2021 Regional Market Rate Survey of Child Care Providers

Full Findings Report

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Exhibits

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Definitions of Terms

- **85th percentile:** The child care cost below or at which parents of 85% of children enrolled in child care programs paid.
- **Licensed child care center (LCC):** These centers provide nonmedical care and supervision for infants and school-aged children in a group setting.
- **Licensed family child care home (LFCH):** These centers provide nonmedical care and supervision for infants and school-age children in the home of a licensed provider. Small homes have eight children or less, and large homes have 14 children or less.
- **Market Profile:** Market Profiles are defined by grouping ZIP codes that have similar child care rates in 2018.
- **Reimbursement ceiling:** The 85th percentile of a child care cost estimate.

Executive Summary

The federal Child Care and Development Block Grant (CCDBG) requires the Lead Agency of the Child Care Development Fund (CCDF) to conduct a Market Rate Survey of California Child Care Providers (MRS) every 2 years. This data collection is instrumental in determining the reimbursement ceilings for child care subsidies in defined markets across California. This Regional Market Reimbursement Rate is a critical component of the state's child care system efforts to fairly compensate programs meeting Title 22 and Title 5 standards. The accuracy of these ceiling rates is not only dependent on the quality of the data collected from both licensed child care centers (LCCs) and licensed family child care homes (LFCHs) but also on the robustness of the methodology used in producing the estimates.

As the result of a competitive bid process in 2019, the California Department of Education (CDE), as the Lead Agency of CCDF at the time, selected the American Institutes for Research (AIR) to conduct the 2020 administration of the MRS. However, on March 4, 2020, Governor Gavin Newsom declared a state of emergency due to the ongoing COVID-19 pandemic outbreak. Because of this declaration, nearly all California school districts closed schools, and many child care providers also closed. Due to the "extraordinary circumstances" posed by the COVID-19 pandemic, the Administration for Children and Families (ACF) allowed lead agencies to request a temporary 1-year extension for conducting the MRS and/or the narrow cost analysis. Therefore, this report refers to the current survey as the 2021 MRS.

In addition, as part of the Early Childhood Development Act of 2020 (Senate Bill 98, Chapter 24, Statutes of 2020), the responsibilities of the Lead Agency and the child care and development programs funded by CCDF transitioned from CDE to the California Department of Social Services (CDSS) effective July 1, 2021. The transfer of the oversight of this requirement also shifted to CDSS.

To maintain consistency and comparability of the survey results with previous survey cycles, AIR employed a methodology that was largely replicated from previous survey cycles, with a few changes that were considered improvements. The main design methods include:

- Statistical modeling of child care rates for California's ZIP codes using small area estimation modeling rather than the cluster analysis used in the previous cycle;
- Grouping ZIP codes into Market Profiles as sampling strata and building blocks for the estimation of child care rate distributions;
- Categorizing LCCs and LFCHs into Market Profiles based on the physical location's ZIP code;

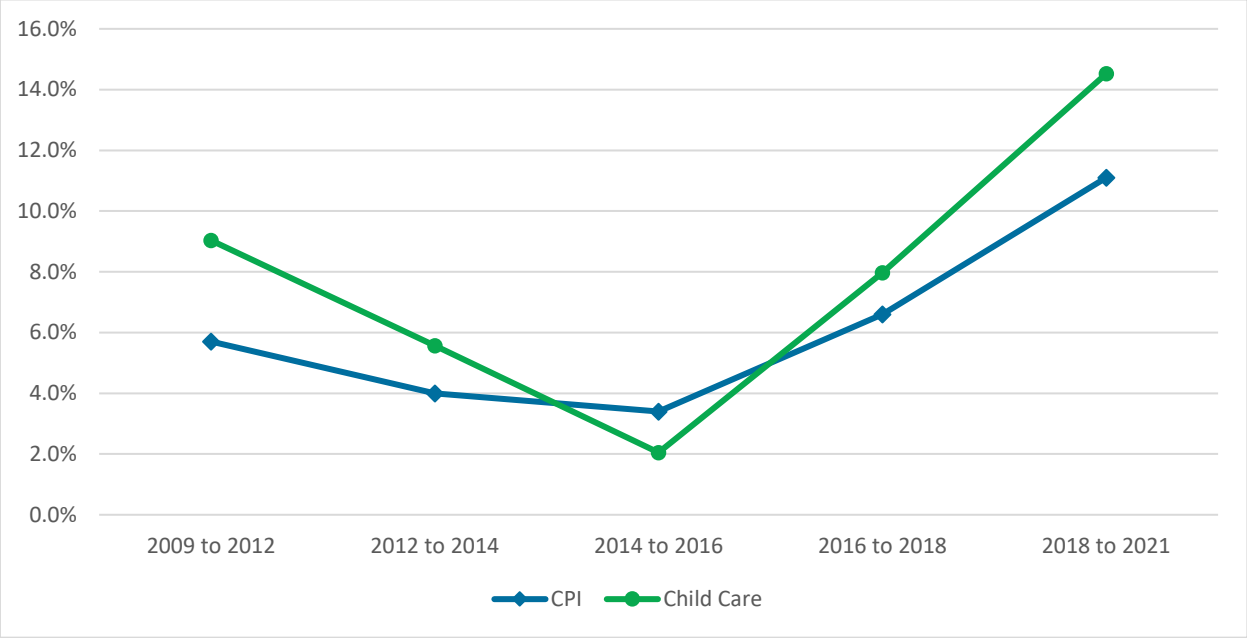
- Constructing the sample frame based on the Community Care Licensing database as a primary source of provider information;
- Converting child care rates for missing time categories if a provider reported their current rates in some but not all time categories (hourly, full-time or part-time daily, full-time or part-time weekly, or full-time or part-time monthly) using a least squares model, excluding influential cases that were not implemented in the previous cycle; and
- Computing child care rate distributions for Market Profiles by care setting, age of the child, and time category. Regional estimates are the weighted averages of the providers in the Market Profiles within their jurisdictions.

Fielding for the 2021 MRS began in June 2021 and continued into December 2021. LCCs had a 43% response rate, and LFCHs had a 41% response rate. These calculations are further explained in the Methodology section.

Because LCCs most commonly reported full-time monthly rates and LFCHs most commonly reported full-time weekly rates, the results discussed in the report focus on full-time monthly rates for LCCs and full-time weekly rates for LFCHs; child care rates for other time categories are published in the public data tables. On average, the 2021 MRS saw increases in the cost of child care for parents (i.e., the rates charged by providers) for infants, preschoolers, and school-age children in LCCs throughout the state compared with 2018. The 2021 survey saw a 7.6% increase in monthly infant care rates, a 10.1% increase in preschooler care rates, and a 13.2% increase in school-age children care rates. For LFCHs, the increases in 2021 as compared with 2018 were even larger. Rates increased 23.2% for infants, 20.4% for preschoolers, and 12.6% for school-age children from 2018 to 2021 (see Section 5 for more details). A 3-year gap between this 2021 survey and the 2018 survey was likely a reason for the relatively large increases. Other reasons might include the impacts of the COVID-19 pandemic and the unusual inflation observed in 2021. As shown in Exhibit ES-1, the cycle-to-cycle increases in the average child care rate ceiling and California consumer price index (CPI) show similar patterns over the years, and both the child care rate ceiling and CPI saw their lowest increases from 2014 to 2016 and highest increases from 2018 to 2021.[1]

[1] The main data collections were conducted from April to June for previous survey cycles, but from mid-June to November for the 2021 cycle. In CPI calculations, we used the online calculator available here to calculate the increases in CPI: https://www.dir.ca.gov/OPRL/CPI/CPICalculator/CpiCalculator.aspx. We picked June as the cutpoint for previous cycles and October for the 2021 cycle (the calculator estimates for even months only).

Exhibit ES-1. Cycle-to-Cycle Changes in Average Child Care Rate Ceiling and CPI (2009–21)



Less than half of providers reported that they did not charge families an additional amount beyond the child care subsidy reimbursement rate (31.4% of LCCs and 44.4% of LFCHs). By contrast, 38.3% of LCCs reported that they charged families the balance of the private pay rate through copayment or additional fees compared with 26.5% of LFCHs (see Section 5 for more details).

The COVID-19 pandemic affected the number of hours per week that the facility was open. More LCCs reported a decrease (43.2%) in the number of hours than those that reported an increase (2.6%). Similarly, more LFCHs reported a decrease (29.8%) in hours than those that reported an increase (7.8%). Since the start of the COVID-19 pandemic in March 2020, 52.0% of LCCs and 20.7% of LFCHs said they had increased child care rates (see Section 5 for more details).

1. Introduction

1.1. Background and Purpose of the Market Rate Survey

The Child Care Development Fund (CCDF) is authorized under the Child Care and Development Block Grant (CCCDBG) and provides Lead Agencies and states with funding and resources to assist low-income working families to pay for child care and to improve the quality of child care services for all children and families. Discretionary funding for this program is authorized by the Child Care and Development Block Grant Act of 1990 and reauthorized by the Child Care and Development Block Grant Act of 2014, which requires that states use a "statistically valid and reliable" market rate survey or alternative methodology, such as a cost estimation model, to set child care provider payment rates. The statute also requires that the methodology used for setting payment rates must account for variations by geographic region, the type of child care provider, and the age of the child.

As required by CCDF, the Lead Agency sponsors the Market Rate Survey of California Child Care Providers (MRS), which is a biennial survey of licensed child care providers in the state of California. The data collected from this survey are used to establish child care subsidy rates. In 2019, the California Department of Education (CDE), as the Lead Agency at the time, contracted with the American Institutes for Research (AIR) to design and conduct the 2020 MRS.

However, due to the COVID-19 pandemic and the resulting closure of many of the child care facilities throughout the state, California requested a waiver for "extraordinary circumstances" from the Administration for Children and Families (ACF) to postpone the collection of data for 1 year. The waiver request was approved by ACF, and data were collected between June 2021 and December 2021, in what is referred to as the 2021 MRS in this document.

In addition, as part of the Early Childhood Development Act of 2020 (Senate Bill 98, Chapter 24, Statutes of 2020), the responsibilities of the Lead Agency and the child care and development programs funded by CCDF transitioned from CDE to the California Department of Social Services (CDSS) effective July 1, 2021.

Since 2005, the statewide MRS in California has been producing regional estimates of reimbursement ceilings based on "Market Profiles." A Market Profile is a grouping of ZIP codes across the state that have similar estimated child care rates. Regional estimates use a weighted distribution of the Market Profiles to which the providers in the region belong. As required by the law, reimbursement ceilings are calculated for combinations of each of the following:

- Type of care—licensed child care center (LCC) and licensed family child care home (LFCH);

- Age of child—infant (i.e., under 2 years of age), preschooler (i.e., between the ages of 2 and 4), or school-age child (i.e., age 5 and older); and
- Time category—hourly, part-time daily, full-time daily, part-time weekly, full-time weekly, part-time monthly, or full-time monthly.

The ramifications of reimbursement ceilings for both low-income families and child care providers cannot be overstated. Families rely on subsidies to support their own employment, balance the cost of child care with other expenses, and provide the best possible care for their children. Child care providers rely on the subsidies to offer a salary that allows them to hire and retain experienced and effective teachers and invest in the schooling environment. A set of sound methodologies—scientific representative samples, valid survey instruments, rigorous data collection strategies, and a reliable estimation approach—are critical to produce reliable and accurate regional estimates throughout California.

This document summarizes the approach that AIR used to select the sample of child care providers for the 2021 MRS, collect data from child care providers, and estimate price distributions for child care rates. It then presents the main survey results and concludes with lessons learned for future surveys.

1.2. Delay of 2020 Survey Administration to 2021 Due to the COVID-19 Pandemic

This survey was originally intended to be administered in 2020 to meet the requirements of CCDF for the submission of the 2022–24 CCDF State Plan. However, on March 4, 2020, before data collection had begun, Governor Gavin Newsom declared a state of emergency due to the ongoing COVID-19 outbreak. Because of this declaration, nearly all California school districts closed schools, and many child care providers had to close. In light of the emergency situation, CDE, which was the Lead Agency at the time before the transition to CDSS, and AIR decided to put the survey on hold. CDE, in collaboration with CDSS and in anticipation of the transition of the Lead Agency responsibilities effective July 1, 2021, made the decision in March 2021 to conduct data collection in the summer of 2021.

2. Methodology

2.1. Market Profiles

Since 2005, the California MRS has used Market Profiles to help account for regional variations in market rates. Market Profiles, which were used in defining sampling strata, have been defined as noncontiguous groupings of ZIP codes that are similar in terms of socioeconomic and demographic characteristics. AIR calculated reimbursement ceilings for the Market Profile level. We used stratification to ensure sufficient sample size for each Market Profile to yield stable estimates. We derived regional estimates by weighting the averages of providers in the Market Profiles within their jurisdictions.

In previous survey administrations, Market Profiles were determined by performing a statistical analysis of U.S. Census data. The groupings of ZIP codes that comprise a Market Profile were based on a classification and regression tree (CART) analysis from 2005 to 2012, and a clustering methodology from the 2014–18 cycles. The CART analysis built a classification tree—a set of rules—that identified socioeconomic characteristics predictive of child care rates; after identifying the socioeconomic characteristics through the analysis, ZIP codes were grouped into Market Profiles based on the similarity of the selected socioeconomic characteristics. The reason for the change was that the CART methodology applied to the 2012 data did not produce Market Profiles with distinctly different child care rates. Similarly, the clustering methodology grouped ZIP codes into Market Profiles directly based on the similarity of socioeconomic characteristics.

