

California Cost of Quality Survey

Introduction Page

Thank you for taking the time to respond to this survey. It is for all types of child care providers across California and will help to inform how future reimbursement rates are established in the state. Data from this survey will be shared in summary form with the California [Rate Reform and Quality Workgroup](#) as well as the Child Care Providers United (CCPU) Joint Labor Management Committee as part of the **California Cost of Child Care Study**. For more information about the project, please click [here](#).

A key part of this project is collecting information from all types of child care providers across California to inform how future reimbursement rates are set using a cost model that is based on the actual costs of providing quality care to children, rather than the price that families are able to pay. The development of this model is being led by [Prenatal to Five Fiscal Strategies](#) (P5 Fiscal Strategies), a national leader in child care finance, policy, and research. To inform the development of the cost model, P5 Fiscal Strategies needs your help. By responding this survey and confidentially sharing information about your program's *typical* expenditures (primarily personnel costs like staffing, salaries, and benefits) as well as your program's *ideal* expenditures if you were fully funded, you will be helping to inform California's decisions about a future reimbursement rate approach.

The survey asks for expense and budget data about the costs of operating your child care program and is designed to be completed by program directors, owners, or financial managers, with one survey per site (if you run multiple sites, we ask that you complete a separate survey for each site). You will be asked to share cost and revenue information from the prior fiscal year, such as average staff salaries or hourly rates. To make the survey easier to complete, you may want to gather your expense statements and/or prior year budget to help answer the questions. For family child care providers, the questions follow a similar format to the [Schedule C](#) IRS tax form, so you may want to have your most recent Schedule C handy. Once you have all of your expense and budget information gathered for reference, the survey should only take you 15 to 20 minutes.

Please be assured that your information will be kept **completely confidential** and the data you provide will not be shared with anyone outside of the P5 Fiscal Strategies project team. Your data will be combined with data from other providers and only the combined data will be shared publicly in summary form and cannot be linked back to you or your staff. In addition to the survey, P5 Fiscal Strategies will be conducting provider focus groups and one-on-one interviews and meetings with providers across the state to inform the assumptions in the cost model with the goal of better reflecting the **true cost** of providing high-quality child care in California.

The survey allows you to start it and come back to it later. If you have any questions about this survey or need technical support, please contact: aval.ucla.p5@gmail.com.

Program Characteristics

The following questions relate to the characteristics of the child care site for which you will be answering questions. If you operate multiple sites, please complete a separate survey for each site.

1. What is the name of the program/site?
(If you are filling out surveys for multiple sites, put only the name of the site covered in this survey here)
2. Please enter all the license numbers related to this site:
3. In which county is this site located? *(drop down list of all counties)*
4. What is the zip code where this site is located?
5. From the list below, select the option that best fits the description of this site:
 - Licensed child care center (including Early Head Start/Head Start) *skip to Child Care Center section (qu 6)*
 - License-exempt center *skip to Child Care Center section (qu 6)*
 - Tribal child care center *skip to Child Care Center section (qu 6)*
 - Licensed family child care home (including Early Head Start/Head Start) *skip to Family Child Care section (qu 22)*
 - Tribal family child care home *skip to Family Child Care section (qu 22)*
 - Family, Friend or Neighbor (license exempt home/Trustline provider/Relative) *skip to FFN section (qu 41)*

Child Care Center

6. Enter the age groups of children served, number of classrooms, capacity, your *average* monthly enrollment between March 2021 and February 2022 and your enrollment as of March 2022:

| | Number of Classrooms | Capacity | Average enrollment March 2021-February 2022 | Enrollment as of March 2022 |
|--|----------------------|----------|---|-----------------------------|
| Infants (6 weeks-23 months) | | | | |
| Toddlers (24-35 months) | | | | |
| Preschool (36 months-kindergarten entry) | | | | |
| School age (kindergarten and above) | | | | |

7. If average enrollment is lower than your capacity, please select all options which apply:

- Capacity is greater than targeted program enrollment
- Lack of ability to recruit and retain qualified staff
- Lack of ability to recruit families
- Due to COVID-19
- Other
- Not Applicable

8. Enter details of the non-classroom staff employed in your program:

| | Number of full-time positions (35 hours or more per week) | Number of part-time positions (less than 35 hours a week) |
|--|---|---|
| Program Director/Principal | | |
| Program Supervisor | | |
| Assistant Director | | |
| Education Coordinator/Curriculum Coordinator | | |
| Kitchen Staff | | |
| Administrative Assistant | | |
| Financial Manager/Bookkeeper | | |
| Janitor | | |
| Nurse/Health Consultant | | |
| Instructional Coach | | |
| Parent Outreach Coordinator | | |
| Family Engagement Specialist | | |
| Intake Coordinator | | |
| Other (please describe _____) | | |

- For the positions that you entered as part time, how many hours is defined as part time?

