

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 <u>GAMRsurvey@caresolutions.com</u>. 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 <u>currently</u> provide child care, early education (prior to kindergarten), or before/after school care for children under age 13? (mark one box)											
	Yes \bigcirc \rightarrow If yes, continue with Question #2.											
	No $\ \ \ o$ 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 follow	ing best de	scribes you	r center, progra	m site or school (h	ereafter referred to	as center)? (mark one)					
	A faith-based child	d care center	/program/p	reschool	A publ	ic school-based before	e and/or after-school program					
	A company-sponso		e center serv company em	- 1 1	A public school-	based child care cente	r, preschool or pre-k program					
	A privately owned		l for-profit cl /program/pl			A military ba	se center/program/preschool					
A	A private non-profit chil	d care center	/program/p	reschool 🗌		An Early Head S	start or Head Start center only					
	A college or university-	based center	/program/pi	reschool		A community or parl	ks/recreation center/program					
				Another type of	center (please specif	y):						
3.	Your center is: (mark	k one)			A ce	nter/program/school	l with only one site					
					Part of a c	hain of centers with i	more than one site					
4.	. What kind of care does your center provide for Full-time care (at least three days a week)											
	children under age	13? (mark d	all that app	ly)	Part-ti	me care (less than to	hree days a week) 🔲					
					Drop-i	in care (when there i	is space available) 🔲					
5.	When does your ce	-		-			Not Open" box. If it is open,					
		Not Open	<u>Open</u>	Opening T	<u>ime</u>	Closing Tim	<u>e</u>					
	Monday-Friday:		\square	:	am □ pm □		am □ pm □					
	Saturday:		\square	•	am 🗆 pm 🗅	:	am 🗖 pm 🗖					
	Sunday:		$\square \! \rightarrow$	•	am □ pm □	:	am □ pm □					
	Work or School Holidays:		\square	•	am □ pm □	•	am □ pm □					
6.	Do you provide afte	er-hours car	e if reques	ted? No 🗌	Yes 🗌							
7.	How long has your	center been	providing	child care and e	ducation services?	(mark one)						
		Less than	1 year 🗌	1 to 2 years	3 to 5 years	6 to 9 years 🗌	10 years or more					

						Appendix VIII			
8.	Please indicate whether your center pr	ovides e	ach of th	ne following: (mark "yes" or "i	no" for each one listed	()			
	Georgia's lottery-funded Pre-K (GA Pre-K)	No 🗌	Yes 🗌	After-hours care (ev	ening/night/weekend)	No 🗌 Yes 🗌			
	Private 4-year-old pre-k	No 🗌	Yes 🗌	Su	ummer care/programs	No Yes 🗌			
	Full-day preschool	No 🗌	Yes 🗌	Transportation to or f	from the child's school	No Yes 🗌			
	Half-day preschool	No 🗌	Yes 🗌	Transportation to or	from the child's home	No Yes 🗌			
	Early Head Start Services	No 🗌	Yes 🗌	Care for me	edically fragile children	No 🗌 Yes 🗌			
	Head Start Services	No 🗌	Yes 🗌	Care for child	ren while they are sick	No Yes 🗌			
	Before and/or after-school care	No 🗌	Yes 🗌	Care for child	ren with special needs	No Yes 🗌			
9.	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):								
	(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-old	ds not in s	chool (no	t in kindergarten or first grade):					
			(Children ages 5-12 (school-age):					
			Tota	I number of children ages 0-12:					
10.	Do you currently receive state child care enrolled in your center?	re subsid	ly progra	m (CAPS) payments to provid	le child care for any o	f the children			
		Yes	, currently	y receive CAPS payments	→ Skip to Question #13				
	No, have received 0			he past but not currently received CAPS payments	→ Continue with Questi	on #11			
11	Will you accept children who are subsi			No → Continue with Ques	tion #12				
	you decept climately willoute substi	aizea by	CAI J.	Yes $\square \rightarrow Skip$ to Question #1					
12.	Why do you <u>not participate</u> in the state	e's child	care sub	sidy program (CAPS)? (mark a	all that apply)				
	Too much paperwork in	volved		Far	milies living in the area w	ould not quality			
	Payment rates are to	oo low		Have full enrolli	ment without families th	at would qualify			
	Takes too long to get pay				Not eligible to pa	rticipate in CAPS			
	Families we serve would not			, ,,,					
			Skip	to Question #18					
	For how many children do you receive			· · · · · · · · · · · · · · · · · · ·					
14.	Do you limit the number of children re-	ceiving (your center?				
				Skip to Question #16					
15	Why do you <u>limit the number</u> of childre	on receiv		Continue with Question #15	alu)				
13.	Too much paperwork involved		ing CAP		nilies living in the area w	ould not quality			
	Payment rates are too low				ment without families th				
	Takes too long to get payments		Other rea	ason (please specify):					
	Families we serve would not qualify			······································					
16.	Do you charge families receiving CAPS		-		the total CAPS rate (the payment you			
	receive from CAPS plus the family co-p	ay) and	your cen	ter's stated rate? (mark one)					

