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California's Changing Child Care Landscape: Understanding Costs and Supply

Technical Appendices

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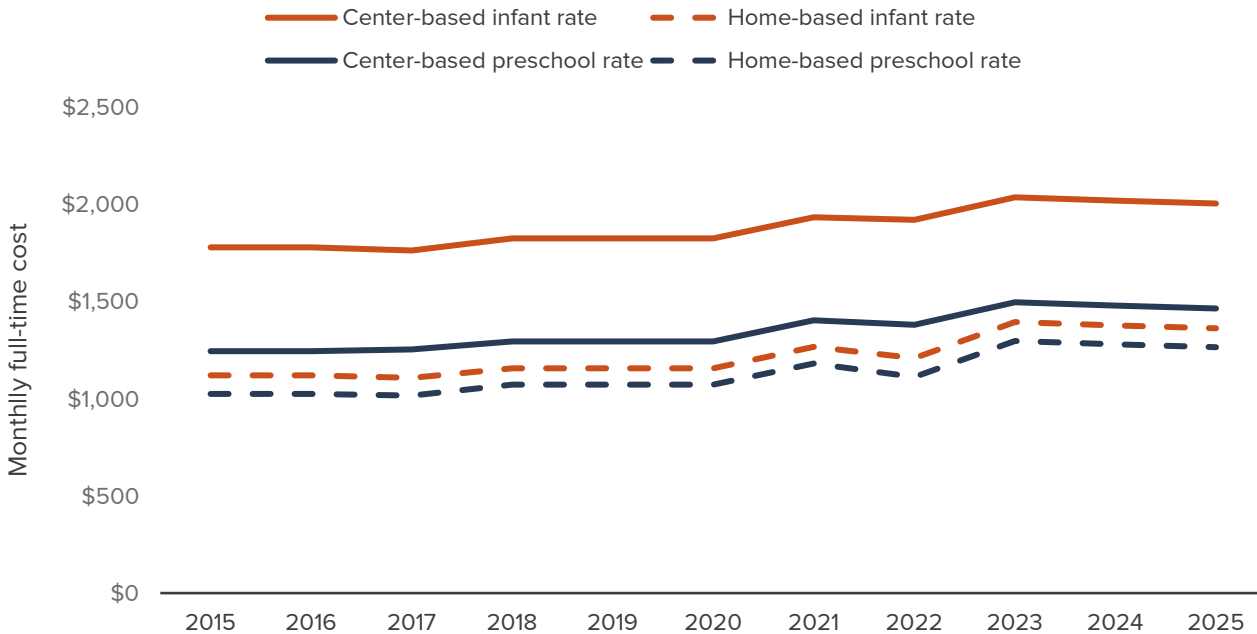
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Supported by the Administration for Children and Families (ACF) of the United States (US) Department of Health and Human Services (HHS) (Grant #: 90YE0302)

Appendix A. Background and Definitions

The data we use to estimate costs of child care and subsidized rates are based on biennial Regional Market Rate surveys conducted of a sample of licensed providers for the state Department of Social Services. Rates vary by county in which the child is served, type of provider, and child’s age. Subsidized rates are approved by the state legislature. Table A1 shows major policy changes, many of which affected subsidized rates. Combining RMR rates with rate polices shown in Table A1, we calculate subsidized rates in effect in each year, or the amount providers were reimbursed. During the pandemic, providers received supplemental rate payments and stipends, which we include in our calculation of subsidized rates. These additional payments varied by provider capacity, child, and region. As a bridge to the new cost care model, the state began issuing providers cost of care plus rates (CCPR) payments in January 2024 through July 2025. We include these CCPR payments in our calculation of subsidized rates. These rates will continue in FY 2025-26. Figure A1 shows center-based providers have higher prices compared to home-based providers in the state. The cost of infant care is higher than preschool care, this is due to infant care related requirements providers must meet including, more training, and higher staffing ratios. Licensed providers must also meet adult to children ratios; these vary by provider capacity.

FIGURE A1
Subsidized rates for center and home-based infant and preschool care over time.



Sources: Authors’ calculations from California Department of Social Services 2005-2021 RMR Surveys.

Notes: Dollar amounts are a simple statewide average of monthly full-time payments by provider types and age of children. Amounts include one-time stipends per child and monthly cost of care plus rates that were disbursed from 2020-2025. Costs are adjusted for inflation to July 2024 dollars.

TABLE A1

Definition of Payment Terms and Key Policy Changes, 2015-2025

Payment Type	Definition	Key Policy Changes
Regional Market Rate (RMR)	A survey conducted to determine the prices that child care providers charge in a given year and county. The results of the survey are then reported by provider type (licensed child care center and family child care home), age of child (infant, preschool, and school age), and time category (full-time or part-time; monthly, weekly, daily, or hourly).	RMR surveys conducted in: <ul style="list-style-type: none"> • 2005 • 2009 • 2014 • 2016 • 2018 • 2021
Reimbursement ceiling	The highest amount that the State can reimburse a child care provider. Prior to the cost-of-care reform, that amount has followed the schedule of the RMRs, typically pegged to a certain percentile of the reported amounts from the most recent year of the survey.	Ceilings moved to: <ul style="list-style-type: none"> • 2015: 85th percentile of 2009 RMR Survey, reduced by 10.1% or 85th percentile of 2005 RMR Survey then increased by 4.5%, whichever is greater • 2017: 75th percentile of 2014 RMR Survey or ceiling as of Dec 2016, whichever is greater • 2018: 75th percentile of the 2016 RMR survey or ceiling as of December 2017. • 2019: 75th percentile of 2016 RMR survey or ceiling as of Dec 2017, whichever is greater • 2022: 75th percentile of 2018 RMR Survey or ceiling as of Dec 2021, whichever is greater
Family fees	The parent/guardian’s portion of the child care cost. These are determined by family income, size, and hours of care services (full/part-time, etc.).	Family fee policy changes: <ul style="list-style-type: none"> • 2019: Families below 40% SMI pay no fees; at or above 40% SMI fees are capped at 7% of income • April-Aug 2020: suspended for families sheltering in place • Sep 2020-Jun 2021: waived • July 2021-Jun 2022: waived • FY 2022-23: waived • 2025: Families below 75% SMI pay no fees; at or above 75% SMI fees are capped at 1% of income
Stipends/Supplemental rate payments	One-time or short-term additional monthly payments periodically approved by the Legislature to be paid to eligible child care providers.	One-time stipends <ul style="list-style-type: none"> • Nov 2020 & Mar 2021: amount per child based on number of children enrolled and average market rate • 2021: \$500 license incentive payment for home-based providers • Jun 2021: \$3,500 licensed family home, amount ranged from \$3,500-\$6,500 for licensed center • Apr & Jul 2021: \$525 per child issued to licensed center and home • Fall 2021: \$600 per child issued to licensed center and home • Spring/Summer 2022: \$10,000 large family home, \$8,000 small family home, \$1,500 license-exempt • Early 2023: \$1,442 per child issued to licensed center and home • Early 2023: amount per child varied by region (\$700-\$1,031) issued to licensed center • Summer 2023: \$440 per child issued to licensed center and home • Fall 2023: \$275 per child issued to licensed center, home, and license-exempt • Oct 2023 & Spring 2024: Transitional payments \$500 license-exempt, \$2,500 small, \$3,000 large, varied for center. • Winter 2024-25: \$152 per child issued to licensed center and home Monthly supplemental rate payments <ul style="list-style-type: none"> • Jul-Dec 2022: \$750 small family home, \$900 large family home, \$125 license-exempt • Jan-Jun 2023: \$875 small family home, \$1050 large family home, \$150 license-exempt • Jan 2024-Jul 2025: Cost of care plus rates amount per child vary by region.
Balance payments/copayments	The difference between the reimbursement ceiling and what the provider charges. The parent/guardian must pay any shortfall directly to the provider.	Copayments are not directly set by policy—they are the shortfall between a provider’s price and the subsidy.

Sources: Legislative Analyst’s Office, California Department of Education, and California Department of Social Services bulletins.

Definitions

Types of Providers

- **Family child care homes** refer to child care in the provider’s home and have smaller adult-to-child ratios. Since the care is home-based, children are cared for in a family-like setting and activities vary by provider. **Small family homes** can care for up to 8 children, while **large family homes** can care for up to 14 children.
- **Child care centers** are facilities that range in size and are operated by different organizations and individuals. Center-based care is classroom-like and there are more adults in the facility and a range of activities.
- **License-exempt also known as family, friend, or neighbor care** is provided in the child’s or caregiver’s home. Care can only be provided for children related to the provider and children from only **one** other family. This includes nanny care. The caregiver is not required to be licensed by the state. This is often the most flexible type of care. There is not complete data on the number of license-exempt providers. In this report we note an estimate of license-exempt providers who are members of the Child Care Providers United. There are also private-pay or unpaid workers providing care. We utilize BLS and ACS data to point at a rough estimate of license-exempt providers. See Table A3. The BLS reports about 79,000 child care workers and the ACS reports 89,000 in 2023. BLS accounts for workers in private and government settings excluding self-employed, potentially home-based providers, whereas the ACS accounts for workers in private, non-profit, or government settings as well as self-employed workers. The difference between these estimates is 9,300, an estimate that could give us a total number of license-exempt, home-based providers. However, this number appears to be a substantial undercount of the true total.

Single rate structure regions are defined as part of the new rate methodology. Technical Appendix Table A2 lists counties within each region (CDSS 2025a).

TABLE A2

Regional grouping of counties for setting reimbursement levels

Single Rate Structure Region	Counties in region
1 (lowest-income, living wage \$50,000-\$60,000)	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, , Kern, Plumas, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Sutter, Stanislaus, Tehama, Trinity, Tulare, Tuolumne, and Yuba
2 (living wage \$61,000-\$68,244)	Alameda, El Dorado, Nevada, Mono, Riverside, Sacramento, San Luis Obispo, Solano, and Yolo
3 (middle-income, living wage \$68,244)	Los Angeles
4 (living wage \$69,000-\$80,000)	Contra Costa, Monterey, Napa, Orange, Placer, San Benito, San Diego, Santa Barbara, Sonoma, and Ventura
5 (highest-income, living wage \$81,000-\$91,000)	Marin, San Francisco, San Mateo, Santa Clara, and Santa Cruz

TABLE A3

Number of child care workers in California based on public data

	Bureau of Labor Statistics	American Community Survey
Child care workers	79,644	89,014
Type of employment		
Self-employed		40,359*
Working for wages		48,655*
License-exempt providers		9,370

SOURCE: Authors' calculations from [Bureau of Labor Statistics Quarterly Census of Employment & Wages \(BLS QCEW\) 2023](#) and IPUMS-American Community Survey 2021-2023.

NOTES: BLS total includes child care workers in private and government settings. This total excludes family members providing care and self-employed workers who could be home-based providers. The ACS total includes a small number of unpaid family workers who list their occupation as child care worker. "Child care worker" are those who list occupation as child care and industry as child care. "Type of employment" breakdowns child care workers by class of worker. "Self-employed" includes those who are not incorporated or incorporated and can point to number of home-based providers. "Working for wages" includes those who are working in a private, non-profit, or government setting. Estimates marked with an asterisk (*) are based on samples of less than 2,000 people. We compute "license-exempt providers" as the difference between the ACS total child care workers and the BLS QCEW number.

Appendix B. Provider Administrative Data Sources

Our report uses several administrative data sources including provider counts and enrollments or capacity to understand the landscape of child care in California, both subsidized and overall. All data are publicly available or were requested under the Public Records Act from the Office of Head Start, California Department of Social Services, California Department of Education, and California Student Aid Commission. Table B1 details the data included from each source.

TABLE B1
Administrative Data Sources

Source	Provider Type(s)	Exclusions	Time Period	Geographic Level	Capacity/ Enrollment	Subsidies
California Department of Social Services (CDSS) – Community Care Licensing Division (CCL)	Licensed centers and family homes	School-aged centers; inactive and pending licenses	PIT first Monday in January, 2014-2023 with license open/close dates	Provider address for large family homes and centers; provider zip code for small family homes	Licensed capacity	Unknown
California Department of Education (CDE)	Transitional Kindergarten (TK)		Annual 2013-2023	School address	Census day (October) enrollment	Publicly funded - LCFF
CDSS – Child Development Management Information System, CDD-801A Monthly Child Care Population Report	CCDF funded licensed centers, licensed family homes, and license-exempt providers		Monthly Jul 2020-Apr 2024	Statewide	Enrollments by provider type	CCDF subsidies only
CDSS – Subsidized Provider Reports	Subsidized home-based care (licensed and license-exempt)	Excludes HS/EHS, nonunion home-based	PIT Jan 2021, Jan 2022	County		CalWORKs stage 1-3, Bridge program, CCDF programs, CSPP FCC programs.
Head Start Program Information Reports	Programs funded to operate Head Start (HS) and Early Head Start (EHS) programs.		Annual 2014-2024	Program level addresses	Program-level annual funded slots and enrollments	Publicly funded – federal HS/EHS grants
Head Start Center Locator	Head Start center service providers	Head Start family care home providers	PIT of extract (12/2024)	Service location address for centers	Service location enrollments	Publicly funded – federal HS/EHS grants
California Student Aid Commission – Golden State Grant CSPP list	California State Preschool and/or Head Start locations		SY 2023-24	Provider address		Publicly funded - federal HS grants or CSPP

We consider provider supply in terms of child care sites, providers, and spaces.

- **Sites** are defined as unique addresses, and we do fuzzy address matching across data sources to identify the number of child care centers and schools with TK classes that also offer Head Start and/or CSPP. Site level information for CCDF subsidies is not included in our dataset, therefore we cannot deduplicate

CCDF and Head Start and/or CSPP sites.

- **Providers** are defined by program name, address, and zip code, excluding any license-specific identifiers from the program name (e.g. “Infant Center” and “Preschool Center” at the same address would still be considered a match). A single provider may have multiple licenses for serving different age groups and special populations. We identify unique large family child care home providers by their license number. Small family child care home providers cannot be tracked over time nor can we identify transitions from small family homes to large family homes as all small family home provider identifying information, including license number, is masked. However, open and closure dates are provided for all provider types allowing us to consider provider turnover (opening and closure rates) and experience.
- **Spaces** are defined as enrollment for TK schools and licensed capacity for child care centers and family homes. We acknowledge that licensed capacity likely overstates child care enrollment.