Both CART and clustering methodologies formed Market Profiles based on socioeconomic characteristics. The goal of forming Market Profiles is to group ZIP codes to reflect different child care rate levels in different regions. Using child care rates to group ZIP codes rather than socioeconomic characteristics would offer a more direct and reliable approach. However, child care rates need to be estimated from survey data, and some ZIP codes may not have a sufficient sample to provide reliable estimates. In some cases, the ZIP codes may not have any providers at all. In the 2021 cycle, AIR approached this problem of small sample size for geographic areas though small area estimation (SAE), which combines survey estimates and model estimates to increase efficiency of the overall estimates for all ZIP codes. SAE is commonly used to produce reliable estimates for small domains and local areas in cases where survey data are insufficient because of few or no responses. For the 2021 California MRS, AIR used SAE to estimate child care rates for all ZIP codes using the 2018 survey data. AIR then classified the ZIP-code-level child care rates into deciles to form 10 Market Profiles. The next section describes the SAE methodology that AIR used to develop the Market Profiles, which were then used to create sampling strata.

2.1.1. Small Area Estimation

SAE uses auxiliary data (e.g., demographic information from administrative data or census data) that are available for all units in the population or all small areas in combination with survey data to model the estimates. There are two primary forms of SAE models: area-level and unit-level models.

Area-level models use area-specific auxiliary data (e.g., socioeconomic characteristics about ZIP codes) to model the small area estimate of interest, while unit-level models use unit-specific auxiliary data (e.g., child care facility characteristics) to model the variable of interest, and then aggregate the unit predictions for the defined small area. Because auxiliary data are available and rich with information about the ZIP code areas, AIR used an area-level model to estimate ZIP code child care rates for the study.

The area-level small area model was introduced by Fay and Herriot (1979). It incorporates a random effect for the small areas in a linear mixed model where both the auxiliary and response variables used in the modeling process are at the small-area level. Supposing $\bar{y}_i$ is the average market rate for area i, and $\bar{x}_i^T$ is a population mean vector of auxiliary variables for area i, the Fay-Herriot area-level model would be expressed as

$$\bar{y}_i = \bar{x}_i^T \beta + u_i + \bar{e}_i$$

where β is the regression parameters vector, u_i are area random effects with mean 0 and known variance σ_u^2, and $\bar{e}_i$ is the sampling error with mean 0 and known variance $\sigma_{\bar{e}}^2$.

The best linear unbiased predictor (BLUP) of u_i is

$$\hat{u}_i = \gamma_i(u_i + \bar{e}_i)$$

where

$$\gamma_i = \frac{\sigma_u^2}{\sigma_u^2 + \sigma_{\bar{e}}^2}$$

and the BLUP for the unknown mean for area i is

$$\hat{\theta}_i = \gamma_i \hat{y}_i + (1 - \gamma_i)\bar{x}_i^T \beta \quad if\ i\ \in A, or$$

$$\hat{\theta}_i = \bar{x}_i^T \beta \quad if\ i\ \notin A$$

where A are the areas where survey data on the variable of interest are available. This representation suggests that the BLUP for the small areas with observations are combinations of the direct survey estimators $\hat{y}_i$ and the regression-synthetic estimators $\bar{x}_i^T \beta$. For areas with

many observations, the BLUP relies more on the direct survey estimator; for areas with few observations, the BLUP relies more on the regression-synthetic estimator. In other words, when there are many survey data in a specific area, the BLUP is closer to the survey estimate, and when there are insufficient survey data in a specific area, it is closer to the regression estimate. The BLUP assumes that β and σ_u^2 are known, but in practice they are unknown, and $\hat{\beta}$ and $\hat{\sigma}_u^2$ must be replaced with estimators to obtain the empirical BLUP (EBLUP).

The SAE method groups ZIP codes using child care rate estimates directly when survey data are available and produces a sufficient sample size for reliable estimates by using child care rate estimates in combination with regression estimates when survey data are available but do not have a sufficient sample size. Conversely, SAE uses regression estimates when survey data are not available. Therefore, SAE should provide a stable set of Market Profiles because it is less reliant on the predictive power of socioeconomic characteristics regarding child care rates.

AIR constructed a summary measure of child care rates by ZIP code based on the mean full-time preschool weekly rate for 2018 (homes and centers combined) as the child care rate measure. We used preschool rates because most providers offer care for this age group. The mean was weighted by the number of preschoolers cared for by the provider. The covariates used in SAE modeling for developing the Market Profiles for the 2021 MRS were derived from the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates (2013–17). In addition, several variables also were taken from the 2010 Decennial Census. We extracted 2,095 ACS variables at the ZIP code level. In addition, we added two variables from the 2010 Census that were used in developing Market Profiles in previous years: housing unit density, which was defined as total housing units/land area, and the percentage of the population living in areas designated as rural.

We computed the Pearson product-moment correlation coefficient between each variable from the ACS or census data sets and the child care rate measure. Variables with an absolute correlation of 0.2 or greater were retained while variables not meeting this threshold were eliminated. This step resulted in 189 variables. To further refine the variable selection for the SAE model, we conducted a factor analysis of these 189 variables as a data-reduction technique. By reducing variables that were similar to each other, the factor analysis helped avoid collinearity issues in the SAE model-building process. The factor analysis identified 17 factors with an eigen value greater than 1, using the Kaiser criterion (Kaiser, 1960). We selected the 17 variables that had the highest factor loading on each factor and dropped three variables that were either selected multiple times or had an extremely high correlation with another of the 17 variables. This step resulted in 14 variables for use in the SAE. These variables, their description, and a list of their data sources are included in Appendix A.

Given that the Market Profiles created for sampling were based on the 2018 market rates and the 2013–17 ACS data, we updated the Market Profiles for estimation using the 2021 market rates and the 2016–20 ACS data. The 17 variables included in the final model are listed in Appendix A. We followed the same methodologies as discussed above, except that we took the spatial relationship among the ZIP codes into account in modeling the area random effects u_i (Singh et al., 2005).

2.2. Sample Frame Construction

The population of interest for the 2021 MRS included all LCCs and LFCHs providing unsubsidized child care to at least some clients. LCCs and LFCHs that only served subsidized children were not part of the target population.

Similar to past administrations, the 2021 MRS sample frame included providers that contracted directly with the state of California to capture the rates paid by families without subsidization in their programs. The sample frame included the following providers in California:

- LCCs with a license to provide care to infants, preschoolers, and/or school-age children
- LFCHs

AIR constructed the sample frame of providers from the following two data sources:

- The Community Care Licensing (CCL) database of licensed child care facilities provided by CDE
- Lists of active child care providers maintained by California's Resource and Referral agencies (R&Rs)

2.2.1. Source File Processing Procedures and Inclusion Rules

To develop the 2021 frame, AIR performed an initial comparison between the 2018 survey sample frame and the CCL database provided by CDE. The primary goal of this comparison was to ensure the completeness of the received CCL database.

The CCL database contains duplicate records, particularly for centers, as each facility has a different license number (labeled facility number in the database) for each license type: infant, preschool, and school-age. A single LFCH also may have multiple listings. AIR matched possible duplicates on name, address, and telephone number, and created lists of possible matches for review. This was done iteratively, by county.

- First, AIR deduplicated each license type against itself, keeping the most recent license (and accompanying contact information) based on the license date.
- Next, we deduplicated infant license types against school-age ones to create an intermediary centers file.

- Then, we deduplicated the intermediary file against the preschool facilities to create a final centers file.

Using CCL as a starting point, AIR took the following steps to enhance the frame with information provided by R&R agencies:

- After removing the duplicate records, AIR sent a cleaned version of the CCL provider list with contact information to R&Rs, asking them to review it for completeness and provide updated contact information as available. AIR gave R&Rs two options to complete their verification process: (1) reviewing the cleaned CCL data and comparing them to their records, or (2) sending a list of licensed providers to AIR from their database. All R&Rs responded to the request.
- R&Rs that chose the second option were provided with a list of required data elements. These R&R provider lists were used to augment the CCL database provided by CDE. AIR performed a side-by-side comparison in each of these instances, indicating any new information.

AIR then combined the R&R source files into one statewide database representing R&R agency information. AIR compared this list with the deduplicated CCL database to construct the final, comprehensive sample frame. In doing so, AIR favored being inclusive rather than exclusive in deduplication. We implemented the following decision rules:

- Providers appearing in only one source were included in the frame.
- Providers appearing in both sources were considered the same provider only if they matched on two data points (name and either address or telephone number).

This approach created as inclusive a frame as possible. This approach also resulted in sampled members who were later determined to be ineligible or who could not be reached because of inaccurate contact information. AIR included the following steps to mitigate these potential problems in order to reduce the number of duplicates:

- AIR staff used a fuzzy matching technique to identify the duplicate providers.
- Where conflicting contact information was found in the two sources (e.g., a provider's name and address matched, but the two sources had different telephone numbers), we used R&R agency information because this information should be more recent and was assumed to more closely reflect the active current provider population.

After deduplicating the statewide database of the combined R&R source files and the CCL database and before the 2021 survey administration, AIR compared the LCC records from the resulting database with the child care center data that were published by CDSS. This was to

ensure that the frame included any child care centers that opened after sample frame construction began.

2.3. Sampling

The three subsections below describe the process that AIR took to select the LCC and LFCH samples for the 2021 MRS.

2.3.1. Stratification

To be consistent with previous survey cycles, reimbursement ceilings were calculated at the Market Profile level, and county and subcounty estimates were weighted averages of providers in the Market Profiles within their jurisdictions. As described in the Market Profiles section, AIR developed the Market Profiles through the assistance of SAE modeling.

To ensure a sufficient sample size for stable estimates within each Market Profile, prior to sample selection, we defined strata to correspond to the Market Profile. The Market Profile strata was substratified based on whether providers are licensed for infants, school-age children, or preschoolers for the LCC sample. Stratification ensures that precision sample targets will be achieved by placing controls on the sample to ensure that an unrepresentative sample (e.g., a sample that contains few infant care centers or school-age centers) would not be included in the study.

2.3.2. Sample Allocation

AIR allocated samples based on a target of ±3.0% relative margin of error for a 95% confidence interval around a rate estimate within each Market Profile. Note that for some strata, a majority or all providers were sampled. Furthermore, if it was necessary to select more than 90% of providers in a stratum (or substratum) to achieve the desired precision, all providers in the stratum (or substratum) were selected. Finally, to ensure that all 58 counties were represented in the survey sample, AIR created a certainty stratum for counties with fewer than 30 total providers to ensure their inclusion in the sample. Providers in the certainty stratum were selected into the sample with a probability of 1.

Under this design, small strata—for example, infant care provider and school-age care provider strata—were selected with certainty because these two subpopulations are much smaller than the preschool-only provider population. In addition, we anticipated that many infant and school-age child care providers also offer preschool care, and therefore will provide rate information for that age group as well.

In Exhibits 2-1 and 2-2, we provide the final sample allocations used for LCCs and LFCHs for the 2021 MRS.

Exhibit 2-1. Final LCC Sample Allocations for the 2021 Market Rate Survey

Market Profile	Facility Type	Number of Selected Units	Number of Certainty Units	Total Number of LCCs on the Sample Frame
2	Infant provider	102	102	102
	School-age provider	88	88	88
	Preschool provider	506	89	953
3	Infant provider	109	109	109
	School-age provider	98	98	98
	Preschool provider	461	44	735
4	Infant provider	119	119	119
	School-age provider	103	103	103
	Preschool provider	483	38	928
5	Infant provider	105	105	105
	School-age provider	119	119	119
	Preschool provider	472	6	869
6	Infant provider	162	162	162
	School-age provider	151	151	151
	Preschool provider	383	1	836
7	Infant provider	163	163	163
	School-age provider	163	163	163
	Preschool provider	388	6	928
8	Infant provider	182	182	182
	School-age provider	247	247	247
	Preschool provider	303	1	978
9	Infant provider	174	174	174
	School-age provider	258	258	258
	Preschool provider	319	0	1,138
10	Infant provider	195	195	195
	School-age provider	282	282	282
	Preschool provider	283	3	1,370
Total		6,418	6,418	11,555

Exhibit 2-2. Final LFCH Sample Allocations for the 2021 Market Rate Survey

Market Profile	Number of Selected Units	Number of Certainty Units	Total Number of LFCHs
2	935	101	3,059
3	935	41	2,917
4	956	7	3,846
5	935	0	3,008
6	935	7	2,695
7	925	3	2,609
8	935	0	2,970
9	914	0	2,305
10	945	8	3,007
Total	8,415	167	26,416

2.3.3. Sample Selection

AIR implicitly stratified the providers within each stratum (and substratum) by sorting the sampling frame by Decennial Census 2020 region, county, ZIP code, and provider ID number to make sure the sampled providers are geographically representative of the strata. We then systematically selected a random sample of the allocated sample size using the allocations presented in the previous section. A systematic sample randomly selects a starting point and then selects every *m* records until the end of the list, where one in *m* was the sampling interval.

In Exhibits 2-3 and 2-4, we provide the sample distribution of LCCs and LFCHs by census region and county.

