

2010 ODJFS Child Care Market Rate Questionnaire

This questionnaire was designed to collect information about enrollments and rates despite differences among providers in how they deliver their services.

Please complete this questionnaire using enrollment and rate information for the location shown on the previous page.

The questionnaire is divided into different sections by the age of children receiving care. The age groups in this questionnaire are:

- Ages newborn through 17 months (INFANT)
- Ages 18 months through 35 months (TODDLER)
- Ages 3 through 5 years not yet in kindergarten (PRE-SCHOOL)
- Ages 5 through 12 years enrolled in kindergarten or higher (SCHOOL-AGE)

In each section, you are asked to provide the following information:

- The total number of children enrolled in an age group at this location.
- The total number children enrolled at this location broken down by the number of hours they are at your facility per week.
- The total number of *subsidized* children enrolled at this location broken down by the number of hours they are at your facility per week. **(Subsidized children are those children who receive your services and are funded not only by the ODJFS/county subsidized child care program but also any other external subsidy organization).**
- *(Please note: the sum of the total number of children enrolled in an age group within each hour category should equal the total number of children enrolled in an age group)*
- The current, undiscounted private-pay rates you would charge in different situations.

IMPORTANT NOTE:

When answering the rate questions, please do not include any discounts in the rates.

If you have sliding scales based on income, please tell us your maximum rates.

For the purposes of this questionnaire, please consider all care to be delivered on weekdays between 6 a.m. and 6 p.m.

DO NOT INVENT RATES FOR THESE QUESTIONS. IF THERE ARE RATES THAT DO NOT APPLY TO YOUR LOCATION, PLEASE SKIP AND CONTINUE.

For example, do not divide your weekly rate by 40 to obtain an hourly rate.

Section 1: Children ages newborn through 17 months old

1A. Are you licensed/certified/registered to provide services at this location for children ages newborn through 17 months old?

(please check one): **Yes** **No** → *Go to Section 2 on next page*

↓ *Go to 1B below*

1B.

How many TOTAL children ages newborn through 17 months old are currently enrolled at this location?	<input style="width: 80%; height: 20px;" type="text"/>	<i>(Please enter "0" if no children in this age group are currently enrolled.)</i>
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Of those TOTAL children noted in the box above, how many of them are:		
	Enrolled Children <i>(include private pay <u>and</u> subsidized in this total)</i>	Enrolled Children who are Subsidized*
<i>Enrolled 25 – 50 (60, if licensed center or type A home provider) hours per week</i>		
<i>Enrolled 7 – 24.9 hours per week</i>		
<i>Enrolled 6.9 hours or less per week</i>		

**Subsidized children are those children at this location who receive your services and are funded not only by the ODJFS/county subsidized child care program but also any other external subsidy organization.*

1C. Using your current rate schedule (undiscounted rates), please provide the rates you charge for private pay children in this age group: *(Please only consider care provided on weekdays between 6 a.m. and 6 p.m.)*

	Private Pay Rate (\$xxx.xx)	Billing Period <i>(please check only one)</i>
What would you charge for a 9-month-old enrolled for 45 hours per week? <i>(For example, 9 hours per day, Monday through Friday)?</i>	<input type="checkbox"/> \$_____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Day Week Month Other _____
What would you charge for a 9-month-old enrolled for 20 hours per week? <i>(For example, 5 hours per day, Monday through Thursday)?</i>	\$_____ per	Hour Day Week Month Other _____

Not counting hourly charges for late pickup or exceeding full-time hours, do you have an hourly rate for children in this age group?	Yes No	If Yes, what is your hourly rate? \$_____ per hour
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Section 3: Children ages 3 through 5 years, not yet in kindergarten AND not enrolled in a public preschool

3A. Are you licensed/certified/registered to provide services at this location for children ages 3 through 5 years, not yet in kindergarten AND not enrolled in a public preschool?

(please check one):

Yes

No → Go to Section 4 on next page

↓ Go to 3B below

3B.

