

California Child Care Snapshot – Family Child Care & License-Exempt Provider Survey

Introduction

Thank you for participating in this research study!

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

Screener Question

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

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

Section 1: Number of Children and Families

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

- 0-18 months
- 19-24 months
- 25-35 months
- 3-5 years old (not yet in transitional kindergarten or kindergarten)
- 5 years or older (in transitional kindergarten or higher)

The following questions ask about the number of the children in your care. Please answer them for your child care organization, program, home care, or business. Do not report only the number of children that you personally cared for.

- 2. Did you care for any **0-18-month-old children** in March 2017?
 - o Yes
 - o No → skip to 5
 - Don't know \rightarrow skip to 5
 - I prefer not to answer \rightarrow skip to 5
- 3. How many 0-18-month-old children did you care for in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
- 4. How many 0-18-month-old children received a subsidy (child care assistance) in March 2017?
 - o _____ (Enter a number)
 - $\circ \quad \text{Don't know} \\$
 - I prefer not to answer
- 5. Did you care for any 19-24-month-old children in March 2017?
 - o Yes
 - No → skip to 8
 - Don't know → skip to 8
 - I prefer not to answer \rightarrow skip to 8
- 6. How many 19-24-month-old children did you care for in March 2017?
 - o Don't know
 - I prefer not to answer
- 7. How many 19-24-month-old children received a subsidy (child care assistance) in March 2017?
 - (Enter a number)
 - o Don't know
 - I prefer not to answer
- 8. Did you care for any 25-35-month-old children in March 2017?
 - o Yes

- No → skip to 11
- Don't know → skip to 11
- I prefer not to answer \rightarrow skip to 11
- 9. How many 25-35-month-old children did you care for in March 2017?
 - _____ (Enter a number)
 - Don't know
 - o I prefer not to answer

10. How many 25-35-month-old children received a subsidy (child care assistance) in March 2017?

- o _____ (Enter a number)
- $\circ \quad \text{Don't know} \\$
- I prefer not to answer
- 11. Did you <u>care for</u> any **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) in March 2017?
 - o Yes
 - No → skip to 14
 - Don't know \rightarrow skip to 14
 - I prefer not to answer \rightarrow skip to 14
- 12. How many **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) did you care for in March 2017?
 - o _____ (Enter a number)
 - o Don't know
 - I prefer not to answer
- 13. How many **3-5-year-old children** (not yet in transitional kindergarten or kindergarten) received <u>a subsidy</u> (child care assistance) in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
- 14. Did you <u>care for</u> any **children 5 years or older** (in transitional kindergarten or higher) in March 2017?
 - o Yes
 - No → skip to 17
 - Don't know → skip to 17
 - I prefer not to answer \rightarrow skip to 17
- 15. How many **children 5 years or older** (in transitional kindergarten or higher) did you <u>care for</u> in March 2017?
 - _____ (Enter a number)
 - Don't know
 - I prefer not to answer
- 16. How many **children 5 years or older** (in transitional kindergarten or higher) received <u>a subsidy</u> (child care assistance) in March 2017?

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

Section 2: Other Adults and Hours of Care

17. How many different people helped you care for children on a typical day in March 2017?

- Number of people: _____
- $\circ \quad \text{Don't know} \\$
- I prefer not to answer

18. Which days of the week did you care for children in March 2017? Please select all that apply.

- Monday
- Tuesday
- Wednesday
- □ Thursday
- Friday
- □ Saturday
- Sunday
- Don't know
- □ I prefer not to answer

19. Did you start providing care for children at the same time each day in March 2017?

- o Yes
- No → skip to 21
- Don't know → skip to 21
- I prefer not to answer \rightarrow skip to 21

20. What time did you start caring for children each day in March 2017?

Start Time

21. Did you stop caring for children at the same time each day in March 2017?

- o Yes
- No \rightarrow skip to 23
- Don't know → skip to 23
- I prefer not to answer \rightarrow skip to 23

22. What time did you stop caring for children each day in March 2017?

End Time

23. Did your care schedule change from week to week in March 2017?

- o Yes
- No → skip to 25

- Don't know \rightarrow skip to 25
- I prefer not to answer \rightarrow skip to 25

24. How many hours per week on average did you care for children in March 2017?

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

\rightarrow If 24 answered, all respondents skip to item 39.

