

ICPSR 23260

**Child Care Market Rate Survey
Project: Mail Survey of Oregon
Facilities, 2006**

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Family Questionnaire

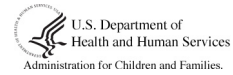
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About *Research Connections*

These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

Research Connections is operated by the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University and the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan, through a cooperative agreement with the Child Care Bureau, Office of Family Assistance and the Office of Planning, Research, and Evaluation, Administration for Children and Families in the U.S. Department of Health and Human Services.



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**CHILD CARE MARKET RATE SURVEY PROJECT
MAIL SURVEY OF OREGON FACILITIES**

FAMILY QUESTIONNAIRE

Start Here

1. Are you currently providing care for any children other than your own, on a regular paying basis?

- Yes
 No

→ If you are not currently providing care for any children other than your own, it is not necessary for you to complete the remainder of this questionnaire. However, please return it so that we can check your name off of the mailing list. That will help us a great deal.

2. How many hours per week does a child need to attend your child care business to be considered 'full time?'

_____ Hours per week

3. What is the maximum number of days per week that a child enrolled 'part time' can attend?

_____ Number of days per week

4. What is the maximum number of hours each day that a child enrolled 'part time' can attend?

_____ Hours each day

In the next pages you will find a separate section for each age group. First, it will ask if you serve that age child and if yes, how many and what rates you charge for children of that age.

INFANTS (Under one year of age)

5. Do you offer care for infants?

- Yes
 No → Skip to 12

- 6. How many infants do you care for on a typical day at any one time?

_____ Number of infants

7. How many infants are 'full' time?

_____ Number of infants

8. How many infants are 'part' time?

_____ Number of infants

9. In the table below write the amount you charge for 'full time' infant care in all the ways that you charge?

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
Infant Care (under one year)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

10. Do you charge a different rate for 'part time' infant care?

- Yes
 No → Skip to 12

11. In the table below write the amount you charge for 'part time' infant care in all the ways that you charge? *Please do not include drop in rates.*

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
Infant Care (under one year)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

TODDLERS (Children between 12 and 35 months old)

12. Do you offer care for toddlers?

- Yes
 No → Skip to 19

13. How many toddlers do you care for on a typical day at any one time?

_____ Number of toddlers

14. How many toddlers are 'full' time?

_____ Number of toddlers

15. How many toddlers are 'part' time?

_____ Number of toddlers

16. In the table below write the amount you charge for 'full time' toddler care in all the ways that you charge?

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
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Toddler Care (between 12 and 35 months old)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month
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17. Do you charge a different rate for 'part time' toddler care?

- Yes
 No → Skip to 19

→ 18. In the table below write the amount you charge for 'part time' toddler care in all the ways that you charge? *Please do not include drop in rates.*

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
Toddler Care (between 12 and 35 months old)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

PRESCHOOLERS (Children 3 through 5 years old and not yet in kindergarten)

19. Do you offer care for children 3 years old through 5 years old not yet in kindergarten? *We will refer to this group as children of preschool age or preschoolers.*

- Yes
 No → Skip to 26

→ 20. How many preschoolers do you care for on a typical day at any one time?

_____ Number of preschoolers

21. How many preschoolers are 'full' time?

_____ Number of preschoolers

22. How many preschoolers are 'part' time?

_____ Number of preschoolers

23. In the table below write the amount you charge for 'full time' preschool age care in all the ways that you charge?

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
Preschool age care (between 3 and 5 years old)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

24. Do you charge a different rate for 'part time' preschool age care?

- Yes
- No → Skip to 26

25. In the table below write the amount you charge for 'part time' preschool age care in all the ways that you charge? *Please do not include drop in rates.*

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
Preschool Age Care (between 3 and 5 years old)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

SCHOOL-AGE BEFORE OR AFTER SCHOOL (Children in kindergarten or first grade through age 12)

26. Do you offer care for school age children before or after school? *This does not include care provided for school age children during the summer. Those questions are asked in the next section.*

- Yes
- No → Skip to 29

27. How many school age children do you care for on a typical day at any one time?

_____ Number of school age children before or after school

28. In the table below write the amount you charge for school age care before or after school, in all the ways that you charge?

	Hourly rate	Daily rate	Weekly rate	Monthly rate
School age care before or after school (kindergarten through age 12)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

SCHOOL AGE CARE DURING SUMMERS (Children in kindergarten or first grade through age 12)

29. Do you offer care for school age children during summers?

- Yes
 No → Skip to 36



30. How many school age children do you care for on a typical day at any one time during the summer?

_____ Number of school age children during the summer

31. How many school age children are ‘full’ time?

_____ Number of school age children

32. How many school age children are ‘part’ time?

_____ Number of school age children

33. In the table below write the amount you charge for ‘full time’ school age care during summers in all the ways that you charge?

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
School age care during summers (kindergarten through age 12)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

34. Do you charge a different rate for ‘part time’ school age care during summers?

- Yes
 No → Skip to 36



35. In the table below write the amount you charge for ‘part time’ school age care during summers in all the ways that you charge? *Please do not include drop in rates.*

	Hourly rate	Full-day rate	Weekly rate	Monthly rate
School age care during summers (kindergarten through age 12)	\$ _____ per hour	\$ _____ per day	\$ _____ per week	\$ _____ per month

The next few questions relate to discounts you may offer or additional fees that you may charge for other services offered.

36. Do you charge special fees for any of the following in addition to your base rate? (Check all that apply)

- Registration fee
 - Food/Meal fee
 - Transportation fee
 - Event/Field trip fee
 - Other fees (Please specify)
-

37. Do you adjust your usual rates in any of the following ways?

- | Yes | No | Don't
Know | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sliding fee scale – fees go down as family income goes down? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you decrease your rates for families with low incomes? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you provide a discount for two or more children from the same family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have scholarships? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other adjustments (Please specify) |
-

38. Do you charge for missed days when:

- | Yes | No | Don't
Know | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Your facility is closed for a holiday or vacation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The child does not attend due to illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The child's family is on vacation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) |
-

39. Do you provide the following types of care on a regular basis? (Check all that apply)

- Regular care during evenings (after 6:00pm)
- Regular daytime care on a Saturday and/or Sunday
- Overnight care



40. (If you provide any of these types of care), do you charge more for them?

- Yes
- No
- Don't know/No answer

41. Do you offer care for children whose care is partially or wholly supported by a subsidy from a public agency such as the Department of Human Services or Head Start/Oregon Pre-Kindergarten?

- Yes
- No → Skip to 45
- Don't know / No answer → Skip to 45

→ **42. How many children receiving subsidies do you currently have enrolled?**

_____ Number of children

43. Do you collect the parent copay?

- Yes
- No
- Don't know / No answer

44. If your price for care is greater than the amount the state pays, do you charge parents the difference?

- Yes
- No
- Don't know / No answer

45. How much do the following affect the rates you set – amount you charge a family?

	Very much ▼	Some- what ▼	Not very much ▼	Not at all ▼	Don't Know ▼
Prevailing rates in community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall operating costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff salaries and training costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit level desired.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Human Services payment schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of children with special needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. What is the zip code for your child care business?

_____ Zip code

47. Thank you for taking the time to complete this survey. Is there anything else you would like to tell us?