Yes, the full difference

Yes, part of the difference

No 🗌

					Appendix VIII					
17. For what reasons have	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 n	ot afford the family co	-payment		Dissatisfied w	ith my center					
Child moved to an Early H	ead Start or Head Star	t program		My center asked	them to leave					
Child	d moved to a free Pre-l	_	er reason (please specify)	:						
	Child went to kin	dergarten 🔲								
18. Do you charge families by your center?	for the child care/ed	ducation services pro		ip to Question #29. ntinue with Question :	#19.					
INSTRUCTIONS If you do	not charge or receive	payment from parents	or guardians for child co	are, go to Question #29).					
for Questions If you do 19-24	charge or receive pay	ment from parents or g	uardians for child care:	-						
PLEASE READ:	· · · ·		roup, that is, the <u>higher</u>							
	•	<u> </u>	not receive CAPS child on Tyment you receive from		es, OR					
	·	· / ·	row to show whether th		one hour, day,					
			mark ONE box in each		, ,,					
19. If you provide weekday o			ou charge for each of the		5?					
Infants (0 – 12 months):	\$ per:		Day 🗌	Week 🗌	Month 🗌					
1-year-olds (13 – 24 months):	\$ per:	Hour 🗌	Day 🗌	Week	Month 🗌					
2-year-olds (25 – 36 months):	\$ per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌					
3-year-olds:	\$ per:		Day 🗌	Week 🗍	Month 🗌					
4-year-olds:	\$ per:	Hour 🗌	Day 🗌	Week	Month					
5-year-olds not in school:	\$ per:		Day 🗌	Week	Month					
		Il-day or a half-day pr			Weitin 🗀					
				· — · · —	_					
20. If you provide child care		·	charge for each of the etween 6 pm and 7 am		s?					
Infants (0 – 12 months):	\$ per:	Hour 🗌	Evening [Overnight 🗌	Week 🗌					
1-year-olds (13 – 24 months):	\$ per:	Hour 🗌	Evening [Overnight 🗌	Week					
2-year-olds (25 – 36 months):	\$ per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌					
3-year-olds:	\$ per:	Hour 🗌	Evening	Overnight	Week 🗌					
4-year-olds:	\$ per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌					
5-year-olds not in school:	\$ per:	Hour	Evening	Overnight	Week 🗌					
5-12-year-olds (school age):	\$ per:	Hour	Evening	Overnight	Week 🗌					
21. If you provide child care	e <u>on the weekend</u> , h	now much do you cha	rge? (child care betwee	en Friday night and Su	nday night)					
Infants (0 – 12 months):	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
1-year-olds (13 – 24 months):	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
2-year-olds (25 – 36 months):	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
3-year-olds:	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
4-year-olds:	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
5-year-olds not in school:	\$ per:	Hour 🗌	Day 🗌	Weekend 🗌						
5-12-year-olds (school age):	\$ per:	Hour	Day 🗌	Weekend 🗌						