Exhibit 2-3. Sample Distribution of the 2021 Market Rate Survey by 2020 Census Region

Decennial Census 2020 Region	Number of Sampled LCCs	Total Number of LCCs	LCC Sampling Rate	Number of Sampled LFCHs	Total Number of LFCHs
Superior California	746	1,126	66%	861	2,573
North Coast	194	347	56%	221	686
San Francisco Bay Area	1,217	2,639	46%	1,896	5,670
Northern San Joaquin Valley	355	543	65%	429	1,388
Central Coast	440	739	60%	554	1,817
Southern San Joaquin Valley	379	640	59%	527	1,741
Inland Empire	536	843	64%	710	2,398
Los Angeles County	1,481	2,804	53%	1,768	5,553

Decennial Census 2020 Region	Number of Sampled LCCs	Total Number of LCCs	LCC Sampling Rate	Number of Sampled LFCHs	Total Number of LFCHs
Orange County	504	882	57%	352	1,047
San Diego—Imperial	566	992	57%	1,097	3,543
Total	6,418	11,555	56%	8,415	26,416

Exhibit 2-4. Sample Distribution of the 2021 Market Rate Survey by County

County Code	Number of Sampled LCCs	Total Number of LCCs	Number of Sampled LFCHs	Total Number of LFCHs
ALAMEDA	295	628	479	1,403
ALPINE	1	1	0	0
AMADOR	14	14	27	27
BUTTE	49	77	32	111
CALAVERAS	16	16	10	36
COLUSA	11	11	14	44
CONTRA COSTA	227	407	303	917
DEL NORTE	10	10	10	33
EL DORADO	34	66	23	77
FRESNO	166	295	149	516
GLENN	9	9	14	48
HUMBOLDT	37	58	31	110
IMPERIAL	30	56	79	264
INYO	11	11	21	21
KERN	118	182	180	597
KINGS	21	39	49	164
LAKE	21	21	17	63
LASSEN	11	11	17	17
LOS ANGELES	1,481	2,804	1,768	5,553
MADERA	22	35	37	123
MARIN	61	146	54	169
MARIPOSA	5	5	13	13
MENDOCINO	21	37	19	68
MERCED	48	80	58	191
MODOC	8	8	17	17
MONO	8	8	9	9
MONTEREY	62	117	105	360
NAPA	22	52	25	78
NEVADA	22	36	21	70

County Code	Number of Sampled LCCs	Total Number of LCCs	Number of Sampled LFCHs	Total Number of LFCHs
ORANGE	504	882	352	1,047
PLACER	110	155	82	270
PLUMAS	10	10	25	25
RIVERSIDE	254	407	420	1,434
SACRAMENTO	293	484	441	1,366
SAN BENITO	15	15	16	66
SAN BERNARDINO	282	436	290	964
SAN DIEGO	536	936	1,018	3,279
SAN FRANCISCO	130	352	249	793
SAN JOAQUIN	146	240	184	665
SAN LUIS OBISPO	64	103	67	224
SAN MATEO	137	320	201	606
SANTA BARBARA	85	154	124	380
SANTA CLARA	315	694	478	1,394
SANTA CRUZ	60	105	79	272
SHASTA	41	68	32	121
SIERRA	1	1	2	2
SISKIYOU	17	17	27	27
SOLANO	52	92	132	388
SONOMA	78	164	110	325
STANISLAUS	78	127	82	291
SUTTER	20	33	26	84
TEHAMA	29	29	14	52
TRINITY	5	5	9	9
TULARE	63	113	128	443
TUOLUMNE	17	17	9	33
VENTURA	154	245	163	515
YOLO	59	89	54	177
YUBA	22	22	20	65
TOTAL	6,418	11,555	8,415	26,416

2.4. Survey Instrument Development

The 2021 survey instrument was modified from the 2018 survey instrument to add the following items:

- Part-time daily rate in addition to full-time daily rate
- Child care cost questions, including staff salary, benefits, and other costs

- Child care quality questions
- COVID-19-related questions

The new cost questions were adapted from Maine's Child Care MRS (Maine Department of Health and Human Services, 2018). The new questions on program quality were based on the rating criteria specified for the Quality Counts California Rating Matrix (California Department of Education, 2021).

We conducted cognitive interviewing (Willis, 2005) to evaluate and further develop the new survey questions, except the COVID-19-related questions that were added later. Cognitive interviews are a qualitative method where respondents are asked to complete a draft survey questionnaire after which an interviewer asks follow-up questions, referred to as probes, to learn about how a respondent interprets a survey question, how they retrieve the needed information, and how they then formulate their answer within the context of the question being asked.

AIR conducted eight interviews with LFCH owners and LCC directors. Consistent with the survey eligibility requirements, respondents to the survey had to be a director of an LCC or an owner of an LFCH currently providing child care in California. Respondents were recruited through California R&R agencies and AIR staff based in California. AIR staff screened providers to ensure eligibility by searching their facility number in public records.

AIR revised the survey questionnaire based on findings from the cognitive interviews. After the outbreak of the COVID-19 pandemic, AIR developed and modified questions to gather information on how providers were impacted by the pandemic. This included adding questions about how services, staffing, and pricing had changed, and modifying and adding options to the quality questions to indicate that activities were delayed due to the pandemic.

3. Data Collection

For the 2021 survey, AIR used a sequential, mixed-mode approach where one mode is presented to respondents at a time. This approach was selected based on recent findings that offering multiple modes of responding simultaneously may depress response rates (Medway & Fulton, 2012). AIR's approach began by encouraging respondents to complete the survey with the lowest cost mode, a web survey (via a mailing with a link to access the web survey), before moving to the next lowest cost option, a paper survey. We sent a reminder postcard with a link to the web survey just before concluding with the highest cost option, a telephone survey. These data collection steps, dates, and quantities are provided in Exhibit 3-1.

Exhibit 3-1. 2021 Data Collection Steps, Dates, and Quantities

Data Collection Step	Date	Sample Size
First survey contact—letter with link to web survey	June 18, 2021	6,418 LCCs 8,415 LFCHs
Second survey contact—reminder letter with link to web survey	July 2, 2021	6,134 LCCs 7,954 LFCHs
Third survey contact—mail packet with paper survey	July 23, 2021	5,862 LCCs 7,625 LFCHs
Fourth survey contact—reminder postcard with link to web survey	August 16, 2021	5,467 LCCs 6,935 LFCHs
Telephone contact[1]	September–November 2021	5,219 LCCs 6,488 LFCHs
Close web survey	December 31, 2021	

[1] Telephone contact was temporarily suspended for providers in counties experiencing wildfires. These counties included 178 LCCs and 137 LFCHs.

3.1. Web Survey

AIR was responsible for the programming and implementation of the web survey. AIR used Verint's Enterprise Feedback Management data collection platform for this survey because it includes many features to meet Section 508 accessibility requirements by default and is responsive to device type. For LFCHs, we administered both English and Spanish versions of the web survey.

3.1.1. Development of Web Survey Instrument

Once the text survey questionnaires were finalized, AIR staff developed programming specifications for the questionnaires. These specifications provided guidance to the web survey programmer, such as skip patterns and where page breaks should be included. For example,

important instructions that might be presented at the top of the survey questionnaire may need to be repeated on multiple pages where relevant survey questions appear.

3.1.2. Programming and Testing of Web Survey

Once programming specifications were finalized, an AIR staff member programmed the survey in Verint's Enterprise Feedback Management platform. After the programming was completed, AIR staff thoroughly tested the web survey instrument to ensure its accuracy and that all Section 508 accessibility requirements had been met. Once needed changes had been made and the survey was tested again, AIR provided CDE with a survey testing URL to review the survey. CDE's IT department reviewed and tested the web survey instrument to ensure 508 compliance, and AIR's web survey programmer worked with them on further edits until all requirements were satisfied.

3.1.3. Respondent Access to the Web Survey

AIR invited respondents to access the web survey through an invitation letter that included a project-specific URL and provider-specific login credentials. We sent the login information a second time in a subsequent reminder letter. After the paper survey data collection and just before the telephone survey, we sent a final reminder card. All mailings were printed and mailed by AIR's Service-Disabled Veteran-Owned Small Business, PrintWorks of California.

3.2. Paper Survey

Following the web survey phase, AIR mailed web survey nonrespondents packets, including a printed paper survey to complete and return by mail. These mailings included a cover letter providing information about the survey, the paper survey, and a postage-paid business reply envelope. To administer the mail survey, AIR was supported by two partners: DataStat and PrintWorks of California. PrintWorks was responsible for printing and mailing all survey materials, while DataStat was responsible for scanning and processing all returned mail surveys. Throughout the survey administration, AIR oversaw the work performed by both partners.

3.2.1. Design of Mail Materials

AIR provided finalized mail materials to DataStat and PrintWorks, which developed the print-ready versions of all mail materials. DataStat led the development of the survey questionnaire formatting to ensure that the returned surveys could be processed using their optical character recognition software, while PrintWorks was responsible for developing the final layout of the remaining materials.

Final versions of the survey mail materials for LCCs and LFCHs are included in Appendix C.

3.2.2. Mailing Preparations

In advance of each mailing, AIR provided PrintWorks with mailing information for the sampled LCCs and LFCHs to be contacted. PrintWorks performed a mail merge and provided AIR final proofs to ensure that the mail merge was performed correctly. Throughout the printing process, PrintWorks performed checks on all printed materials to ensure that no smudging or smearing occurred. Subsequently, the materials were inserted in envelopes. As part of this process, PrintWorks again performed interval checks to ensure that the cover letter and survey questionnaire were both intended for the same respondent. PrintWorks delivered assembled envelopes to the post office for mailing.

3.2.3. Mail Intake and Optical Scanning

DataStat was responsible for receiving, scanning, and processing all paper surveys. DataStat's mail intake and scanning system was fully integrated with AIR's sample and data management systems. Envelopes with returned questionnaires were delivered to DataStat's extraction facility, where staff used automated equipment to open them. The returned paper surveys were sorted by project and status (e.g., completed, undeliverable) and tracked using the unique barcode on each questionnaire. Tracking information was linked to the sample management system so that AIR could monitor the status of each case in any sample at every stage. Responses from completed questionnaires were captured and populated into a master database using proprietary scanning software.

DataStat assigned a preliminary disposition code for each returned paper survey, included the date on which the code was assigned, and added the initials of the tracking operator. Systems were established to ensure that the date of receipt was associated with all pieces of returned mail.

DataStat used optical scanning for processing all surveys returned by mail. As part of this process, DataStat personnel reviewed any instance in which the scanning software was unable to make a determination, such as if a check mark covered multiple response options. To ensure the accuracy of this process, DataStat personnel also key-entered responses for 10% of the cases and compared those data with the data from the scanning software. In addition, DataStat personnel verified all scanned responses for open-ended fields.

3.3. Telephone Survey

Following the web and mail survey data collection phases, we attempted to contact nonrespondents by telephone to complete the survey in English or Spanish. DataStat conducted all telephone follow-up from their call centers in Ann Arbor, Michigan. Over a 4-week period, DataStat made up to three attempts to contact nonrespondents. DataStat's telephone survey software ensured that attempts were made across different times and days of the week. Call attempts

occurred Monday through Friday between 7 a.m. and 6 p.m. PT. For LFCHs, some attempts were made as late as 8 p.m. PT and select Saturdays during the telephone follow-up phase.

3.3.1. Interviewer Training

DataStat maintains a full-time workforce of telephone interviewers at its Ann Arbor, Michigan, offices. New interviewers undergo thorough training in the techniques and technology of telephone surveying as well as the ethics and conduct required for academic quality research. Following the training, interviewers must successfully complete two 5-hour training shifts, which include practice interviews.

Prior to conducting telephone interviews for this data collection, interviewers received a project-specific training that provided background information about the project, discussed frequently asked questions that will likely be raised by respondents, and included an overview of the survey questionnaire. The AIR project manager participated in this training to provide additional information to interviewers.

3.3.2. Quality Assurance of Telephone Interviews

To ensure that telephone interviewers were adhering to this project's specifications, DataStat performed regular monitoring of all telephone interviewers. Telephone monitoring involved observation by monitoring staff while an interview was being conducted. Each interviewer's performance was regularly rated to continually improve skills over time. Audio and visual components were monitored separately or simultaneously, in real time or recorded mode. DataStat's real-time sample control system displays exactly what each interviewer is doing at any moment. Supervisors were able to connect to an interviewer's phone and computer-assisted telephone interviewing (CATI) screen at the moment of contact with a respondent, listen to an entire interview, and make notes on a range of dimensions of interviewing quality. After a supervisor monitored an interview, they completed a quality assurance checklist and then conducted a debriefing with the interviewer. The supervisor critiqued the interview, determined a single summary grade for the interviewer on a 1 to 5 scale (1 was lowest and 5 was highest), and set goals for improvement. Interviewers who did not score a 5 were given remedial training and monitored again shortly thereafter. In general, interviewers had to score a consistent 5 to continue employment. Throughout the field period, DataStat monitored approximately 10% of interviews.

In addition to the monitoring performed by DataStat, AIR conducted two monitoring sessions during the telephone survey phase to assess interviewer performance and ensure that all specifications were being followed.

3.4. Translation of Web and CATI Materials Into Spanish

AIR translated materials for the web and telephone modes into Spanish. All translation was conducted by a native Spanish speaker. Following best practices, a second expert translator reviewed and revised the initial translation. The translators then discussed any discrepancies to arrive at a final agreed-on translation.

3.5. Survey Outcomes

Data collection from all modes ended on December 31, 2021. We received 6,405 responses: 39% by web, 33% by mail, and 28% by phone. Eligible respondents were those providing child care at the time of the survey. We received 2,836 responses from LCCs, of whom 2,658 were eligible respondents, and 3,569 responses from LFCHs, of whom 3,330 were eligible.

3.5.1. Responses by Language

Exhibit 3-2 provides the total number of responses by language (English and Spanish) and mode for LFCHs. There was no Spanish paper survey, and Spanish versions were not made available to LCCs. Approximately 10% of the responses were from Spanish-language versions of the survey: 197 from the Spanish web version and 151 from Spanish telephone interviews.

Exhibit 3-2. Total Number of Responses by Language and Mode for LFCHs

Language	Mail Response	Web Response	Phone Response	Total Response	Percent of Response
English	1,272	1,161	549	2,982	90%
Spanish	0	197	151	348	10%
Total	1,272	1,358	700	3,330	100%

3.5.2. Response Rates

To calculate response rates, we followed American Association for Public Opinion Research (AAPOR) standards (AAPOR, 2016). For this survey, we defined a survey as complete and partial as follows:

- Complete = respondent provided any response to the questions about their rate charged for service.[2]
- Partial = respondent provided a response to the survey but did not answer one or more questions about their rate charged for service.[3]

[2] The rate charged for service is determined by any answer to the monthly rate question (item 10 for LCCs and item 9 for LFCHs), weekly rate question (item 11 for LCCs and item 10 for LFCHs), daily rate question (item 12 for LCCs and item 11 for LFCHs), and hourly rate question (item 13 for LCCs and item 12 for LFCHs), regardless of full- or part-time status.
[3] In 2018, there was no distinction made between a complete and partial response; both were counted as "complete."

The final status of providers in our sample frame is provided in Exhibit 3-3 for LCCs and Exhibit 3-4 for LFCHs.