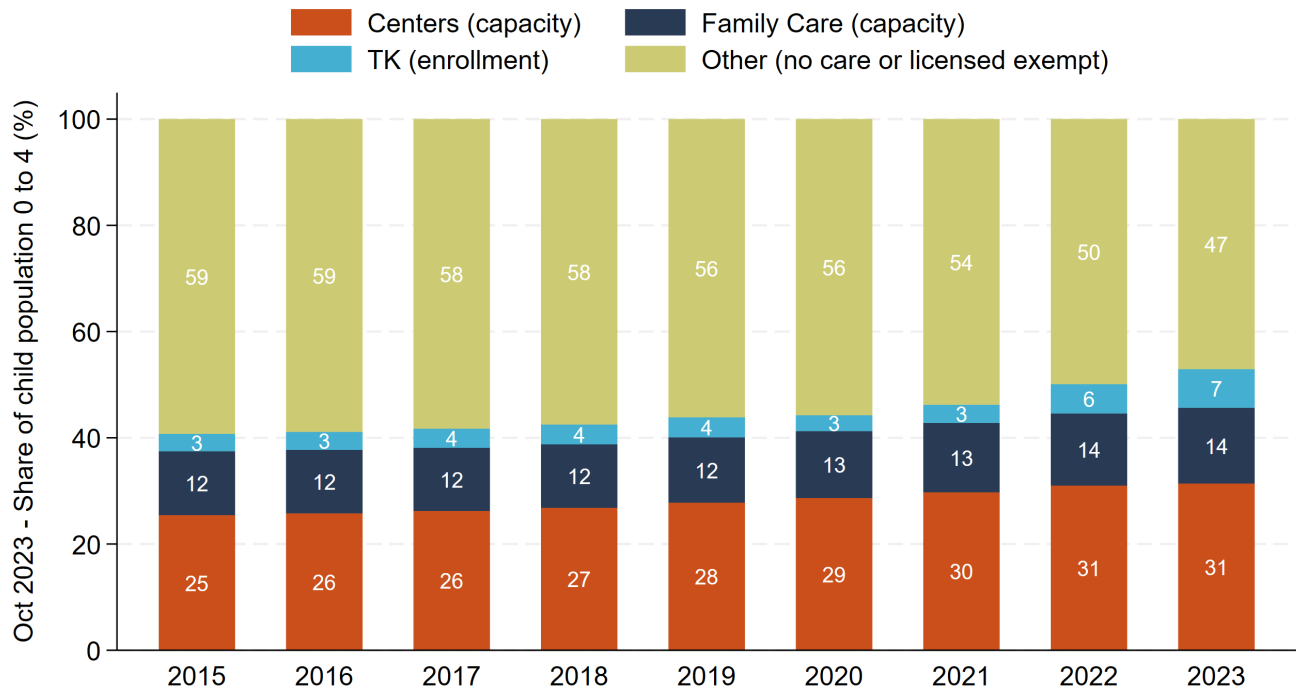
As the CCL data represents a point in time snapshot as of the first January in each month, we impute provider counts, capacity, and status during the rest of the year based on the license status. If the open date of the first and close date of the last license issued to each provider occurs during a year, we only impute up to the open or close date.

Statewide Child Care Supply Trends

The following section provides additional figures and tables on child care supply trends. Figure B1 shows child care spaces as a share of the total child population 0-4 as of October each year 2015-2023. We only include provider data for the month of October for analyses that include TK as school enrollment data is only available for all years as Census Day counts, which occurs in October. The total child population decreased in the period while the total number of child care spaces has increased (Figure 9). The share of child care spaces has increased by more than 10 percentage points in the last decade relative to the number of children who might need care. Despite this relative growth, regulated child care spaces are only available for about half of the young child population in the state.

FIGURE B1

Regulated child care spaces as a share of the population 0 to 4



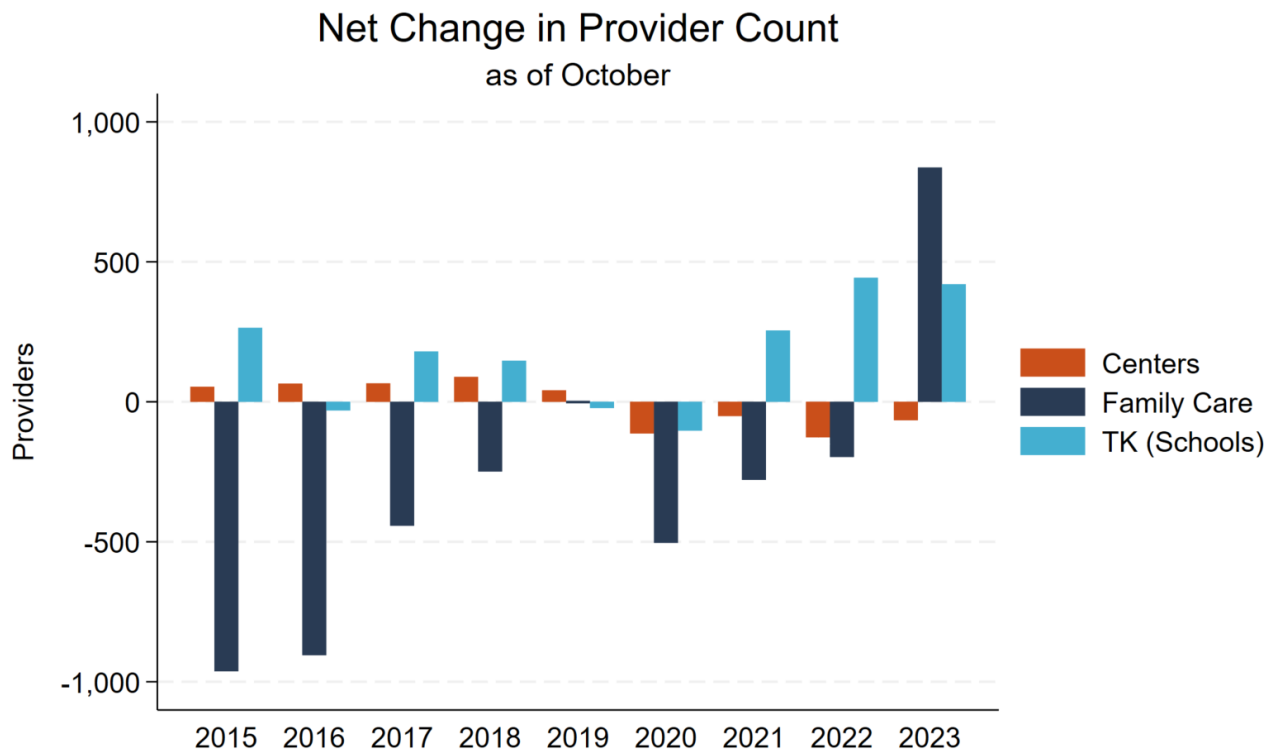
SOURCE: Authors' calculations from CDE Transitional Kindergarten Program Participation Enrollment Data 2013–2022 & Census Day Enrollment Data 2023; CDSS Community Care Licensing Data 2015–2023; IPUMS USA, American Community Survey 1–Year Estimates.

NOTE: Capacity is total licensed capacity and may not equal current enrollment. Center and family home data is for the month of October of each year, TK data is as of one day in October, population data is a single year estimate. Center licensed capacity excludes school-aged centers and pending or inactive licenses but children older than 4 may still receive care from these providers "Family Care" includes large and small family homes. "Other" is the total child population 0 to 4 minus the total capacity or enrollment across centers, family care, and TK and includes children in license-exempt care or no care.

Figure B2 shows changes in the number of licensed providers as of October each year. Providers of all types decreased in 2020, and the loss was greatest for family child care homes. The number of schools offering TK increased each subsequent year. The number of center- and family-based providers continued to decrease, but slowed, through 2022. In 2023, there was another slight decrease in the number of centers alongside a sharp increase in the number of family child care homes.

FIGURE B2

Net change in regulated provider count by provider type



SOURCE: Authors' calculations from CDE Transitional Kindergarten - Census Day Enrollment Data 2023 and CDSS Community Care Licensing Data 2023.

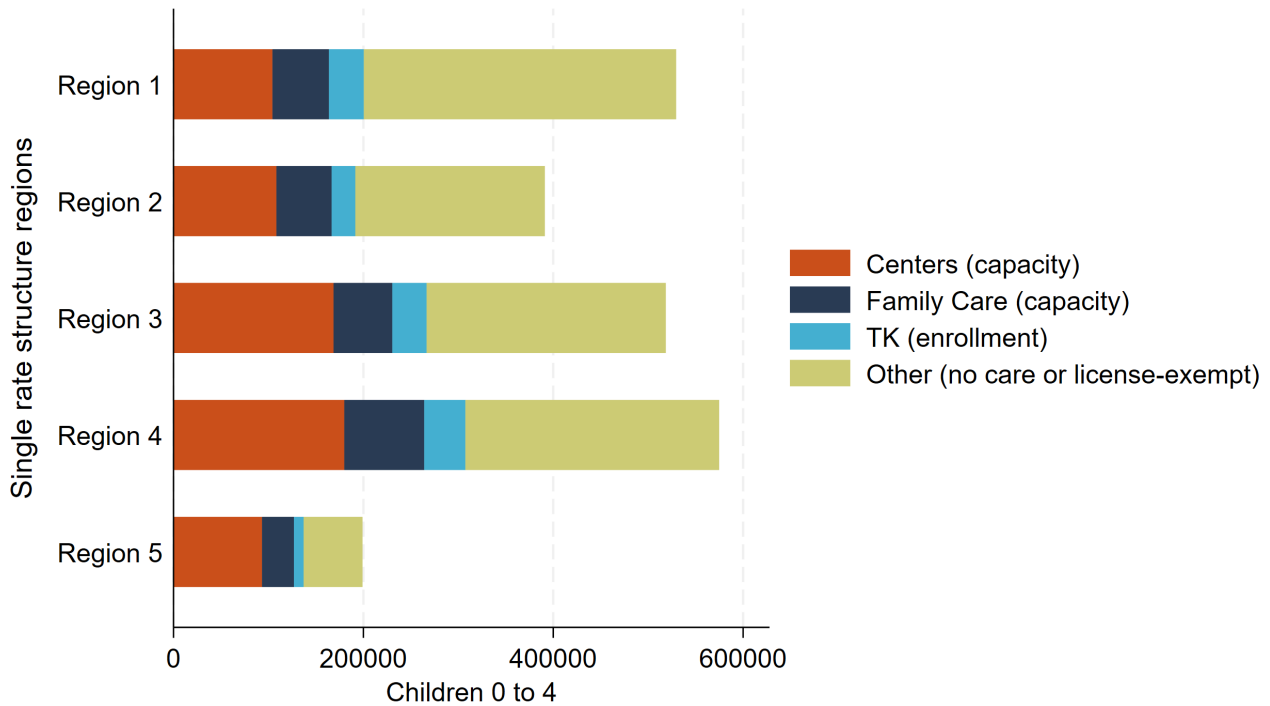
NOTE: Providers are identified by name and address. Net change is calculated as the difference in provider counts in October of one year and October the previous year. "Family Care" includes both large and small family homes. "Centers" exclude school-aged centers. Pending and inactive licenses are excluded for centers and family care.

Regional child care supply

The following section provides figures examining variation in the supply of child care across the Single Rate Structure Regions (Technical Appendix Table A2 provides more information on the regional county groupings). Figure B3 shows the raw counts of children 0-4 by child care spaces. Region 5 has the lowest child population but the highest share of regulated child care spaces relative to its population.

FIGURE B3

2023 child population 0 to 4 relative to licensed child care spaces



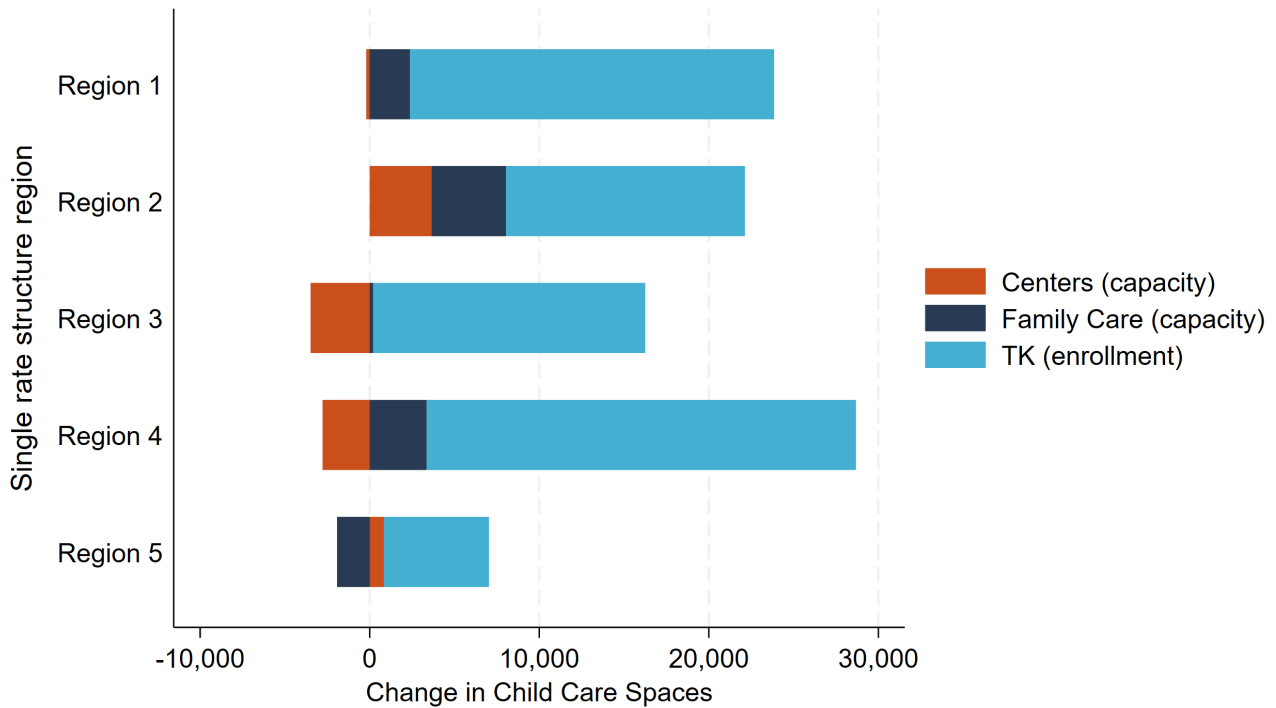
SOURCE: Authors' calculations from CDE Census Day Enrollment Data 2023; CDSS Community Care Licensing Data 2023; IPUMS USA, American Community Survey 1–5ear Estimates 2019–2023.

