

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES  
2018 STATEWIDE SURVEY OF CHILD CARE RATES  
Conducted by the Schmidt Labor Research Center  
University of Rhode Island**

**The results of this survey will be used by the RI Department of Human Services (DHS) to determine the rates typically charged for child care across Rhode Island. Although your participation is voluntary, DHS is required by state and federal law to collect and report this information.**

**Individual responses will be kept completely confidential and will not be identified with a particular center, individual, or program. Only summary statistics will be reported. No respondents will be identified by name to any state or federal agency.**

**Please fill out a separate questionnaire for every site you operate. This enables us to collect accurate information on response rates and child care capacity.**

**General Instructions for Paper Survey**

1. Please answer every question, unless asked to skip questions.
2. If you operate multiple sites, please fill out a separate questionnaire for each site you operate.
3. If the rates you charge varied for the same child care service, please enter the rate that was charged to most families.
4. Please use the rates you charge for child care services only, and do not include any discounts, fees, or other charges.
5. If you charge monthly, please divide the monthly rate by 4.33 to arrive at the weekly rate.
6. If you charge daily, please multiply your daily rate by 5 to arrive at the weekly rate.

## **SECTION 1.      PROGRAM INFORMATION**

1.) For which type of facility are you responding?

- a. ☐ Family Child Care Home (please skip to question 3 below)
- b. ☐ Group Family Child Care Home (please skip to question 3 below)
- c. ☐ Child Care Center

2.) If you are a Childcare Center, does your facility operate as an independent, stand-alone program or is it a part of a multi-site organization or chain?

- a. ☐ Independent, stand-alone program
- b. ☐ Part of a multi-site organization or chain

3.) Do you offer or participate in any of the following programs?

- a. ☐ Comprehensive Early Childhood Education program (i.e. you are approved by the R.I. Department of Education)
- b. ☐ Head Start programs (i.e. you are an accredited Head Start provider)
- c. ☐ State Funded Pre-Kindergarten program
- d. ☐ Early Head Start- Child Care Partnership

4.) For which age groups do you provide child care services? (check all that apply)

- a. ☐ Infants: Birth to 18 months old
- b. ☐ Toddlers: 18 to 36 months old
- c. ☐ Preschoolers: 3 through 5 years old
- d. ☐ School-age children: in Kindergarten or above

5.) Which types of child care schedule(s) do you offer? (check all that apply)

- a. ☐ Full-day: 8 or more hours
- b. ☐ Half-day or part-day
- c. ☐ Before school care
- d. ☐ After school care
- e. ☐ Weekend care
- f. ☐ Evening care
- g. ☐ School-age, summer vacation
- h. ☐ Other (please specify): \_\_\_\_\_

6.) What are your usual hours of operation? Indicate start and end time for each day and cross out the days you are closed.

Sun		Mon		Tues		Wed		Thurs		Fri		Sat	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

7.) How many weeks per year do you operate? \_\_\_\_\_

8.) In what county is your program located?

- a. \_\_\_ Kent
- b. \_\_\_ Providence
- c. \_\_\_ Washington
- d. \_\_\_ Bristol
- e. \_\_\_ Newport

9.) (Response is optional) In what zip code is your program located? \_\_\_\_\_

## SECTION 2. RATES

Please provide the weekly, full-time rate you charge to private paying families, even if you do not currently care for any private-pay children. Do not include discounts, CCAP subsidies, sliding-scale rates, or scholarships. If you do not care for an age or offer the schedule listed, please enter "X."

### 1.) Early Childhood Rates

	Infant (Birth to 18 mos.)	Toddler (18 to 36 mos.)	Preschool (3 to 5 yrs.)
Full Time, Weekly Rate			
Number of hours covered by this rate			

## 2.) School Age Rates

	<b>Before School Only</b>	<b>After School Only</b>	<b>Before and After School</b>	<b>Summer Vacation/ Camp</b>
<b>Full Time, Weekly Rate</b>				
<b>Number of hours covered by this rate</b>				

3.) What is the most common way that you charge?

- a. \_\_\_\_\_ Hourly
- b. \_\_\_\_\_ Daily
- c. \_\_\_\_\_ Weekly
- d. \_\_\_\_\_ Monthly
- e. \_\_\_\_\_ Annually
- f. Other (please specify): \_\_\_\_\_

4.) What information do you use to set your private pay rates? (check all that apply)

- a. \_\_\_\_\_ DHS/CCAP Reimbursement Rates
- b. \_\_\_\_\_ Rates of nearby child care programs
- c. \_\_\_\_\_ Board Of Directors/Corporate Office
- d. \_\_\_\_\_ What I feel families can afford
- e. \_\_\_\_\_ Overall Operating Costs
- f. Other (please specify): \_\_\_\_\_

5.) Have you increased rates in the last year?

