



BOBBY JINDAL
GOVERNOR

State of Louisiana

Kristy H. Nichols
SECRETARY

Department of Social Services
Office of Family Support
Division of Child Care and Early Childhood Education

January 22, 2009

Dear Child Care Center or Program Director:

The Division of Child Care and Early Childhood Education is looking at the cost of child care statewide to help us set our child care assistance rates.

Please complete and return the enclosed questionnaire, *even if you do not charge* for the child care you provide. The information you provide will help us provide a snapshot of child care as well as calculate child care rates throughout the state.

This questionnaire is being sent by our consultants, Care Solutions, Inc., to all licensed child care centers (Class A and Class B), school-based child care programs, registered family child day care homes and in-home child care providers across the state. If you have any questions, please do not call your local DSS office. Call Care Solutions, Inc., toll-free at (800) 227-3410. They will be happy to answer your questions.

Please return your completed questionnaire to Care Solutions, Inc. as soon as possible in the enclosed pre-addressed, postage-paid envelope. Your participation is crucial and will help us get the most accurate information possible.

Thank you for your help in this important effort!

Sincerely,

A handwritten signature in cursive script that reads "Sherry S. Guarisco".

Sherry S. Guarisco, Executive Director
Division of Child Care and Early Childhood Education

Enclosures

cc: Alison Neustrom, Assistant Secretary

Louisiana 2009 Child Care Market Rate Survey Questionnaire (for Class A, Class B, and School-Based Child Care Providers)



*This survey should be completed by the director or assistant director of your child care center or program.
Please read all instructions, complete all questions and mark boxes carefully. Thank you!*

1. Does your center or program currently provide child care? (Check one:)

YES → *IF YES, Please continue with Question #2.*

NO → *IF NO, Please skip the rest of the questionnaire and return it in the enclosed pre-addressed, postage-paid envelope so we can update our records.*

2. Your center/program is: (Check one:)

A child care center based in a church

A corporate-sponsored child care center serving employees

A child care program in an elementary or middle school

A privately owned and operated independent child care center

A Head Start Center

Another type of child care center/program (please specify:)

3. Your center/program is: (Check one:)

A child care center or program with only one site

Part of a chain of centers or programs with more than one site

4. For each age group, below, please write in the:	Number of Children Currently Enrolled in Your Center/Program	Number of Children for Whom You Receive Child Care Assistance (CCAP)
Infants (6 wks – 12 months):	_____	_____
Toddlers (13 – 35 months):	_____	_____
3-year-olds:	_____	_____
4-year-olds:	_____	_____
5-year-olds not in school:	_____	_____
Total number of children:	_____	_____

5. Does your center receive money from the state's food program for children in your care? No Yes → For how many children? _____

6. What kind of child care does your center or program provide? (Check all that apply:)

Weekday child care (Monday-Friday, typically from 7 am to 6 pm)

Drop-in child care (for short periods of time as space is available)

Night-time or overnight child care (typically between 6 pm and 7 am)

Weekend child care (between Friday night and Sunday night)

Before and/or after-school care

Summer care for school-aged children

7. How long has your center/program been providing child care? (Check only one:)

Less than one year 1 to 2 years 3 to 5 years 6 to 9 years 10 years or more

8. Do you currently provide care for children who are sick? No Yes

9. Do you currently care for children with:

Physical disabilities: No Yes → How many? _____

Mental/emotional disabilities: No Yes → How many? _____

Other special needs (attention deficit, hyperactivity, behavior disorders): No Yes → How many? _____

1. If you **do not** charge or receive payment for child care, go to Question 16.
2. If you **do** charge or receive payment for child care:
 - a. Please write in **the total amount** you charge by age group (how much you charge parents **plus** how much the state **CCAP** pays);
 - b. Check the box to show whether that total amount is for one hour, day, evening, overnight, week, weekend, etc., of care; **check only one box in each row**; and
 - c. Write in the number of children you have **enrolled** for each age group for that type of care.

FOR EACH TYPE OF CARE in Questions 10-13, below:

10. If you provide weekday child care, how much do you charge for each of the following age groups? (Child care Monday-Friday, typically from 7 am to 6 pm)

								# Enrolled
Infants (6 wks – 12 months)	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	Infants in weekday care:	_____
Toddlers (13 – 35 months)	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	Toddlers in weekday care:	_____
3-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	3-yr-olds in weekday care:	_____
4-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	4-yr-olds in weekday care:	_____
5-year-olds not in school	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	5-yr-olds in weekday care:	_____

11. If you provide child care at night or overnight, how much do you charge? (Child care evenings/nights between 6 pm and 7 am)