NOTE: Capacity is total licensed capacity and may not equal current enrollment. Center and family home data is as of the month of October, TK data is as of one day in October, population data is a 5-year estimate. Center licensed capacity excludes school-aged centers but children older than 4 may still receive care from these providers. "Other" is the total child population 0 to 4 minus the total capacity and enrollment across licensed centers, family homes and TK. Technical Appendix Table A2 lists the counties within each region; Region 1 is the lowest cost-of-living region, Region 5 is the highest.

Statewide, the total number of regulated child care spaces has increased for TK and family care and decreased for centers from 2020 to 2023 (Figure 9), however there are notable regional differences. Regions 4 and 5 (middle to high cost regions) account for almost all of the loss in center capacity but these are also the regions that had the largest losses (> 8%) in their child population in this time period (Figures B4 and B5). Regions 1 and 2—who experienced more moderate losses to their child populations (≈6%)—saw gains in spaces for nearly all provider types. Across all regions, TK represents the greatest source of new child care spaces.

FIGURE B4

Change in child care spaces by provider type from October 2020 to October 2023

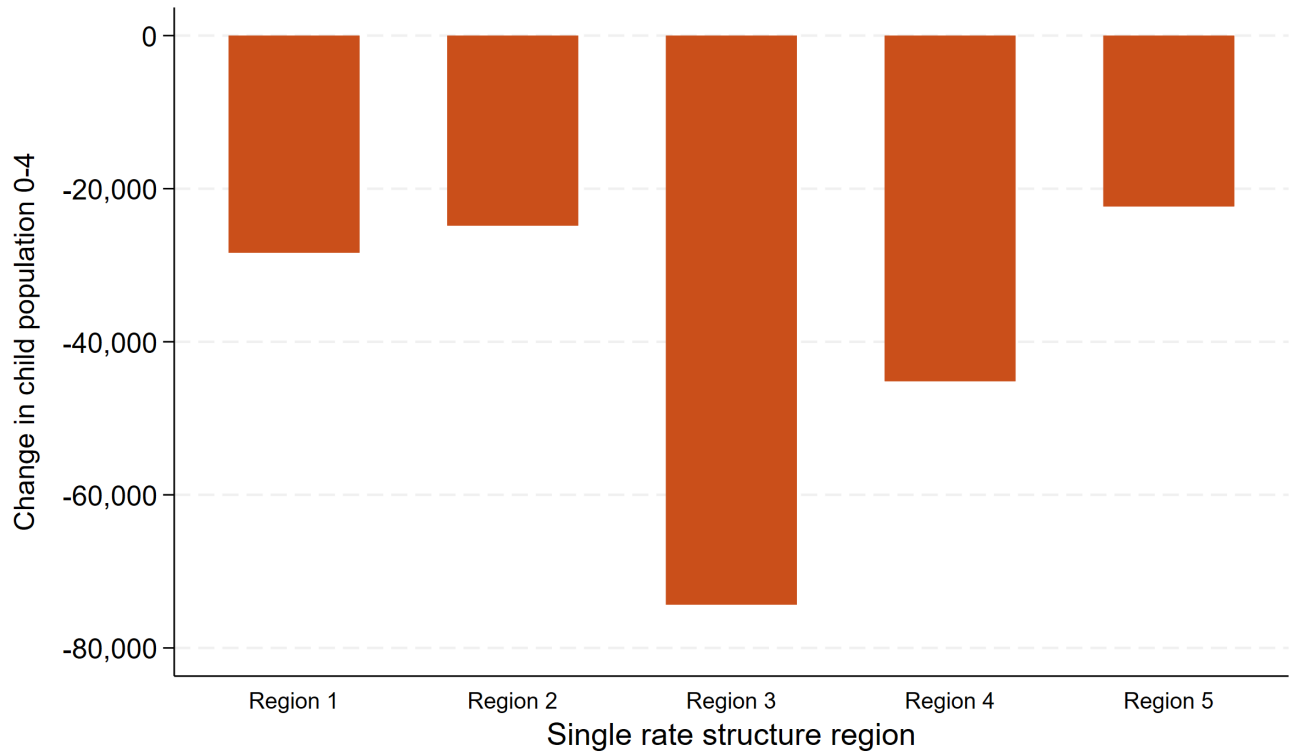


SOURCE: Authors' calculations from CDE Transitional Kindergarten Program Participation Enrollment Data 2020–2022 & Census Day Enrollment Data 2023; CDSS Community Care Licensing Data 2020–2023

NOTE: Capacity is total licensed capacity and may not equal enrollment. Center and family home data is as of the month of October of each year, TK data is as of one day in October. Center licensed capacity excludes school-aged centers but children older than 4 may still receive care from these providers. Inactive Centers and Family Homes are excluded. Technical Appendix Table A2 lists the counties within each region; Region 1 is the lowest cost-of-living region, Region 5 is the highest.

FIGURE B5

Net change in child population 0-4 from October 2020 to October 2023

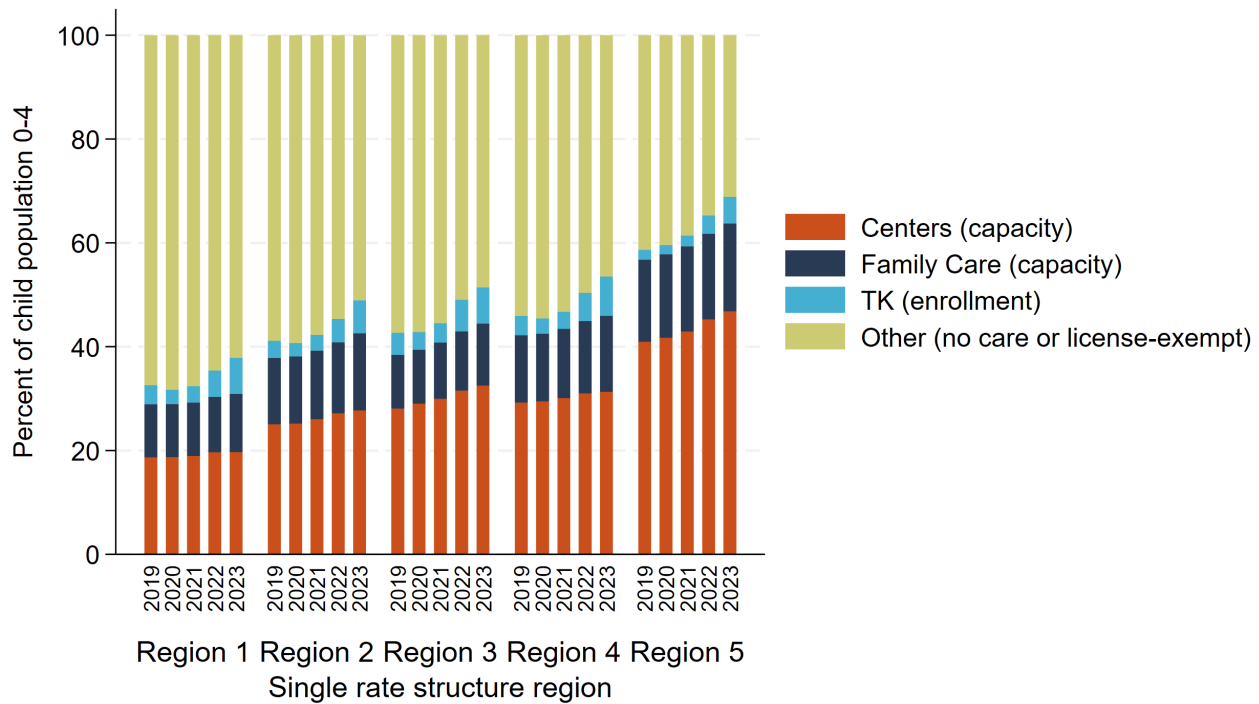


SOURCE: Authors' calculations from IPUMS USA, American Community Survey 1-Year Estimates.

NOTE: Technical Appendix Table A2 lists the counties within each region; Region 1 is the lowest cost-of-living region, Region 5 is the highest.

FIGURE B6

Annual snapshot of regulated child care spaces as a share of the population 0 to 4 by Rate Reform Region



SOURCE: Authors' calculations from CDE Transitional Kindergarten Program Participation Enrollment Data 2019–2022 & Census Day Enrollment Data 2023; CDSS Community Care Licensing Data 2019–2023; IPUMS USA, American Community Survey 5–Year Estimates.

NOTE: "Other" is share of children who may be in family, friend or neighbor care or not be in child care. Capacity is total licensed capacity and may not equal enrollment. Center and family home data is as of the month of October of each year, TK data is as of one day in October. Center licensed capacity excludes school-aged centers but children older than 4 may still receive care from these providers. Inactive Centers and Family Homes are excluded. Technical Appendix Table A2 lists the counties within each region; Region 1 is the lowest cost-of-living region, Region 5 is the highest.

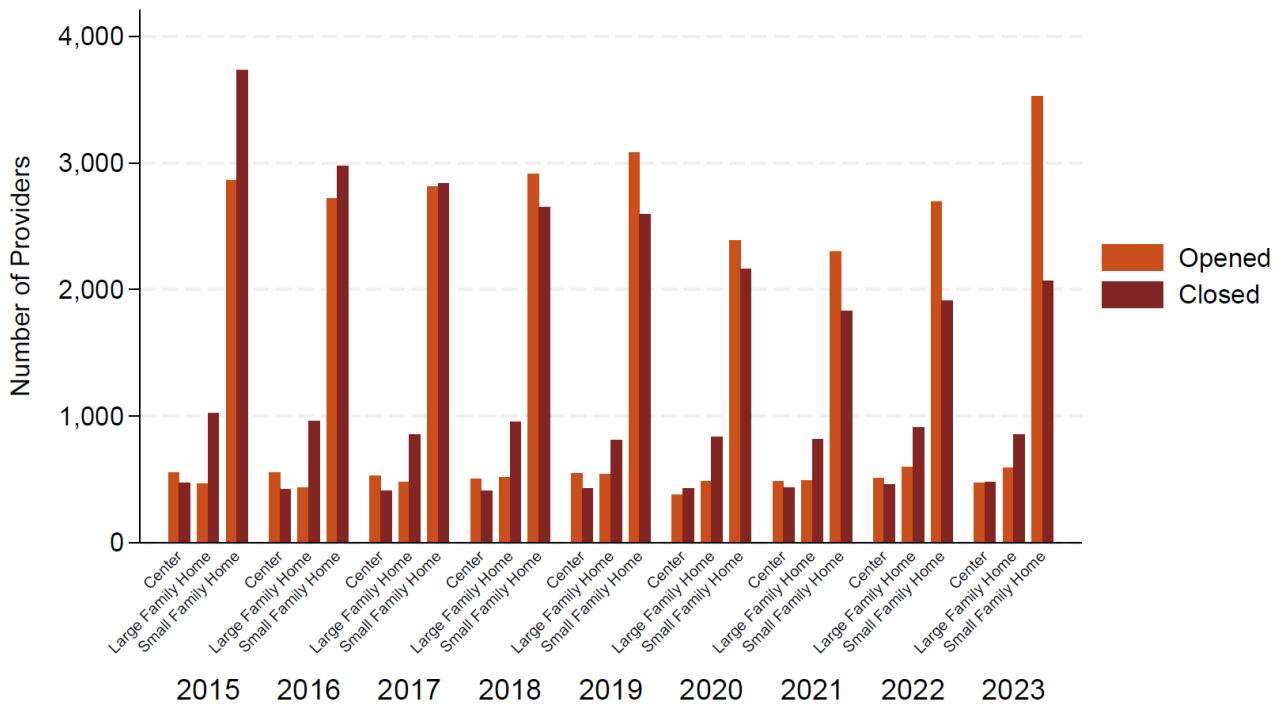
Provider Turnover

Figures B7 and B8 provide additional information on provider turnover. Figure B7 shows the number of providers who open their first license and those that permanently close their last license by provider type (Figure B7).

Centers and large family homes both have fewer new licenses and fewer closures than small family homes. As there are more small family home providers than there are centers or large family homes, Figures 13 and B8 show openings and closures scaled by the number of active providers each year, and we find that small family homes experience higher rates of openings and closures than other provider types.

FIGURE B7

Annual newly licensed and closed provider counts by provider type



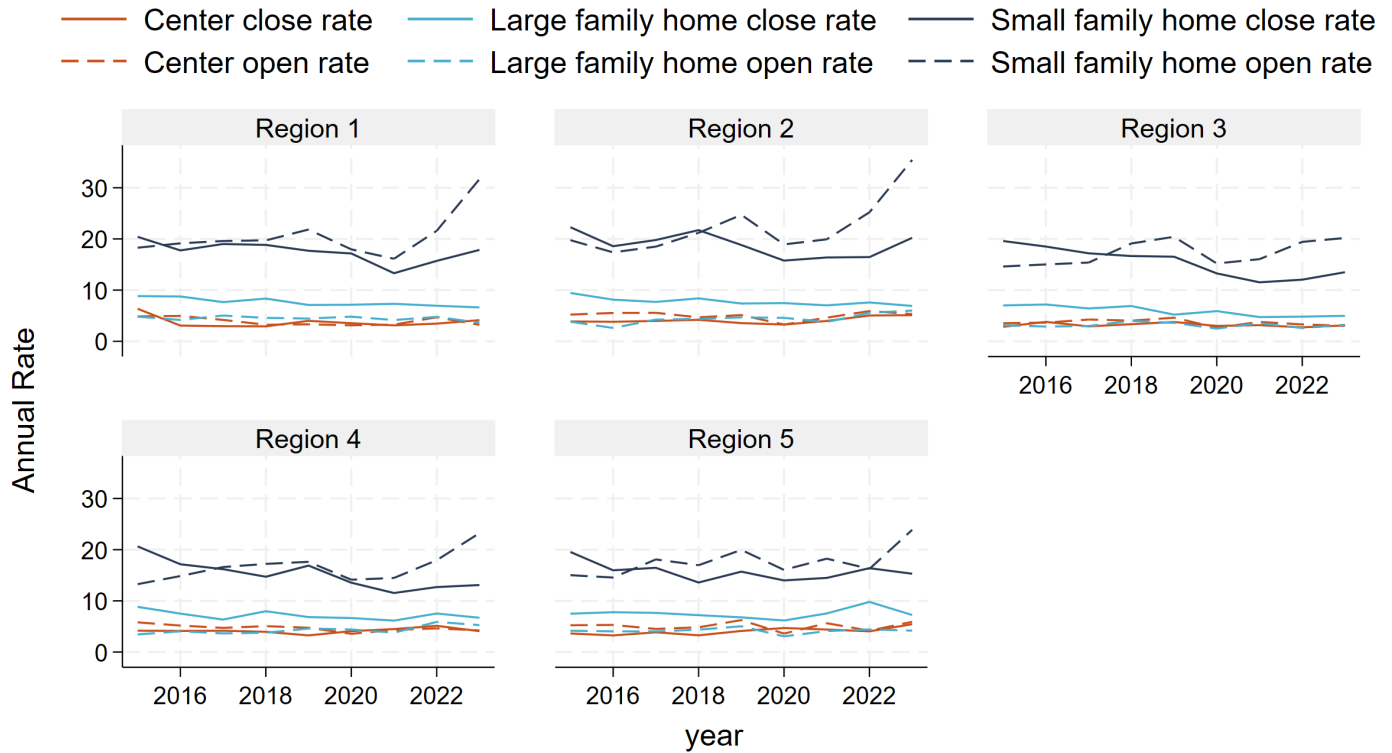
SOURCES: Authors' calculations from CDSS Community Care Licensing Data 2014-2023.