22. If you provide <u>out-of-school</u>	time care fo	r school chil	ldren ages 5	5-12, how much do	ou charge for each of t	the following?		
Before AND after school ca	re: \$	per:	Hou	ır 🗌	Day 🗌	Week 🗌		
Before school care on	ıly: \$	per:	Hou	ır	Day 🗌	Week 🗌		
After school care on	ıly: \$	per:	Ηοι	ır 🗌	Day 🗌	Week 🗌		
Summer ca	re: \$	per:	Ηοι	ır	Day 🗌	Week		
23. If you provide part-time care	e (less than t	three days a	week), hov	v much do you char	ge for each of the follow	wing age groups?		
Infants (0 -	- 12 months):	\$	_ per:	Hour 🗌	Day 🗌			
1-year-olds <i>(13</i> –	- 24 months):	\$	_ per:	Hour 🗌	Day 🗌			
2-year-olds <i>(25</i> –	- 36 months):	\$	_ per:	Hour 🗌	Day 🗌			
	3-year-olds:	\$	_ per:	Hour 🗌	Day 🗌			
	4-year-olds	\$	_ per:	Hour 🗌	Day 🗌			
5-year-olds r	not in school:	\$	_ per:	Hour 🗌	Day 🗌			
24. If you provide drop-in child a (child care for shorter period	-	-	_	lable) \$	per: Hour 🗌	Day 🗌		
25. Do you permit parents to pa	y for care ba	ased on the	number of	hours needed and u	sed each week? No	Yes 🗌		
26. Do you offer a discount to fa	milies for m	ore than on	e child?	No Yes				
27. Do you charge a registration			s 🗌					
			_	nd what is the highe	st registration fee that	vou charge? (mark		
one box and write	_	=	a charge, a	ia macio inc mgne	or region anon ree mar	you enaige (man		
	☐ A on	ne-time fee pe	er family of \$		A yearly fee per family of	\$		
	A on	ne-time fee pe	er child of \$_		A yearly fee per child of \$			
28. What additional fees, if any,	do you char	rge?	Application	fee Activity fe	e Materials fee	Other fee		
29. Does your center receive money from the state's food program (CACFP) for children in your care?								
29. Does your center receive mo	oney from th	e state's foo	od program	(CACFP) for childre	n in your care?			
29. Does your center receive mo	oney from th	No 🗌			n in your care? v children?			
30. Does your center receive and		No 🗌	Yes□→	If yes, for how many	children?			
	y additional	No funding from	Yes ☐ →	If yes, for how many	grants?			
30. Does your center receive an	y additional Yes -	No ☐ funding from If yes, for we how many	Yes ☐ → m private for that purpose(full-time st	If yes, for how many pundations or other (s)?	grants?			
30. Does your center receive and No Solution Sol	y additional Yes	No funding from If yes, for w how many rrently? (if i	Yes ☐ → m private for that purpose(full-time st. none, put "(oundations or other s)? aff and Full-time s Part-time	grants? taff (work at least 32 hourstaff (work less than 32 ho	urs a week):		
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30. Does your center receive and No 31. Including director(s) and addrest part-time staff does your center than one job, count that the number of full-time than one job, count that the Director/assistant directors: Social w 33. What is the HIGHEST level of teachers, administrators, directors administrators, director that the 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	y additional Yes ministrators, nter have cu time and par at person in the ork/family ser f education of ectors, and services	No funding from the staff the role when the role when the staff the role when the specialists? To credential specialists of the specialists of the specialist of the speciali	Yes → m private for that purpose(full-time stanone, put "(in each cate they spendad teachers: I completed doctoral, or I, MBA, EdS, I of Arts or Scient of Arts or Scient Technical Center (Control of Center)	If yes, for how many pundations or other (s)? aff and Full-time of Part-time egory below. (Count of the most time. If respect to the period of the most time of the period of the most time. If respect to the period of the most time. If respect to the period of the per	grants? taff (work at least 32 hour staff (work less than 32 hour each person only once; one, put "0") Assistant tain/maintenance/other stall Lead/Asst. Teachers, Other Teaching Staff	urs a week): if a person does teachers: ff: Administrators,		
30. Does your center receive and No 31. Including director(s) and addrest part-time staff does your center than one job, count that the number of full-time than one job, count that the Director/assistant directors: Social w 33. What is the HIGHEST level of teachers, administrators, directors with the 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	y additional Yes ministrators, nter have cu time and par at person in the ork/family ser f education of ectors, and services	funding from If yes, for we how many rrently? (if interest in the role where Le rvices staff: or credential specialists? r's, specialist, MA, MS, MEd Bachelor of Associate of	Yes → m private for that purpose(full-time stanone, put "(in each cate of the each cate of the each cate of the each cate of the each cate of Arts or Scient of Arts or Sci	If yes, for how many pundations or other (s)? aff and Full-time so Part-time egory below. (Count of the most time. If reconstruction of the degree beyond a PhD, EdD, MD, JD, etc. ence degree (BA or BS) ence degree (AA or AS) College Diploma (TCD) retificate of Credit (TCC)	grants? taff (work at least 32 hourstaff (work less than 32 hourstaff (work at least 32 hourstaff (work less than 32 hourstaff (work le	urs a week): if a person does teachers: ff: Administrators,		
30. Does your center receive and No 31. Including director(s) and addrest part-time staff does your center than one job, count that the number of full-time than one job, count that the Director/assistant directors: Social w 33. What is the HIGHEST level of teachers, administrators, directors administrators, director that the 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	y additional Yes ministrators, nter have cu time and par at person in the ork/family ser f education of ectors, and services	funding from If yes, for we how many rrently? (if interest in the role where Le rvices staff: or credential specialists? r's, specialist, MA, MS, MEd Bachelor of Associate of	Yes → m private for that purpose(full-time stanone, put "(in each cate they spendad teachers: I completed doctoral, or I, MBA, EdS, I of Arts or Scientific of Arts or Scientific Technical Technical Cerebulant Cerebul	aff and Full-time so Part-time solved the most time. If reconcerded the degree beyond a PhD, EdD, MD, JD, etc. ence degree (AA or AS College Diploma (TCD coment Associate (CDA	grants? taff (work at least 32 hourstaff (work less than 32 hourstaff (work less than 32 hourstaff (work less than 32 hourstaff) Assistant Tia/maintenance/other sta Lead/Asst. Teachers, Other Teaching Staff	urs a week): if a person does teachers: ff: Administrators,		

