

# 2012 ODJFS Child Care Market Rate Questionnaire

Dear Child Care Provider:

We're interested in receiving responses to the following questionnaire from all child care providers (licensed centers, type A home providers, certified Type B home providers, and registered home providers), regardless of whether you provide public funded care or not. Completing the questionnaire will not require you to participate in the ODJFS public funded child care program.

Our goal is to provide a high level of care for ALL children. Information you provide about the rates you charge your private clients will help set public funded rates for children of low-income families.

*Attention Licensed Centers: If you are a provider with multiple locations, you need to either complete the survey for each location (an e-mail for each location with unique ODJFS Provider ID will be sent) or forward the e-mail(s) to each director at their corresponding location. Since we are using the e-mail provided by you in the ODJFS web portal, many individual center directors have not received their survey. We'd appreciate any assistance you could provide to make sure we capture responses from all locations.*

This questionnaire should take about 20 minutes to complete. Please complete this questionnaire by July 29, 2012 (extended deadline).

Your responses to the survey will be used to help determine ODJFS' public funded rates, but only a summary of the responses will be sent to ODJFS (not your individual responses). To ensure confidentiality, all provider ids, names, e-mail addresses and mailing addresses will be removed from the questionnaire when it is received.

If you have questions about this project, please call the ODJFS Bureau of Child Care & Development at (614)752-0440 and ask to speak with Matthew Murray. You also may go to <http://jfs.ohio.gov/cdc/marketrates2012.stm> to learn more.

We appreciate your response to this questionnaire.

Sincerely,



Michelle Albast, Bureau Chief  
Bureau of Child Care and Development



Christopher H. Holloman, PhD,  
Director  
Statistical Consulting Service

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### Provider Information

*Note: This information will remain confidential - please do not modify*

Survey ID(please skip)	<input "="" type="text" value="[contact("/>
Provider ID	<input "="" type="text" value="[contact("/>
Provider Name	<input "="" type="text" value="[contact("/>
Provider Type	<input "="" type="text" value="[contact("/>
County	<input "="" type="text" value="[contact("/>



**Are you still providing child care services? \***  
*(please select one)*

- Yes  No

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## Instructions

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.

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 public funded children enrolled at this location broken down by the number of hours they are at your facility per week. (Public funded children are those children who receive your services and are funded by the ODJFS child care program.)
- The current, non-discounted private-pay rates you would charge in different situations (please enter all rate fields in a xxxx.xx format).

**IMPORTANT NOTE:**

**DO NOT HIT ENTER** at any time entering your data. Instead, use **TAB** or mouse click.

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.

**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? \*

Yes

No

1B. How many TOTAL children ages newborn through 17 months old are currently enrolled at your location? \*

*(Please enter "0" if no children in this age group are currently enrolled.)*

## Section 1: Children ages newborn through 17 months old

You have entered [question("value"), id="10"] as the TOTAL number of children ages newborn through 17 months old enrolled at your location.

*In the table below, please enter the number of children enrolled by rate category in the first row. Also, enter the number of children publicly funded by ODJFS by rate category in the second row. Second row numbers should not be more than their first row counterparts by rate category. Also, this table is required - please enter "0" in those cells that do not have any enrolled children.*



- Fri) *													
50 hours per week? (For example, 8 AM - 6 PM, Mon - Fri) *	<input type="text"/>	<input type="radio"/>											
35 hours per week? (For example, 8 AM - 3 PM, Mon - Fri) *	<input type="text"/>	<input type="radio"/>											
20 hours per week? (For example, 8 AM - 1 PM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>											
12 hours per week? (For example, 8 AM - 11 AM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>											
4 hours per week? (For example, 8 AM - 10 AM, Mon & Tues) *	<input type="text"/>	<input type="radio"/>											

**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?

*(Please enter your hourly rate in format xx.xx)*

## Section 2: Children ages 18 months through 35 months old

2A. Are you licensed/certified/registered to provide services at this location for children ages 18 months through 35 months old? \*

Yes

No

2B. How many TOTAL children ages 18 months through 35 months old are currently enrolled at your location? \*

*(Please enter "0" if no children in this age group are currently enrolled.)*

## Section 2: Children ages 18 months through 35 months old

You have entered [question("value"), id="39"] as the TOTAL number of children ages 18 through 35 months old enrolled at your location.

*In the table below, please enter the number of children enrolled by rate category in the first row. Also, enter the number of children publicly funded by ODJFS by rate category in the second row. Second row numbers should not be more than their first row counterparts by rate category. Also, this table is required - please enter "0" in those cells that do not have any enrolled children.*

Professional Services script. Please do not remove.

Of those TOTAL children noted above, how many are... \*

*Note: the sum of the first row in this table must match the TOTAL enrolled children noted above*

	60+ hours	40 - 60 hours per	25 - 39.9 hours per	15 - 24.9 hours per	7 - 14.9 hours per	< 7 hours
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35 hours per week? (For example, 8 AM - 3 PM, Mon - Fri) *	<input type="text"/>	<input type="radio"/>									
20 hours per week? (For example, 8 AM - 1 PM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>									
12 hours per week? (For example, 8 AM - 11 AM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>									
4 hours per week? (For example, 8 AM - 10 AM, Mon & Tues) *	<input type="text"/>	<input type="radio"/>									



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?  
 (Please enter your hourly rate in format xx.xx)

## 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? \*

Yes

No

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 your location? \*

*(Please enter "0" if no children in this age group are currently enrolled.)*

## Section 3: Children ages 3 through 5 years, not yet in kindergarten AND not enrolled in a public preschool

You have entered [question("value"), id="47"] as the TOTAL number of children ages 3 through 5 years, not yet in kindergarten AND not enrolled in a public preschool are currently enrolled at your location?