NOTE: Providers who have opened are those whose license start date occurs in the year. Providers who have closed are those whose license close date occurs in the year. Inactive licenses are excluded.

Figure B8 shows turnover in terms of opening and closure rates by provider type and rate reform region. Center and large family home open rates are fairly consistent across regions, hovering between 3 and 6 percent most years. Centers in all regions also maintain a 3 to 6 percent closure rate while large family homes see slightly higher, though still consistent close rates. Region 4 has had the most stability in small family homes over the last decade, with lower closure and lower opening rates than other regions. The closure rates in this region are up to 9–14 percent compared to 14–21 percent in the other 5 regions. The sharpest increases in small family home open rates in 2023 occurred in the lowest income regions (1 and 2)—with open rates exceeding 32 percent while other regions saw 23–26 percent.

FIGURE B8

Annual provider opening and closure rates by provider type and rate reform region



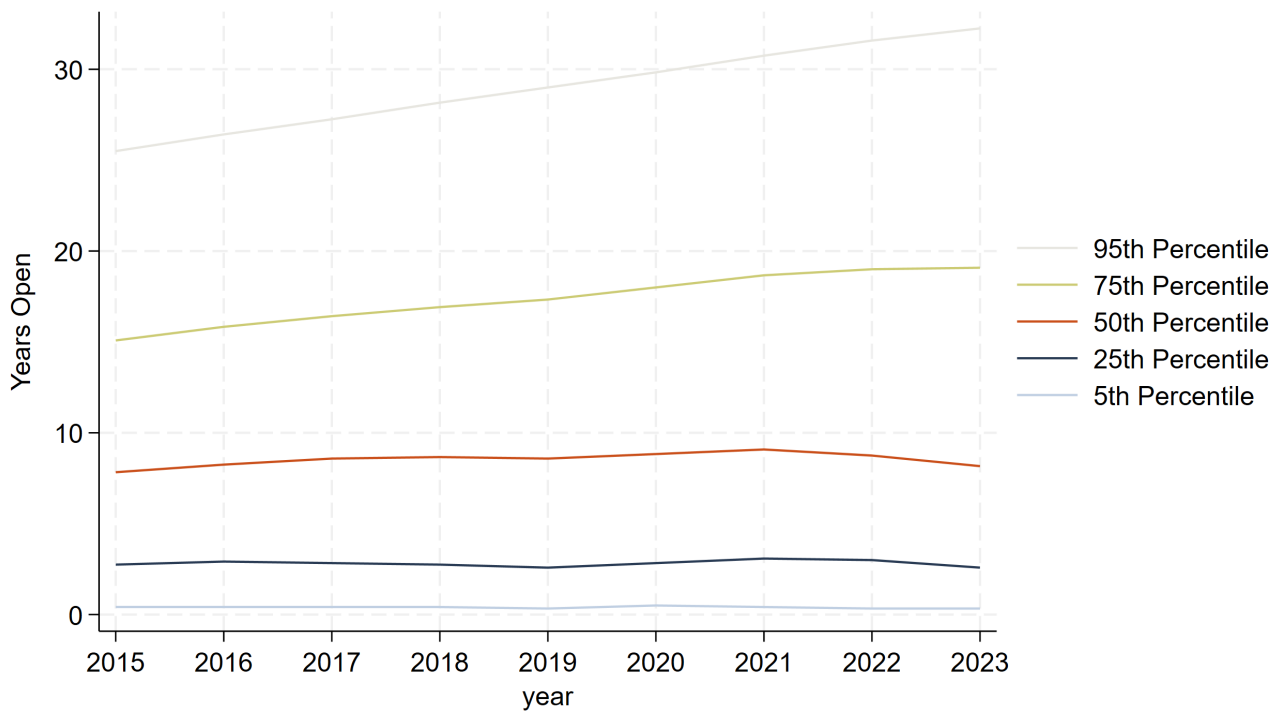
SOURCES: Authors' calculations from CDSS Community Care Licensing Data 2014-2023.

NOTE: Permanent closure rate is calculated as the number of providers of each type that closed in the year divided by the number of active providers of that type at the beginning of the year. Opening rate is calculated as the number of providers that opened their first license divided by the number of active providers at the beginning of the year. Inactive providers are not included in the denominator and are only considered closed at their permanent license closure date. Technical Appendix Table A2 lists the counties within each region; Region 1 is the lowest cost-of-living region, Region 5 is the highest..

Figures B9-10 show trends in provider experience, defined as the number of years a provider is open. Figure B9 shows the experience for all provider types by percentile. The median provider in 2023 has slightly less experience (-0.5 years) than in 2021, likely due to the influx of newly licensed small family home providers in 2022 and 2023. Figure B10 shows the median number of years open by provider type. Center providers are the only provider type to show increases in provider experience in recent years. The median center-based provider was open 7 years longer than the median large family home provider, who in turn, was open for 5 years longer than the median small family home provider.

FIGURE B9

Distribution of years open by year

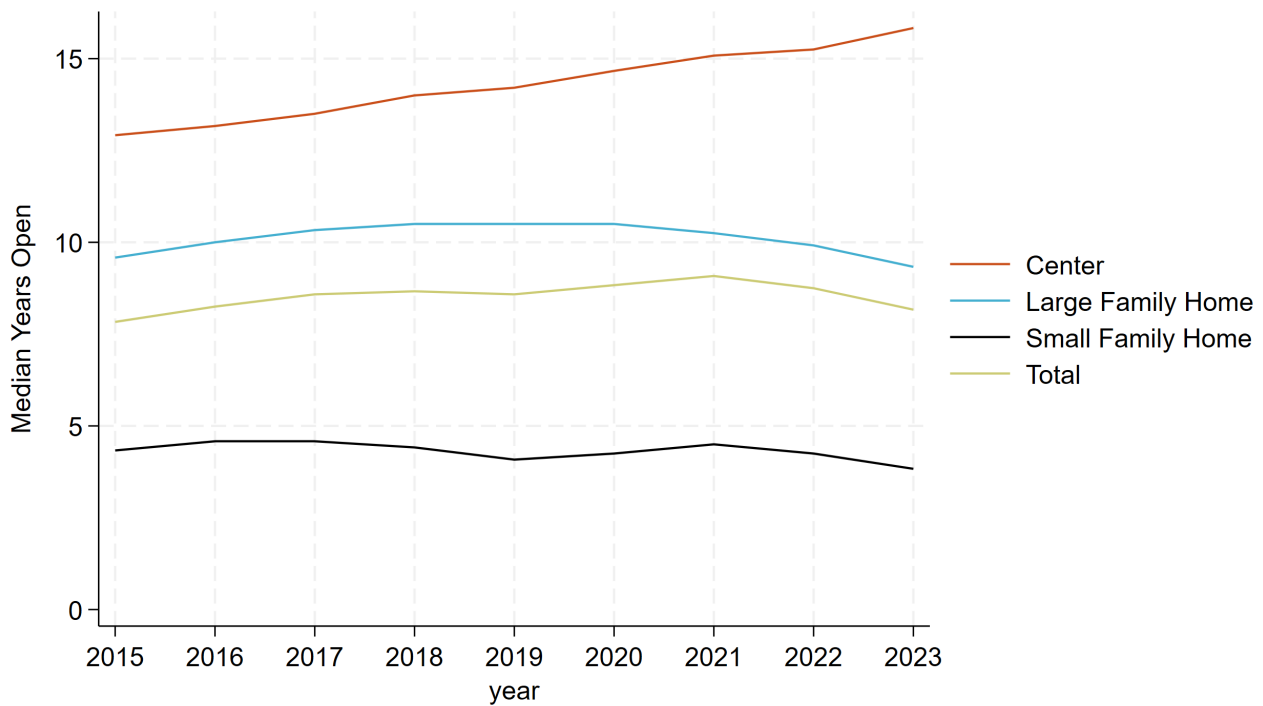


SOURCES: Authors' calculations from CDSS Community Care Licensing Data 2014-2023.

NOTE: Years open are calculated as the number of years between a provider's earliest licensure date and listed year among those that are open for part or all of the listed years. Inactive licenses are excluded.

FIGURE B10

Median years open by provider type



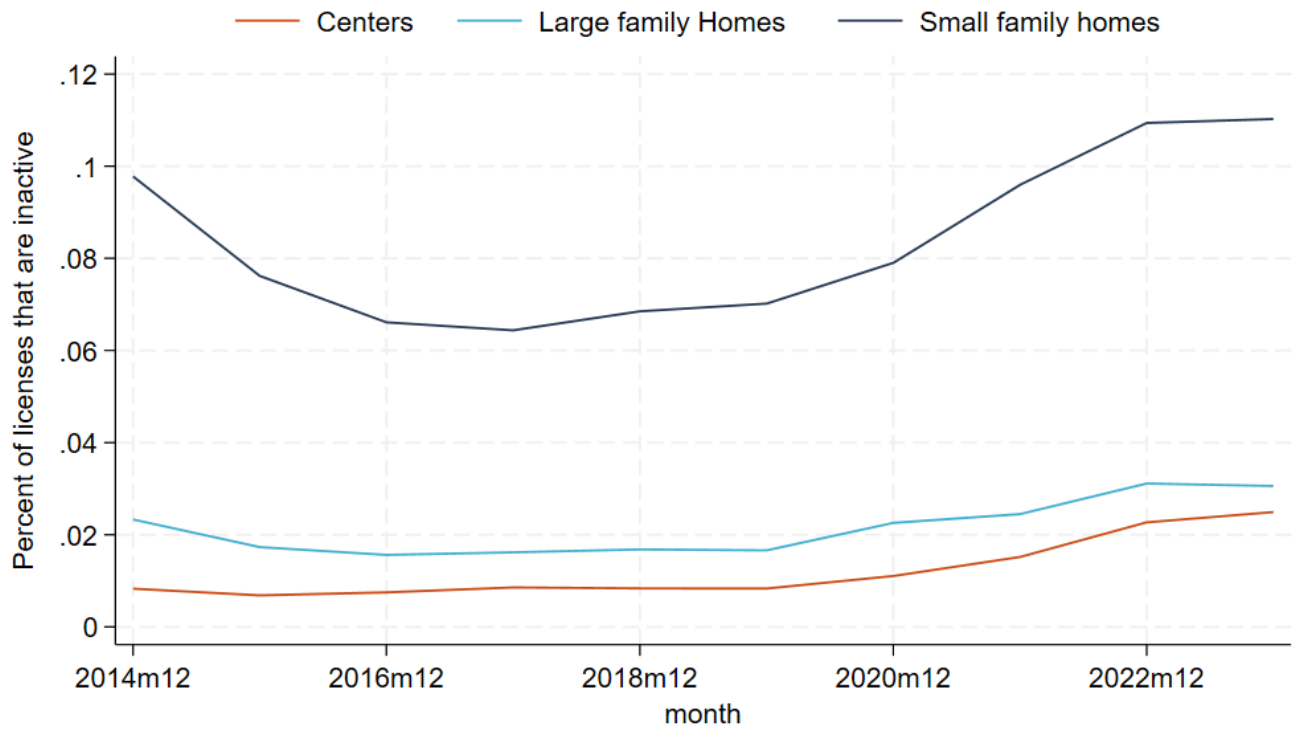
SOURCES: Authors' calculations from CDSS Community Care Licensing Data 2014-2023.

NOTE: Years open are calculated as the number of years between a provider's earliest licensure date and listed year among those that are open for part or all of the listed years. Inactive licenses are excluded.

Finally, we evaluate provider inactive license status at the end of each year (Figure B11). From 2014 to 2018, the share of providers that were on formal inactive status remained stable for large family homes and centers while small family homes were decreasingly likely to become inactive—although these providers were substantially more likely to temporarily close than other provider types. From December 2019 to December 2020, there was an increase in the share of inactive providers across all provider types and the share continued to climb through December 2022. Small family homes saw the greatest increase in inactive licenses during this time period with inactive rates exceeding 11% in 2022. From 2022 to 2023, the share of providers on inactive status has leveled off—though remains well above pre-pandemic trends for all provider types.

FIGURE B11

Share of all providers that are inactive as of December each year.



SOURCES: Authors' calculations from CDSS Community Care Licensing Data 2014-2023.

NOTE: Total providers by provider type is used as the denominator and is equal to all providers who are actively licensed, inactive, or pending.

Appendix C. Payment Rate and Related Policies

In this report we utilize regional market rate surveys from 2005, 2009, 2014, 2016, 2018, 2021. These surveys are conducted on behalf of the California Departments of Education and Social Services. The market rates vary by child age (infant, preschool, and school age), provider type (licensed center, family child care home, and license-exempt), county, full-time/part-time, and time (hourly, weekly, daily, and monthly). The report focuses on rates for monthly full-time care that vary for infant (children ages 2 and younger) and preschool (children ages 2 to 4) by licensed centers and family child care providers. The market rates are monthly per child payments charged by providers and paid by parents.