					Appendix VIII
34.	What is the average h	ourly rate you pay your to	eachers 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
35.	Does your center part	icipate in the state's Qual	ity Rated program? (mark	k only one)	
			Yes $\square \rightarrow Continu$	ue with Question #36	
	N	o, but plan to participate in the	he near future \Box		
		No, have no plans	to participate		
		No, not sure whether	to participate ☐ →If	no, skip to Question #40	
		No, have not heard o	f this program		
Ν	lo, not eligible for this pro	gram (schools and other exen	npt programs) 🔲 💚		
36.	How has participating all that apply)	in Quality Rated benefitt	ed your center, or how do	you expect it to benefit you	r center/program? (mark
	The CAPS tiered re	imbursement helps us serve	families	Helps in replacing materia	ls/equipment
		Center/program is more pr	ofitable 🗌	Helps in adding materia	ls/equipment
		Staff feel more profe	essional 🗌	Improves teach	hing practices
	Current families feel more	e positive about our center/p	orogram Other b	enefit (please specify):	
		Helps recruit new	families 🗌		
37.		wo largest costs to your c be? (mark no more than to	=	pating in Quality Rated, or w	hat do you expect the
		Materials	/equipment \square	Re	enovations
		Professional d	evelopment	Increased management	t oversight
		Increased nur	mber of staff Oth	er costs (please specify):	
	Hired more staff with high	er qualifications requiring hig	gher salaries 🔲 🔃		
38.	Do you feel the benef	its of participating in the (Quality Rated program are	e worth the investment/cost	s? No Yes
39.	Has your center receive	ed a Quality Rated star ra	ating? No 🗌	Yes ☐ → star rating	
	<i>If yes:</i> Hav	e you posted this Quality Rat	ing in the lobby or reception	area? No 🗌 Ye	es 🗌
	Have you inform	ed parents of this Quality Ra	ting by letter, email or newsle	etter? No 🗌 Ye	es 🗌
40.	How many children cu	ırrently enrolled in your c	enter have: (write in numb	per; if none, put "0")	
	An Ir	ndividual Education Plan (IEP)	An Indi	vidual Family Service Plan (IFSP)	
41.	How many children cu	irrently enrolled in your c	enter reside in a home wh	ere the primary language is	not English?
	If one or more:	Do any of these children	receive any care or instruc	tion in their home language?	No 🗌 Yes 🗌
		If yes, which language(s)	? Spanish 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.