How many TOTAL children ages 3 through 5 years, not yet in kindergarten AND not enrolled in a public preschool are currently enrolled at this location?	<div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>	<i>(Please enter "0" if no children in this age group are currently enrolled.)</i>
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Of those TOTAL children noted in the box above, how many of them are:		
	Enrolled Children <i>(include private pay and subsidized in this total)</i>	Enrolled Children who are Subsidized*
<i>Enrolled 25 – 50 (60, if licensed center or type A home provider) hours per week</i>		
<i>Enrolled 7 – 24.9 hours per week</i>		
<i>Enrolled 6.9 hours or less per week</i>		

* Subsidized children are those children at this location who receive your services and are funded not only by the ODJFS/county subsidized child care program but also any other external subsidy organization.

3C. Using your current rate schedule (undiscounted rates), please provide the rates you charge for private pay children in this age group: *(Please only consider care provided on weekdays between 6 a.m. and 6 p.m.)*

	Private Pay Rate (\$xxx.xx)	Billing Period <i>(please check only one)</i>
What would you charge for a 4-year-old enrolled for 45 hours per week? <i>(For example, 9 hours per day, Monday through Friday)?</i>	<input type="checkbox"/> \$_____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Day Week Month Other _____
What would you charge for a 4-year-old enrolled for 20 hours per week? <i>(For example, 5 hours per day, Monday through Thursday)?</i>	\$_____ per	Hour Day Week Month Other _____

Not counting hourly charges for late pickup or exceeding full-time hours, do you have an hourly rate for children in this age group?	Yes No	If Yes, what is your hourly rate? \$_____ per hour
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Section 4: Children ages 5 through 12 years who are in kindergarten or higher during the regular school-year

4A. Are you licensed/certified/registered to provide services at this location for children ages 5 through 12 years who are in kindergarten or higher during the regular school year?

(please check one):

Yes

No → Go to Section 5 on next page

↓ Go to 4B below

4B.

<p>How many TOTAL children ages 5 through 12 years who are in kindergarten or higher during the regular school year are currently enrolled at this location?</p>	<input style="width: 80%; height: 20px;" type="text"/>	<p>(Please enter "0" if no children in this age group are currently enrolled.)</p>
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Of those TOTAL children noted in the box above, how many of them are:		
	Enrolled Children <i>(include private pay and subsidized in this total)</i>	Enrolled Children who are Subsidized*
<i>Enrolled 25 – 50 (60, if licensed center or type A home provider) hours per week</i>		
<i>Enrolled 7 – 24.9 hours per week</i>		
<i>Enrolled 6.9 hours or less per week</i>		

* Subsidized children are those children at this location who receive your services and are funded not only by the ODJFS/county subsidized child care program but also any other external subsidy organization.

4C. Using your current rate schedule (undiscounted rates), please provide the rates you charge for private pay children in this age group: (Please only consider care provided on weekdays between 6 a.m. and 6 p.m.) If you charge different rates for before, after, or before/after school programs, please use the maximum rate in your calculation.

	Private Pay Rate (\$xxx.xx)	Billing Period (please check only one)
<p>What would you charge for a 7-year-old enrolled for 30 hours per week for before/after school care during the school year? (For example, 6 hours per day, Monday through Friday)?</p>	<p>\$_____ per</p>	<p><input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other _____</p>
<p>What would you charge for a 7-year-old enrolled for 20 hours per week for before/after school care during the school year? (For example, 5 hours per day, Monday through Thursday)?</p>	<p>\$_____ per</p>	<p><input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other _____</p>

<p>Not counting hourly charges for late pickup or exceeding full-time hours, do you have an hourly rate for children in this age group during the school year?</p>	<p style="text-align: center;">Yes No</p>	<p>If Yes, what is your hourly rate? \$_____ per hour</p>
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Section 5: Children ages 5 through 12 years who are in kindergarten or higher during summer and school-vacation periods

5A. Are you licensed/certified/registered to provide services at this location for children ages 5 through 12 years who are in kindergarten or higher during summer and school-vacation periods?

(please check one): **Yes** **No** → *Go to Section 6 on next page*

↓ *Go to 5B below*

5B.