9. Enter details on the number of classroom staff:

| | Infant Classroom | Toddler Classroom | Preschool Classroom | School Age Classroom |
|-------------------|------------------|-------------------|---------------------|----------------------|
| Lead Teacher | | | | |
| Teacher | | | | |
| Assistant Teacher | | | | |
| Aide | | | | |
| Floater | | | | |

10. Do you budget for substitutes?

- No
 - Would you like to budget for substitutes? Yes/No
 - If yes, what is the reason you are not able to budget for substitutes?
- Yes
 - How many hours per month do you use a substitute, on average?
 - What is the hourly rate you pay, on average?

Personnel Expenses

The following questions ask about compensation for staff in your program. We appreciate that many factors impact compensation - including education and experience - and that there will be variances within your program. We ask that you use your professional judgment to provide average salary details for each listed position. It may also help to think about what salary you would need to offer in order to recruit a staff member for the listed position. As a reminder, all data will be kept confidential.

11. What is the average annual salary for each of the following positions? For "other" please type the position and the average annual salary

| | Average annual salary | If less than 100% of position is allocated to your program, enter percentage that is included in your program budget: |
|--|-----------------------|---|
| Program Director/Principal | | |
| Program Supervisor | | |
| Assistant Director | | |
| Education Coordinator/Curriculum Coordinator | | |
| Kitchen Staff | | |
| Administrative Assistant | | |
| Financial Manager/Bookkeeper | | |
| Janitor | | |
| Nurse/Health Consultant | | |
| Instructional Coach | | |
| Parent Outreach Coordinator | | |
| Family Engagement Specialist | | |
| Intake Coordinator | | |
| Other (please describe _____) | | |

12. The following questions ask about teacher and other staff compensation. Do you want to report compensation as an annual salary or hourly wage?

- Annual Salary
- Hourly Wage

13. Annual: What is the average hourly wage for each of the following positions?
 Hourly: What is the average hourly wage for each of the following positions?

| | Infant Classroom | Toddler Classroom | Preschool Classroom | School Age Classroom |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Lead Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistant Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Floater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substitutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Are your current salaries sufficient to attract and keep the staff you need to provide a high-quality program?

- Yes
- No
- If no, what salary would you ideally pay for the following positions?
 - Lead Teacher
 - Assistant teacher
 - Program Director
 - Instructional Coach

15. Are your current salaries sufficient to attract and keep bilingual staff?

- Yes
- No
- Not applicable

If no, what salary point is needed to attract bilingual staff?

- Lead Teacher
- Assistant teacher
- Program Director
- Instructional Coach

16. Which of the following benefits do you offer employees? Select all that apply.

- None
- Health insurance
- Contribution to retirement plan
- Life insurance
- Paid sick days
- Paid vacation
- Paid federal/state holidays
- EAP services
- Other _____

17. Are your current benefits sufficient to attract and keep the staff you need to provide a high-quality program?

- Yes
- No

Which additional benefits would you ideally offer to staff?

- Health insurance

- Contribution to retirement plan
- Life insurance
- Paid sick days
- Paid vacation
- Paid federal/state holidays
- EAP services
- Other _____

Occupancy Expenses

18. Do you receive free or reduced rent for your space? i.e. Are you in a city/county/district-owned building or a community or church building and pay no rent or only a nominal lease amount per month? Select only one.
- Yes
 - No
 - Unsure
19. If No, do you own your space, or do you rent/lease?
- Rent/lease
 - Own
 - a. What is your monthly cost per square foot?
 - b. What is your monthly mortgage payment?
20. How much do you spend on utilities each month?

Nontraditional Hours of Care

21. Do you provide care outside of the hours of 6am to 7pm, Monday to Friday, or care on Saturday and Sunday?
- No
 - Yes
 - If yes, what is the hourly rate you pay the following staff for covering these hours:
 - i. Lead Teacher
 - ii. Teacher
 - iii. Assistant Teacher
 - iv. Aide

Skip to Revenue section (qu 49)

Family child care homes

22. What is your total licensed capacity?
23. Enter the number and age groups of children enrolled in your program on average over the past 12 months, and specifically for the month of March 2022.

| | Average number of children enrolled | Enrollment as of March 2022 |
|--|-------------------------------------|-----------------------------|
| Infants (6 weeks- 23 months) | | |
| Toddlers (24 - 35 months) | | |
| Preschool (36 months-kindergarten entry) | | |
| School age | | |

24. If average enrollment is lower than your licensed capacity, please select all options which apply:
- Licensed capacity is greater than targeted program enrollment

- Lack of ability to recruit and retain qualified staff
- Due to COVID-19
- Other
- Not Applicable

25. Approximately how many hours per week do you provide child care?

26. How many hours per week do you (and unpaid family/friends) spend on your child care business beyond the hours providing direct care to children? (e.g. grocery & supplies shopping for program, lesson planning, managing enrollment including prospective families, recordkeeping, bookkeeping, cleaning and disinfecting, work with parents, trainings for provider and staff, navigating state child care websites and more. Include the time you spend on these activities if you must carry them out while providing care for children because you have no other option.)