Other $\square \rightarrow$ (please specify): _

Assistant director

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

Director

Owner



	Please read all instructions and mark your responses carefully. Complete ALL SIDES of this form - THANK YOU!										
1.	. Do you <u>currently</u> 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.	2. Where do you provide child care? (mark one) In your home										
				Location varies		At another location					
				If	another location	on, where?					
3.	Which of the following d	lo you prov	vide? (mark a	ll that apply)	Full-time ca	re (at least three days a week)					
					Part-time care	e (less than three days a week)					
					Drop-in care	e (as you have space available)					
4.	Do you provide care for			Your own child	ren? No 🗌	Yes 🗌					
	under age 13 who are: (/	mark "yes"		Your own grandchild	ren? No 🗌	Yes 🗌					
	or "no" for each one)			Other children related to	you? No 🗌	Yes 🗌					
				Children NOT related to	you? No 🗌	Yes 🗌					
5.	Write in the number of o	children yo	u care for at l	east five hours a week i	n each of the	following age groups:					
Wr	ite in the number of childro	en in each		Infants (0-12 months):		4-year-olds:					
	group. If you do not care		1-yea	r-olds (13-24 months):		5-year-olds not in school					
	dren in a specified age gro	• -	2-yea	r-olds (25-36 months):		(not in kindergarten or first grade):					
in C). Do not leave anything bl	ank.		3-year-olds: 5–12-year-olds (school-age):							
6.	•			•	•	e on the days listed, mark the "Not Open" and ending times, and mark am or pm)					
		Not Oper	<u>Open</u>	Starting Time	<u>1</u>	Ending Time					
	Monday-Friday:		$\square \! \rightarrow$:	am □ pm □	am 🗖 pm 🗖					
	Saturday:		$\Box \Rightarrow$:	am □ pm □	am □ pm □					
	Sunday:		$\square \! \rightarrow$:	am 🗖 pm 🗖	am □ pm □					
	Work or School Holidays:		$\square \! \rightarrow$	-	am 🗖 pm 🗖	am □ pm □					