RMR surveys show child care costs measured at the average and from the 50th to 90th percentiles but we focus on the 75th and 85th percentiles since most policy changes cleave unto those ceilings. This is the cost below or at which parents of 85% of preschoolers (ages 2 to 4) enrolled in programs paid. These market rates establish the maximum reimbursement ceiling within each category of child care. Using these market rates, authors calculate how subsidized providers were reimbursed, called subsidized rates. During our period of interest (2015-2025), legislation specified how providers would be paid, moving rates 5 times. Technical Appendix Table A1 tracks policy rate changes that moved subsidized rates. We replicated these policy changes in our cost data and adjusted for inflation to July 2024 dollars. Subsidized rates can be adjusted based on child's needs and county specific policies, but these adjustments are not reflected in our data.

During the pandemic, there were additional payments paid to providers. From 2020 onward, supplemental rate payments and stipends that were one-time per child payments were included in our cost analysis. These payments were multiplied by a relative weight (1/12) to differentiate the one-time monthly payments from the monthly subsidized and market rate data. Technical Appendix Table A1 includes a list of included payments. We did not account for payments that were based on provider capacity and license length.

Table C1 show 2021 median costs for infants and preschool aged children by provider type using two data sources. All dollar amounts are inflation-adjusted to July 2024 dollars. Counties are grouped by the lowest median, middle, and highest household income tiers. Table C1 panel B excludes Sierra County from this analysis due to a missing income value. Table C1 panel A shows the ratio of the 2021 RMR survey median cost percentile to median household income from the Census 2023 SAIPE for all households. Table C1 panel A shows cost of care by age and provider type are relatively similar for the lowest and middle income counties (the highest difference is \$1,564 for infant care in a center-based setting), costs increase on average \$5,000 from the middle to the highest income counties. The cost to income ratio is much higher in the lowest income counties. Infant care is also more expensive.

Table C1 panel B shows the ratio of the 2021 RMR survey median cost percentile to median household income from the 2019-2023 NHGIS for households with children. Table C1 panel B indicates higher incomes across household income tiers using the NHGIS data compared to the Census 2023 SAIPE data. In Table C1 panel B cost to income ratios are higher for the lowest income counties as well.

Table C3 shows annual full-time costs for infants and preschool aged-children. In this table counties are grouped by cost of care tiers using the median percentile. We see infant care is higher than preschool care across counties, this is true for home or center-based settings. The lowest cost is \$9,488 for preschool care in center-based settings in the lowest income counties, whereas infant care in center based-settings in the highest cost counties is close to \$29,000. If we look at cost from the counties with the lowest to highest cost, we see that center-based care for infants and preschool aged children increases by about \$15,000 on average and home-based care increases about

\$12,000 on average. This table also shows center-based care is higher than home-based care, with the exception of preschool care in the lowest cost counties.

Table C2 shows inflation-adjusted monthly full-time dollar amounts by single rate structure regions over time. We show amounts for each RMR survey year and 2025. The estimates are weighted by the county’s child population (ages 0 to 4), so estimates reflect a regional per child average. This table shows a wide variation in market and subsidized rates. The lowest income region (region 1) saw lower subsidized rates from 2016 to 2018, after adjusting for inflation. From 2016 to 2018, Region 5’s subsidized rate increased by \$175, the highest increase across regions. Subsidized rates have been steadily increasing, but pandemic era funding and alternative methodology changes, drove changes in rates from 2020 onward (Figure 2). From 2018 to 2021, each region saw an increase in subsidized rates ranging from \$107 to \$111 dollars, partly due to the pandemic era funding, whereas from 2021 to 2025 there was variation in subsidized rate changes (Region 1 increased by \$62 whereas Region 5 increased by about \$183). This is due to the regional variation of the cost of care plus rates payments that went out to providers beginning in 2024. (Note that the regions used to calculate the CCPRs are not identical to the single rate structure regions.)

TABLE C1

Regional market rate survey full-time costs by county household income tier for all households

Panel A

Household income tier	Household cash income	Preschool				Infant			
		Center-based cost	Center-based ratio	Home-based cost	Home-based ratio	Center-based cost	Center-based ratio	Home-based cost	Home-based ratio
Low	\$62,358	\$10,503	17%	\$10,190	16%	\$15,908	26%	\$11,589	19%
Mid	\$82,796	\$11,859	14%	\$11,269	14%	\$17,472	21%	\$12,924	16%
High	\$122,140	\$17,570	14%	\$15,480	13%	\$23,242	19%	\$17,119	14%

Sources: Authors’ calculations from California Department of Social Services 2021 Regional market rate survey and Census 2023 SAIPE.

Notes: RMR costs are median, monthly full-time amounts multiplied by 12 and are inflation-adjusted to July 2024 dollars. Cost tiers are based on median household income. Simple averages within tiers shown. Ratios are of child care costs to cash incomes.

Regional market rate survey full-time costs by county household income tier for households with children

Panel B

Household income tier	Household cash income (median)	Preschool				Infant			
		Center-based cost	Center-based ratio	Home-based cost	Home-based ratio	Center-based cost	Center-based ratio	Home-based cost	Home-based ratio
Low	\$69,957	\$10,811	16%	\$10,472	15%	\$16,520	24%	\$12,038	17%
Mid	\$96,837	\$11,808	12%	\$11,097	12%	\$17,373	18%	\$12,739	13%
High	\$164,991	\$17,536	11%	\$15,564	9%	\$23,112	14%	\$17,088	10%

Sources: Authors’ calculations from California Department of Social Services 2021 Regional market rate survey and [2019-2023 IPUMS NHGIS table](#).

Notes: RMR costs are median, monthly full-time amounts multiplied by 12 and are inflation-adjusted to July 2024 dollars. NHGIS income data are inflation-adjusted to July 2024 dollars. Cost tiers are based on median household income. Simple averages within tiers shown. Ratios are of child care costs to cash incomes. Sierra County is excluded from analysis due to missing income value.

TABLE C2

Monthly full-time cost averages across single rate structure regions for 2016, 2018, 2021, and 2025.

	2015-2016	2017-2018	2020-2021*	2024-2025**	2015/16 to 2017/18 increase	2017/18 to 2020/21 increase*	2020/21 to 2024/25 increase*, **	2015/16-2024/25 increase*, **
	\$	\$	\$	\$	%	%	%	%
Statewide: Subsidized rate	\$1,375	\$1,446	\$1,554	\$1,678	5%	7%	8%	22%
75 th percentile RMR	\$1,432	\$1,515	\$1,577		6%	4%		
85 th percentile RMR	\$1,607	\$1,687	\$1,760		5%	4%		
Region 1: Subsidized rate	\$1,191	\$1,167	\$1,276	\$1,339	-2%	9%	5%	12%
75 th percentile RMR	\$1,133	\$1,178	\$1,275		4%	8%		
85 th percentile RMR	\$1,235	\$1,298	\$1,423		5%	10%		
Region 2: Subsidized rate	\$1,319	\$1,410	\$1,519	\$1,631	7%	8%	7%	24%
75 th percentile RMR	\$1,399	\$1,469	\$1,567		5%	7%		
85 th percentile RMR	\$1,523	\$1,614	\$1,740		6%	8%		
Region 3: Subsidized rate	\$1,388	\$1,483	\$1,591	\$1,755	7%	7%	10%	26%
75 th percentile RMR	\$1,478	\$1,587	\$1,618		7%	2%		
85 th percentile RMR	\$1,738	\$1,818	\$1,835		5%	1%		
Region 4: Subsidized rate	\$1,416	\$1,502	\$1,612	\$1,756	6%	7%	9%	24%
75 th percentile RMR	\$1,487	\$1,587	\$1,578		7%	-1%		
85 th percentile RMR	\$1,671	\$1,771	\$1,750		6%	-1%		
Region 5: Subsidized rate	\$1,778	\$1,953	\$2,063	\$2,246	10%	6%	9%	26%
75 th percentile RMR	\$1,949	\$2,035	\$2,254		4%	11%		
85 th percentile RMR	\$2,136	\$2,195	\$2,491		3%	13%		

Sources: Authors' calculations from California Department of Social Services 2005-2021 RMR Surveys and IPUMS National Historical Geographic Information System (NHGIS) tables 2012-2023.

Notes: The estimates are weighted by the county's child population (ages 0 to 4), so estimates reflect a regional per child average. "*" denotes one-time stipends per child disbursed were included in the subsidized rates. "**" denotes monthly cost of care plus rates were included in the subsidized rates. Costs are adjusted for inflation to July 2024 dollars. Technical Appendix Table A2 list the counties within each region.

TABLE C3

Annual full-time cost for infants and preschool aged-children by county child care cost tier

	Licensed child care center	Licensed family child care home
Infant (ages under 2)		
Lowest cost county	\$13,585	\$11,129
Median cost county	\$17,294	\$12,949
Highest cost county	\$29,032	\$23,216
Preschool (ages 2-5)		
Lowest cost county	\$9,488	\$9,708
Median cost county	\$11,606	\$11,134
Highest cost county	\$24,172	\$22,145

Source: Authors' calculations from the California Department of Social Services 2021 Regional Market Rate Survey.

Notes: Authors use the 50th percentile (median) to summarize provider costs. Table shows provider costs by county groups with the lowest, median, and highest costs. Median dollar amounts inflation-adjusted to July 2024 dollars.

Appendix D. Survey of Child Care Navigators

In the summer of 2024, we surveyed child care navigators in the state via an on-line Qualtrics survey. There are three types of navigator agencies:

- (1) Child care resource and referral agencies (R&Rs) are state-funded, community-based programs that exist in every California county, and together constitute a system of liaisons between parents, child care providers, and local communities. They track providers’ licensing status, languages spoken, ages of children served, schedules and available spaces in centers or family child care homes. They facilitate placement for all families seeking care, whether they are eligible for subsidies or not.
- (2) Local Planning Councils (LPCs) serve as a forum to address the child care needs of all types of families in their communities. As such, they regularly: conduct care needs assessments in their counties; produce comprehensive plans to mobilize public and private resources to provide care; identify priority uses for state and federal funds in each county; and engage with related agencies such as welfare departments, employers, parent organizations, and resource centers, among others, to coordinate needs with available resources and to submit a yearly set of identified priorities for child care provision.
- (3) The set of community-based non-profits collectively known as Thriving Families California (TFCs), helps arrange for voucher-based child care and early education services for families eligible for subsidized care. Their focus is on identifying linguistically and culturally appropriate care, and on parental choice. These agencies contract with the CDSS to administer vouchers for eligible low-income working families and CalWORKs participants. Together, TFCs serve as a clearinghouse for various child care-related services.

Local Planning Council navigators were the most likely to report increases in child care availability (Table D1).

TABLE D1
Affordability of subsidized child care for children ages 0-5

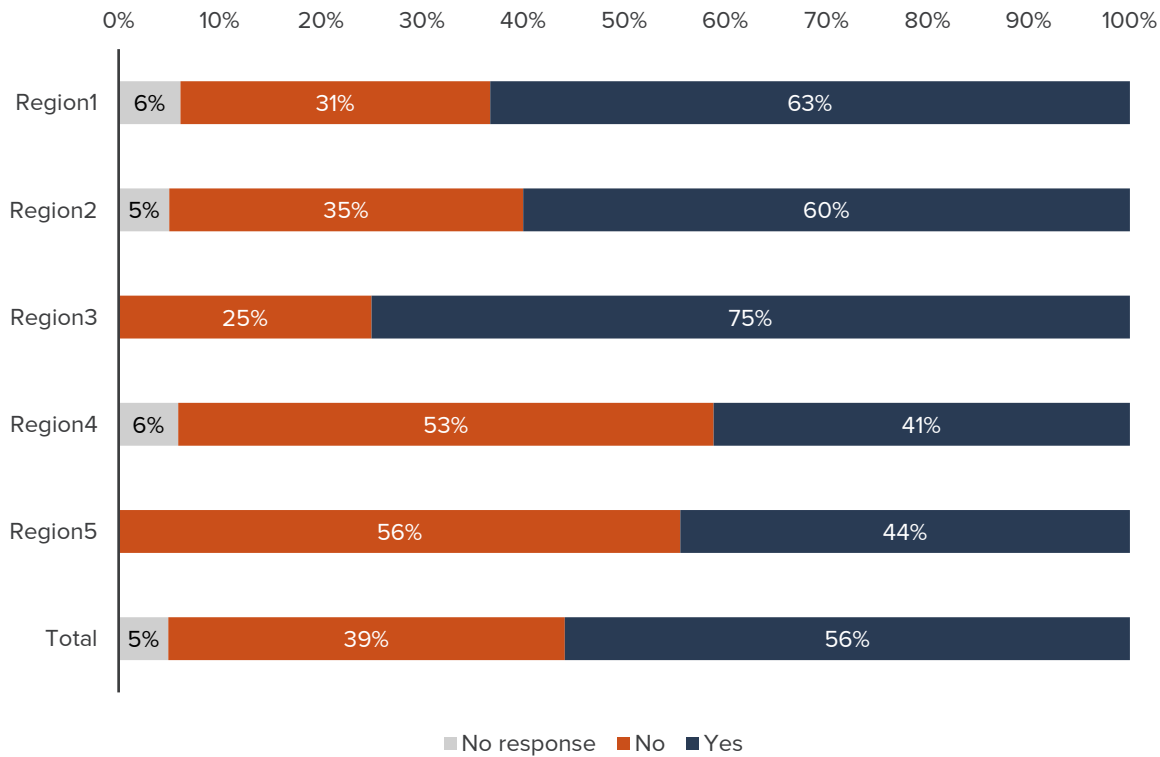
	Thriving Families California	Local Planning Council	Resource and Referral	Total
Decreased	17	13	6	36
Increased	15	24	16	55
Stayed the Same	2	5	4	11
Total	34	42	26	102

Source: Authors’ survey of California child care navigators, 2024.

Respondents from Single Rate Structure Regions 1 and 2 reported rates of finding affordable toddler care roughly on par with the overall average of 56 percent (Figure D1). Navigators in Los Angeles County (Region 3) reported a much higher rate (75%) and Regions 4 and 5 reported having a much more difficult time, with only 41 percent and 44 percent, respectively, saying that parents were finding affordable subsidized care for their toddlers.

