

SECTION 1: FACILITY INFORMATION

1.1. Enter the following information about your facility. *At a minimum, please include your MPI number!

Facility name:

Facility address:

MPI*:

Provider type (Family, Group, or Center):

School-age only provider (Yes or No):

ELRC region:

Licensed capacity:

Keystone STARS designation:

Child Care Works (CCW) agreement (Yes or No):

SECTION 2: PRIVATE PAY TUITION RATES

2.1. Enter your facility's highest full-time and part-time private pay tuition rates for each of the following care levels. Indicate whether the rate entered is the daily, weekly, or monthly rate.

Please note:

- For this survey, daily full-time is defined as 5 or more hours of care per day (one or more days each week) and daily part-time is defined as less than 5 hours of care per day.
- If you do not provide care for one or more care levels, leave those fields blank.
- If you offer multiple tuition rates (for example, if families can choose to pay daily or monthly; or, if there are different rates during the school year and the summer), please enter the rate that is the highest.
- The rates you provide here will be used to update your rates in the PELICAN system.

Infant (birth to 12 months)						
<i>Full-time</i> <small>(5+ hours of care per day)</small>	<input type="checkbox"/> Daily			<i>Part-time</i> <small>(< 5 hours of care per day)</small>	<input type="checkbox"/> Daily	
	<input type="checkbox"/> Weekly	\$ _____			<input type="checkbox"/> Weekly	\$ _____
	<input type="checkbox"/> Monthly				<input type="checkbox"/> Monthly	
Younger toddler (13 to 24 months)						
<i>Full-time</i>	<input type="checkbox"/> Daily			<i>Part-time</i>	<input type="checkbox"/> Daily	
	<input type="checkbox"/> Weekly	\$ _____			<input type="checkbox"/> Weekly	\$ _____
	<input type="checkbox"/> Monthly				<input type="checkbox"/> Monthly	
Older toddler (25 to 36 months)						
<i>Full-time</i>	<input type="checkbox"/> Daily			<i>Part-time</i>	<input type="checkbox"/> Daily	
	<input type="checkbox"/> Weekly	\$ _____			<input type="checkbox"/> Weekly	\$ _____
	<input type="checkbox"/> Monthly				<input type="checkbox"/> Monthly	
Preschool (37 months to entering kindergarten)						
<i>Full-time</i>	<input type="checkbox"/> Daily			<i>Part-time</i>	<input type="checkbox"/> Daily	
	<input type="checkbox"/> Weekly	\$ _____			<input type="checkbox"/> Weekly	\$ _____
	<input type="checkbox"/> Monthly				<input type="checkbox"/> Monthly	
School-age (kindergarten and older)						
<i>Full-time</i>	<input type="checkbox"/> Daily			<i>Part-time</i>	<input type="checkbox"/> Daily	
	<input type="checkbox"/> Weekly	\$ _____			<input type="checkbox"/> Weekly	\$ _____
	<input type="checkbox"/> Monthly				<input type="checkbox"/> Monthly	

SECTION 3: CHILD CARE WORKS (CCW)

SECTION 4: PAYMENTS AND FEES

If your facility currently has a Child Care Works (CCW) agreement, answer Question 3.1. If your facility does not have a CCW agreement, answer Question 3.2.

↓
CCW

3.1. Does your facility require Child Care Works (CCW) families to pay the difference between the subsidy payment amount* and your published private pay tuition rates?

- Yes, CCW families typically pay the full difference
- Yes, CCW families typically pay more than the subsidy co-payment but less than the full difference
- No, CCW families typically do not pay anything in addition to the subsidy payment amount
- Not applicable, there is no difference between subsidy payment amount and private pay tuition rate
- Other, please specify: _____

* The **subsidy payment amount** includes the CCW base subsidy, Keystone STARS add-on, and the family's co-pay.

↓
No CCW

3.2. Which of the following reasons have contributed to your facility's decision not to participate in Child Care Works (CCW)? *Select all that apply.*

- Subsidy payment amounts* are too low
- Not enough families in my community are eligible for CCW
- My facility's hours/services do not meet CCW families' needs
- We are not informed when families are eligible/ineligible for CCW
- My facility is at full enrollment with only private pay families
- Difficulties receiving payments from CCW families
- Difficulties receiving payments from the ELRC
- Difficulties getting through to the ELRC for assistance
- The CCW process is too complicated/involves too much paperwork
- Other, please specify: _____

* The **subsidy payment amount** includes the CCW base subsidy, Keystone STARS add-on, and the family's co-pay.