7.	Do you provide after-hours care if requested? No 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 $\square \rightarrow Skip \ to \ Question \ #11$									
	No, have received CAPS payments in the past but not currently No, have never received CAPS payments \longrightarrow Continue with Question #9									
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									
	Payment rates are too low Spaces are filled without families that would qualify									
	Takes too long to get payments Home is not eligible to participate in CAPS									
	Families I serve would not qualify 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 $\square \rightarrow$ Skip to Question #14									
	Yes \square \rightarrow Continue with Question #13									
13.	Why do you limit the number of children receiving CAPS subsidies? (mark all that apply)									
	Too much paperwork involved Families living in my area would not quality									
	Payment rates are too low Spaces are filled without families that would qualify									
	Takes too long to get payments Other reason (please specify):									
	Families I serve would not qualify									
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 Child went to kindergarten									
	Could not afford the co-payment Unable to get certificate renewed due to lack of funds									
	Child moved to an Early Head Start or Head Start program Dissatisfied with my child care/home									
	Child moved to a free Pre-K program I asked them to leave									
	Other reason (please specify)									
16.	Do you charge the children's parents or guardians for the child care and No $\square \rightarrow Skip$ to Question #25.									
	early education you provide? Yes ☐ → Please continue with Question #17.									
IMI	PORTANT INSTRUCTIONS for Questions #17-23									
	ou <u>DO NOT</u> charge or receive payment from parents or guardians for child care, go to Question #25.									
If y	ou <u>DO</u> charge or receive payment from parents or guardians for child care:									
	For each age group, write in the <u>higher</u> amount of: 1. The total amount you charge the parent for children who are not in the CARS program. OR.									
	 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 🗌	Day 🗌	Week 🗌	Month 🗌				
1-year-olds (13 – 24 months):	\$	per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌				
2-year-olds (25 – 36 months):	\$	per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌				
3-year-olds:	\$	per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌				
4-year-olds:	\$	per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌				
5-year-olds not in school:	\$	per:	Hour 🗌	Day 🗌	Week 🗌	Month 🗌				
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 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
1-year-olds (13 – 24 months):	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
2-year-olds (25 – 36 months):	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
3-year-olds:	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
4-year-olds:	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
5-year-olds not in school:	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
5-12-year-olds (school age):	\$	per:	Hour 🗌	Evening 🗌	Overnight 🗌	Week 🗌				
19. If you provide child care on the we	eekend, how m	uch do	you charge for ea	ch of the followin	ig age groups?					
	(Child care be	etween i	Friday night and S	unday night)						
Infants (0 – 12 months):	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
1-year-olds (13 – 24 months):	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
2-year-olds (25 – 36 months):	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
3-year-olds:	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
4-year-olds:	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
5-year-olds not in school:	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
5-12-year-olds (school age):	\$	per:	Hour 🗌	Day 🗌	Weekend 🗌					
20. If you provide out-of-school-time	care for school	childre	n ages 5-12, how r	nuch do you chai	rge 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 🗌					
21. If you provide part-time care (less		•				age groups?				
Infants $(0 - 12 \text{ months})$:	\$	per:	Hour 🗌	Day 🗌		, a8c 8. oaks.				
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 _						
22. If you provide drop-in child care, h		•		Day [
(Child care for shorter periods o	=	-	=	\$	per: Hour 🗌	Day 🗌				
23. Do you charge a registration fee?	No □	Yes		T		- , ⊔				
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 yearly fee per family of \$ A yearly fee per child of \$ A yearly fee yearly fee per child of \$ A yearly fee per child of \$ A yearly fee yearly										

24	Do you want to want to want for one based on the want of bases was ded and year as by year.	Appendix VIII
		No 📗 📑 Yes 📗
25.	Please indicate whether you provide each of the following services: (mark "yes" or "no" for each one)	
	Full-day preschool No Yes Transportation for children in your care	No Yes 🗌
	Half-day preschool No Ves Care for medically fragile children	No Yes
	Before and/or after-school care No Ves Care for children while they are sick	No Yes
	Early Head Start services No Yes	
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 (I	FSP)
30.	How many children in your care live in a home where the primary language is not English? (write in numb	er;
	if none, put "0")	
31.	What is your HIGHEST level of education? (mark only one)	
	Some high school Technical Colleg	ge Diploma (TCD)
	High school diploma or GED Associate of Arts or Science d	egree (AA or AS)
	Some college, but no CDA credential or degree Bachelor of Arts or Science d	legree (BA or BS)
	Child Development Associate (CDA) Master's, specialist, doctoral or othe	• • •
	Technical certificate of credit (TCC) bachelor's (MA, MS, Med, MBA, EdS, PhD, El	DD, MD, JD, etc.)
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 \Box	
	No, have no plans to participate	
	No, not sure whether to participate \Box \rightarrow If no, skip to Question #36	
	No, have not heard of this program	
	No, I am not eligible for this program (informal care provider) $\square \mathcal{J}$	
33.	How has participating in Quality Rated benefitted, or how do you expect it to benefit, your family child co (mark all that apply)	are learning home?
	The CAPS tiered reimbursement helps me serve families Helps in replacing materials/equipment	П
	My child care business is more profitable Helps in adding materials/equipment	— П
	Current families feel more positive about my child care Improves my teaching practices	
	Helps me recruit new families 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?	Yes
36.	What languages do you speak? (mark all that apply)	
	English \square Spanish \square Other language(s) $\square \rightarrow$ 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?	



