part of the difference between the total CAPS rate (the payment you receive from CAPS plus the family co-pay) and your center's or school's stated rate? (mark one)

Yes, the full difference Yes, part of the difference No

16. For what reasons have families receiving child care assistance (CAPS) left your center or school? (mark all that apply)

- Did not want to pay the family co-payment Unable to get a certificate renewed due to lack of funds
- Could not afford the family co-payment Dissatisfied with my center
- Child moved to an Early Head Start or Head Start program My center asked them to leave
- Child moved to a free Pre-K program Other reason (please specify): _____
- Child went to kindergarten _____

17. Do you charge families for the child care/education services provided by your center or school?

No → Skip to Question #26.

Yes → Continue with Question #18.

**INSTRUCTIONS
for Questions
18-24**

If you **do not** charge or receive payment from parents or guardians for child care, go to Question #26.

If you **do** charge or receive payment from parents or guardians for child care:

PLEASE READ:

- Write in **the TOTAL amount** you charge by age group, that is, the **higher** amount of:
 - The amount you charge parents who do not receive CAPS child care assistance subsidies, OR
 - The amount the parent pays **plus** the payment you receive from CAPS
- For each amount written in, mark the box in that row to show whether that total amount is for one hour, day, evening, overnight, week, weekend, etc., of care; **mark ONE box in each row.**

18. If you provide weekday child care/early education, how much do you charge for each of the following age groups?

(child care Monday-Friday typically between 7 am and 6 pm)

- | | | | | | | |
|-------------------------------|----------|------|-------------------------------|------------------------------|-------------------------------|--------------------------------|
| Infants (0 – 12 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 1-year-olds (13 – 24 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 2-year-olds (25 – 36 months): | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 3-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 4-year-olds: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |
| 5-year-olds not in school: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> | Month <input type="checkbox"/> |

Are the above rates for a full-day or a half-day program? Full-day Half-day

19. If you provide out-of-school time care for school children ages 5-12, how much do you charge for each of the following?

- | | | | | | |
|---|----------|------|-------------------------------|------------------------------|-------------------------------|
| Before <u>AND</u> after school care: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> |
| Before school care only: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> |
| After school care only: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> |
| Summer care: | \$ _____ | per: | Hour <input type="checkbox"/> | Day <input type="checkbox"/> | Week <input type="checkbox"/> |

20. If you provide part-time care (less than three days a week), how much do you charge for each of the following age groups?Infants (0 – 12 months): \$ _____ per: Hour Day 1-year-olds (13 – 24 months): \$ _____ per: Hour Day 2-year-olds (25 – 36 months): \$ _____ per: Hour Day 3-year-olds: \$ _____ per: Hour Day 4-year-olds \$ _____ per: Hour Day 5-year-olds not in school: \$ _____ per: Hour Day **21. If you provide drop-in child care, how much do you charge?**(child care for shorter periods of time when you have space available) \$ _____ per: Hour Day **22. Do you permit parents to pay for care based on the number of hours needed and used each week?** No Yes **23. Do you offer a discount to families for more than one child?** No Yes **24. Do you charge a registration fee for child care or education programs other than regular K-12 classes?** No Yes *If yes, which type of registration fee do you charge, and what is the highest registration fee that you charge? (mark one box and write in the amount)* A one-time fee per family of \$ _____ A yearly fee per family of \$ _____ A one-time fee per child of \$ _____ A yearly fee per child of \$ _____**25. What additional fees, if any, do you charge?** Application fee Activity fee Materials fee Other fee **26. Does your center or school receive money from the state's food program (CACFP) for children in your child care or early education programs?**No Yes → *If yes, for how many children?* _____**27. What is the average hourly rate you pay your teachers for providing child care and early education? (mark one box in each row)**Lead teachers \$7.25 - \$8.25 \$8.26 - \$9.25 \$9.26 - \$10.25 \$10.26 or more Assistant teachers \$7.25 - \$8.25 \$8.26 - \$9.25 \$9.26 - \$10.25 \$10.26 or more **28. How many children currently enrolled in your child care or early education programs have: (write in number; if none, put "0")**

An Individual Education Plan (IEP) _____ An Individual Family Service Plan (IFSP) _____

29. How many children currently enrolled in your child care or early education programs reside in a home where the primary language is not English?

(if none, put "0") _____

If one or more: Do any of these children receive any care or instruction in their home language? No Yes *If yes, which language(s)?* Spanish Other → (please specify): _____**30. What is the title of the person completing this survey? (mark only one)**Director Assistant director Other → (please specify): _____**Thank you for your help on this important survey! Please return your completed form in the enclosed postage-paid envelope to:
Care Solutions, Inc., 1117 Perimeter Center West, Suite W-300, Atlanta, GA 30338.**