Exhibit 3-3. Final Status of the LCC Sample

Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Eligible respondents				
Mail—complete	540	8%	540	8%
Web—complete	679	11%	1,219	19%
Phone—complete	577	9%	1,796	28%
Mail—partial	140	2%	1,936	30%
Web—partial	328	5%	2,264	35%
Phone—partial	394	6%	2,658	41%
Ineligible respondents (not currently providing care)				
Mail—ineligible	46	1%	2,704	42%
Web—ineligible	87	1%	2,791	43%
Phone—ineligible	45	1%	2,836	44%
Nonrespondents				
Phone—language barrier	14	0%	2,850	44%
Phone—refusal	204	3%	3,054	48%
Phone—no longer a provider	66	1%	3,120	49%
Phone—reached maximum attempts	3,298	51%	6,418	100%

Exhibit 3-4. Final Status of the LFCH Sample

Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Eligible respondents				
Mail—complete	935	11%	935	11%
Web—complete	871	10%	1,806	21%
Phone—complete	371	4%	2,177	26%
Mail—partial	337	4%	2,514	30%
Web—partial	487	6%	3,001	36%
Phone—partial	329	4%	3,330	40%

Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Ineligible respondents (not currently providing care)				
Mail—ineligible	93	1%	3,423	41%
Web—ineligible	73	1%	3,496	42%
Phone—ineligible	73	1%	3,569	42%
Nonrespondents				
Phone—language barrier	135	2%	3,704	44%
Phone—refusal	209	2%	3,913	47%
Phone—no longer a provider	120	1%	4,033	48%
Phone—reached maximum attempts	4,382	52%	8,415	100%

We mapped these status categories to AAPOR categories as shown in Exhibit 3-5.

Exhibit 3-5. Coding of Final Status to AAPOR Categories

Status	Category
Eligible respondents	
Mail—complete	Complete
Web—complete	Complete
Phone—complete	Complete
Mail—partial	Partial
Web—partial	Partial
Phone—partial	Partial
Ineligible respondents (not currently providing care)	
Mail—ineligible	Ineligible
Web—ineligible	Ineligible
Phone—ineligible	Ineligible
Nonrespondents	
Phone—language barrier	Other
Phone—refusal	Refusal
Phone—no longer a provider	Ineligible
Phone—reached maximum attempts	Noncontact

We calculated response rates in two ways: (1) the overall response rate, which includes complete and partially complete responses in the calculation, corresponding to the AAPOR Response Rate 2 (RR2) formula, and (2) the complete response rate, which includes

"completes" only in the calculation, corresponding to the AAPOR Response Rate 1 (RR1) formula. The denominator used for calculating both response rates did not include ineligible respondents. Below, we show the formulas to compute the two types of response rates:

Overall Response Rate (AAPOR RR2) = (Complete + Partial)/ (Complete + Partial + Refusal + Noncontact + Others + Unknown)

Completion Response Rate (AAPOR RR1) = Complete / (Complete + Partial + Refusal + Noncontact + Others + Unknown)

In 2021, overall response rates (RR2) were 43% for LCCs and 41% for LFCHs. Compared with 2018, these response rates were lower for LCCs (47% in 2018) and higher for LFCHs (39% in 2018). Exhibits 3-6 and 3-7 provide response rates for the entire LLC and LFCH sample and by Market Profile. The completion response rate was not reported for 2018; however, in a separate analysis, using the 2021 definition of a complete response, we found that the rates were similar.

Exhibit 3-6a. LCC Overall Response Rates (RR2) by Mode for the State and Market Profiles

Profile	Total Number of Sampled Providers	Ineligible Providers	Total Number of Responses	Mail Responses	Web Responses	Phone Responses	Overall Response Rate (RR2)
State	6,418	244	2,658	680	1,007	971	43%
2	696	36	268	87	96	85	41%
3	668	31	266	69	117	80	42%
4	705	45	251	70	80	101	38%
5	696	34	266	67	107	92	40%
6	696	20	302	74	131	97	45%
7	714	31	326	89	107	130	48%
8	732	19	320	74	104	142	45%
9	751	12	347	82	138	127	47%
10	760	16	312	68	127	117	42%

Exhibit 3-6b. LCC Completion Response Rates (RR1) by Mode for the State and Market Profiles

Profile	Total Number of Completed Surveys	Mail Completes	Web Completes	Phone Completes	Completion Response Rate (RR1)
State	1,796	540	679	577	29%
2	148	62	50	36	22%
3	151	49	61	41	24%
4	149	48	54	47	23%
5	184	50	81	53	28%
6	223	64	100	59	33%
7	239	73	76	90	35%
8	229	64	72	93	32%
9	248	68	97	83	34%
10	225	62	88	75	30%

Exhibit 3-7a. LFCH Overall Response Rates (RR2) by Mode for the State and Market Profiles

Profile	Total Number of Sampled Providers	Ineligible Providers	Total Number of Responses	Mail Responses	Web Responses	Phone Responses	Overall Response Rate (RR2)
State	8,415	359	3,330	1,272	1,358	700	41%
2	935	37	428	161	185	82	48%
3	935	42	369	143	144	82	41%
4	956	40	421	152	175	94	46%
5	935	38	371	144	139	88	41%
6	935	43	357	146	143	68	40%
7	925	37	339	125	146	68	38%
8	935	33	346	137	137	72	38%
9	914	36	359	140	149	70	41%
10	945	53	340	124	140	76	38%

Exhibit 3-7b. LCFH Completion Response Rates (RR1) by Mode for the State and Market Profiles

Profile	Total Number of Completed Surveys	Mail Completes	Web Completes	Phone Completes	Completion Response Rate (RR1)
State	2,177	935	871	371	27%
2	279	115	123	41	31%
3	224	98	85	41	25%
4	238	99	98	41	26%
5	213	102	68	43	24%
6	234	104	93	37	26%
7	232	91	101	40	26%
8	247	109	98	40	27%
9	261	118	104	39	30%
10	249	99	101	49	28%

4. Data Processing and Analytic Approach

4.1. Data Processing Procedures

AIR analysts first prepared the web survey data, telephone survey data, and mail survey data for merging by dropping test cases in each data file, standardizing variable names and formats across the three sources. AIR conducted logic checks and range checks for the mail survey data to parallel the checks that were programmed into the web and telephone surveys. For those providers who responded multiple times to the survey, AIR retained the most complete record for a respondent. AIR then merged disposition data containing the results of telephone outreach efforts with the combined survey data for final response rate calculations and weighting.

AIR produced tabulations for each variable to assist in the review of the fully merged data to identify any abnormal values or distributions. We created flag variables for those variables to indicate special response status (e.g., don't know, refused, commission error in the mail survey), which was set to a generic "missing" in the variables used for analysis. Finally, AIR renamed variables that were included in the 2018 survey to match variable names in the 2018 codebooks; for new survey questions, AIR used an intuitive part of the variable name (e.g., num_staff_admin) but not the sequential portion (e.g., d1a).

AIR submitted two cleaned data sets, with all cases providing any data, and two codebooks to CDE, one for each type of care facility (LCC and LFCH).

4.2. Creating Analytic Weights

To ensure that estimates reflected the population of providers serving "parent pay all" children, AIR created analytic weights through a multistep process so that weighted estimates using the final weights were unbiased. The analytic weights were only created for the complete interviews as defined in section 3.5.2. The process included the following steps:

1. Create a base weight that was the inverse of the selection probability of a provider to reflect its probability of selection into the sample,
2. Adjust the base weight to account for differential survey completion rates among providers with different characteristics, and
3. Calibrate the final weights by raking nonresponse-adjusted weights to population totals.

All child care rate estimates were computed using the final weights.

4.3. Rate Trimming

Errors during data collection occasionally resulted in inconsistent values and outlier values for child care rates. AIR conducted two types of checks to reconcile these values.

First, AIR examined the reported rates and identified inconsistencies among the rate categories for a responding provider. For example, a provider may have reported the same rates for different time units, such as $200 per month and $200 per week, both for full-time care. In this case, AIR would accept the $200 as the weekly charge and replace the monthly charge with a missing value. AIR also identified inconsistencies where a provider reported a rate for a shorter time period that was higher than the rate reported for a longer time period. For example, a provider may have reported $300 per week but $200 per month, both for full-time care. In this case, AIR would accept the $300 as the weekly charge and discard the reported monthly rate because the reported weekly charge looked more reasonable based on the average rates reported in 2018.

Second, we trimmed outliers and capped extreme values at the upper bound (97.5 percentile) and lower bound (2.5 percentile) for each provider type, age group, and time unit combination.

4.4. Rate Conversions

Providers might not report child care rates for all categories that applied to them. When a provider did not fully report all the time units, AIR converted the provider-reported rates to a full spectrum of rates for the same age group for which the provider reported any rates; these included hourly, part-time daily, full-time daily, part-time weekly, full-time weekly, part-time monthly, and full-time monthly.

In order to convert the rates, AIR used the least squares estimator on the reported rates to calculate the conversion factors by minimizing the difference between the actual and converted rates for a specific time unit. Excluding influential cases with Cook's D statistics larger than 1 (Cook, 1977), the conversion estimations were conducted separately for each provider type (i.e., LCCs and LFCHs) and child age group.

For LCCs, the pairs of rates that were converted to and from one another are listed as follows (full-time monthly rates were the primary category used for cross-category conversions as they were the most commonly reported rates):

- Hourly ↔ Full-time monthly
- Full-time daily ↔ Full-time monthly
- Full-time weekly ↔ Full-time monthly
- Full-time daily ↔ Part-time daily

- Full-time weekly ↔ Part-time weekly
- Full-time monthly ↔ Part-time monthly

For LFCHs, the pairs of rates that were converted to and from one another are listed as follows (full-time weekly rates were the primary category used for cross-category conversions as they were the most commonly reported rates):

- Hourly ↔ Full-time weekly
- Full-time daily ↔ Full-time weekly
- Full-time monthly ↔ Full-time weekly
- Full-time daily ↔ Part-time daily
- Full-time weekly ↔ Part-time weekly
- Full-time monthly ↔ Part-time monthly

AIR prioritized the conversion factors based generally on the proximity of the reported time unit to the converted unit.[4] We used hourly rates only when no other rate was reported because they tended to have weaker correlations with other rates. For both LCCs and LFCHs, the prioritization is indicated in Exhibit 4-1. For example, for both LCCs and LFCHs, when full-time monthly rates were not reported, we converted full-time weekly rates (if available) to full-time monthly rates; if full-time weekly rates were not available, we converted full-time daily rates (if available) to full-time monthly rates; if full-time daily rates were not available, we converted part-time monthly rates (if available) to full-time monthly rates; and so on.

Exhibit 4-1. Conversion Factor Prioritization

Type of Schedule	Hourly	Full-Time Daily	Full-Time Weekly	Full-Time Monthly	Part-Time Daily	Part-Time Weekly	Part-Time Monthly
Hourly	N/A	1	2	3	4	5	6
Full-Time Daily	6	N/A	1	2	3	4	5
Full-Time Weekly	6	1	N/A	2	4	3	5
Full-Time Monthly	6	2	1	N/A	5	4	3
Part-Time Daily	6	1	3	5	N/A	2	4

[4] Daily rates were prioritized over weekly rates for part-time monthly rate conversions in 2018. In 2021, AIR reversed this by prioritizing weekly rates over daily rates for part-time monthly rate conversions.

Type of Schedule	Hourly	Full-Time Daily	Full-Time Weekly	Full-Time Monthly	Part-Time Daily	Part-Time Weekly	Part-Time Monthly
Part-Time Weekly	6	2	1	5	3	N/A	4
Part-Time Monthly	6	5	4	1	3	2	N/A

Using the priorities shown in Exhibit 4-1, AIR converted missing rates for those providers who reported child care rates for some but not all of the time categories. After the conversions, we trimmed extreme values again at the 2.5 percentile and 97.5 percentile. The trimming was done mostly to avoid extreme values distorting in the mean estimates as those extreme values were not expected to affect the reported percentile estimates. Exhibits B-1 to B-6 in Appendix B show the conversion factors among time categories by child care setting and age group.

4.5. Rate Estimation

4.5.1. Weighted Price Distribution

Rate estimates were weighted by survey final weights and enrollment. Therefore, for each price category for a specific combination of child care setting (LCC and LFCH), age group (infant, preschooler, and school-age child), and care schedule (full time and part time), the weighted price distribution represents the price distribution for all enrolled students across all providers in California.

The 2021 survey collected enrollment information for each combination of age group (infant, preschool, and school-age) and care schedule (full time and part time) in both LCC and LFCH questionnaires. As the survey only asked enrollment information by care schedule (i.e., hours per week) and age group, AIR used the same enrollment for different rate categories (monthly, weekly, daily, and hourly). That is, the same full-time enrollment for a provider was used for all full-time rates regardless of rate categories (monthly, weekly, or daily); the same approach applied to part-time enrollments and part-time rates. For hourly rates, AIR used the sum of full-time and part-time enrollments for each provider.

4.5.2. Market Profile Percentile Estimation

AIR used the linear interpolation below to calculate percentile estimates for all categories of care (defined by age group, rate category, and care schedule) under each Market Profile based on the **weighted price distribution** described above. We chose this method to accommodate the relatively small sample size for each care category in each Market Profile. For the k^{th} percentile,

$$\hat{p}_k = U_k - \frac{F(U_k) - k/100}{F(U_k) - F(L_k)} \times (U_k - L_k)$$

where L_k = lower bound of k^{th} percentile

U_k = upper bound of k^{th} percentile

$F(L_k)$ = cumulative distribution evaluated at L_k

$F(U_k)$ = cumulative distribution evaluated at U_k

For each care category in each Market Profile, the linear interpolation found the value for a given percentile by subtracting a proportion of the difference between the low-bound and upper bound values from the upper bound value.

4.5.3. County Percentile Estimation

County estimates are the weighted averages of the providers in the Market Profiles within their jurisdictions. To calculate county percentiles, AIR first calculated the average price distribution for each Market Profile by dividing the weighted price distribution by the weighted counts of providers in the Market Profile. Conceptually, this average price distribution represents the price distribution for an "average provider" under that Market Profile.