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 preaddressed, 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 <u>GAMRsurvey@caresolutions.com</u>. 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



	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 <u>currently</u> provide child care, early education (prior to kindergarten), or before/after school care for children under age 13? (mark one box)											
	Yes 🗌	\rightarrow If yes, c	ontinue w	ith Question #2 and	d respon	d to the survey questions based on those programs rathe	r					
		than re	gular K-12	classrooms								
	No 🗌	\rightarrow If no, sk	kip the rest	t of the questionna	ire and r	eturn it in the enclosed pre-addressed, pre-paid						
		envelop	e or call 1-	.800-227-3410 so w	e can up	date our records.						
2.	Which of the follow	ing best des	cribes you	ır center, program	site or s	chool? (mark one)						
	A college	or university	-based cent	er/program/preschoo	ol 🗌	A military base center/program/preschool						
	A public sc	hool-based be	efore and/o	r after-school progra	m 🗌	An Early Head Start or Head Start center only						
	A public school-base	ed child care c	enter, preso	chool or pre-k progra	m 🗌	A community or parks/recreation center/program						
			Another	type of center or sch	ool (plea:	se specify):						
3.	What kind of care d	loes your ce	nter or sch	iool		Full-time care (at least three days a week)						
	provide for children	under age	13? (mark	all that		Part-time care (less than three days a week)						
	apply)					Drop-in care (when there is space available)						
4.	-	K-12 classes)? (If not o	open during one of	the perio	ding before- and after-school care, or education program ads listed, mark the "Not Open" box. If it is open, mark the d mark am or pm)	S					
		Not Open	<u>Open</u>	Opening Tim	<u>e</u>	<u>Closing Time</u>						
	Monday-Friday:		\square \rightarrow		am □ pm □	am □ pm □						
	Saturday:		\square \rightarrow		am 🛚 pm 🗖	am □ pm □						
	Sunday:		\square \rightarrow		am 🗖 pm 🗖	am □ pm □						
	Work or School Holidays:		\square \rightarrow		am 🗖 pm 🗖	am 🗆 pm 🖵						
5.	Do you provide afte	er-hours care	e if reques	ted? No 🗌	Yes [