- 25. In March 2017, what time did you start providing care on **Mondays?** ____/Don't Know/I prefer not to answer
- 26. In March 2017, what time did you stop providing care on **Mondays**? _____/Don't Know/I prefer not to answer
- 27. In March 2017, what time did you start providing care on **Tuesday**? ____ /Don't Know/I prefer not to answer
- 28. In March 2017, what time did you stop providing care on **Tuesday**? _____ /Don't Know/I prefer not to answer
- 29. In March 2017, what time did you start providing care on **Wednesdays**? ____ /Don't Know/I prefer not to answer
- 30. In March 2017, what time did you stop providing care on **Wednesdays**? ____/Don't Know/I prefer not to answer
- 31. In March 2017, what time did you start providing care on **Thursdays**? ____ /Don't Know/I prefer not to answer
- 32. In March 2017, what time did you stop providing care on **Thursdays**? ____ /Don't Know/I prefer not to answer
- 33. In March 2017, what time did you start providing care on **Fridays**? _____/Don't Know/I prefer not to answer
- 34. In March 2017, what time did you stop providing care on **Fridays**? ____/Don't Know/I prefer not to answer
- 35. In March 2017, what time did you start providing care on **Saturdays**? ____/Don't Know/I prefer not to answer
- 36. In March 2017, what time did you stop providing care **Saturdays**? ____/Don't Know/I prefer not to answer
- 37. In March 2017, what time did you start providing care on **Sundays**? ____ /Don't Know/I prefer not to answer
- 38. In March 2017, what time did you stop providing care on **Sundays**? _____/Don't Know/I prefer not to answer

Section 3: Tracking Child Development

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

39. Do you assess the development or progress of the children in your care?

- o Yes
- No \rightarrow skip to 41
- Don't know → skip to 41
- I prefer not to answer \rightarrow skip to 41

40. Which assessment(s) or developmental screener(s) do you use? Please check all that apply.

- □ Ages and Stages Questionnaires
- Desired Results Developmental Profile (DRDP)
- Brigance Screens
- □ Battelle Developmental Inventory
- □ Early Screening Inventory-Preschool or Early Screening Inventory-Kindergarten
- Developmental Indicators for the Assessment of Learning (DIAL)
- Denver Developmental Screening Test
- □ Learning Accomplishment Profile-Diagnostic (LAP-D)
- □ Parents' Evaluation of Developmental Status (PEDS)
- □ Mullen Scales of Early Learning
- □ Another assessment or developmental screener. Please specify:
- □ Use something other than an assessment or screener. Please specify:
- Don't know
- □ I prefer not to answer

→ If question 40 answered, all respondents skip to 43

41. Does an outside group assess the development or progress of the children in your care?

- o Yes
- No → skip to 44
- Don't know \rightarrow skip to 44
- I prefer not to answer \rightarrow skip to 44

42. Do you have access to the information they collect?

- o Yes
- No → skip to 44
- Don't know → skip to 44
- I prefer not to answer \rightarrow skip to 44
- 43. How do you use information from assessments or developmental screeners? *Please select all that apply.*
 - □ To track developmental changes over time
 - □ To identify areas of developmental concern

- □ To inform the referral process
- □ To individualize learning goals and plans
- □ To inform parents about their child's development
- □ Other use. Please specify: _____
- □ We don't use the information
- Don't know
- □ I prefer not to answer

Section 4: You and Your Background

Finally, we have some questions about you, personally.

- 44. What is your gender?
 - o Male
 - o Female
 - Non-binary/genderqueer/gender neutral
 - o Don't know
 - I prefer not to answer
- 45. Do you speak any languages other than English at home?
 - o Yes
 - No → skip to 47
 - Don't know → skip to 47
 - I prefer not to answer \rightarrow skip to 47
- 46. Which other language(s) do you speak at home? Please select all that apply.
 - Spanish
 - □ Arabic
 - □ Chinese, Cantonese
 - Chinese, Mandarin
 - □ Chinese, other than Cantonese or Mandarin
 - □ French
 - German
 - □ Japanese
 - Korean
 - Punjabi
 - Portuguese
 - Russian
 - □ Tagalog
 - Vietnamese
 - Other Language(s). Please specify: _____
- 47. What is your primary language?
 - o English
 - o Spanish
 - o Arabic
 - Chinese, Cantonese
 - Chinese, Mandarin
 - Chinese, other than Cantonese or Mandarin
 - o French
 - o German
 - o Japanese
 - o Korean
 - o Punjabi
 - Portuguese