- a. \_\_\_\_\_ Yes
- b. \_\_\_\_\_ No

6.) Do you charge any fees in addition to your base rate? Check the appropriate boxes.

	<b>No</b>	<b>Yes</b>	<b>If Yes, How much?</b>
Registration/Application Fee			
Transportation			
Food / Meals			
Late Pick-up/Early Drop-Off			
Late payment			
Materials			

Extended day			
Night Care			
Weekend Care			
Event/Field Trip			
Other:			

7.) Do you offer any discounts or adjustments to your rates?

- a. \_\_\_\_ Sliding Fee
- b. \_\_\_\_ Low Income Rate
- c. \_\_\_\_ Sibling Discount
- d. \_\_\_\_ Student/Family Scholarships
- e. \_\_\_\_ Vacation/Illness (child not attending)
- f. \_\_\_\_ Other (please specify) \_\_\_\_\_

### SECTION 3. SUBSIDIES AND CAPACITY

1.) How many children do you currently have enrolled in your program?

	<b>Infant</b> (Birth to 18 mos.)	<b>Toddler</b> (18 to 36 mos.)	<b>Preschool</b> (3 to 5 yrs.)	<b>School Age</b> (Kindergarten or above)
<b>DHS/CCAP Children</b>				
<b>Private-Pay Children</b>				

2.) Do you accept DHS subsidized (Child Care Assistance Program/CCAP)?

- a. \_\_\_\_ Yes
- b. \_\_\_\_ No **(IF YOU ANSWERED NO, PLEASE SKIP TO ITEM 5 BELOW)**

3.) Do you accept new CCAP families during the "pending" period, when DHS subsidies are not guaranteed?

- a. \_\_\_\_ Yes
- b. \_\_\_\_ No **(IF YOU ANSWERED NO, PLEASE SKIP TO ITEM 5 BELOW)**

4.) Do you charge families during the “pending” period?

- a. \_\_\_\_ Yes, I charge the full, private pay rate
- b. \_\_\_\_ Yes, I offer a discounted or partial rate
- c. \_\_\_\_ No, I do not charge families while their CCAP eligibility is “pending.”

5.) How many children does your DCYF license allow you to care for? \_\_\_\_\_

6.) In the last year, has the number of classrooms or the ages you serve changed?

	Increased	Decreased	No Change
<b>Infant</b> (Birth to 18 mos.)			
<b>Toddler</b> (18 to 36 mos.)			
<b>Preschool</b> (3 to 5 yrs.)			
<b>School Age</b> (Kindergarten or above)			

7.) In the last year, has the number of DHS/CCAP subsidized children you serve:

- a. \_\_\_\_ Increased
- b. \_\_\_\_ Decreased
- c. \_\_\_\_ Stayed the Same

8.) If you answered “Decreased” in the previous question, why? (Check all that apply)

- a. \_\_\_\_ Funding issue
- b. \_\_\_\_ Closed a classroom
- c. \_\_\_\_ Reimbursement Rate not sufficient to sustain budget
- d. \_\_\_\_ Too much paperwork
- e. \_\_\_\_ Families do not qualify for CCAP
- f. \_\_\_\_ Other (please specify) \_\_\_\_\_

## SECTION 4.      QUALITY

1.) What is your current BrightStars rating?

- a. ☐ 1 Star
  - b. ☐ 2 Stars
  - c. ☐ 3 Stars
  - d. ☐ 4 Stars
  - e. ☐ 5 Stars
  - f. ☐ I do not currently participate in BrightStars
- (PLEASE SKIP TO ITEM 3 BELOW)**

2.) If you do not currently participate in BrightStars, why not? (Check all that Apply)

- a. ☐ Too much paperwork
- b. ☐ DHS/CCAP Rates do not support quality
- c. ☐ Don't understand the process/tools
- d. ☐ Time-consuming
- e. ☐ Too costly
- f. ☐ Other (please specify) \_\_\_\_\_

3.) What supports and resources would assist you in improving the quality of your program  
(check all that apply)

- a. ☐ Scholarships for staff/employees (Free or low-cost college coursework)
- b. ☐ Tiered Reimbursement (Higher DHS/CCAP Rates)
- c. ☐ Free/Low-cost Professional Development Opportunities
- d. ☐ Coaching, Mentoring, and Technical Assistance
- e. ☐ Grants for Facilities Improvements
- f. ☐ Grants for Quality Improvement
- g. ☐ Assistance with Cost of Materials and Supplies
- h. ☐ Low Cost Loans
- i. ☐ Bonus for Increasing your BrightStars Rating
- j. ☐ Other (please specify) \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Thank you for participating in the  
2018 Rhode Island Child Care Rate Survey!**