	1.	TITT	r
Δn	pendix	• 1/111	
$\Delta \nu$	pcnun		L

6.	How long has your center or school beer	n providi	ng child c	are or education programs	(other than regular K	-12 classes)? (r	mark		
	one) Less than 1 year	1 to 2	2 years 🗌	3 to 5 years 6 to 9	years 🗌 10 years or r	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 🗌	Yes 🗌	After-hours care	(evening/night/weekend) No 🗌 Yes			
	Private 4-year-old pre-k	No 🗌	Yes 🗌		Summer care/program	s No 🗌 Yes			
	Full-day preschool	No 🗌	Yes 🗌	Transportation to	or from the child's school	ol No 🗌 Yes			
	Half-day preschool	No 🗌	Yes 🗌	Transportation to	or from the child's home	e No 🗌 Yes			
	Early Head Start Services	No 🗌	Yes 🗌	Care for	medically fragile childre	n No 🗌 Yes			
	Head Start Services	No 🗌	Yes 🗌	Care for cl	hildren while they are sic	k No 🗌 Yes			
	Before and/or after-school care	No 🗌	Yes 🗌	Care for c	hildren with special need	s No 🗌 Yes			
8.	For each age group listed below, write in programs (other than regular K-12 classe enrolled in those programs (desired enrolled)	es) at you	ur center				ı		
	(write number in box; if	f none, p	ut "0" – d	o not leave any line blank)	Number Enrolled	Desired Enro	llment		
				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 sch	•	n kindergarten or first grade):					
				Idren ages 5-12 (school-age):					
	Do you surrently receive state shild care	cubcidy		umber of children ages 0-12:	lo child care for any of	the shildren			
9.	Do you currently receive state child care enrolled in child care or education progr	ams oth	er than re	egular K-12 classes at your		the children			
	No. have received CA	,	•	past but not currently	·				
	,			ceived CAPS payments	→ Continue with Questic	on #10			
10.	Will you accept children who are subsidi	ized by C	APS?	No ☐ → Continue with Ques					
11	Why do you not participate in the state's	s shild sa	ro cubcio	Yes \longrightarrow Skip to Question #1					
11.	Too much paperwork invo				m that appry) milies living in the area w	ould not quality			
	Payment rates are too]		ment without families that				
	Takes too long to get paym]		Not eligible to par				
	Families we serve would not qu		Othe	r reason (please specify):	·		_		
			Skip to	Question #17					
12.	For how many children do you receive C	APS subs	sidy paym	nents? (write in number; if	none, put "0")				
13.	Do you limit the number of children rece	eiving CA	PS subsic	lies that can be enrolled in	your center or school	?			
		N	No □ → 5	Skip to Question #17					
		Υ	′es 🗌 → (Continue with Question #16					

					Appendix \	VIII					
14. Why do you <u>limit the number</u> of children	receiv	ing CA	PS subsidies? (mark all that appl	y)							
Too much paperwork involved			Fami	lies living in the area wou	ld not quality						
Payment rates are too low			Have full enrollm	ent without families that v	would qualify						
Takes too long to get payments		Other r	eason (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 differe	ence 🗌	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-pa	ayment		Unable to get a ce	rtificate renewed due to l	ack of funds						
Could not afford the family co-pa	ayment			Dissatisfied wit	h my center						
Child moved to an Early Head Start or Head Start p	rogram			My center asked th	em to leave						
Child moved to a free Pre-K p	rogram		Other reason (please specify):								
Child went to kinde	rgarten										
17. Do you charge families for the child care/education services provided No ☐ → Skip to Question #26.											
by your center or school?			Yes $\square \rightarrow Co$	ntinue with Question #.	18.						
Instructions for Questions 18-24 PLEASE READ: 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: 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 ed	ucation	n. how r	nuch do vou charge for each of th	e following age groups?	ı						
			day typically between 7 am and 6								
Infants (0 – 12 months): \$ pe	er: H	lour 🗌	Day 🗌	Week 🗌	Month 🗌						
1-year-olds (13 – 24 months): \$ pe	er: H	lour 🗌	Day 🗌	Week	Month 🗌						
2-year-olds (25 – 36 months): \$ pe	er: H	lour 🗌	Day 🗌	Week 🗌	Month 🗌						
3-year-olds: \$ pe	er: H	lour 🗌	Day 🗌	Week 🗌	Month 🗌						
4-year-olds: \$ pe	er: H	lour 🗌	Day 🗌	Week 🗌	Month 🗌						
5-year-olds not in school: \$ pe	er: H	lour 🗌	Day 🗌	Week 🗌	Month 🗌						
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 AND after school care: \$		per:	Hour Da	√ □ W	eek 🗌						
Before school care only: \$		per:	Hour Da	√ □ We	eek 🗌						
After school care only: \$		per:	Hour Da	√ □ W	eek 🗌						

Hour 🗌

per:

Day

Week

Summer care: \$_____

					Appendix VIII						
20. If you provide part-time care (less than t	hree days a v	week), how r	nuch do you charge	for each of the follo							
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 wh	en you have	space availa	ble) \$	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 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 char	ge?	Application fe	e 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 ch	ildren?	-						
27. What is the <u>average hourly rate</u> 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											

No Yes

If one or more: Do any of these children receive any care or instruction in their home language?

language is not English?

(if none, put "0") _____