FIGURE D1

Affordable toddler care by single rate structure region



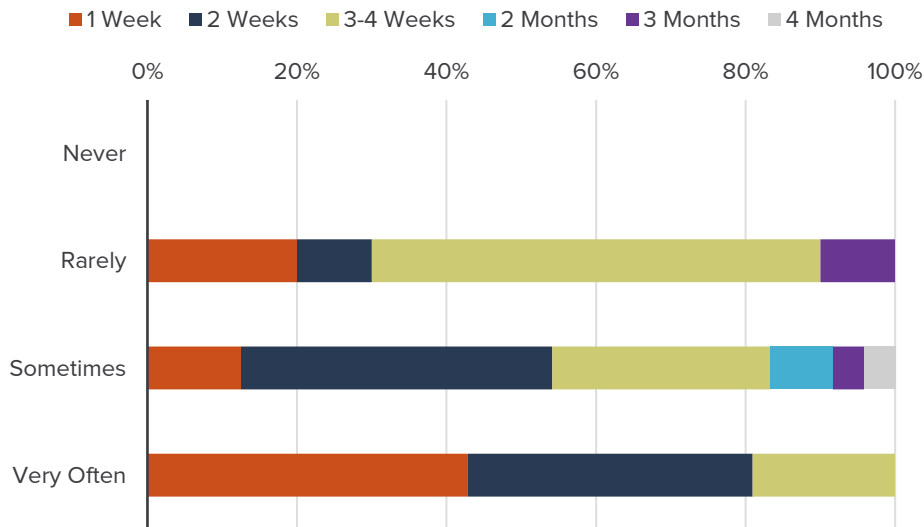
Source: Authors' survey of California child care navigators, 2024.

Note: See Technical Appendix Table A2 for the definition of the 5 single rate structure regions.

Navigators' estimates of how long it typically takes to find appropriate care tracked well with their responses to the question of how much effort it takes. All of the respondents who said the effort required to find a provider that accepts vouchers was "very often" reasonable reported that it took either one week (43%), two weeks (38%), or three to four weeks (19%) (Figure D2). Those saying the effort was "sometimes" reasonable reported a wider range of times, but still 84% said it took no longer than four weeks, with only a relative handful reporting times of over two months. Most (90%) of the respondents who said the effort was "rarely" reasonable also put the required time at 4 weeks or less, although fully 60% said it was three to four weeks.

FIGURE D2

Time to find voucher-based care, by how frequently the effort is deemed "reasonable"

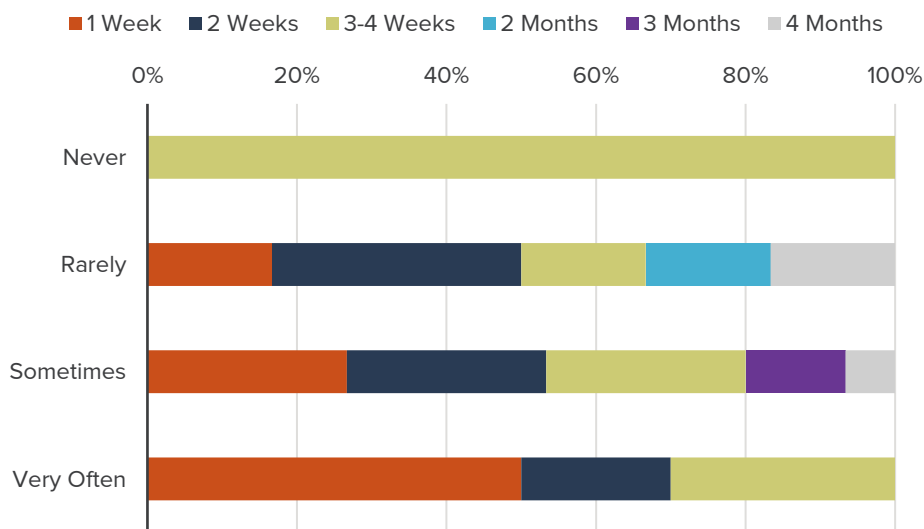


Source: Authors' survey of California child care navigators, 2024.

The pattern was very similar for finding subsidized care. All of the respondents saying the effort required was "very often" reasonable put the time at four weeks or less, and fully half said it took only one week. Relatively few navigators told us that it took longer than four weeks to find subsidized care, even of those who regarded the effort as "sometimes" reasonable (20%), or "rarely" reasonable (34%).

FIGURE D3

Time to find subsidized care, by how frequently the effort is deemed "reasonable"



Source: Authors' survey of California child care navigators, 2024.

Majorities of all navigators types reported decreases in the supply of subsidized care for children ages 0-5 (Table D2).

TABLE D2

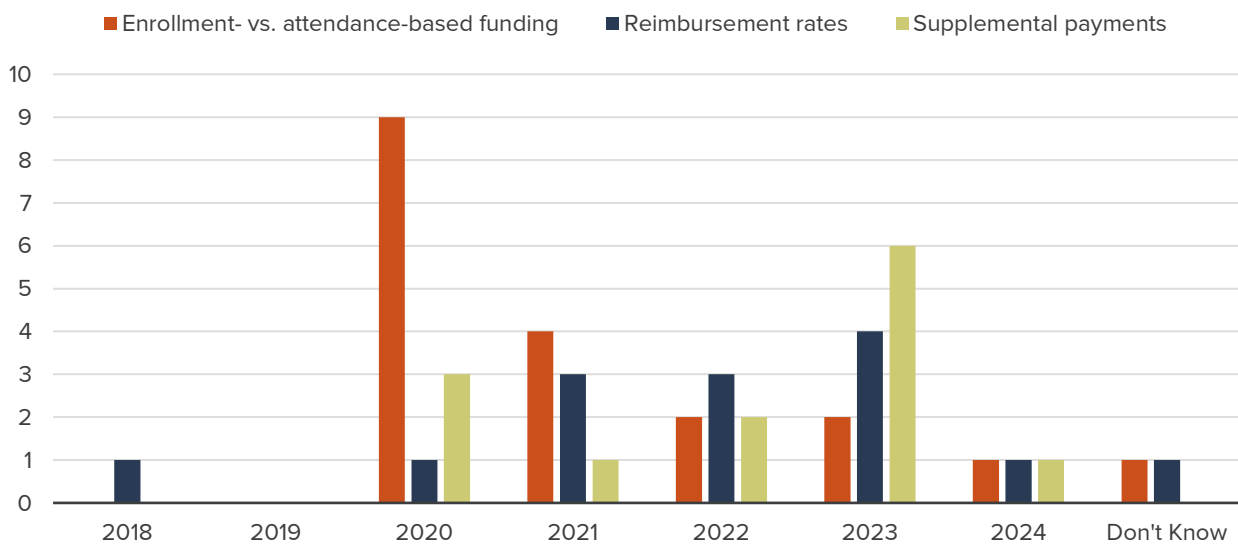
Supply of subsidized child care for children ages 0-5

	Thriving Families California	Local Planning Council	Resource and Referral	Total
Decreased	21	22	13	56
Increased	13	10	8	31
Stayed the Same	0	10	5	15
Total	34	42	26	102

Source: Authors' survey of California child care navigators, 2024.

FIGURE D4

Timing of increases in child care supply



Source: Authors' survey of California child care navigators, 2024.

Perspectives were considerably more mixed on the topic of provider turnover. Nearly half (47%) said turnover had increased; about a third (34%) said it had stayed the same, and 19 percent said it had decreased. These responses varied notably by navigator type (Table D3) and by region (Figure D5).

TABLE D3

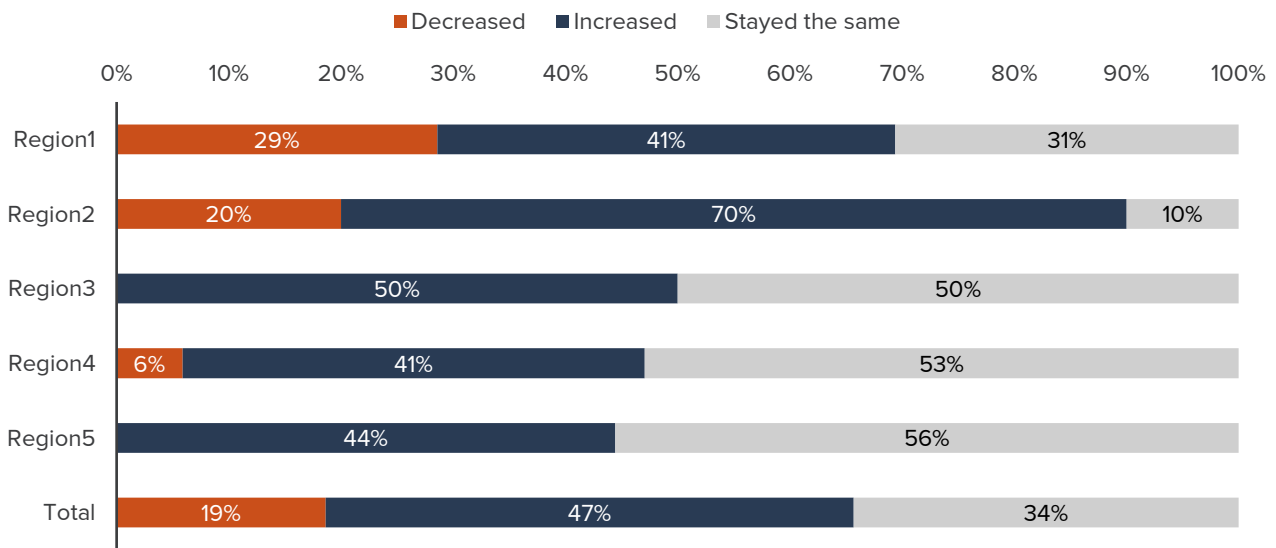
Has Provider Turnover Changed Recently?

	CAPPA/Thriving Families California	Local Child Care and Development Planning Council	Resource and Referral (R&R)	Total
Decreased	10	4	5	19
Increased	9	31	8	48
Stayed the Same	15	7	13	35
Total	34	42	26	102

Source: Authors' survey of California child care navigators, 2024.

FIGURE D5

Has subsidized child care provider turn-over changed recently?



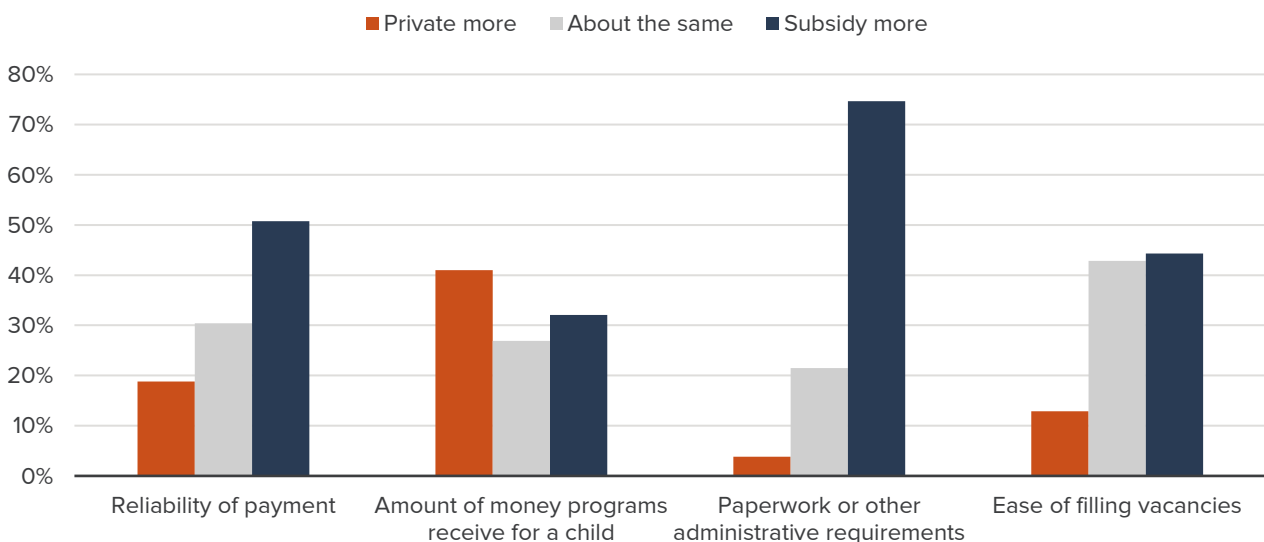
Source: Authors' survey of California child care navigators, 2024.

Note: See Technical Appendix Table A2 for the definition of the 5 single rate structure regions.

We also asked navigators for their perspectives on providers' experiences serving families who pay tuition and fees themselves, compared with serving families participating in the subsidy system, on a variety of topics: reliability and amount of payment, administrative requirements, and ease of filling vacancies (Figure D6). Not everyone had an opinion on the topic—between 22 percent and 31 percent of respondents said they didn't know, depending on the element we were asking about.

FIGURE D6

In your opinion, are there differences in provider experience when they are serving families who pay tuition and fees themselves versus families participating in the subsidy system in terms of ...



Source: Authors' survey of California child care navigators, 2024.

Among those who did respond, a majority (51%) said that providers received payment with more reliability under the subsidy program, compared with 19 percent saying that private payers were more reliable. On the other hand, 41% said that the amount of money that providers received per child was more from private payers than from the subsidy program. Twenty-seven percent said it was about the same, while 32 percent said they received more money per child under the subsidy program.

Navigators sensed that providers had a much larger administrative burden serving families under the subsidy program: 75 percent said the burden was greater with the program. Only 4 percent said the requirements were greater when serving private payers. Perhaps ameliorating this burden was the relative ease of filling vacancies under the subsidy system; 44 percent of respondents said it was easier for providers to fill vacancies when serving families participating in the subsidies, while only 13 percent said it was easier when serving private-paying families.

FIGURE D7

Provider Intermediary Survey

Start of Block: Intro

Q1.1 This survey is about your experiences working to match families eligible for subsidized child care with child care providers. This research is supported by the Administration for Children and Families (under grant 90YE0302) and is a partnership between the Public Policy Institute of California (PPIC) and the California Department of Social Services.

Q1.2 We will not report your name or your organization. We may report our findings by region of the state, or by type of child care intermediary (for example R&Rs, LPC, or Thriving Families California/CAPPA). The survey results may be a part of PPIC publications and/or academic publications. We may share de-identified survey results with our funder (ACF), or other grantees, but this will not include your name or the name of your organization.

Q1.3 We expect the survey will take about 20 minutes to complete, and you may stop and restart if you wish. Only one respondent per county organization is requested. If you complete the survey, we will send you a \$25 Amazon e-gift certificate. We will ask for an email address where you would like us to send the e-gift certificate at the end of the survey. Only one e-gift certificate per respondent/organization can be paid.

End of Block: Intro

Start of Block: Background info

Q2.1 First, we have a few background questions about your agency, your role, and the scale of the placements you facilitate.

County or Collection of Counties (1)

Agency name (2)

▼ Alameda (1) ... Yolo ~ Yolo County Office of Education (193)

Q2.2 What is your title?

Q2.3 Which organization were you directed to take this survey as a representative of?