We calculated a county price distribution based on the average price distribution as defined above. The calculation of the county price distribution included the following steps:

1. Count the number of providers on the frame within each Market Profile for that county,
2. Multiply the average price distribution for a Market Profile by the number of providers in step 1, and
3. Sum up the products in step 2 across all Market Profiles for that county.

In summary, AIR calculated the price distribution for a county by deriving the price distribution for an "average" provider in each Market Profile, weighting the price distribution by the number of providers in the correspondent Market Profile in the county, and adding up the weighted price distributions across Market Profiles for that county. The county price distribution was calculated for each category of care for all counties.[5]

We used the same linear interpolation formula for Market Profile percentiles in computing county percentile estimates for all categories of care using the county price distributions described above.

Other regional estimates (e.g., ZIP codes) can use the same percentile estimation for counties.

[5] In the sampling frame, there were no LFCHs in Alpine County. To produce the county price distribution, AIR derived county estimates by assuming that there was one home in Market Profile 3 for Alpine County. This assumption was based on the one LCC in Alpine County, which was in Market Profile 3.

4.5.4. Variance Estimation

AIR employed the successive difference replication (SDR) method for variance estimation. The SDR is appropriate for systematic samples (Torrieri, 2014), as in the case of this survey. Using the SDR, AIR estimated the variance of survey estimates by repeatedly selecting subsamples from the full sample (i.e., replicate samples). Estimates were then calculated based on the full sample and subsamples. The variance of a survey estimate is computed as follows:

$$v(\hat{\theta}_0) = \frac{4}{80}\sum_{r=1}^{80}(\hat{\theta}_r - \hat{\theta}_0)^2$$

where $\hat{\theta}_0$ is an estimate (e.g., mean, percentile, or proportion) calculated based on the full-sample weights (e.g., sampling weights, nonresponse adjusted weights, or final weights), and $\hat{\theta}_r$ is a replicate estimate calculated based on the r^{th} set of replicate weights. We also incorporated a finite population correction (FPC) factor into the variance estimation procedure to account for the fact that the samples included more than 5% of providers in the populations. The standard error of an estimate was calculated as the square root of the variance.

5. Survey Results

5.1. The 2021 Reimbursement Ceilings

Following the analytic approach described above, AIR produced estimates of child care rates for each combination of child care setting, age group, rate category, and care schedule (e.g., LCC infant monthly full-time rate) for each Market Profile and for each county. This report focuses on summary statistics of LCC full-time monthly rates and LFCH full-time weekly rates for counties as these categories were most commonly reported by providers. Complete detailed estimates are published in two public data tables in Microsoft Excel files, one for Market Profile (marketprofiledata2021.xlsx) and one for county (regionalmarketrates2021.xlsx).

5.1.1. Comparisons With the 2018 Reimbursement Ceilings

The 2021 MRS found that, on average, the cost of child care for parents (i.e., the rates charged by providers) increased across all care categories throughout the state compared with 2018. Average monthly costs for children enrolled in LCCs across the counties, as indicated by the 85th percentile for reimbursement ceilings, increased by an average of 7.6%, 10.1%, and 13.2% for infants, preschoolers, and school-age children, respectively, as shown in Exhibit 5-1. The costs for children enrolled in LFCHs saw even larger increases. Average weekly costs for infants, preschoolers, and school-age children across the counties increased by 23.2%, 20.4%, and 12.6%, respectively (see Exhibit 5-2). Note that we display rates in monthly and weekly increments for LCC and LFCH respondents, respectively, as these were the most commonly reported rates for these provider types.

Exhibit 5-1. 2021 and 2018 County Comparison for LCC Full-Time Monthly 85th Percentile

Age Group	2021 Mean County	2018 Mean County	Average Difference	Average Percent Increase	Minimum Difference	Maximum Difference
Infant	$1,628.93	$1,513.46	$115.47	7.6%	-274.36	528.12
Preschool	$1,199.63	$1,089.23	$110.40	10.1%	-160.96	559.42
School-age	$1,020.09	$900.94	$119.15	13.2%	-399.65	395.04

Exhibit 5-2. 2021 and 2018 County Comparison for LFCH Full-Time Weekly 85th Percentile

Age Group	2021 Mean County	2018 Mean County	Average Difference	Average Percent Increase	Minimum Difference	Maximum Difference
Infant	$316.00	$256.52	$59.48	23.2%	-28.25	125.69
Preschool	$278.47	$231.33	$47.14	20.4%	-15.72	141.04
School-age	$228.16	$202.69	$25.47	12.6%	-24.89	56.15

To assess the size of these rate increases, we graphed the rate hikes for each MRS cycle from 2009 to the present, as shown in Exhibits 5-3 and 5-4 below. In Exhibit 5-3, we show the increase in monthly rates for LCCs. The increase in the average cost of care for preschoolers, shown by the light-blue line, demonstrates that the 10.1% increase evident over the last 3 years is the largest increase seen over the last 12 years. The second largest increase was in the 2016–18 cycle, with a rate increase of 9.6%. School-age child care in LCCs increased 13.2% from 2018 to 2021, rivaling the 14.8% increase in the 2009 to 2012 cycle, as shown by the medium-blue line. The infant care cost increase of 7.6% in LCCs seen in the most recent MRS cycle is the second largest; 9.7% was the highest rate increase, which occurred in the 2012–14 cycle (see the dark-blue line).

We see a similar pattern in the increase of the cost of care in LFCHs; increases from 2018 to 2021 were larger than for any previous MRS cycle from 2009 to the present. As shown in Exhibit 5-4, infant care rates in LFCHs went up 23.2% compared with a previous high of 14.8%. Care for preschool-age children in LFCHs went up 20.4% compared with a previous high of 10.4%. School-age care in LFCHs went up 12.6% compared with a previous high of 10.6%.

There are several potential reasons for these unprecedented increases in the cost of child care. One explanation may be that there was a 3-year gap between the 2021 survey and the 2018 survey compared with the 2-year gap in most previous survey cycles. In addition, high inflation rates in 2021 may have contributed to price hikes. Finally, the COVID-19 pandemic also likely contributed to the increased cost of care, as providers reduced adult-to-child ratios and group sizes to minimize the chance of disease transmission in child care settings, and increased their expenditures on janitorial services, cleaning supplies, and related expenses (Workman & Jessen-Howard, 2020).

Exhibit 5-3. Cycle-to-Cycle Changes in Monthly Reimbursement Ceilings for LCCs (2009–21)

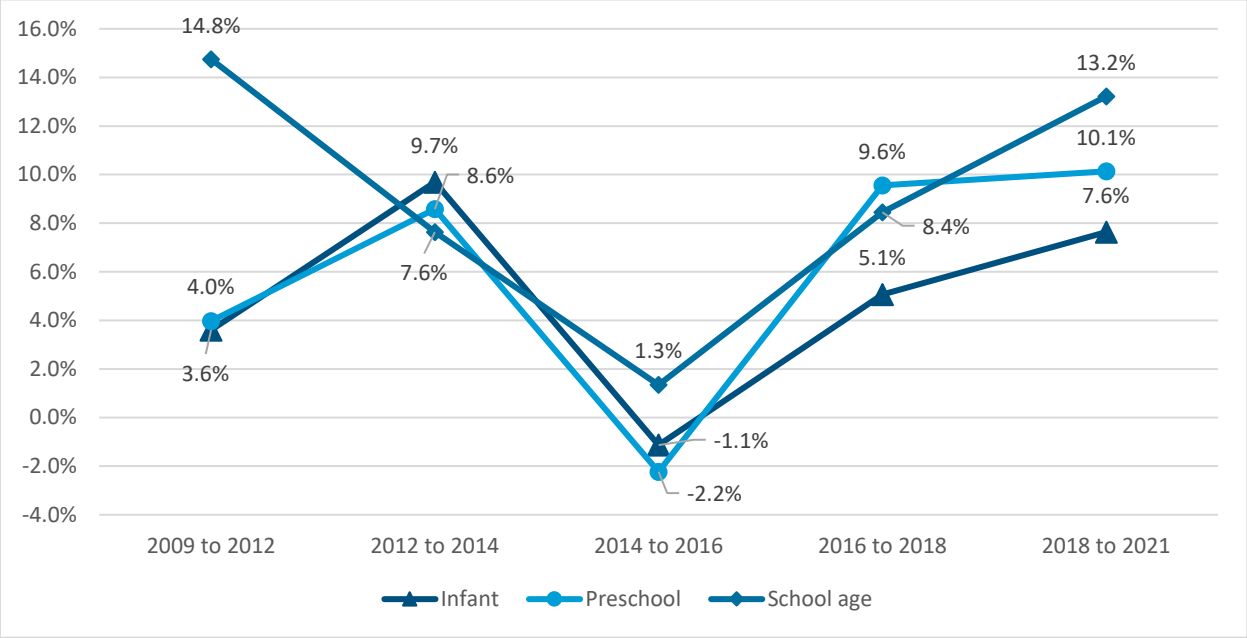
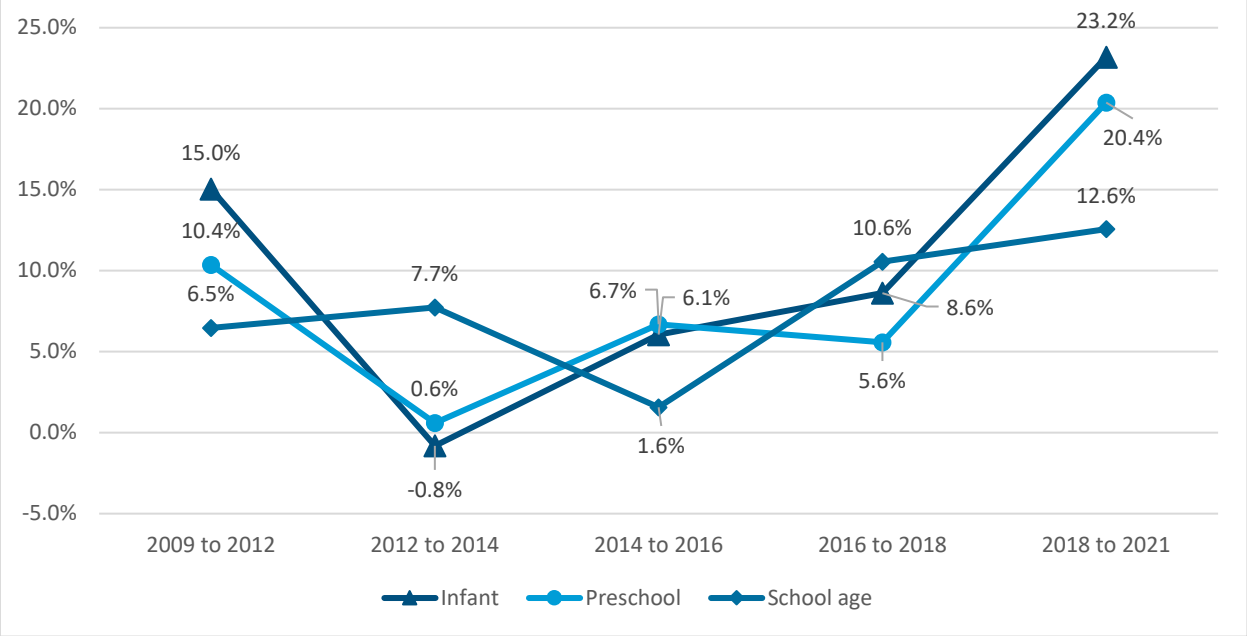


Exhibit 5-4. Cycle-to-Cycle Changes in Weekly Reimbursement Ceilings for LFCHs (2009–21)



5.1.2. Top Five County Reimbursement Ceiling Changes

Although rates have increased on average, there was significant variation across counties. In some locales, prices even went down compared with the estimates from the 2018 survey, which might be due to decreased child care demands during the pandemic in these areas. To

highlight the counties with the largest decreases and largest increases, Exhibits 5-5 to 5-10 below list the five counties with the greatest change for each age category for LCCs and LFCHs.

For LCC monthly rates, at least five counties saw decreases in infant care rates, but only two of them decreased by more than 10%. Similarly, at least five counties saw decreases in preschooler care rates, but only three of them decreased by more than 10%. By contrast, at least five counties saw a more than 10% decrease for school-age children care rates.

For LCC monthly rates, the top five counties saw more than a 40% increase in infant rates, more than a 31% increase in preschooler rates, and more than a 61% increase in school-age rates.

Exhibit 5-5. The Five Counties With the Largest LCC Infant Monthly Rate Decrease

Infant	2018	2021	Percent Difference
INYO	$1,546.10	$1,271.75	-17.75%
SUTTER	$1,505.13	$1,311.76	-12.85%
HUMBOLDT	$1,511.16	$1,362.57	-9.83%
BUTTE	$1,395.20	$1,273.90	-8.69%
CALAVERAS	$1,379.73	$1,274.57	-7.62%

Exhibit 5-6. The Five Counties With the Largest LCC Preschooler Monthly Rate Decrease

Preschool	2018	2021	Percent Difference
ALPINE	$983.40	$831.04	-15.49%
BUTTE	$1,040.79	$879.83	-15.46%
INYO	$1,002.64	$861.05	-14.12%
STANISLAUS	$980.91	$890.16	-9.25%
HUMBOLDT	$1,053.42	$968.17	-8.09%

Exhibit 5-7. The Five Counties With the Largest LCC School-Age Child Monthly Rate Decrease

School-Age	2018	2021	Percent Difference
SANTA CRUZ	$1,450.87	$1,051.23	-27.55%
EL DORADO	$1,293.30	$1,028.89	-20.44%
SANTA BARBARA	$1,482.14	$1,244.42	-16.04%
YOLO	$1,412.44	$1,197.36	-15.23%
ORANGE	$1,319.61	$1,138.67	-13.71%

Exhibit 5-8. The Five Counties With the Largest LCC Infant Monthly Rate Increase

Infant	2018	2021	Percent Difference
PLUMAS	$904.71	$1,353.44	49.60%
MODOC	$904.71	$1,349.97	49.22%
LASSEN	$904.71	$1,274.20	40.84%
TRINITY	$904.71	$1,270.65	40.45%
DEL NORTE	$904.71	$1,268.61	40.22%

Exhibit 5-9. The Five Counties With the Largest LCC Preschool Monthly Rate Increase

Preschool	2018	2021	Percent Difference
SAN LUIS OBISPO	$1,130.41	$1,689.83	49.49%
GLENN	$805.00	$1,123.82	39.60%
PLUMAS	$722.03	$974.11	34.91%
NEVADA	$1,021.59	$1,345.68	31.72%
TRINITY	$722.03	$949.71	31.53%

Exhibit 5-10. The Five Counties With the Largest LCC School-Age Monthly Rate Increase

School-Age	2018	2021	Percent Difference
PLUMAS	$513.11	$908.15	76.99%
MODOC	$513.11	$884.98	72.47%
TRINITY	$513.11	$882.98	72.08%
LASSEN	$513.11	$875.66	70.66%
DEL NORTE	$513.11	$831.01	61.96%

For LFCH weekly rates, Exhibits 5-11 to 5-16 below show that only two counties saw a decrease in infant care rates, one saw a drop in preschooler care rates, and four saw a decrease in school-age child care rates. None of the decreases were more than 10%. By contrast, the top five saw more than a 44% increase in infant care rates, more than a 39% increase in preschooler care rates, and more than a 23% increase in school-age child care rates.