								# Enrolled
Infants (6 wks – 12 months)	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	Infants in night care:	_____
Toddlers (13 – 35 months)	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	Toddlers in night care:	_____
3-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	3-yr-olds in night care:	_____
4-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	4-yr-olds in night care:	_____
5-year-olds not in school	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	5-yr-olds in night care:	_____
5 to 12-yr-olds (school-age)	\$ _____	per	Hour <input type="checkbox"/>	Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>	Week <input type="checkbox"/>	5 to 12s in night care:	_____

12. If you provide child care on the weekend, how much do you charge? (Child care between Friday night and Sunday night)

								# Enrolled
Infants (6 wks – 12 months)	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	Infants in weekend care:	_____
Toddlers (13 – 35 months)	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	Toddlers in weekend care:	_____
3-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	3-yr-olds in weekend care:	_____
4-year-olds	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	4-yr-olds in weekend care:	_____
5-year-olds not in school	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	5-yr-olds in weekend care:	_____
5 to 12-yr-olds (school-age)	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Overnight <input type="checkbox"/>	Weekend <input type="checkbox"/>	5 to 12s in weekend care:	_____

13. If you provide before-school or after-school care, or summer care for school-age children, how much do you charge?

								# Enrolled
BEFORE-school only	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	In BEFORE-school only:	_____
AFTER-school only	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	In AFTER-school only:	_____
BEFORE & AFTER school	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	In BEFORE & AFTER:	_____
School-age SUMMER care	\$ _____	per	Hour <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>	Month <input type="checkbox"/>	Expect for SUMMER care:	_____

14. If you provide drop-in child care, how much do you charge?

(Child care for short periods of time when you have space available)

Drop-in care \$ _____ for one: hour day

15. Do you charge a registration fee? No Yes → **IF YES**, how much do you charge? \$ _____

16. Do you provide transportation:
 To and/or from school? No Yes
 To and/or from the child's home? No Yes

17. Are you now or do you plan to participate in Quality Start, Louisiana's star rating system for child care centers?

Yes, already participating Yes, plan to start in 2009 Have no plans to participate at this time Not sure whether or not to participate Have not heard of Quality Start

18. Is your child care program accredited by a group such as the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA)? Yes

(To become accredited, a child care program chooses to go through a review and improvement program supervised by an outside agency. This is not the same as but is in addition to state licensing.) No

19. IF YES: My program is already accredited by:

NAEYC
 NECPA

Other (please specify:): _____

20. IF NO: My program is preparing to be accredited by:

NAEYC
 NECPA

Other (please specify:): _____

I have no plans to seek accreditation at this time

<i>(Please write in the number of full-time and part-time teachers)</i>	Num. of Lead Teachers	Num. of Assistant Teachers
21. How many current teachers have been employed in this center for 3 or more years?		
22. How many current teachers have at least 3 years of experience in a licensed child care center, Head Start program or pre-K program?		
23. How many teachers left your employment in 2008?		
24. How many new teachers did you hire in 2008?		

25. Please write in each box the number of directors/teachers whose highest degree is the degree listed.	Num. of Directors/ Assistant Directors	Num. of Lead Teachers	Num. of Assistant Teachers
<i>Count each person only once for his/her highest degree. For example, if a teacher has both a bachelor's degree and a master's degree, you would count that teacher in the master's degree row but not in the bachelor's degree row.</i>	Ph.D.		
	Master's degree		
	Bachelor's degree		
	Associate degree		
	Vocational or technical school diploma/certificate		
	High school diploma		
	GED		
	None of the above		
26. How many have a degree in child development, early childhood education or a related field?			
27. How many have a Child Development Associate (CDA) certificate?			
28. How many have a Child Care Professional (CCP) certificate?			

29. At your center or program, what is the **total** number of:

Directors/Asst. Directors: _____ Lead teachers: _____ Assistant Teachers: _____ Other employees: _____

30. What is the average hourly rate you pay your full-time lead and assistant teachers and your part-time teachers for child care during the week?

<i>(Check only one box in each column:)</i>	<u>Full-time Lead Teachers</u>	<u>Full-time Assistant Teachers</u>	<u>Part-time teachers</u>
Less than \$5.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$5.15 – \$6.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$6.16 – \$7.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$7.16 – \$8.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$8.16 – \$9.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$9.16 – \$10.15 per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10.16 or more per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Have you heard about the state's School Readiness Tax Credits? Yes No

32. **IF YES:** Do any of your teachers receive the School Readiness Tax Credits? Yes No

33. What is your primary language? English French Spanish Other

34. What is your title? Director Teacher Other (please specify): _____

35. In which parish is your center/program located? _____

May we call you if we have any questions? If so, please provide your telephone number: _____

Thank you for your help in completing this survey!

Please return survey in the enclosed, pre-addressed, postage-paid envelope to:
Care Solutions, Inc., 5555 Glenridge Connector, Suite 150, Atlanta, GA 30342