

Child Care Program CCMS Use Survey

We are gathering information through this survey to learn more about how you currently manage the business portion of your program. This information will help us learn more about ways that we can help you. Only complete this survey once. This survey will take five (5) minutes or less to complete.

Your individual survey is confidential. Statewide survey results/information will be summarized.

* 1. Please provide the following information:

Person completing this survey

DHS Provider # (# on your DHS registration certificate)

Program's Street Address

City

Email Address

* 2. Select the county your program is located in:

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* 3. What is the maximum capacity for the number of children in your care at any given time? (This is the number on your DHS registration certificate.)

- 8
- 12
- 16

* 4. Currently , do you have a waiting list for:

	Yes	No	N/A (I currently do not enroll children in this age category in my program.)
Infants (under 2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toddlers (2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschoolers (3-4 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-aged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. Currently, do you have child care slots to fill for:

	Yes	No	N/A (I currently do not enroll children in this age category in my program.)
Infants (under 2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toddlers (2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschoolers (3-4 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School-aged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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* 6. When do you care for children as part of your child care business? (select all that apply)

- Daytime
- Evenings
- Overnight
- Weekends

* 7. How many years have you been operating your child care business?

- Less than 2 years
- 2-5 years
- 6 years or more

* 8. What funding does your program receive? (select all that apply)

- Parent fees/tuition
- Child Care Assistance (subsidy program)
- CACFP (food program)
- Third Party (for example, Early Head Start, etc.)
- Grants or other fundraising efforts (for example, a grant through an Early Childhood Area board)
- Other (please specify)

* 9. Approximately how many tours do you currently give per month (including virtual tours)?

- 0
- 1-3
- 4+

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* 10. For children enrolled in your program on the Child Care Assistance Program (CCA), do you enter attendance data online in KinderTrack?

- Yes
- No
- Not applicable (my program does not accept children receiving CCA)

* 11. How does your program receive payments from parent fees/tuition? (select all that apply)

- Cash/check
- ACH Transfer (electronic payment from the parent's bank account into your bank account)
- Venmo, PayPal or other online option
- A child care management software system like Procure, Brightwheel, KidKare, etc. that has an electronic payment option
- Quickbooks, Freshbooks, or other similar system
- Other (please specify)

* 12. Approximately how many of your parent fee/tuition payments are late each payment cycle?

- All families pay on time
- 1-2 families consistently pay late
- A good number of families consistently pay late
- The majority of families consistently pay late
- I don't know

13. Which of the following are challenging for your program in terms of cost, time and/or expertise? (select all that apply)

	Cost	Time	Expertise
Billing and collecting fees from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing and collecting subsidy (CCA) payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting and managing budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax preparation and filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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* 14. When you think about an average week in your child care program, how many hours do you spend:

Hours per week

Teaching and caring for children in your program	<input type="text"/>
Lesson planning	<input type="text"/>
Managing business-related tasks	<input type="text"/>
Cleaning, purchasing groceries and supplies, and meal planning and preparation	<input type="text"/>

Other (please specify and indicate number of hours)

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* 15. What software, if any, are you currently using to manage the following portions of your program? If your program does not use a software program, select N/A.

	Procare	Brightwheel	Smartcare	KidKare	Wonderschool	QuickBooks	N/A
Child and family information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CACFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistant and substitute information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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* 16. What technology, hardware or other devices do you use in your child care program: (select all that apply)

- Laptop computer for parents to sign children in/out
- Tablet for parents to sign children in/out
- Smartphone for parents to sign children in/out
- Desktop or laptop computer for child care business purposes
- Tablet for child care business purposes
- Smartphone for child care business purposes
- Tablets/computers available for use by children in the program
- Other (please specify)

* 17. Connectivity:

Select what best describes your program's access to the internet:

- High speed internet access available throughout the home
- Internet access is available, but spotty in some locations in the home
- Internet slow/unreliable
- I use a connection on my smartphone or tablet (from cell phone towers) to transmit information
- No connectivity in the home; landline telephone is the primary method for data transmission

* 18. Do you currently have a website for your program?

- Yes
- No

19. What is currently your biggest challenge in operating your child care business?

Thank you for taking time to complete this survey.