Exhibit 5-11. The Five Counties With the Largest LFCH Infant Weekly Rate Decrease

Infant	2018	2021	Percent Difference
MONO	$327.20	$298.95	-8.63%
NAPA	$299.01	$296.52	-0.83%
BUTTE*	$250.19	$255.39	2.08%
VENTURA*	$292.66	$299.46	2.32%
ORANGE*	$340.93	$361.13	5.93%

* Indicates smallest increase.

Exhibit 5-12. The Five Counties With the Largest LFCH Preschooler Weekly Rate Decrease

Preschool	2018	2021	Percent Difference
INYO	$215.69	$199.97	-7.29%
TUOLUMNE*	$204.41	$206.07	0.81%
HUMBOLDT*	$215.87	$220.92	2.34%
BUTTE*	$207.66	$214.99	3.53%
MONO*	$288.26	$299.64	3.95%

* Indicates smallest increase.

Exhibit 5-13. The Five Counties With the Largest LFCH School-Age Child Weekly Rate Decrease

School-Age	2018	2021	Percent Difference
ORANGE	$274.49	$249.60	-9.07%
MONO	$266.13	$247.30	-7.08%
NAPA	$250.43	$240.99	-3.77%
TUOLUMNE	$187.09	$185.12	-1.05%
BUTTE*	$182.59	$187.67	2.78%

* Indicates smallest increase.

Exhibit 5-14. The Five Counties With the Largest LFCH Infant Weekly Rate Increase

Infant	2018	2021	Percent Difference
TULARE	$214.39	$335.95	56.70%
KERN	$226.16	$349.61	54.59%
NEVADA	$229.14	$338.10	47.55%
SIERRA	$204.91	$297.34	45.11%
PLUMAS	$204.91	$296.95	44.92%

Exhibit 5-15. The Five Counties With the Largest LFCH Preschool Weekly Rate Increase

Preschool	2018	2021	Percent Difference
KERN	$200.37	$299.80	49.62%
TULARE	$186.23	$269.06	44.47%
SIERRA	$175.85	$246.72	40.30%
NEVADA	$206.31	$289.20	40.18%
SANTA CLARA	$354.03	$495.07	39.84%

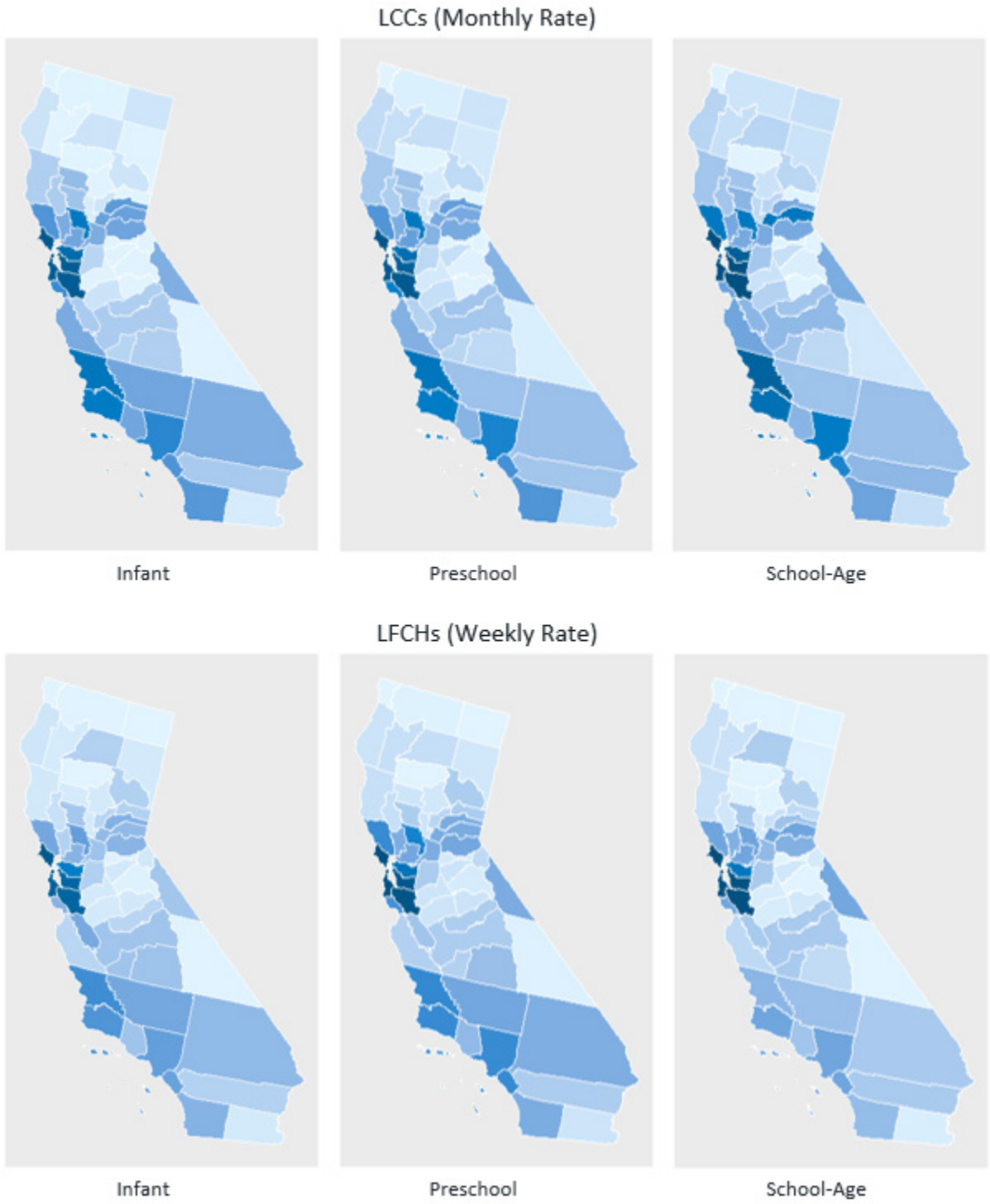
Exhibit 5-16. The Five Counties With the Largest LFCH School-Age Weekly Rate Increase

School-Age	2018	2021	Percent Difference
SOLANO	$193.12	$249.28	29.08%
SAN LUIS OBISPO	$195.44	$249.31	27.56%
COLUSA	$172.86	$218.43	26.36%
KERN	$179.41	$224.19	24.96%
KINGS	$174.16	$215.22	23.58%

5.1.3. County Variation of Reimbursement Ceilings

Exhibit 5-17 shows the county variations in reimbursement ceilings. In general, Northern California and San Joaquin Valley saw relatively lower care rates for both LCCs and LFCHs. The Bay Area, Los Angeles area, and San Diego area consistently had relatively higher rates across all rate categories for both LCCs and LFCHs.

Exhibit 5-17. County Reimbursement Ceilings by Age Group and Facility Type



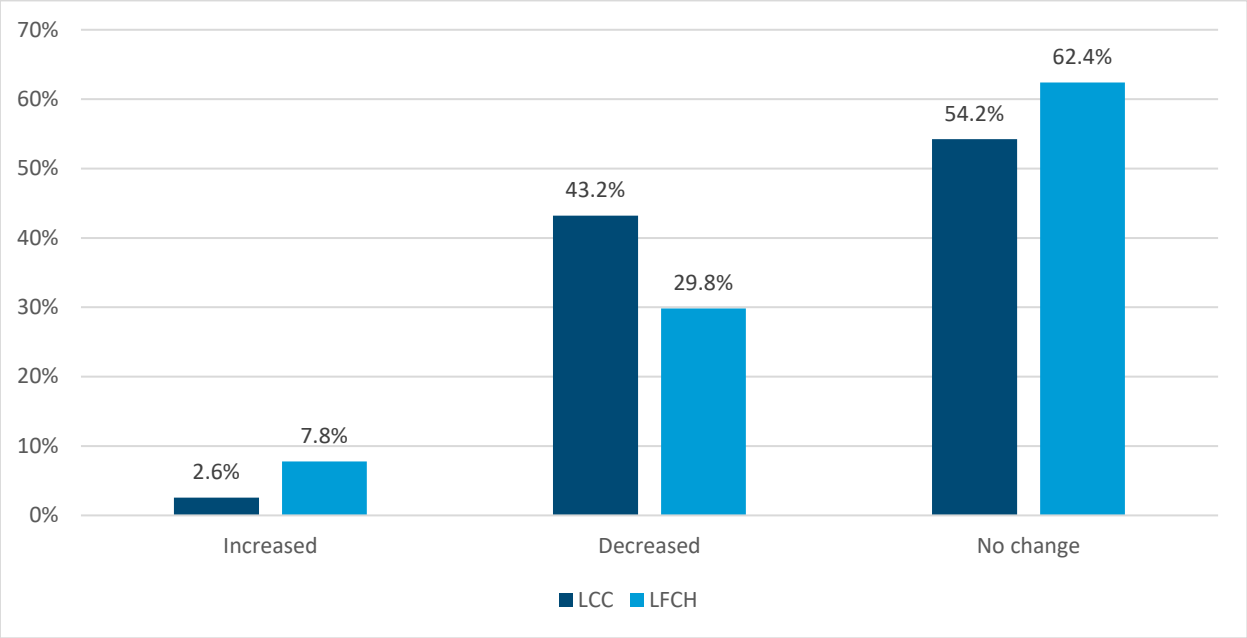
Note. Dark blue indicates a higher rate.

5.2. Changes Since the Start of the COVID-19 Pandemic

In the 2021 survey, AIR added some questions related to the COVID-19 pandemic to understand its impacts on the service offered by the providers. Note that because these survey questions asked the providers to report changes since the start of the COVID-19 pandemic in March 2020, changes reported in this section are not comparable with the changes in child care rates in previous sections as those were compared with the 2018 rate estimates.

As expected, the COVID-19 pandemic affected the number of hours per week that the facility was open. As shown in Exhibit 5-18, 43.2% of LCCs reported a decrease in the number of hours, 2.6% reported an increase, and 54.2% reported no change. Among LFCHs, 29.8% reported a decrease in hours, 7.8% reported an increase, and 62.4% reported no change in the number of hours per week that the facility was open.

Exhibit 5-18. Changes in Number of Hours per Week That the Facility Was Open by Facility Type



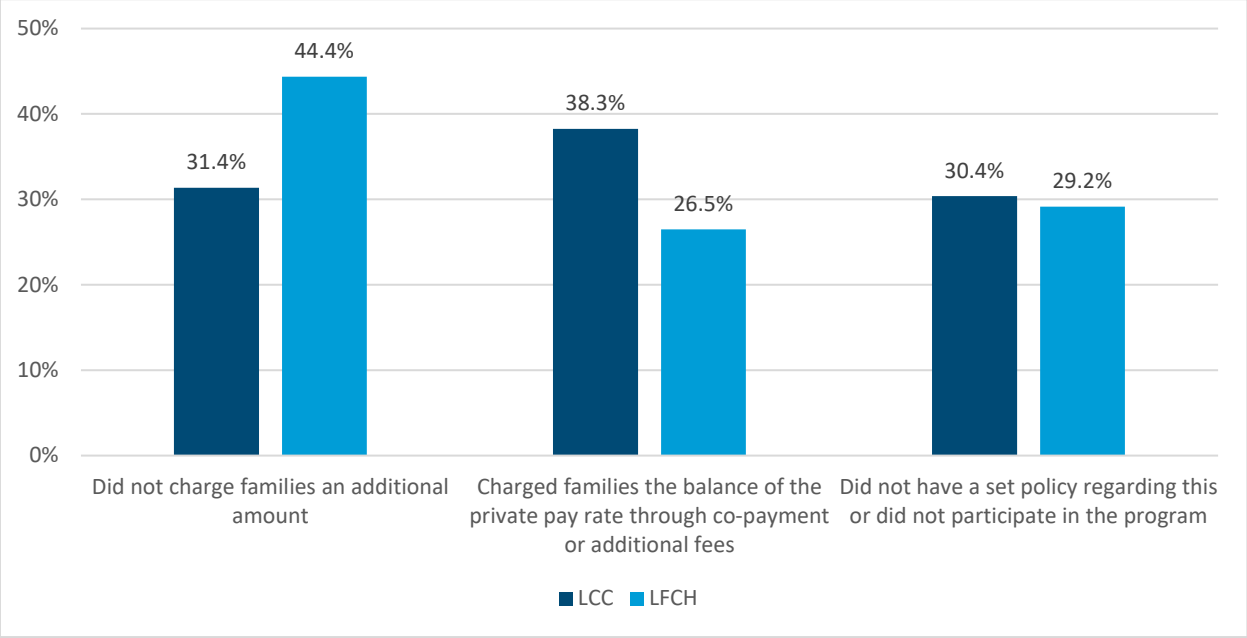
When asked if the provider had increased child care rates *since the start of the COVID-19 pandemic in March 2020*, 52.0% of LCCs said they had compared with only 20.7% of LFCHs.