Program Expenses

The questions in this section align with the information you include on your [Schedule C](#) tax form. If you do not have this information, please use your best estimate. As a reminder, all data will be kept strictly confidential.

27. What is the total square footage of your home?

28. What is the total square footage of your home that is used for child care?

29. How much do you pay in rent/mortgage per month?

- Is the amount that you pay equal to the total amount of rent/mortgage? Yes, no, don't know
- If no, what is the total rent/mortgage amount for the home?

30. If you have a second mortgage or line of equity, what is the amount you pay per month for this loan?

31. How much do you pay for utilities per month?

32. What is your annual income from your child care business? This might be a salary that you pay yourself, or the profit/income of your business after all expenses have been paid. You might find this on line 31 of your [Schedule C](#) tax form. Provide this information for the most recent calendar year and 2019, if possible:

| Year | Annual Income |
|----------------------------|---------------|
| 2019 | \$ |
| Most recent calendar year: | \$ |

33. Is your current income/salary from your child care business sufficient?

- Yes
- No
 - If no, what is your target annual income from your child care business?

34. Does your child care business provide you with enough income to pay for any of the following benefits at a sufficient level? If so, select all that apply. Only select benefits paid out of your child care business expenses.

- Health insurance
- Contribution to retirement plan
- Life insurance
- Paid sick days
- Paid vacation
- Paid federal/state holidays
- Long term care insurance
- Burial insurance
- Mental health supports
- Other _____
- I can't afford any of these

35. Does your program employ any staff?
- Yes *Go to Qu 36*
 - No *Skip to Revenue section (qu 49)*

Family child care home compensation

36. Enter details on the number of staff, average hours worked per week, and hourly wage. Fill in the number of staff and hours even if these roles are filled by unpaid volunteers or family members:

| | Number of staff | Average hours per week per staff member | Average hourly wage |
|--|--------------------------|---|--------------------------|
| Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substitute | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (e.g., cook, cleaning, accounting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider/Owner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37. Are your current salaries sufficient to attract and keep the staff you need to provide a high-quality program?

- Yes
- No
 - If no, what salary would you ideally pay for the following positions?
 - Assistant
 - Other _____

38. Which of the following benefits do you offer full-time employees? Select all that apply.

- Health insurance
- Contribution to retirement plan
- Life insurance
- Paid sick days
- Paid vacation
- Paid federal/state holidays
- Employee Assistance Program services
- Long term care
- Other _____

39. Are your current benefits sufficient to attract and keep the staff you need to provide a high-quality program?

- Yes
- No
 - If no, which additional benefits would you ideally offer to staff?
 - Health insurance
 - Contribution to retirement plan
 - Life insurance
 - Paid sick days
 - Paid vacation
 - Paid federal/state holidays
 - Employee Assistance Program services
 - Long term care
 - Other _____

Nontraditional Hours of Care

40. Do you provide care outside of the hours of 6am to 7pm, Monday to Friday, or care on Saturday and Sunday?

- No
- Yes
 - If yes, what is the hourly rate you pay the following staff for covering these hours:

- i. Teacher
- ii. Assistant
- iii. Substitute

Skip to Revenue section (qu 49)

Family, Friend or Neighbor (license exempt home/Trustline provider/Relative)

41. Do you care for any children you are not related to?
- Yes
 - No
42. On average, how many children do you provide care for daily, both those related and not related to you?
- Related:
 - Not Related:
43. How many hours per day do you provide care, on average?
44. How many additional hours per week do you spend on activities related to providing care (such as filling out forms, purchasing food or supplies, navigating state child care websites)?
45. Do you provide care in your home or in the home of the child?
- a. In my home *Go to Qu 46*
 - b. In the home of the child *Skip to Revenue section (Qu 49)*
46. How much do you spend annually on:
- a. Occupancy (rent, mortgage)
 - b. Supplies (food, cleaning, toys, diapers, paper, books, all materials and supplies)
 - c. Vehicle expenses
47. How much do you spend annually on training or education for yourself to improve the care you provide?
48. Do you provide care outside of the hours of 6am to 7pm, Monday to Friday, or care on Saturday and Sunday?
- No
 - Yes

Skip to Revenue section (qu 49)

Revenue

The following section asks about the sources of revenue you access to cover the cost of operating your program.