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

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

- English
- □ Spanish
- □ Arabic
- □ Chinese, Cantonese
- Chinese, Mandarin
- □ Chinese, other than Cantonese or Mandarin
- □ French
- German
- □ Japanese
- □ Korean
- Punjabi
- Portuguese
- Russian
- □ Tagalog
- Vietnamese
- Other Language(s). Please specify: _____
- 49. What is the highest level of education that you have ever completed in the United States?
 - 8th grade or less \rightarrow skip to 51
 - 9th-12th grade, no diploma → skip to 51
 - GED or high school equivalency \rightarrow skip to 51
 - O High school diploma → skip to 51
 - Some college credit but no degree
 - Associate degree
 - Bachelor's degree
 - o Graduate or professional degree
 - Not applicable, I have not completed any education in the United States \rightarrow skip to 51
 - o Don't know
 - o I prefer not to answer
- 50. What was your major for the highest degree or some college you completed? *Please select all that apply*.
 - □ Early childhood/child development
 - □ Early childhood education
 - □ Early childhood special education
 - □ Elementary education
 - □ Special education
 - □ Human growth and development

- □ Clinical/counseling psychology
- Nursing or other health field
- □ Social work
- Other major(s). Please specify: _____
- Don't know
- □ I prefer not to answer
- 51. Have you completed education outside of the United States?
 - o Yes
 - No → skip to 53
 - Don't know → skip to 53
 - I prefer not to answer \rightarrow skip to 53
- 52. What is the highest level of education that you have completed outside of the United States?
 - 8th grade or less
 - o 9th-12th grade, no diploma
 - GED or high school equivalency
 - High school diploma
 - \circ Some college credit but no degree
 - Associate degree
 - o Bachelor's degree
 - o Graduate or professional degree
 - Don't know
 - I prefer not to answer
- 53. Do you have any of the following certificates? *Please select all that apply.*
 - □ California state teaching credential → skip to 55
 - □ A teaching credential from another state \rightarrow skip to 55
 - □ Child Development Associate (CDA) Credential → skip to 55
 - California child development permit
 - □ At least 12 early childhood education or child development credits \rightarrow skip to 55
 - Other certificate. Please specify: _____ \rightarrow skip to 55
 - □ None of the above \rightarrow skip to 55
 - □ Don't know \rightarrow skip to 55
 - □ I prefer not to answer \rightarrow skip to 55
- 54. What is the highest California child development permit you hold?
 - Assistant
 - Associate Teacher
 - o Teacher
 - o Master Teacher
 - Site Supervisor
 - Program Director
 - Not applicable
 - Don't know

- I prefer not to answer
- 55. How many years have you been working with or taking care of children, other than your own?
 - o _____ year(s)
 - Don't know
 - I prefer not to answer
- 56. How many years have you been working with or taking care of children in your current capacity?
 - _____ year(s)
 - Don't know
 - I prefer not to answer
- 57. In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children? *Please select all that apply.*
 - □ Participated in any workshops
 - Participated in coaching, mentoring or ongoing consultation with a specialist
 - □ Made visits to classrooms in other programs
 - Attended a meeting of a professional organization like Zero-to-Three, NAEYC, or NAFCC
 - □ Enrolled in a course at a community college or four-year college or university relevant to your work with children under age 13
 - Other. Please specify:
 - □ None of the above
 - Don't know
 - □ I prefer not to answer
- 58. How many hours of early childhood professional development (e.g., classes, workshops, training) did you complete in the last 12 months?
 - _____ hour(s)
 - Don't know
 - I prefer not to answer

End of Survey

Finally, we have a question about taking this survey.

- 59. Did you use written or electronic records from March 2017 to gather information requested in this survey?
 - o Yes
 - o No
 - o I don't have records
 - o Don't know
 - o I prefer not to answer
- 60. Please feel free to share any comments.

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

Please let us know your preferred email address below:

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