When asked about approximately how much the provider increased child care rates *since the start of the COVID-19 pandemic in March 2020*, among those who reported an increase, LCCs reported an average increase of 9.1%, and LFCHs reported an average increase of 12.1%.

5.3. Extra Child Care Charges Beyond the Child Care Subsidy Reimbursement Rate

As shown in Exhibit 5-19, 31.4% of LCCs reported that their program did not charge families an additional amount beyond the child care subsidy reimbursement rate, compared with 44.4% of LFCHs. By contrast, 38.3% of LCCs reported that they charged families the balance of the private pay rate through copayment or additional fees, compared with 26.5% of LFCHs. About the same proportion of LCCs (30.4%) and LFCHs (29.2%) reported that their programs did not have a set policy regarding this or did not participate in the child care subsidy program.

Exhibit 5-19. Provider Charging Parents the Balance Between the Child Care Subsidy Reimbursement Rate and the Full Private Pay Rate by Facility Type



6. Problems, Solutions, and Recommendations

AIR would like to make the following recommendations based on the experience of the administration of the 2021 MRS.

Data collection: The mixed-mode data collection strategy continued to serve the survey well, as indicated by the same level of response rates despite the trend of increasing survey nonresponse rates in general social surveys over time (Brick & Williams, 2013; de Leeuw et al., 2018). Although we only sent out one round of paper questionnaires, mail responses were comparable to web and telephone responses, especially in terms of survey completion. AIR recommends adding one more round of paper questionnaires to the survey administration.

If an incentive is possible, AIR highly recommends providing a small amount of cash incentive to respondents. The literature consistently shows that any amount of incentive can help increase response rates (Singer & Ye, 2013).

SAE approach: Previous survey administrations relied on socioeconomic data to define the Market Profiles, which could not guarantee a high correlation between the child care rate and the Market Profile level. During the sampling stage, AIR used SAE to develop Market Profiles for the 2021 survey based on the 2018 survey data and socioeconomic data through a combination of survey estimates and model estimates for all ZIP codes. Under the SAE approach, the final estimate relies more on the survey estimate if a ZIP code has many survey respondents, but relies more on the model estimate from the relationship between survey estimates and socioeconomic characteristics if a ZIP code has few survey respondents. However, the quality of model estimates depends on the predictive power of socioeconomic data. AIR recommends efforts to improve the SAE approach by including state administrative data in the model, especially data on child care providers.

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Appendix A. Variables Selected for the Small Area Estimation Models

Exhibit A-1. Variables Selected From ACS for the Small Area Estimation Model for Sampling

Variable Name	Variable Label
DP02:HC03_VC81	Percent; SCHOOL ENROLLMENT—Population 3 years and over enrolled in school—College or graduate school
DP03:HC03_VC15	Percent; EMPLOYMENT STATUS—Females 16 years and over—In labor force
DP03:HC03_VC30	Percent; COMMUTING TO WORK—Workers 16 years and over—Public transportation (excluding taxicab)
DP03:HC03_VC68	Percent; CLASS OF WORKER—Civilian employed population 16 years and over—Government workers
DP03:HC03_VC89	Percent; INCOME AND BENEFITS (IN 2017 INFLATION-ADJUSTED DOLLARS)—With earnings
DP03:HC03_VC132	Percent; HEALTH INSURANCE COVERAGE—Civilian noninstitutionalized population—With health insurance coverage—With private health insurance
DP03:HC03_VC152	Percent; HEALTH INSURANCE COVERAGE—Civilian noninstitutionalized population 19 to 64 years—In labor force:—Unemployed:—No health insurance coverage
DP03:HC03_VC168	Percent; PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL—Families with female householder, no husband present—With related children of the householder under 18 years
DP04:HC03_VC120	Percent; VALUE—Owner-occupied units—Less than $50,000
DP04:HC03_VC125	Percent; VALUE—Owner-occupied units—$300,000 to $499,999
DP04:HC03_VC126	Percent; VALUE—Owner-occupied units—$500,000 to $999,999
DP04:HC03_VC15	Percent; UNITS IN STRUCTURE—Total housing units—1-unit, attached
DP04:HC03_VC55	Percent; BEDROOMS—Total housing units—No bedroom
DP04:HC03_VC56	Percent; BEDROOMS—Total housing units—1-bedroom

Exhibit A-2. Variables Selected From ACS for the Small Area Estimation Model for Estimation

Variable Name	Variable Label
DP02_0019PE	Percent; RELATIONSHIP; Population in households; Householder
DP02_0024PE	Percent; RELATIONSHIP; Population in households; Other nonrelatives
DP02_0068PE	Percent; EDUCATIONAL ATTAINMENT; Population 25 years and over; Bachelor's degree or higher
DP02_0090PE	Percent; PLACE OF BIRTH; Total population; Native; Born in United States
DP02_0120PE	Percent; LANGUAGE SPOKEN AT HOME; Population 5 years and over; Asian and Pacific Islander languages
DP03_0005PE	Percent; EMPLOYMENT STATUS; Population 16 years and over; In labor force; Civilian labor force; Unemployed
DP03_0012PE	Percent; EMPLOYMENT STATUS; Females 16 years and over; In labor force; Civilian labor force
DP03_0030PE	Percent; OCCUPATION; Civilian employed population 16 years and over; Natural resources, construction, and maintenance occupations
DP03_0048PE	Percent; CLASS OF WORKER; Civilian employed population 16 years and over; Government workers
DP03_0110PE	Percent; HEALTH INSURANCE COVERAGE; Civilian noninstitutionalized population 19 to 64 years; In labor force; Unemployed; With health insurance coverage
DP03_0113PE	Percent; HEALTH INSURANCE COVERAGE; Civilian noninstitutionalized population 19 to 64 years; In labor force; Unemployed; No health insurance coverage
DP04_0008PE	Percent; UNITS IN STRUCTURE; Total housing units; 1-unit, attached
DP04_0009PE	Percent; UNITS IN STRUCTURE; Total housing units; 2 units
DP04_0098PE	Percent; SELECTED MONTHLY OWNER COSTS (SMOC); Housing units with a mortgage; $2,000 to $2,499
DP04_0142PE	Percent; GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI); Occupied units paying rent (excluding units where GRAPI cannot be computed); 35.0% or more
DP05_0039PE	Percent; RACE; Total population; One race; American Indian and Alaska Native
DP05_0083PE	Percent; HISPANIC OR LATINO AND RACE; Total population; Not Hispanic or Latino; Two or more races

Appendix B. Conversion Factors by Child Care Setting and Age Group

Exhibit B-1. Infant Conversion Factors for LCCs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	4.7516	20.4517	77.7817	3.9376	15.6318	61.1099
Daily Full-Time	0.2105	N/A	4.3042	16.3696	0.8287	3.2898	12.8610
Weekly Full-Time	0.0489	0.2323	N/A	3.8032	0.1925	0.7643	2.9880
Monthly Full-Time	0.0129	0.0611	0.2629	N/A	0.0506	0.2010	0.7857
Daily Part-Time	0.2540	1.2067	5.1940	19.7538	N/A	3.9699	15.5198
Weekly Part-Time	0.0640	0.3040	1.3083	4.9759	0.2519	N/A	3.9093
Monthly Part-Time	0.0164	0.0778	0.3347	1.2728	0.0644	0.2558	N/A

Exhibit B-2. Preschool Conversion Factors for LCCs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	4.3982	18.4952	67.2713	3.5654	15.3145	51.1920
Daily Full-Time	0.2274	N/A	4.2051	15.2950	0.8106	3.4820	11.6392
Weekly Full-Time	0.0541	0.2378	N/A	3.6372	0.1928	0.8280	2.7679
Monthly Full-Time	0.0149	0.0654	0.2749	N/A	0.0530	0.2277	0.7610
Daily Part-Time	0.2805	1.2336	5.1874	18.8677	N/A	4.2953	14.3579
Weekly Part-Time	0.0653	0.2872	1.2077	4.3926	0.2328	N/A	3.3427
Monthly Part-Time	0.0195	0.0859	0.3613	1.3141	0.0696	0.2992	N/A

Exhibit B-3. School-Age Conversion Factors for LCCs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	4.6193	17.3709	66.9347	3.9935	13.8463	54.7817
Daily Full-Time	0.2165	N/A	3.7605	14.4903	0.8645	2.9975	11.8594
Weekly Full-Time	0.0576	0.2659	N/A	3.8533	0.2299	0.7971	3.1537
Monthly Full-Time	0.0149	0.0690	0.2595	N/A	0.0597	0.2069	0.8184
Daily Part-Time	0.2504	1.1567	4.3498	16.7611	N/A	3.4672	13.7179
Weekly Part-Time	0.0722	0.3336	1.2545	4.8341	0.2884	N/A	3.9564
Monthly Part-Time	0.0183	0.0843	0.3171	1.2218	0.0729	0.2528	N/A

Exhibit B-4. Infant Conversion Factors for LFCHs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	3.3129	14.7967	61.1575	3.0309	11.6481	45.1004
Daily Full-Time	0.3018	N/A	4.4663	18.4602	0.9149	3.5159	13.6134
Weekly Full-Time	0.0676	0.2239	N/A	4.1332	0.2048	0.7872	3.0480
Monthly Full-Time	0.0164	0.0542	0.2419	N/A	0.0496	0.1905	0.7374
Daily Part-Time	0.3299	1.0931	4.8819	20.1780	N/A	3.8431	14.8802
Weekly Part-Time	0.0859	0.2844	1.2703	5.2504	0.2602	N/A	3.8719
Monthly Part-Time	0.0222	0.0735	0.3281	1.3560	0.0672	0.2583	N/A

Exhibit B-5. Preschool Conversion Factors for LFCHs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	3.4450	15.2265	62.3350	3.2846	12.4495	47.4395
Daily Full-Time	0.2903	N/A	4.4198	18.0941	0.9534	3.6138	13.7704
Weekly Full-Time	0.0657	0.2263	N/A	4.0938	0.2157	0.8176	3.1156
Monthly Full-Time	0.0160	0.0553	0.2443	N/A	0.0527	0.1997	0.7610
Daily Part-Time	0.3044	1.0488	4.6357	18.9778	N/A	3.7902	14.4429
Weekly Part-Time	0.0803	0.2767	1.2231	5.0070	0.2638	N/A	3.8105
Monthly Part-Time	0.0211	0.0726	0.3210	1.3140	0.0692	0.2624	N/A

Exhibit B-6. School-Age Conversion Factors for LFCHs

Convert From:	Hourly Full-Time	Daily Full-Time	Weekly Full-Time	Monthly Full-Time	Daily Part-Time	Weekly Part-Time	Monthly Part-Time
Hourly Full-Time	N/A	3.5416	14.5818	58.7974	3.1274	12.5145	45.5476
Daily Full-Time	0.2824	N/A	4.1173	16.6021	0.8830	3.5336	12.8608
Weekly Full-Time	0.0686	0.2429	N/A	4.0322	0.2145	0.8582	3.1236
Monthly Full-Time	0.0170	0.0602	0.2480	N/A	0.0532	0.2128	0.7747
Daily Part-Time	0.3198	1.1324	4.6627	18.8009	N/A	4.0016	14.5642
Weekly Part-Time	0.0799	0.2830	1.1652	4.6983	0.2499	N/A	3.6396
Monthly Part-Time	0.0220	0.0778	0.3201	1.2909	0.0687	0.2748	N/A

Appendix C. Mail Survey Instrument

California Market Rate Survey of Child Care Providers: Licensed Child Care Centers

Your responses will be kept completely confidential.
Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ● **Incorrect Marks** 

General Information

1. **Are you currently providing childcare?**

   ○ Yes
   ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

2. **Zip code where this center is physically located:**

   ☐☐☐☐☐ Zip code

3. **This center is licensed to provide care for:** ***Mark all that apply.***

   ○ Infants (under 2 years)
   ○ Preschoolers (2 - 4 years)
   ○ School Age (5 years and up)

4. **How many children were cared for on a typical day last week,** ***excluding weekends and not counting your own children?***

   ☐☐☐ Children

5. **Indicate the number of children currently enrolled for which you receive childcare reimbursement from an agency or organization**. *If none, enter 0. For these children, you keep attendance or sign-in/sign-out sheets that you give to the agency/organization in order to be paid. Do not count meal subsidies as childcare reimbursement.*

   ☐☐☐ Children

6. **Please indicate whether your program participates in the Subsidized Child Care program, and if not, the reasons for not participating.** ***Mark all that apply.***

   ○ Participates in the Subsidized Child Care Program.
   ○ Does not participate - we are unsure if we meet the requirements.
   ○ Does not participate - standards, policies and/or billing requirement are difficult to meet.
   ○ Does not participate - reimbursement rates are too low.
   ○ Does not participate - challenges collecting parent co-payments.
   ○ Does not participate - some other reason (please specify):

   _____

DIL-10001-02

7. **As a result of the COVID-19 pandemic, have the number of hours per week that your program is open changed?**

   ○ Yes, increased
   ○ Yes, decreased
   ○ No change

In the following questions, we will refer to children whose parents pay you directly for the full price of care as "parent pay all" children. These parents do not use child care subsidies, employee discounts, sibling discounts, or any other discounted rates.

8. **How many "parent pay all" children are currently enrolled at this center?**

   ☐☐☐ Children

If none, then go to Question 15

For all remaining questions, we are asking only about "parent pay all" children, the ones you counted on Question 8.
Only provide responses for the age groups you provided care to. Do not count any children who do not pay the full price.

Frequency of Care

9. **For each range of hours, enter the number of "parent pay all" children for each age that were cared for last week**. If none, enter 0.

	Infants *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
1-20 hours	☐☐☐	☐☐☐	☐☐☐
21-30 hours	☐☐☐	☐☐☐	☐☐☐
31-40 hours	☐☐☐	☐☐☐	☐☐☐
41-60 hours	☐☐☐	☐☐☐	☐☐☐
More than 60 hours	☐☐☐	☐☐☐	☐☐☐

The next series of questions ask how much you charge for "parent pay all" children.