- CAPPA/Thriving Families California (1)
- Resource and Referral (R&R) (2)
- Local Child Care and Development Planning Councils (LPCs) (3)

End of Block: Background info

Start of Block: Respondent Detail

Display This Question:

If Q2.3 != CAPPA/Thriving Families California

And Q2.3 != Local Child Care and Development Planning Councils (LPCs)

JS

Q3.1 What is the approximate number of **requests** for child care referrals you received in 2023?

- 4 (4) _____
- Don't Know (5)

Page Break

JS

Q3.2 What is the approximate number of **requests** for **voucher** eligible child care referrals you received in 2023?

- 4 (4) _____
- Don't Know (5)

Display This Question:
If Q2.3 != CAPP/Thriving Families California

JS

Q3.3 What is the approximate number of **requests** for **subsidized** child care program referrals (for example CSPP, Head Start) you received in 2023?

- 4 (4) _____
- Don't Know (5)

JS

Q3.4 What is the approximate number of families whose **vouchers** were **accepted** by providers in 2023?

- 7 (7) _____
- Don't Know (8)

Display This Question:
If Q2.3 != CAPP/Thriving Families California

JS

Q3.5 What is the approximate number of **approvals** for **subsidized** child care program referrals you received in 2023?

4 (4) _____

Don't Know (5)

Q3.6 Do you currently have a wait list for **voucher** eligible care?

Yes (1)

No (2)

Don't Know (3)

Display This Question:

If Q2.3 != CAPP/Thriving Families California

Q3.7 Do you currently have a wait list for **subsidized** child care programs?

Yes (1)

No (2)

Don't Know (3)

End of Block: Respondent Detail

Start of Block: Families Placing

Q4.1 Next, we have questions about the subsidized child care eligible families using your services.

Q4.2 What ages of children does your agency help place in child care?

Infants (1)

Toddlers (2)

Preschoolers (3)

School Aged (4)



Q4.3 What are the languages spoken by the families your agency helps place?

- English (1)
- Spanish (2)
- Mandarin (3)
- Vietnamese (4)
- Cantonese (5)
- Arabic (6)
- Philippine languages (7)
- Korean (8)
- Russian (9)
- Panjabi/Punjabi (10)
- Persian (Farsi) (11)
- Other (12) _____

Carry Forward Selected Choices - Entered Text from "Q4.3"



Q4.4 What is most common language spoken?

- English (1)
- Spanish (2)
- Mandarin (3)
- Vietnamese (4)
- Cantonese (5)
- Arabic (6)
- Philippine languages (7)
- Korean (8)
- Russian (9)
- Panjabi/Punjabi (10)
- Persian (Farsi) (11)
- Other (12)

Display This Question:

If If What are the languages spoken by the families your agency helps place? q://QID11/SelectedChoicesCount Is Greater Than or Equal to 2

Carry Forward Unselected Choices from "Q4.4"

X→

Q4.5 What is second-most common language spoken?

- English (1)
- Spanish (2)
- Mandarin (3)
- Vietnamese (4)
- Cantonese (5)
- Arabic (6)
- Philippine languages (7)
- Korean (8)
- Russian (9)
- Panjabi/Punjabi (10)
- Persian (Farsi) (11)
- Other (12)

Page Break

Q4.6 What are the races/ethnicities of the families your agency helps place?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Don't Know (9)
-

Q4.7 Of the immigration statuses listed below, which occur among the families your agency helps place?

- U.S. Citizen (1)
- Legal Resident (2)
- Undocumented Immigrant (3)
- Refugee (4)
- Other (5)
- Don't Know (6)

End of Block: Families Placing

Start of Block: Demand

Q5.1 We have a few questions about how demand for subsidized care from families may have changed in recent years, as well as child care needs for families seeking subsidized care.

By **subsidized care**, we mean when a program pays for all or some of the cost of care. Programs include: CalWORKs Child Care, Alternative Payment, General Child Care, Migrant Child Care, Care for Children with Severe Disabilities, Emergency Foster Care Bridge, and State Preschool.

For these, and the remaining questions, we are interested in **children ages 0 to 5**.

Q5.2 In your opinion, has **demand** for subsidized child care for children 0 to 5 changed recently?

- Increased (1)
- Decreased (3)
- Stayed the Same (2)

Skip To: Q5.13 If Q5.2 = Stayed the Same

Page Break

Q5.3 Could you indicate why you said demand \${Q5.2/ChoiceGroup/SelectedChoices}?

- Family fee waivers/reduced maximum family fee (1)
- Copayments/balance payments (or the amount families have to pay providers in addition to family fees and/or reimbursements that providers might collect) (2)
- Changes in eligibility (3)
- Transitional Kindergarten (4)
- Employment changes for families (6)
- Related to the pandemic (9)
- Related to the economy (7)
- Other (8) _____

Page Break

Display This Question:

If Q5.3 = Family fee waivers/reduced maximum family fee

Q5.4 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of family fee waivers/reduced maximums. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Copayments/balance payments (or the amount families have to pay providers in addition to family fees and/or reimbursements that providers might collect)

Q5.5 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of copayments/balance payments. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Changes in eligibility

Q5.6 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of changes in eligibility. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Transitional Kindergarten

Q5.7 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of Transitional Kindergarten. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Employment changes for families

Q5.9 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of employment changes for families. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Related to the pandemic

Q5.10 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of changes related to the pandemic. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Related to the economy

Q5.11 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of changes related to the economy. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.3 = Other

Q5.12 You indicated demand has \${Q5.2/ChoiceGroup/SelectedChoices}, because of \${Q5.3/ChoiceTextEntryValue/8}. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q5.2 = Stayed the Same

Q5.13 You indicated that demand for subsidized child care has stayed the same? Can you please explain why you think that is?

End of Block: Demand

Start of Block: Affordable

Q6.1 In your opinion, has the **affordability** of subsidized child care for children 0 to 5 changed in recent years?

- Increased (1)
- Decreased (3)
- Stayed the Same (2)

Skip To: Q6.10 If Q6.1 = Stayed the Same

Page Break

Q6.2 Could you indicate why you said affordability $\{Q6.1/ChoiceGroup/SelectedChoices\}$?

- Family fee waivers/reduced maximum family fee (1)
- Copayments/balance payments (or the amount families have to pay providers in addition to family fees and/or reimbursements that providers might collect) (2)
- Changes in eligibility (3)
- Employment changes for families (4)
- Related to the pandemic (7)
- Related to the economy (5)
- Other (6) _____

Page Break

Display This Question:

If Q6.2 = Family fee waivers/reduced maximum family fee

Q6.3 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of family fee waivers/reduced maximums. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Copayments/balance payments (or the amount families have to pay providers in addition to family fees and/or reimbursements that providers might collect)

Q6.4 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of copayments/balance payments. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Changes in eligibility

Q6.5 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of changes in eligibility. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Employment changes for families

Q6.6 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of employment changes for families. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Related to the pandemic

Q6.7 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of changes related to the pandemic. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Related to the economy

Q6.8 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of changes related to the economy. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.2 = Other

Q6.9 You indicated affordability has \${Q6.1/ChoiceGroup/SelectedChoices}, because of \${Q6.2/ChoiceTextEntryValue/6}. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q6.1 = Stayed the Same

Q6.10 You indicated that affordability of subsidized child care has stayed the same? Can you please explain why you think that is?

End of Block: Affordable

Start of Block: Ages

Q7.1 In your opinion, are families seeking subsidized child care finding affordable care for ...

	Yes (1)	No (2)	Don't Know (3)
Infants (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toddlers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschoolers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Ages

Start of Block: Convenience

Q8.1 We next have a few questions about whether available child care options are convenient for families looking for care for children 0 to 5.

For R&R and LPC representatives we will ask separately about voucher eligible families and families eligible for subsidized child care programs. For CAPP/TFRC representatives we will only ask about voucher eligible families.

Q8.2 In regards to families eligible for vouchers:

	Very often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
Have families told you they are able to find sufficient hours? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find sufficient non-traditional hours (for example evenings or weekends) if they need it? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find care within a reasonable commute? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find drop in care if they need it? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find wrap around care for preschool/Transitional Kindergarten? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2.3 != CAPP/Thriving Families California

Q8.3 In regards to families eligible for subsidized child care programs (for example CSPP, Head Start):

	Very often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
Have families told you they are able to find sufficient hours? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find sufficient non-traditional hours (for example evenings or weekends) if they need it? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find care within a reasonable commute? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find drop in care if they need it? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can families find wrap around care for preschool/Transitional Kindergarten? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Convenience

Start of Block: Requires reasonable effort

Q9.1 Our next questions are about how hard it is for families to find care for children 0 to 5 that matches their needs.

Display This Choice:
If Q2.3 != CAPP/Thriving Families California

	Very Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
Is the effort required to find child care that accepts vouchers reasonable? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> <i>If Q2.3 != CAPP/Thriving Families California</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the effort required to find subsidized child care programs reasonable? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JS

Q9.2 On average, how many days does it take families to identify and find availability for care that accepts vouchers and meets their needs?

- 2 (2) _____
- Don't Know (3)

Display This Question:
If Q2.3 != CAPP/Thriving Families California

JS

Q9.3 On average, how many days does it take families to identify and find availability for subsidized child care programs that meet their needs?

Click to write Choice 1 (2) _____

Don't Know (3)

End of Block: Requires reasonable effort

Start of Block: Supports Children's Development

Q10.1 Do child care options that accept vouchers for children 0 to 5 ...

	Very Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
... provide a nurturing environment for children? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help children be ready to learn in school? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... teach children how to get along with other children? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provide a safe environment? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... allow for open communication between providers and parents about any developmental concerns? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2.3 != CAPPA/Thriving Families California

Q10.2 Do subsidized child care programs that accept children 0 to 5 ...

	Very Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
... provide a nurturing environment for children? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help children be ready to learn in school? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... teach children how to get along with other children? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... provide a safe environment? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... allow for open communication between providers and parents about any developmental concerns? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Supports Children's Development

Start of Block: Is Equitable for voucher care

Q11.1 We want to know to what extent can families from different backgrounds, or facing different challenges, find the child care they need, compared to families from the dominant culture, or without those challenges.

Q11.2 How regularly can families find care that accepts **vouchers** for children 0 to 5 that is...

	Very Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
... culturally appropriate? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... linguistically appropriate (where child and family can communicate with provider in shared language)? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... appropriate for children with special needs / have IEP/IFSP? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... accessible for children of different documentation statuses? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... is a reasonable commute for families given their transportation options? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q11.2 = ... culturally appropriate? [Sometimes]

Or Q11.2 = ... culturally appropriate? [Rarely]

Or Q11.2 = ... culturally appropriate? [Never]

Q11.3 What sorts of families are having the most difficulty finding care that accepts **vouchers** that is **culturally appropriate**?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Family of child with disability (10)
 - Undocumented parent(s) (11)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q11.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Sometimes]

Or Q11.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Rarely]

Or Q11.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Never]

Q11.4 What sorts of families are having the most difficulty finding care that accepts **vouchers** that is **linguistically appropriate**?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Filipino (4)
- Hispanic or Latino (5)
- Pacific Islander (6)
- White (7)
- Spanish-language speaking (8)
- Speakers of other non-English language (9)
- Family of child with disability (10)
- Undocumented parent(s) (11)
- Families in more remote locations (12)
- Don't Know (13)

Display This Question:

If Q11.2 = ... appropriate for children with special needs / have IEP/IFSP? [Sometimes]

Or Q11.2 = ... appropriate for children with special needs / have IEP/IFSP? [Rarely]

Or Q11.2 = ... appropriate for children with special needs / have IEP/IFSP? [Never]

Q11.5 What sorts of families are having the most difficulty finding care that accepts **vouchers** that is appropriate for children with **special needs / have IEP/IFSP?**

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Undocumented parent(s) (11)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q11.2 = ... accessible for children of different documentation statuses? [Sometimes]

Or Q11.2 = ... accessible for children of different documentation statuses? [Rarely]

Or Q11.2 = ... accessible for children of different documentation statuses? [Never]

Q11.6 What sorts of families are having the most difficulty finding care that accepts **vouchers** that is appropriate for children of different **documentation statuses**?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Family of child with disability (10)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q11.2 = ... is a reasonable commute for families given their transportation options? [Sometimes]

Or Q11.2 = ... is a reasonable commute for families given their transportation options? [Rarely]

Or Q11.2 = ... is a reasonable commute for families given their transportation options? [Never]

Q11.7 What sorts of families are having the most difficulty finding care that accepts **vouchers** that is **appropriate regarding geography / transportation options** for families?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Filipino (4)
- Hispanic or Latino (5)
- Pacific Islander (6)
- White (7)
- Spanish-language speaking (8)
- Speakers of other non-English language (9)
- Family of child with disability (10)
- Undocumented parent(s) (11)
- Don't Know (13)

End of Block: Is Equitable for voucher care

Start of Block: Is equitable for subsidized care

Display This Question:

If Q2.3 != CAPP/Thriving Families California

Q12.1 We want to know to what extent can families from different backgrounds, or facing different challenges, find the child care they need, compared to families from the dominant culture, or without those challenges.

Display This Question:

If Q2.3 != CAPP/Thriving Families California

Q12.2 How regularly can families find **subsidized child care programs** for children 0 to 5 that are...