<p>How many TOTAL children ages 5 through 12 years who are in kindergarten or higher <u>during summer or school-vacation periods</u> are <u>projected</u> to be enrolled at this location this summer?</p>	<input style="width: 80px; height: 30px;" type="text"/>	<p>(Please enter "0" if no children in this age group are currently enrolled.)</p>
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Of those TOTAL children noted in the box above, how many of them are:		
	Projected Children Enrolled (include private pay and subsidized in this total)	Projected Children who will be Subsidized*
<i>Enrolled 25 – 50 (60, if licensed center or type A home provider) hours per week</i>		
<i>Enrolled 7 – 24.9 hours per week</i>		
<i>Enrolled 6.9 hours or less per week</i>		

* Subsidized children are those children at this location who receive your services and are funded not only by the ODJFS/county subsidized child care program but also any other external subsidy organization.

5C. Using your current rate schedule (undiscounted rates), please provide the rates you charge for private pay children in this age group: (Please only consider care provided on weekdays between 6 a.m. and 6 p.m.)

	Private Pay Rate (\$xxx.xx)	Billing Period (please check only one)
<p>What would you charge for a 7-year-old enrolled for 45 hours per week <u>during summer or school-vacation periods</u>? (For example, 9 hours per day, Monday through Friday)?</p>	<input type="checkbox"/> \$_____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Day Week <input type="checkbox"/> Month Other _____
<p>What would you charge for a 7-year-old enrolled for 20 hours per week <u>during summer or school-vacation periods</u>? (For example, 5 hours per day, Monday through Thursday)?</p>	<input type="checkbox"/> \$_____ per	<input type="checkbox"/> Hour Day Week <input type="checkbox"/> Month Other _____

<p>Not counting hourly charges for late pickup or exceeding full-time hours, do you have an hourly rate for children in this age group <u>during summer or school-vacation periods</u>?</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>	<p>If Yes, what is your hourly rate?</p> <p>\$_____ per hour</p>
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Section 6: Additional Survey Questions

6A. Please check all the agencies below from which you receive external subsidies? *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> United Way | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public Preschool Program |
| <input type="checkbox"/> ODJFS/County Subsidized Child Care | <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Private Foundations |
| <input type="checkbox"/> Personal Donations/Endowments | <input type="checkbox"/> Step Up to Quality | <input type="checkbox"/> Corporate Sponsors/Centers |
| <input type="checkbox"/> CACFP (Child and Adult Care Food Program) | | |
| <input type="checkbox"/> Other Government Entities (Subsidized/Reduced Taxes, Workmen’s Comp, etc.) | | |
| <input type="checkbox"/> Inkind (Subsidized Rent/Utilities, etc. (exclude Head Start matching Inkind)) | | |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | | |

6B. Do you discount the amount charged your private clients when...

	Yes	No	Don’t Know
The child is ill or does not attend a day they are scheduled to attend (given they still have available “absent” days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child’s family is on vacation (given they still have available “absent” days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your location is closed for holidays or other reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6C. Do you charge your private clients additional fees for any of the following services? *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Registration fee | <input type="checkbox"/> Food/Meal fee | <input type="checkbox"/> Transportation fee |
| <input type="checkbox"/> Event/field trip fee | <input type="checkbox"/> Craft/materials fee | <input type="checkbox"/> Do not charge any additional fees |
| <input type="checkbox"/> Other fees <i>(please specify)</i> _____ | | |

6D. Do you adjust your private client rates due to any of the following reasons? *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Sliding fee scale (based on family income) | <input type="checkbox"/> Corporate Discounts |
| <input type="checkbox"/> Discounts for families with 2 or more enrolled children | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Provide care overnight, weekends, after 6PM weekdays | <input type="checkbox"/> Provide service to friends/family members |
| <input type="checkbox"/> Introductory promotions/rates | <input type="checkbox"/> Low enrollments |
| <input type="checkbox"/> Discounts for military families | <input type="checkbox"/> Discounts for children who are potty-trained |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | <input type="checkbox"/> Do not adjust my rates |

Please use the enclosed envelope to return this questionnaire at no cost to you. You may also mail the questionnaire to:

*Statistical Consulting Service
328 Cockins Hall
1958 Neil Avenue
The Ohio State University
Columbus OH 43210*

«SURVEY_ID» - «RATE_SHEET»