49. Which of the following sources of revenue does your program receive? Check all that apply
- Private parent tuition
 - Additional parent fees
 - Alternative Payment Program (CAPP)
 - CalWORKs Stage One
 - CalWORKs Stage Two
 - CalWORKs Stage Three
 - Migrant Alternative Payment Program (CMAP)
 - General Child Care and Development (CCTR)
 - Migrant Child Care and Development (CMIG)
 - Children with Severe Disabilities (CHAN)

- Family Child Care Education Home Networks (CFCC)
- California State Preschool Program (CSPP)
- Emergency Child Care Bridge for Foster Care Children (Bridge)
- Head Start
- Early Head Start
- USDA food program (Child and Adult Care Food Program/CACFP)
- Fundraising
- Other _____

50. Which of the following is your PRIMARY source of revenue in the most recent fiscal year? Select only one

- Private parent tuition
- Additional parent fees
- Alternative Payment Program (CAPP)
- CalWORKs Stage One
- CalWORKs Stage Two
- CalWORKs Stage Three
- Migrant Alternative Payment Program (CMAP)
- General Child Care and Development (CCTR)
- Migrant Child Care and Development (CMIG)
- Children with Severe Disabilities (CHAN)
- Family Child Care Education Home Networks (CFCC)
- California State Preschool Program (CSPP)
- Emergency Child Care Bridge for Foster Care Children (Bridge)
- Head Start
- Early Head Start
- USDA food program (Child and Adult Care Food Program/CACFP)
- Fundraising
- Other _____

51. Approximately what percentage of your enrolled children received child care subsidy in March 2022?

- N/A
- 1-15%
- 16-30%
- 31-45%
- 46-60%
- 61-75%
- 76-100%

Additional information (optional)

These questions help ensure we are collected surveys from a broad cross-section of providers across the state.

52. Please use the space below if there is any additional information related to the cost of operating your program that you want to share with us. _____

Please provide your name and email address in case we need to follow-up with any questions about your response. As a reminder, your individual answers will only be shared with researchers on the study team. Data will only be reported in the summary with no individual program identifiers.

53. Name

54. Title

55. Organization

56. Email

57. Equitable participation in this survey is important for capturing the full range of provider experiences. If you're willing, please consider sharing information about how you identify so we can know where there are gaps in our data collection efforts.

How do you identify yourself in terms of ethnicity?

- Hispanic/Latino/LatinX
- Not Hispanic/Latino/LatinX

How do you identify yourself in terms of race?

- Alaska Native/American Indian
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- North African/Middle Eastern
- Two or More Races
- White
- Other
- Don't Know or Prefer Not to Say

58. How many of your staff are bilingual?

59. What languages do staff speak? (select all that apply)

- English
- Spanish
- Chinese, including Cantonese or Mandarin
- Korean
- Farsi
- Tagalog
- Vietnamese
- American Sign Language
- Other (_____)

Nonpersonnel section

This survey focuses on the key cost drivers of salary and compensation, if you would like to share additional information on your other program expenses, please do so with this optional set of questions related to nonpersonnel. These nonpersonnel details can be estimates of your expenses for each category and can be reported as annual or monthly cost.

Please fill in the annual or monthly amount for each of the following expense categories. If an expense does not apply to your program, please leave it blank

| | Annual | Monthly |
|---|--------|---------|
| Office Supplies/Equipment | | |
| Telephone/Internet | | |
| Insurance (child liability, professional, all) | | |
| Legal/Professional Fees (HR, accounting, other) | | |
| Audit | | |

| | | |
|---|--|--|
| Fees/Permits | | |
| Gifts | | |
| Fundraising Expenses | | |
| Professional Association/memberships | | |
| Recruitment/retention activities | | |
| Administration Fee | | |
| Occupancy | | |
| Rent /Lease/Mortgage (incl real estate taxes) | | |
| Other occupancy (incl utilities, pest control, lawn/landscaping and building maintenance) | | |
| Maintenance/Repairs/Renovations | | |
| Equipment | | |
| Cleaning/Janitorial | | |
| Food & Food Related Items | | |
| Classroom supplies | | |
| Medical Supplies | | |
| Educational Supplies | | |
| Laundry Service | | |
| Tuition assistance | | |
| Parent Activities | | |
| Child Transportation | | |
| Field Trip/Events | | |
| Professional Consultants (nurse, mental health, program, all) | | |
| Temp Personnel/Substitutes | | |
| Training/Professional Development expenses | | |
| Staff Travel | | |
| Other (_____) | | |