- **Do** *provide the rate for advanced payment.*
- **Do** *provide your usual, published rates for weekday care.*
- **Do not** *include sliding scale rates, higher rates, discounted rates, extended care rates (early care/late pick-up) or extra fees for special services.*
- **Do not** *write in the rates for weekend, evening, or sick child care.*
- ***Do you have more than one part-time rate?*** *If so, please use the rate that would apply to an infant or pre-schooler who attends Monday-Friday mornings. If you only care for school-age children, use the part-time rate that would apply for a school-age child who attends before and after school.*
- ***Do you have more than one full-time rate?*** *If so, please use the one that applies to the most children.*

Child Care Rates

10. Does this center charge standard part-time or full-time monthly rates for "parent pay all" children?

○ Yes
○ No ➔ ***Go to Question 11***

Specify the MAXIMUM MONTHLY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Monthly Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Monthly Rate	**$** _____	**$** _____	**$** _____

10a. Thinking of full-time children charged a monthly rate, please indicate the minimum number of hours per week they attend.

☐☐☐ Hours per week

11. Does this center charge standard part-time or full-time <u>weekly</u> rates for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 12***

Specify the MAXIMUM WEEKLY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Weekly Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Weekly Rate	**$** _____	**$** _____	**$** _____

11a. How many hours per week defines full-time?

☐☐☐ Hours per week

12. Does this center charge a standard daily rate for a <u>full day</u> of care for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 13***

Specify the MAXIMUM DAILY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Daily Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Daily Rate	**$** _____	**$** _____	**$** _____

13. Does this center charge a standard <u>hourly</u> rate for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 14***

Specify the MAXIMUM HOURLY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Hourly Rate	**$** _____	**$** _____	**$** _____

14. Does your program charge parents the balance between the Child Care Subsidy reimbursement rate and the full private pay rate?

- ○ We do not charge families an additional amount.
- ○ We charge families the balance of the private pay rate through co-payment or additional fees.
- ○ Our program does not have a set policy regarding this or does not participate in the program.

15. **Since the start of the COVID-19 pandemic in March 2020, have you increased the rates that you charge families?**

○ Yes
○ No ➔ ***Go to Question 17***

16. **Approximately how much have your rates increased since the start of the COVID-19 pandemic in March 2020?**

☐☐☐%

Key Child Care Cost Drivers

The following questions are being asked in order to collect information that will provide CDE with a better understanding of the true cost of providing child care. All information will remain confidential and only be used for cost modeling purposes.

17. **In the table below, please provide the number of individuals in each staff position. For each position please provide either the average annual salary OR the average hourly wage.**

Staff Position	Number of Individuals in the Position	OR	
		Average Annual Salary	Average Hourly Wage
Director	☐☐	$ _____	$ _____
Assistant Director	☐☐	$ _____	$ _____
Administrative Assistant	☐☐	$ _____	$ _____
Classroom Teachers (Full-Time)	☐☐	$ _____	$ _____
Teacher Assistants (Full-Time)	☐☐	$ _____	$ _____
Consultants or Trainers	☐☐	$ _____	$ _____
Other Full-Time Staff	☐☐	$ _____	$ _____
Other Part-Time Staff	☐☐	$ _____	$ _____

18. **How does the number of staff that you currently employ differ from the number of staff that you employed prior to the COVID-19 pandemic?**

- ○ Increased
- ○ Decreased
- ○ No change

19. **Does your center pay for staff training and development?**

- ○ Yes
- ○ No ➔ ***Go to Question 21***

20. **In the last year, how much did your center spend on all staff training and development?**

$_____ annual amount

21. **Which of the following types of benefits does your program offer to FULL-TIME employees?**

Paid Leave	**Num. Days of Leave**
Paid holidays	☐☐
Paid time off (PTO), *including vacation, sick, or personal leave*	☐☐
Paid professional development days	☐☐

Other Benefits	**Yes**	**No**
Health Insurance	○	○
Dental Insurance	○	○
Vision Insurance	○	○
Pension plan or employer contributions to a 401(k) or 403(b)	○	○

22. **Approximately how much does your center spend on the following expenses annually?**

Expenses	Annual Cost
Curriculum and Instructional Materials	**$ _____**
Furniture and appliances	**$ _____**
Food	**$ _____**
Computers/IT Equipment	**$ _____**
Liability Insurance	**$ _____**
Playground Equipment	**$ _____**

23. **How much does your center spend on facility rent or mortgage each month?**

$_____

24. **What percentage of parent fees owed to your center do you estimate go uncollected in a typical year?**

☐☐☐%

Child Care Quality

25. **Does your lead teacher have at least 40 college credits with coursework in early childhood education or a Teacher Permit?** ***If you have more than one lead teacher, report information for the lead teacher with the least college credits.***

- ○ Yes
- ○ No

26. **In the last year, have you conducted vision and/or hearing screenings for all children in your care?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last year due to COVID-19

27. **In the last year, have you conducted developmental and health screenings of all children in your care using the Ages and Stages Questionnaire (ASQ) or another reliable developmental screening tool?** *Mark all that apply.*

- ○ Yes, using the Ages and Stages Questionnaire (ASQ)
- ○ Yes, using another reliable developmental screening tool
- ○ No

28. **In the last two years, has your center received a classroom observation from an independent, reliable observer using the CLASS Assessment?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last two years due to COVID-19

29. **In the last two years, have you received a classroom observation from an independent, reliable observer using the Environment Rating Scale (ECERS-R or ITERS-R)?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last two years due to COVID-19

30. **What is your teacher to child ratio for each of the following age groups?** ***If you do not provide care for a particular age group, please leave that category blank.***

	Infants *0 through 18 months*	**Toddlers** *18 through 36 months*	**Preschool** *36 months to Kindergarten*	**School Age** *Kindergarten and older*
Number of children per teacher	☐☐	☐☐	☐☐	☐☐

31. **Does your site director hold at least an Associate's degree with coursework in early childhood education, management, and supervision, or hold a Site Supervisor Permit?**

- ○ Yes
- ○ No

THANK YOU

Thank you for taking the time to complete this survey. Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

California Market Rate Survey of Child Care Providers: Licensed Family Child Care Homes

Your responses will be kept completely confidential.
Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ● **Incorrect Marks** 

General Information

1. **Are you currently providing childcare?**

   ○ Yes
   ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

2. **Zip code where this home is physically located:**

   ☐☐☐☐☐ Zip code

3. **How many children were cared for on a typical day last week, *excluding weekends and not counting your own children?***

   ☐☐☐ Children

4. **Indicate the number of children (currently enrolled) for which you receive childcare reimbursement from an agency or organization**. *If none, enter 0. For these children, you keep attendance or sign-in/sign-out sheets that you give to the agency/organization in order to be paid. Do not count meal subsidies as childcare reimbursement.*

   ☐☐☐ Children

5. **Please indicate whether your program participates in the Subsidized Child Care program, and if not, the reasons for not participating.** *Mark all that apply.*

   ○ Participates in the Subsidized Child Care Program.
   ○ Does not participate - we are unsure if we meet the requirements.
   ○ Does not participate - standards, policies and/or billing requirement are difficult to meet.
   ○ Does not participate - reimbursement rates are too low.
   ○ Does not participate - challenges collecting parent co-payments.
   ○ Does not participate - some other reason (please specify):

   _____


DIL-20001-02

6. **As a result of the COVID-19 pandemic, have the number of hours per week that your program is open changed?**

- ○ Yes, increased
- ○ Yes, decreased
- ○ No change

In the following questions, we will refer to children whose parents pay you directly for the full price of care as "parent pay all" children. These parents do not use child care subsidies, employee discounts, sibling discounts, or any other discounted rates.

7. **How many "parent pay all" children are currently enrolled at this home?**

☐☐☐ Children

If none, then go to Question 14.

For all remaining questions, we are asking only about "parent pay all" children, the ones you counted on Question 7.
Only provide responses for the age groups you provided care to. Do not count any children who do not pay the full price.

Frequency of Care

8. **For each range of hours, enter the number of "parent pay all" children for each age that were cared for last week.** *If none, enter 0.*

	Infants *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
1-20 hours	☐☐☐	☐☐☐	☐☐☐
21-30 hours	☐☐☐	☐☐☐	☐☐☐
31-40 hours	☐☐☐	☐☐☐	☐☐☐
41-60 hours	☐☐☐	☐☐☐	☐☐☐
More than 60 hours	☐☐☐	☐☐☐	☐☐☐

The next series of questions ask how much you charge for "parent pay all" children.

- **Do** *provide the rate for advanced payment.*
- **Do** *provide your usual, published rates for weekday care.*
- **Do not** *include sliding scale rates, higher rates, discounted rates, extended care rates (early care/late pick-up) or extra fees for special services.*
- **Do not** *write in the rates for weekend, evening, or sick child care.*
- ***Do you have more than one part-time rate?*** *If so, please use the rate that would apply to an infant or pre-schooler who attends Monday-Friday mornings. If you only care for school-age children, use the part-time rate that would apply for a school-age child who attends before and after school.*
- ***Do you have more than one full-time rate?*** *If so, please use the one that applies to the most children.*

Child Care Rates

9. Does this home charge standard part-time or full-time monthly rates for "parent pay all" children?

○ Yes
○ No ➔ ***Go to Question 10***

Specify the MAXIMUM MONTHLY rate charged. Leave any rate that you don't offer blank.	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Monthly Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Monthly Rate	**$** _____	**$** _____	**$** _____

9a. Thinking of full-time children charged a monthly rate, please indicate the minimum number of hours per week they attend.

☐☐☐ Hours per week

10. Does this home charge standard part-time or full-time <u>weekly</u> rates for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 11***

Specify the MAXIMUM WEEKLY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Weekly Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Weekly Rate	**$** _____	**$** _____	**$** _____

10a. How many hours per week defines full-time?

☐☐☐ Hours per week

11. Does this home charge a standard daily rate for a <u>full day</u> of care for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 12***

Specify the MAXIMUM DAILY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Part-time Daily Rate	**$** _____	**$** _____	**$** _____
Maximum Full-time Daily Rate	**$** _____	**$** _____	**$** _____

12. Does this home charge a standard <u>hourly</u> rate for "parent pay all" children?

- ○ Yes
- ○ No ➔ ***Go to Question 13***

Specify the MAXIMUM HOURLY rate charged. *Leave any rate that you don't offer blank.*	**Infants** *Under 2 years*	**Preschoolers** *2 through 5 years*	**School Age** *6 years and up*
Maximum Hourly Rate	**$** _____	**$** _____	**$** _____

13. **Does your program charge parents the balance between the Child Care Subsidy reimbursement rate and the full private pay rate?**

- ○ We do not charge families an additional amount.
- ○ We charge families the balance of the private pay rate through co-payment or additional fees.
- ○ Our program does not have a set policy regarding this or does not participate in the program.

14. **Since the start of the COVID-19 pandemic in March 2020, have you increased the rates that you charge families?**

- ○ Yes
- ○ No ➔ ***Go to Question 16***

15. **Approximately how much have your rates increased since the start of the COVID-19 pandemic in March 2020?**

☐☐☐ %

Key Child Care Cost Drivers

The following questions are being asked in order to collect information that will provide CDE with a better understanding of the true cost of providing child care. All information will remain confidential and only be used for CDE's cost modeling purposes.

16. **In the table below, please provide the number of individuals in each staff position. For each position please provide either the average annual salary OR the average hourly wage.**

Staff Position	Number of Individuals in the Position	OR	
		Average Annual Salary	Average Hourly Wage
Owner/Provider	☐☐	$ _____	$ _____
Other Full-Time Staff	☐☐	$ _____	$ _____
Other Part-Time Staff	☐☐	$ _____	$ _____

17. **How does the number of staff that you currently employ differ from the number of staff that you employed prior to the COVID-19 pandemic?**

- ○ Increased
- ○ Decreased
- ○ No change

18. Does your program pay for staff training and development?

○ Yes
○ No ➔ ***Go to Question 20***

19. In the last year, how much did your program spend on all staff training and development?

$_____ annual amount

20. Which of the following types of benefits does your program offer to FULL-TIME employees?

Paid Leave	Num. Days of Leave
Paid holidays	☐☐
Paid time off (PTO), *including vacation, sick, or personal leave*	☐☐
Paid professional development days	☐☐

Other Benefits	Yes	No
Health Insurance	○	○
Dental Insurance	○	○
Vision Insurance	○	○
Pension plan or employer contributions to a 401(k) or 403(b)	○	○

21. Approximately how much does your program spend on the following expenses annually?

Expenses	Annual Cost
Curriculum and Instructional Materials	**$ _____**
Furniture and appliances	**$ _____**
Food	**$ _____**
Computers/IT Equipment	**$ _____**
Liability Insurance	**$ _____**
Playground Equipment	**$ _____**

22. **How much does your program spend on facility rent or mortgage each month?**

$_____

23. **What percentage of parent fees owed to your program do you estimate go uncollected in a typical year?**

☐☐☐%

Child Care Quality

24. **Does your lead caregiver have at least 24 college credits in early childhood education or at least an Associate Teacher Permit?**

- ○ Yes
- ○ No

25. **In the last year, have you conducted vision and/or hearing screenings for all children in your care?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last year due to COVID-19

26. **In the last year, have you conducted developmental and health screenings of all children in your care using the Ages and Stages Questionnaire (ASQ) or another reliable developmental screening tool?** *Mark all that apply.*

- ○ Yes, using the Ages and Stages Questionnaire (ASQ)
- ○ Yes, using another reliable developmental screening tool
- ○ No

27. **In the last two years, has your center received a classroom observation from an independent, reliable observer using the CLASS Assessment?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last two years due to COVID-19

28. **In the last two years, have you received a classroom observation from an independent, reliable observer using the Environment Rating Scale (FCCERS-R)?**

- ○ Yes
- ○ No
- ○ Performed in the past, but not in the last two years due to COVID-19

THANK YOU

Thank you for taking the time to complete this survey. Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

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