	Very Often (1)	Sometimes (2)	Rarely (3)	Never (4)	Don't Know (5)
... culturally appropriate? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... linguistically appropriate (where child and family can communicate with provider in shared language)? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... appropriate for children with special needs / have IEP/IFSP? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... accessible for children of different documentation statuses? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... is a reasonable commute for families given their transportation options? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q12.2 = ... culturally appropriate? [Sometimes]

Or Q12.2 = ... culturally appropriate? [Rarely]

Or Q12.2 = ... culturally appropriate? [Never]

Q12.3 What sorts of families are having the most difficulty finding **subsidized child care programs** that are **culturally appropriate**?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Family of child with disability (10)
 - Undocumented parent(s) (11)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q12.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Sometimes]

Or Q12.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Rarely]

Or Q12.2 = ... linguistically appropriate (where child and family can communicate with provider in shared language)? [Never]

Q12.4 What sorts of families are having the most difficulty finding **subsidized child care programs** that are **linguistically appropriate**?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Filipino (4)
- Hispanic or Latino (5)
- Pacific Islander (6)
- White (7)
- Spanish-language speaking (8)
- Speakers of other non-English language (9)
- Family of child with disability (10)
- Undocumented parent(s) (11)
- Families in more remote locations (12)
- Don't Know (13)

Display This Question:

If Q12.2 = ... appropriate for children with special needs / have IEP/IFSP? [Sometimes]

Or Q12.2 = ... appropriate for children with special needs / have IEP/IFSP? [Rarely]

Or Q12.2 = ... appropriate for children with special needs / have IEP/IFSP? [Never]

Q12.5 What sorts of families are having the most difficulty finding **subsidized child care programs** that are appropriate for children with **special needs / have IEP/IFSP**?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Undocumented parent(s) (11)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q12.2 = ... accessible for children of different documentation statuses? [Sometimes]

Or Q12.2 = ... accessible for children of different documentation statuses? [Rarely]

Or Q12.2 = ... accessible for children of different documentation statuses? [Never]

Q12.6 What sorts of families are having the most difficulty finding finding **subsidized child care programs** that are appropriate for children of **different documentation statuses**?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Filipino (4)
 - Hispanic or Latino (5)
 - Pacific Islander (6)
 - White (7)
 - Spanish-language speaking (8)
 - Speakers of other non-English language (9)
 - Family of child with disability (10)
 - Families in more remote locations (12)
 - Don't Know (13)
-

Display This Question:

If Q12.2 = ... is a reasonable commute for families given their transportation options? [Sometimes]

Or Q12.2 = ... is a reasonable commute for families given their transportation options? [Rarely]

Or Q12.2 = ... is a reasonable commute for families given their transportation options? [Never]

Q12.7 What sorts of families are having the most difficulty finding **subsidized child care programs** that are **appropriate regarding geography / transportation options** for families?

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Filipino (4)
- Hispanic or Latino (5)
- Pacific Islander (6)
- White (7)
- Spanish-language speaking (8)
- Speakers of other non-English language (9)
- Family of child with disability (10)
- Undocumented parent(s) (11)
- Don't Know (13)

End of Block: Is equitable for subsidized care

Start of Block: Supply

Q13.1 We have a few questions about how the supply of subsidized child care for children 0 to 5 may have changed in recent years.

Q13.2 In your opinion, has the **supply** of subsidized child care for children 0 to 5 changed recently?

- Increased (1)
- Decreased (2)
- Stayed the Same (3)

Skip To: Q13.14 If Q13.2 = Stayed the Same

Q13.3 Could you indicate why you said the supply of subsidized child care has $\${Q13.2/ChoiceGroup/SelectedChoices}$?

- Changing reimbursement rates (10)
- Provision of supplemental payments (11)
- Attendance- vs. enrollment-based funding (12)
- Staff turnover (13)
- Ability to hire new staff (14)
- Changes to reporting or data systems (15)
- Additional requirements to understand new rules (16)
- Quality standards (17)
- Licensing requirements (18)
- Other (19) _____

Display This Question:

If Q13.3 = Changing reimbursement rates

Q13.4 You indicated supply has $\${Q13.2/ChoiceGroup/SelectedChoices}$, because of changing reimbursement rates. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Provision of supplemental payments

Q13.5 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of the provision of supplemental payments. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Attendance- vs. enrollment-based funding

Q13.6 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of attendance- vs. enrollment-based funding. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Staff turnover

Q13.7 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of staff turnover. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Ability to hire new staff

Q13.8 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of the ability to hire new staff. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Changes to reporting or data systems

Q13.9 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of changes to reporting or data systems. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Additional requirements to understand new rules

Q13.10 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of additional requirements to understand new rules. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Quality standards

Q13.11 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of changes in quality standards. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Licensing requirements

Q13.12 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of changes in licensing requirements. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.3 = Other

Q13.13 You indicated supply has \${Q13.2/ChoiceGroup/SelectedChoices}, because of changes in \${Q13.3/ChoiceTextEntryValue/19}. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q13.2 = Stayed the Same

Q13.14 You indicated that supply of subsidized child care has stayed the same? Can you please explain why you think that is?

End of Block: Supply

Start of Block: Supply Cont

Q14.1 In your opinion, are the openings for subsidized care in your county...

	Too Many (1)	About Right (2)	Too Few (3)	Don't Know (4)
...for infant care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...for toddler care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...for preschool care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...for school-aged care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14.2 In your opinion, are the openings for special populations in your county ...

	Too Many (1)	About Right (2)	Too Few (3)	Don't Know (4)
... for families with home language other than English (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... for children with disabilities (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Supply Cont

Start of Block: Churn

Q15.1 Has subsidized child care provider turn-over changed recently?

- Increased (1)
- Decreased (2)
- Stayed the Same (3)

Skip To: Q15.13 If Q15.1 = Stayed the Same

Q15.2 Could you indicate why you said that subsidized child care provider turn-over has $\{Q15.1/ChoiceGroup/SelectedChoices\}$?

- Staff longevity/turnover (1)
- Staff wages/Minimum Wage (2)
- Changes in reimbursement rates (3)
- Changes to reporting or data systems (4)
- Additional requirements to understand new rules (5)
- Licensing requirements (6)
- Work environment/benefits(healthcare, retirement, PTO, breaks) (7)
- Related to the pandemic (8)
- Related to the economy (9)
- Other (10) _____

Display This Question:

If Q15.2 = Staff longevity/turnover

Q15.3 You indicated that subsidized child care provider turn-over has $\{Q15.1/ChoiceGroup/SelectedChoices\}$, because of staff longevity/turnover. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Staff wages/Minimum Wage

Q15.4 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of staff wages/minimum wage. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Changes in reimbursement rates

Q15.5 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of changes in reimbursement rates. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Changes to reporting or data systems

Q15.6 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of changes to reporting or data systems. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Additional requirements to understand new rules

Q15.7 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of additional requirements to understand new rules. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Licensing requirements

Q15.8 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of licensing requirements. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Work environment/benefits(healthcare, retirement, PTO, breaks)

Q15.9 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of work environment. When do you think that change started?

▼ 2018 (1) ... 2024 (7)

Display This Question:

If Q15.2 = Related to the pandemic

Q15.10 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of changes related to the pandemic. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Related to the economy

Q15.11 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of changes related to the economy. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.2 = Other

Q15.12 You indicated that subsidized child care provider turn-over has $\${Q15.1/ChoiceGroup/SelectedChoices}$, because of $\${Q15.2/ChoiceTextEntryValue/10}$. When do you think that change started?

▼ 2018 (1) ... Don't Know (8)

Display This Question:

If Q15.1 = Stayed the Same

Q15.13 You indicated that child care provider turn over has stayed the same? Can you please explain why you think that is?

End of Block: Churn

Start of Block: TK Impact on ECE programs

Q16.1 Next, we have few questions about how Transitional Kindergarten expansion might be impacting subsidized child care providers.

	A lot (1)	Some (2)	None (3)
Has the ability to staff child care programs changed because of Transitional Kindergarten expansion? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are children leaving to go to Transitional Kindergarten programs? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do some children enroll in both Transitional Kindergarten and subsidized care? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16.2 Are exits to Transitional Kindergarten changing the age of children you are being asked to place?

- Yes (1)
- No (2)
- Unsure (3)

Display This Question:

If Q16.2 = Yes

Q16.3 In what ways are exits to Transitional Kindergarten changing the age of children you are being asked to place?

- Fewer 4-year-olds (1)
- More 3-year-olds (2)
- More Toddlers (3)
- More Infants (4)
- Other (5) _____

Q16.4 What should policymakers know about the impact of Transitional Kindergarten on the supply and demand of subsidized care for children 0 to 5?

End of Block: TK Impact on ECE programs

Start of Block: IMPLEMENTATION of PAYMENT POLICIES

Q17.1 Next, we have a few questions about the implementation of payment policies in the subsidized child care market.

Q17.2 In your opinion, are there differences in provider experience when they are serving families who pay tuition and fees themselves versus families participating in the subsidy system in terms of ...

	Subsidy much more (1)	Subsidy somewhat more (2)	Subsidy and private pay about the same (3)	Private pay somewhat more (4)	Private pay much more (5)	Don't Know (6)
... Reliability of payment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Amount of money programs receive for a child (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Paperwork or other administrative requirements (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Ease of filling vacancies (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.3 Do some providers opt not to collect the family fees they are supposed to charge?

- Yes (1)
 - No (2)
 - Don't Know (3)
-

Display This Question:

If Q17.3 = Yes

Q17.4 How many providers do not collect family fees?

- All (1)
- Most (2)
- Some (3)
- Few (4)
- Don't Know (5)

Display This Question:

If Q17.3 = Yes

Q17.5 If yes, why do they not collect the family fees?

- To make care more affordable for families (1)
- Because paperwork is too burdensome (2)
- Other (3) _____
- Don't Know (4)

Page Break

Q17.6 Do some providers in your county charge subsidy-eligible families copayments (or balance payments)?

- Yes (1)
- No (2)
- Don't Know (3)

Display This Question:

If Q17.6 = Yes

Q17.7 How many providers charge subsidy-eligible families copayments (or balance payments)?

- All (1)
- Most (2)
- Some (3)
- Few (4)
- Don't Know (5)

Display This Question:

If Q17.6 = Yes

Q17.8 What type of providers charge subsidy-eligible families copayments?

- Licensed Centers (1)
- Licensed Family Child care Homes (2)
- License-Exempt Family, Friend, and Neighbor (3)

End of Block: IMPLEMENTATION of PAYMENT POLICIES

Start of Block: Concerns about move to cost of care rather than RMR reimbursement

Q18.1 Are you aware of move to cost of care reimbursement ("alternative methodology") vs RMR survey-based reimbursement?

- Yes (1)
- No (2)
- Don't Know (3)

Display This Question:

If Q18.1 = Yes

Q18.2 If yes,

	Raise a lot (1)	Raise some (2)	No change (3)	Decrease some (4)	Decrease a lot (5)	Don't Know (6)
How do you think this will change providers' compensation? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you think this will change providers' administrative burdens? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you think this will change provider supply? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you think this will change provider tenure? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q18.1 = Yes

Q18.3 Do you think providers are aware of the coming change?

- All (1)
- Most (4)
- Some (2)
- None (3)
- Don't Know (5)

Display This Question:

If Q18.3 = Most

Or Q18.3 = Some

Or Q18.3 = All

Q18.4 How do you think providers are feeling about this change?

- Looking forward to it (1)
- Worried about it (2)
- Neutral (3)
- Don't Know (4)

Display This Question:

If Q18.3 = Don't Know

Or Q18.3 = None

Q18.5 How do you think providers will feel about this change?

- Happy (1)
 - Unhappy (2)
 - Neutral (3)
 - Don't Know (4)
-

Q18.6 Do you have any additional comments you'd like to share about the answers you chose regarding alternative methodology?

End of Block: Concerns about move to cost of care rather than RMR reimbursement

Start of Block: Eligibility changes

Q19.2 How would you expect a move to 'pay up front' policy to change the willingness of providers to accept subsidies?

- Increase (1)
- Same (2)
- Decrease (3)

Appendix E. Focus Groups with Providers and Families

In our focus groups conducted in summer 2024, providers and parents were asked about a number of issues related to child care policy, including accessing subsidized care, copayments, reimbursement rates, transitional kindergarten, social and economic impacts of subsidized child care, and equitable access to child care. Themes were then identified and extracted from the transcripts to get an understanding of how recent policy changes have impacted these populations.

The first study year focused on five counties across California: Los Angeles, Humboldt, San Mateo, Kern, and Imperial Counties. These counties were selected for their varied demographic, economic, and geographic characteristics, which provided a broad perspective on child care issues. The demographic information of each of the counties were compared to the demographics of California as a whole to try and collect as representative a sample as possible. For example, counties with average child care costs both above and below the state average were selected to reduce the likelihood of biasing the sample by selecting counties with only high or low cost of living. In San Mateo County, for example, the cost of child care is higher than the state average, but in Imperial County it is lower. Table E1 below provides the demographic information in Year 1 counties. Additional counties will be selected in subsequent project years.

TABLE E1

Counties Selected to Participate in Focus Groups in Study Year 1

County	California	Kern	Imperial	Los Angeles	Humboldt	San Mateo
Child care Cost ¹	\$10,454 - 16,258	\$9,591 – 15,198	\$9,303 – 14,378	\$10,804 – 18,917	\$9,331 – 14,941	\$15,262 – 20,093
Rurality		Rural	Rural	Urban	Rural	Suburban
2019 Space Availability ²	25%	18%	29%	22%	20%	27%
2021 Space Availability	25%	17%	35%	24%	35%	33%
Spanish Speakers ³	28%	40%	73%	38%	8%	16%
% People of Color ⁴	70%	71%	90%	80%	35%	65%
Monthly Median Family Income ⁵	\$5,810	\$5,180	\$4,327	\$6,455	\$4,563	\$10,983

Focus groups were conducted with both families with young children (ages 0 to 5) and providers in each county. Recruitment was facilitated through partnerships with local Child Care Resource and Referral (R&R) agencies, which reached out to families and providers engaged in subsidized care. R&Rs are regional programs funded by the Department of Early Learning and Care to support home and center-based early learning and care programs.⁶ The agencies emailed an informational flyer prepared by the project team to all providers and parents both using care and on the waitlist for care. Interested individuals were then able to contact the researchers directly to participate in the study. These efforts were complemented by targeted Facebook ads aimed at further expanding participation. Facebook ads ran for seven days targeting parents and providers in Imperial, Los Angeles, and Humboldt Counties where initial recruitment produced less than the desired number of participants. A total of 10

¹ Kids Data. (2024). *Annual cost of child care*.

² Kids Data. *Availability of child care for working families*.

³ United State Census Bureau. (2023). *Language spoken at home*. Speak Spanish at home among those 5 or older.

⁴ Kids Data. *Child population by race/ethnicity*.

⁵ United States Census Bureau. (2024). *California*

⁶ Child Care Aware of America. (2024). *Child Care Resource and Referral*.

focus groups (five with providers and five with parents) and two interviews with providers were conducted. Three focus groups were in Spanish, and the rest were performed in English. Interviews in other languages were offered for participants who preferred to participate in a language other than English or Spanish, though none were requested. A total of 24 parents and 30 providers participated in the focus groups. There was an even split between providers who operated a child care home and those who operated a child care center. Table E2 below describes the participant population.

TABLE E2
Participant Population

County	Child Care Center Providers	Child Care Home Providers	Parents	Total
Kern	2	6	4	12
San Mateo	3	2	5	10
Humboldt	3	3	5	11
Imperial	4	2	3	9
Los Angeles	3	2	7	12
Total	15	15	24	54



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