*In the table below, please enter the number of children enrolled by rate category in the first row. Also, enter the number of children publicly funded by ODJFS by rate category in the second row. Second row numbers should not be more than their first row counterparts by rate category. Also, this table is required - please enter "0" in those cells that do not have any enrolled children.*

Professional Services script. Please do not remove.

Of those TOTAL children noted above, how many are... \*

*Note: the sum of the first row in this table must match the TOTAL enrolled children noted above*

	60+ hours per week	40 - 60 hours per week	25 - 39.9 hours per week	15 - 24.9 hours per week	7 - 14.9 hours per week	< 7 hours per week
Enrolled Children( <i>Private Pay and Public Funded</i> )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enrolled						



8 AM - 3 PM, Mon - Fri) *													
20 hours per week? (For example, 8 AM - 1 PM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>											
12 hours per week? (For example, 8 AM - 11 AM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>											
4 hours per week? (For example, 8 AM - 10 AM, Mon & Tues) *	<input type="text"/>	<input type="radio"/>											



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?  
 (Please enter your hourly rate in format xx.xx)

**Section 4: Children ages 5 through 12 years who are in kindergarten or higher during the regular school year**





per week? (For example, 8 AM - 1 PM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>										
12 hours per week? (For example, 8 AM - 11 AM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>										
4 hours per week? (For example, 8 AM - 10 AM, Mon & Tues) *	<input type="text"/>	<input type="radio"/>										

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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?  
 (Please enter your hourly rate in format xx.xx)

## 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? \*

Yes

No

5B. How many TOTAL children ages 5 through 12 years are in kindergarten or higher during summer and school vacation periods are currently enrolled at your location? \*  
(Please enter "0" if no children in this age group are currently enrolled.)

## Section 5: Children ages 5 through 12 years who are in kindergarten or higher during summer and school vacation periods

You have entered [question("value"), id="83"] as the TOTAL number of children ages 5 through 12 years who are in kindergarten or higher during summer and school vacation periods.

*In the table below, please enter the number of children enrolled by rate category in the first row. Also, enter the number of children publicly funded by ODJFS by rate category in the second row. Second row numbers should not be more than their first row counterparts by rate category. Also, this table is required - please enter "0" in those cells that do not have any enrolled children.*

Professional Services script. Please do not remove.

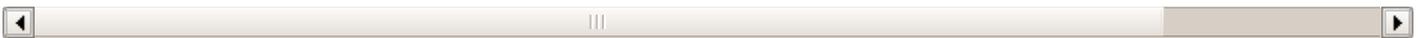
Of those TOTAL children noted above, how many are... \*

*Note: the sum of the first row in this table must match the TOTAL enrolled children noted above*

	60+ hours per week	40 - 60 hours per week	25 - 39.9 hours per week	15 - 24.9 hours per week	7 - 14.9 hours per week	< 7 hours per week
Enrolled Children (Private Pay and Public Funded)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enrolled Children (ODJFS Public Funded)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



20 hours per week? (For example, 8 AM - 1 PM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>									
12 hours per week? (For example, 8 AM - 11 AM, Mon - Thur) *	<input type="text"/>	<input type="radio"/>									
4 hours per week? (For example, 8 AM - 10 AM, Mon & Tues) *	<input type="text"/>	<input type="radio"/>									



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?  
 (Please enter your hourly rate in format xx.xx)

## Section 6: Additional Survey Questions

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

- United Way
- ODJFS Public Funded Child Care
- Personal Donations/Endowments
- CACFP (Child and Adult Care Food Program)
- Other Government Entities (Public Funded/Reduced Taxes, Workmen's Comp, etc.)
- Inkind (Public Funded Rent/Utilities, etc. (exclude Head Start matching Inkind))
- Head Start
- Early Head Start
- Step Up to Quality
- Public Preschool Program
- Private Foundations
- Corporate Sponsors/Centers
- Other (please specify)

**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="radio"/>	<input type="radio"/>	<input type="radio"/>
The child's family is on vacation (given they still have available "absent" days)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your location is closed for holidays or other reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 6: Additional Survey Questions

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

- Registration fee
- Event/field trip fee
- Food/Meal fee
- Craft/Materials fee
- Transportation fee
- Do not charge any additional fees
- Other (please specify)

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

- Sliding fee scale (based on family income)
- Scholarships
- Provide service to friends/family

- Discounts for families with 2 or more enrolled children
  - Provide care overnight, weekends, after 6 PM weekdays
  - Introductory promotions/rates
  - Discounts for military families
  - Corporate discounts
  - members
  - Low enrollments
  - Discounts for children who are potty-trained
  - Do not adjust my rates
  - Other (*please specify*)
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## Thank You!

Thank you for taking our survey. Your response is very important to us.

Based on a random sample of all respondents, you MAY be requested in a few weeks to submit your rate sheet for quality assurance purposes. This request will be sent to you via U.S. mail.

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