4.1. Does your facility require families to pay a registration fee when submitting an application for enrollment?

- Yes → **If so, how much is the fee?** \$ _____
- No → **Skip to Question 4.5**

4.2. Who does the registration fee apply to?

- All families
- Only private pay families
- Only CCW families
- Other, please specify: _____

4.3. How is the registration fee charged?

- Fee charged per child
- Fee charged per family
- Other, please specify: _____

4.4. Is the registration fee a one-time fee or annual fee?

- One-time fee
- Annual fee
- Other, please specify: _____

4.5. Does your facility charge families extra for any of the following reasons? *Select all that apply.*

- Late pickup fee
- Late payment fee
- Meals (option to add any meals not included in the regular tuition rate)
- Extended care (for example, nights or weekends)
- Additional services (such as transportation, field trips, or private instruction)
- Other, please specify: _____
- None of these

4.6. Do families at your facility have the opportunity to reduce their tuition payments in any of the following ways? *Select all that apply.*

- Discount for paying in advance or for longer periods of time (for example, paying monthly instead of weekly)
- Discount for multiple children or siblings
- Staff discount
- Membership discount (for example, membership at church or YMCA that runs the program)
- Discounts for volunteering
- Scholarship opportunities (for example, using donations)
- Other, please specify: _____
- None of these

SECTION 5: ENROLLMENT

5.1. How many total children are enrolled?

	#
Infant (birth to 12 months)	_____
Younger toddler (13 to 24 months)	_____
Older toddler (25 to 36 months)	_____
Preschool (37 months to entering K)	_____
School-age (kindergarten and older)	_____

5.2. Of these, how many children receive care for 5 or more hours in a day (one or more days each week)?

	#
Infant (birth to 12 months)	_____
Younger toddler (13 to 24 months)	_____
Older toddler (25 to 36 months)	_____
Preschool (37 months to entering K)	_____
School-age (kindergarten and older)	_____

5.3. Based on space and current staffing, how many children (maximum) can receive care at one time?

	#
Infant (birth to 12 months)	_____
Younger toddler (13 to 24 months)	_____
Older toddler (25 to 36 months)	_____
Preschool (37 months to entering K)	_____
School-age (kindergarten and older)	_____

SECTION 6: STAFFING

6.1. How many of each of the following positions currently work at your facility? Classify staff who work 25 or more hours per week as full-time and staff who work less than 25 hours per week as part-time. Include yourself where applicable. Count each person only once in the role that best describes their primary duties.

	<i>Full-time</i>	<i>Part-time</i>
	#	#

Directors and support staff

- Owner / Self-Employed Operator _____
- Director, Assistant Director _____
- Support staff who do not directly care for children (e.g., cook) _____

Teachers and caregivers (by education level)

- Individuals with a completed bachelor's degree or higher _____
- Individuals with a completed associate's degree _____
- Individuals with some college credit and/or a CDA _____
- Individuals with a high school diploma or GED _____
- Individuals with less than a high school diploma or GED _____

Volunteers (any workers not paid by your child care)

- Unpaid staff (may include relatives, advisors, volunteers) _____

Other personnel (e.g., summer-only staff)

- _____
- _____

----- Do not write below dotted line -----

SECTION 7: OPERATIONS

7.1. Do you currently have unfilled staffing vacancies that reduce the number of children you can care for?

- Yes
- No

7.2. Does your facility offer health insurance to any staff members?

- Yes
- No

7.3. Which of the following best describes your facility space?

- Home residence
- Commercial space
- School-based (located within a public or private school-owned building)
- Space within a larger entity such as a church, hospital, or community center (not a school)
- Other, please specify: _____

7.4. Does your facility have a large indoor specialty use space such as a gymnasium, cafeteria, or auditorium?

Do not count large classrooms. Only select "Yes" for large specialty use spaces.

- Yes
- No

7.5. Does your facility provide child care at any of these times? *Select all that apply.*

- Some weekdays between 6AM-6PM, but not all
- All weekdays (Mon.-Fri.) between 6AM-6PM
- Evenings / Overnight (6PM-6AM)
- Weekends (Saturday and/or Sunday)
- Other, please specify: _____

7.6. Does your facility participate in the USDA Child and Adult Care Food Program (CACFP)?

- Yes
- No

7.7. Which of the following meals does your facility provide which are included in the regular tuition rates? *Select all that apply.*

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- Other, please specify: _____
- None of these

Thank you for your response. Read below for more information about entering for the chance to win a \$100 Amazon gift card. **Surveys will be collected until October 11, 2022.**

Mail your completed survey to the Institute of State and Regional Affairs. No postage necessary if using the provided envelope. If returning in an envelope other than the one provided, send with postage to the following address:

*Institute of State and Regional Affairs
Penn State Harrisburg
777 W. Harrisburg Pike
Middletown, PA 17057*

Questions? Please contact the Institute of State and Regional Affairs at ChildCareResearch@psu.edu or leave a message on our toll-free voice mail at (866) 982-6433.

----- Drawing entry will be separated by the research team upon receipt -----

ENTER FOR THE CHANCE TO WIN ONE OF 100 \$100 AMAZON GIFT CARDS!

As a token of appreciation for completing this survey, we are offering individuals the chance to be entered into a drawing for one of 100 \$100 Amazon electronic gift cards. Entry is completely voluntary. If you would like to enter your name into the drawing, fill out all of the information below. Winners will be contacted in October 2022.

Triple your chances to win: Return this survey (postmarked or submitted online) by September 1 and your name will be entered three times into the drawing. Respondents can win a maximum of one gift card.

Facility Name:

First and Last Name:

Email Address:

Phone Number: