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Acknowledgements

Public Consulting Group LLC (PCG) would like to thank the many providers and individuals that contributed to this year’s Market Rate Survey and final report. In particular, we greatly appreciate the time and effort of the providers who completed the survey, the Rhode Island Department of Human Services (DHS) staff, DHS’ community partners, and the following members of the 2021 Child Care Market Rate Advisory Group:

- Alexandra Flores, Family Child Care Provider
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- Andrea Engle, Child Care Center Provider
- Bailey Kent, Child Care Center Provider
- Beth Lobdell, Child Care Center Provider
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- Rachel Flum, Economic Progress RI
- Sarah Nardolillo, DHS Staff
- Sharon Fitzgerald, DHS Staff
- Stacy Del Vicario, Child Care Center Provider, State Funded Pre-K
Executive Summary

Overview
The Rhode Island Department of Human Services (DHS) is federally mandated by the Child Care and Development Block Grant (CCDBG) Act to conduct a valid and reliable child care market rate survey (MRS) or alternative methodology for gathering data on child care rates every three years. The purpose of the mandated survey is to gather information to allow states to set their child care assistance program’s subsidy reimbursement rates at a level that is sufficient to ensure equal access to child care services for children eligible for subsidy that is comparable to services available to children not eligible for subsidy. Federal guidance establishes the 75th percentile (of market rates) as the benchmark for providing equal access. Results are submitted as part of the State’s Child Care and Development Fund (CCDF) state plan.

Additionally, states are required to consider the cost of providing child care when conducting the MRS and setting subsidy rates. Guidance from the Administration for Children and Families (ACF) indicates that states may conduct a narrow cost analysis that measures whether base subsidy payment rates adequately cover the cost of higher quality child care services.

This report contains findings from the MRS as well as the Cost of Care, also referred to as the Narrow Cost Analysis, which were conducted by DHS and PCG in Spring 2021.

Key Findings
- More than half of licensed child care providers (54 percent, 437 of 809) completed the MRS. At the 95th percent confidence interval, this results in a low margin of error, 3.18 percent.
- Child Care Center providers were more likely to respond to the MRS than Family/Group Family Child Care Home (FCC) providers (66 percent vs. 42 percent).
- For Center providers, the 2021 75th percentile of weekly private pay tuition rate increased from 2018 across all age groups. For Infants, Toddlers, and Preschool age children, the increase ranged from 8.7 percent to 9.7 percent. For school-age children, the increase ranged from 11 to 25 percent, depending on the care schedule.
- FCC programs saw a larger increase in the 2021 75th percentile of weekly private pay tuition rates compared to 2018. For Infants, Toddlers, and Preschool age children, the average increase was about 25 percent. For School-age children, the increase ranged from 11 percent to nearly 95 percent, depending on the care schedule.
- While the most common overall response of information used for private pay rate setting was ‘Rates of Nearby Child Care programs’ (232 total), this varied by provider type. Center-based providers most frequently reported utilizing ‘Overall Operating Costs’ when setting private pay rates (182-Centers), while FCC providers most frequently reported using ‘CCAP Reimbursement Rates’ when setting private pay rates (111- FCC).
- Providers were asked about a variety of subcategories of families served including: children with disabilities, children experiencing homelessness, children who speak English as a second language, and children participating in foster care. Of these subcategories, children who speak English as a second language was the largest subcategory served with 63 percent of programs reporting this population in attendance. Programs reporting more than 51 percent of their families served speak English as a second language were most commonly FCC providers, located in the Urban Core, and more likely to participate in Child Care Assistance Program (CCAP).
- Non-traditional hours of care, including weekend, overnight, or evening care, were not commonly reported, with approximately 12 percent of programs providing this type of care. These programs were predominately FCCs. On average, Center-based programs operate 9 hours and 31 minutes per day, while FCCs operate 11 hours and 22 minutes per day.
- The majority of survey respondents (88 percent) indicate they participate in BrightStars, Rhode Island’s Quality Rating and Improvement System (QRIS). Ninety-seven percent of providers participate in BrightStars and CCAP. Two-thirds (66 percent) of respondents noted tiered reimbursement is an incentive to participate in BrightStars.
- Of the 437 providers who responded to the MRS, almost 40 percent went on to complete the optional Cost of Care. This represents 20 percent of the total licensed child care provider population. Again, Center providers were more likely to respond than FCC providers, comprising 63 percent of
the sample. Given the small sample size, the margin of error at the 95\textsuperscript{th} percent confidence interval is 6.8 percent.

- When asked to identify sources of revenue, FCCs report ‘CCAP Reimbursement’ as the most common source of revenue, while Center-based programs report ‘Private Pay Tuition’.
- The most commonly reported education level attainment for both FCC providers and center-based program staff is “High School or Equivalent” (FCC: 34 percent, Centers: 28 percent).
- Providers were asked if and what programmatic adjustments may be necessary if the state or federal minimum wage were to be increased to $15/hour. In May 2021, after the survey was administered, legislation was signed in Rhode Island to increase the minimum wage from $11/hour to $15/hour by 2025. Seventy-eight percent of providers indicated they would need to make a programmatic change if the minimum wage increased. Of the programmatic changes, Centers and FCC programs most commonly cited ‘Increase private pay tuition rates or fees’.
Introduction

In 2021, Public Consulting Group LLC (PCG) was contracted by the Rhode Island Department of Human Services (DHS), to conduct a federally mandated Market Rate Survey (MRS) of child care providers throughout the state. The survey was administered between March and April 2021 by PCG. This report details the findings of the 2021 Market Rate Survey.

The United States Department of Health and Human Services (HHS), Administration for Children and Families (ACF) currently administers the Child Care and Development Fund (CCDF), which distributes child care subsidy dollars to states through a block grant (the Child Care and Development Block Grant, or CCDBG). Under the 2014 reauthorization of the CCDF by Congress, states are required to conduct a MRS or alternative methodology every three years to assist in establishing subsidy payment rates. This survey is intended to provide enough information to guide states in setting subsidy rates at a level where children and families receiving assistance have equal access to child care services that are of comparable quality to children who do not receive assistance. Federal guidance has set the 75th percentile of market rates to be the appropriate indicator of equal access. Due to the COVID-19 pandemic, ACF offered the states the opportunity to pursue a waiver for the MRS in the 2021-2023 CCDF State Plan. Rhode Island chose not to pursue this waiver due to the importance of leveraging the data within this report to inform future policy and program design changes.

The 2014 reauthorization of CCDF also required states to consider the cost of providing care in their states when setting subsidy rates. This cost of care analysis must consider both the cost of “child care providers’ implementation of health safety, quality, and staffing requirements,” and “the cost of higher-quality care.” To address this requirement for what is called a “narrow cost analysis,” DHS and PCG included an optional cost of care form to be completed by licensed providers at the end of the main MRS. This optional cost of care form was considered entirely separate from the main MRS and was not intended to be a representative sample of child care providers. Its findings will be used to inform the state during its rate setting process.

Methodology

DHS and PCG chose to conduct a census survey for licensed providers, with a target of approximately one-third of all child care providers in the state completing the survey to be considered statistically valid (at a 95% confidence interval, or a margin of error of +/- 5%). Together, DHS and PCG drafted a survey instrument to capture information on rates, enrollment, general demographics, subsidy participation, other fees, and participation in quality initiatives.

As a separate vehicle for collecting data to meet the requirements of the narrow cost analysis, a cost of care form was developed and associated with the main, licensed provider survey for providers to take separately and provide additional cost information to the state on the provision of child care. This form collected information on salaries and wages, education level, program expenses, and sources of revenue.

These surveys were drafted by DHS and PCG and presented to the Market Rate Survey Advisory Group, which was composed of child care providers, early childhood advocates, and other key stakeholders from RI’s early childhood community convened to advise the state and PCG in the creation of the survey, its implementation, and promoting participation among the provider community. After receiving final approval, the surveys were built into an online survey collection tool, Alchemer, which served as the primary portal for gathering completed surveys.

Drafting the Surveys

To build the 2021 MRS, PCG analyzed Rhode Island’s previous survey from 2018, in addition to a number of other peer state surveys, including, but not limited to Massachusetts, Connecticut, Washington, Missouri, and other states. Using the details learned from these other states and building on the expertise of PCG’s previous experience in designing market rate surveys for other states, in addition to lessons learned from deploying the

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This survey, in particular, was built with the COVID-19 public health emergency in mind, meaning the market operates differently today than it did previously to meet the needs of parents and children in Rhode Island, and we worked to capture those nuances in the survey and our subsequent data analysis. Given the public health crisis, it was determined the survey would be offered 100 percent online, using the same survey platform PCG utilized during the 2020 COVID-19 Impact Survey series in Fall 2020, another fully online survey with resulting high response rates. To support providers who may not have access to an online tool, PCG assembled a call team of English and Spanish speakers to conduct the survey over the phone with providers, as well as provide technical assistance.

After drafting the survey, we worked with an Advisory Group made up of active providers and provider advocacy groups to help shape the survey further to make it more accessible and meaningful for the providers taking it. After receiving feedback, we worked with DHS and the Advisory Group to further identify the various strata of the survey that we would target and take into consideration in our analysis:

- **Provider Type**: Center-based providers and family child care (FCC) providers
- **Location**: Inside or outside urban core
- **Language**: English, Spanish, or Creole
- **County**: Bristol, Kent, Newport, Providence, Washington
- **Child Care Assistance Program (CCAP) Participation**, Rhode Island’s child care subsidy program
- **Underrepresented Communities**: Woonsocket, Burrillville, Scituate, Hopkinton, Richmond, Narragansett, Newport, Tiverton, Little Compton
- **Head Start Participation**
- **State PreK Participation**
- **BrightStars Participation**
- **BrightStars Quality Rating**: 1-5

After defining these various groups, we reviewed the draft MRS to determine the specific questions that would be required to complete the survey, which generally focused on collecting rates to determine the 75th percentile of market rates.

The cost of care form, which informed our narrow cost analysis, was left optional for providers, as it was not required to achieve statistical significance. It was decided that within the survey itself, all questions (with the exception of a question requiring logic) were also optional to encourage providers in disclosing data they have not previously been asked to disclose. The link to the Cost of Care survey appeared on the completion screen of the MRS.

Federal requirements related to the Narrow Cost Analysis allow for multiple forms of data collection, which include qualitative research, data collection via survey, or blended forms of the data collection. Where states choose to conduct data collection through surveys, the response rate was not required to be statistically significant. DHS chose to design an abbreviated, optional survey to collect cost components from providers. While providers were familiar with the need and purpose for completing the MRS, messaging related to completing the optional cost of care form included:

1. This is another method for DHS to understand what the actual cost of providing care is for child care providers and see how/if the subsidy reimbursement rates could truly cover what it costs to provide care.
2. This is another method for DHS to collect data which may be used to advocate for in-state support for child care providers.

---

2 Urban Core communities are identified as: Providence, Woonsocket, Central Falls, Pawtucket
3 These communities were identified as not having enough licensed spaces for its infants and toddlers population, where there are more than 10 children ages 0-3 estimated to need care for every licensed spot, by 2019 LISC Early learning Facilities Needs Assessment; retrieved from https://rilisc.org/wp-content/uploads/2019/11/FINAL_RILISC_ELFNA_ONLINE-1.pdf
Surveys were uploaded to Alchemer, an online survey data collection tool, in English and Spanish. Prior to release, the Advisory Group reviewed and tested the tool.

Data Collection

The survey officially launched on March 15, 2021 and ran through April 23, 2021. All licensed Center providers and FCC providers were initially notified by email and encouraged to participate. All communications were provided in English and Spanish. Throughout the collection period, PCG continued to send weekly communications to providers who had not yet taken or completed the survey reminding and encouraging providers to submit a response. All weekly emails contained the purpose and reason why completing the surveys are important and beneficial to providers, and were tailored for the following populations:

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Tailored Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider who had not yet started the MRS</td>
<td>Link to complete the MRS</td>
</tr>
<tr>
<td>Providers who had started, but not yet submitted the MRS</td>
<td>Unique link to the provider’s saved draft of the MRS</td>
</tr>
<tr>
<td>Providers who had completed the MRS</td>
<td>Link to the Cost of Care Survey</td>
</tr>
<tr>
<td>Providers who had started, but not yet submitted the Cost of Care survey</td>
<td>Unique link to the provider’s saved draft of the Cost of Care Survey</td>
</tr>
</tbody>
</table>

All emails were sent from RIDHSSurvey@pcgus.com; an email address also utilized during the administration of the COVID-19 Impact Survey series and familiar to providers.

Postcards, posts on the DHS website and social media, and other mediums utilizing the Advisory Group were leveraged to have more providers take the survey.

In addition, PCG provided a survey call team to make outbound calls in English and Spanish to providers asking them to take the survey either with them over the phone, or to provide information about the survey if needed. We also offered a randomly selected raffle for $50 Visa gift cards for four participants of the market rate survey and eight for the cost of care survey as an incentive. As PCG has supported DHS in the administration of several projects throughout 2020-2021, where PCG staff have worked directly with RI child care providers, PCG found phone calls between staff and providers allowed for the cross-support of projects, including the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 Grant distribution in Spring 2021 where PCG may have called to support a provider in completing the MRS and were also able to answer questions related to the grant process.

The Advisory Group also played a key role in providing information to providers in their circles of influence. PCG provided an FAQ, an informational flyer, and PDF copies of the survey to Advisory Group members to support in their outreach.

Throughout the survey period, we monitored response rates based on the groupings mentioned above and worked to target communications to those groups through our call team and other means to boost response rates when some areas lagged. Towards the end of the survey, PCG also worked to identify providers who may have submitted a partial response and reached out to them directly to help them complete their survey.

Data Cleanup and Analysis

Once the survey concluded, PCG exported the survey results from our online tool on April 24, 2021 and worked to “clean” the data into a usable format in Microsoft Excel. We also worked to determine the threshold to which a survey would be included in the analysis if it were a partial response, which hinged on a complete response to at least a completion of the rate reporting section of the survey. It was also during this time we verified that the surveys were submitted by actual licensed providers and there were no duplicate responses by matching the ID numbers submitted for each survey against DHS Provider Licensing IDs, CCAP IDs, and finally Licensee IDs. After initial data cleansing, the raw data were imported into a SQL database for further analysis and calculations.
We followed the conversion methodology below to convert the rates into one standard rate comparable to Rhode Island’s weekly subsidy structure:

**TABLE 2. CONVERSION METHODOLOGY**

<table>
<thead>
<tr>
<th>Reported Rate Units</th>
<th>Conversion Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly</td>
<td>The reported hourly rate was multiplied by the higher end of the reported interval of hours. For 30+ hour category, the hourly rate was multiplied by 30.</td>
</tr>
<tr>
<td>Daily</td>
<td>Divide operational hours by 7.5 and multiply by daily rate.</td>
</tr>
<tr>
<td>Monthly</td>
<td>Monthly rates divided by 4.33 weeks.</td>
</tr>
<tr>
<td>Annually</td>
<td>The annual reported rate was divided by 48 (the average number of weeks providers reported operating per year)</td>
</tr>
</tbody>
</table>

After rates were converted, PCG reviewed the rates for reasonableness and excluded those that were far outside what would be expected in their respective geographic areas and age formats or if they were outliers +/- two standard deviations from the mean of responses. After cleanup, survey data were then analyzed to produce the remainder of this report.

The most important factor in the MRS is determining the 75th percentile of market rates by type of care and age range, geography, and provider type. In this report, PCG followed current ACF guidelines that encourage states to weight the 75th percentile by the number of child care slots available within a given unit of analysis. In this case, current enrollment was used for weighting responses by licensed providers as the representative sample for infant/toddler, preschool, and school-age age-ranges by each geographic region, provider type, and other groupings.
Market Rate Survey Findings

The following section of the report includes the MRS findings. The findings reported align with the requirements set by the Federal Administration for Children and Families (ACF) Office of Child Care (OCC), as detailed below.

Response Rates

Using a census survey approach, PCG calculated the target sample size needed to achieve statistical significance for the overall sample using a 95 percent confidence level and a margin of error of +/- 5.0, we would need at least 261 responses. Overall, PCG and DHS collected a total sample for licensed providers of 437 usable responses, which means over half (54 percent) of all licensed providers (total population: 809) in the State took the MRS.

With this large sample, there is a 3.18 percent Margin of Error for the overall response rate, at the 95th percent confidence level. This means that, if the survey were repeated, we can be confident that 95 percent of the time our results would be within plus or minus 3.18 percent of true mean (average) of the full population. This large sample size suggests a high degree of reliability in our data, including at the subcategory level of the data. A margin of error ranging between 4 and 6 is considered statistically significant according to best practices.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Total Population</th>
<th>Final Response Rate</th>
<th>Completion Rate</th>
<th>Margin of Error (95% Confidence Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center</td>
<td>403</td>
<td>265</td>
<td>66%</td>
<td>3.53%</td>
</tr>
<tr>
<td>Group/Family Child Care Home</td>
<td>406</td>
<td>172</td>
<td>42%</td>
<td>5.68%</td>
</tr>
<tr>
<td>Statewide - All Providers</td>
<td>809</td>
<td>437</td>
<td>54%</td>
<td>3.18%</td>
</tr>
</tbody>
</table>

The following table shows the percent change in completion rates between the 2021 and 2018 Market Rate Surveys. From 2018 to 2021, we saw an increase in responses from Center-based providers and a decrease in responses from Family Child Care Home providers. Overall, the completion rate in 2021 varied slightly from 2018, decreasing 8 percent.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2018</th>
<th>Percent Change in Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Responses</td>
<td>533</td>
<td>-8%</td>
</tr>
<tr>
<td>Completion Rates</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>61%</td>
<td>8%</td>
</tr>
<tr>
<td>Completion Rates</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Group/Family Child Care Homes</td>
<td>57%</td>
<td>-26%</td>
</tr>
</tbody>
</table>

The following table compares the response rates of respondents by geographic location and includes the total population of providers of each town.

<table>
<thead>
<tr>
<th>Town</th>
<th>Respondents (N=437)</th>
<th>Population (N=809)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Population</td>
</tr>
<tr>
<td>Ashaway</td>
<td>2</td>
<td>0.2%</td>
</tr>
</tbody>
</table>


5 At the 90% confidence interval, the margin of error for Family Child Care providers as a subcategory falls below 5%.
<table>
<thead>
<tr>
<th>Town</th>
<th>Respondents (N=437)</th>
<th>Population (N=809)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Population</td>
</tr>
<tr>
<td>Barrington</td>
<td>7</td>
<td>0.9%</td>
</tr>
<tr>
<td>Block Island</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Bradford</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Bristol</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Burrillville</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Central Falls</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Charlestown</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Chepachet</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Coventry</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Cranston</td>
<td>37</td>
<td>4.6%</td>
</tr>
<tr>
<td>Cumberland</td>
<td>16</td>
<td>2.0%</td>
</tr>
<tr>
<td>East Greenwich</td>
<td>14</td>
<td>1.7%</td>
</tr>
<tr>
<td>East Providence</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Exeter</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Foster</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Glocester</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Greeneville</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Harrisville</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hope Valley</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Jamestown</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Johnston</td>
<td>18</td>
<td>2.2%</td>
</tr>
<tr>
<td>Kingston</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>11</td>
<td>1.4%</td>
</tr>
<tr>
<td>Little Compton</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Manville</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Middletown</td>
<td>9</td>
<td>1.1%</td>
</tr>
<tr>
<td>Narragansett</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Newport</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>North Kingstown</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>North Providence</td>
<td>10</td>
<td>1.2%</td>
</tr>
<tr>
<td>North Scituate</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>North Smithfield</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Pascoag</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>25</td>
<td>3.1%</td>
</tr>
<tr>
<td>Peace Dale</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Providence</td>
<td>147</td>
<td>18.2%</td>
</tr>
<tr>
<td>Richmond</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Riverside</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Rumford</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Smithfield</td>
<td>5</td>
<td>0.6%</td>
</tr>
<tr>
<td>Town</td>
<td>Respondents</td>
<td>Population</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>(N=437)</td>
<td>(N=809)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>% of Population</td>
</tr>
<tr>
<td>South Kingstown</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Tiverton</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Wakefield</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Warren</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Warwick</td>
<td>20</td>
<td>2.5%</td>
</tr>
<tr>
<td>West Greenwich</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>West Warwick</td>
<td>5</td>
<td>0.6%</td>
</tr>
<tr>
<td>Westerly</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>18</td>
<td>2.2%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>437</td>
<td>54%</td>
</tr>
</tbody>
</table>

The following table outlines response rates by additional demographic metrics, including: location within an urban core or outside of an urban core, provider language, program county location, participation in Child Care Assistance Program (CCAP), HeadStart, State Funded Pre-K, and/or BrightStars (Rhode Island’s Quality Rating and Improvement System-QRIS), as well as programs within underrepresented communities.6

**TABLE 6 LICENSED PROVIDER RATE RESPONSE BY LANGUAGE, COUNTY, LOCATION, CCAP PARTICIPATION, AND UNDERREPRESENTED COMMUNITIES, PARTICIPATION IN HEADSTART AND STATE FUNDED PRE-K**

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Total Population</th>
<th>Response Rate</th>
<th>Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>540</td>
<td>322</td>
<td>60%</td>
</tr>
<tr>
<td>Spanish</td>
<td>268</td>
<td>115</td>
<td>43%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bristol</td>
<td>34</td>
<td>19</td>
<td>56%</td>
</tr>
<tr>
<td>Kent</td>
<td>60</td>
<td>32</td>
<td>53%</td>
</tr>
<tr>
<td>Newport</td>
<td>19</td>
<td>12</td>
<td>63%</td>
</tr>
<tr>
<td>Providence</td>
<td>657</td>
<td>354</td>
<td>54%</td>
</tr>
<tr>
<td>Washington</td>
<td>39</td>
<td>20</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Urban Core</td>
<td>416</td>
<td>241</td>
<td>58%</td>
</tr>
<tr>
<td>Urban Core</td>
<td>393</td>
<td>196</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Underrepresented Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>33</td>
<td>83%</td>
</tr>
<tr>
<td><strong>CCAP Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Pay Only</td>
<td>118</td>
<td>51</td>
<td>43%</td>
</tr>
<tr>
<td>CCAP Participant</td>
<td>691</td>
<td>386</td>
<td>56%</td>
</tr>
<tr>
<td><strong>BrightStars (QRIS) Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>640</td>
<td>351</td>
<td>55%</td>
</tr>
<tr>
<td>No</td>
<td>169</td>
<td>86</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Head Start Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>16</td>
<td>41%</td>
</tr>
<tr>
<td>No</td>
<td>770</td>
<td>421</td>
<td>55%</td>
</tr>
<tr>
<td><strong>State Funded Pre-K Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>24</td>
<td>62%</td>
</tr>
<tr>
<td>No</td>
<td>770</td>
<td>413</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>809</td>
<td>437</td>
<td>54%</td>
</tr>
</tbody>
</table>

All subcategories were examined to determine their margin of error at the 95 percent confidence level. A full reporting of results is available in Appendix B. Highlighted below are the subcategories with a margin of error less than +/- 5 percent. In this sample, we see low margins of error by provider type, location within or outside the urban core (4.96 percent and 4.1 percent respectively), and for participants in CCAP (3.3 percent), HeadStart (3.2 percent), BrightStars (3.5 percent), and State Funded Pre-K (3.2 percent). The only County reaching a margin of error of +/- 5 percent was Providence County (at 3.5 percent).

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Target Goal (95% CL, +/- 5 MoE)</th>
<th>Response Rate (%)</th>
<th>Margin of Error (95% CL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center</td>
<td>197</td>
<td>265</td>
<td>3.53%</td>
</tr>
<tr>
<td>Group/Family Child Care Home</td>
<td>198</td>
<td>172</td>
<td>5.68%</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
<td>225</td>
<td>3.47%</td>
</tr>
<tr>
<td></td>
<td>Spanish</td>
<td>159</td>
<td>6.92%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Location</td>
<td>Outside Urban Core</td>
<td>200</td>
<td>4.10%</td>
</tr>
<tr>
<td></td>
<td>Urban Core</td>
<td>195</td>
<td>4.96%</td>
</tr>
<tr>
<td>CCAP Participation</td>
<td>CCAP Participant</td>
<td>193</td>
<td>3.32%</td>
</tr>
<tr>
<td>BrightStars (QRIS) Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start Participation</td>
<td>Yes</td>
<td>36</td>
<td>3.22%</td>
</tr>
<tr>
<td>State Funded Pre-K Participation</td>
<td>Yes</td>
<td>36</td>
<td>3.29%</td>
</tr>
<tr>
<td>Statewide</td>
<td>All Providers</td>
<td>261</td>
<td>3.18%</td>
</tr>
</tbody>
</table>

The characteristics of providers were also examined to determine the level of ‘representativeness’ of our sample. The following table outlines the representation of our final sample against the total population. In this sample, we see Center providers and English speakers were more likely to response to the survey than FCC or Spanish speaking providers, while proportional responses by County was extremely representative (at a difference of less than half a percent for each county).

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Total Population %</th>
<th>Response Rate %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Center</td>
<td>50.2%</td>
<td>60.6%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Group/Family Child Care Home</td>
<td>49.8%</td>
<td>39.4%</td>
<td>-10.8%</td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>66.7%</td>
<td>73.7%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Spanish</td>
<td>33.0%</td>
<td>26.3%</td>
<td>-6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bristol</td>
<td>4.2%</td>
<td>4.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Kent</td>
<td>7.3%</td>
<td>7.3%</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Newport</td>
<td>2.3%</td>
<td>2.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Providence</td>
<td>81.2%</td>
<td>81.0%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>5.0%</td>
<td>4.6%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Urban Core</td>
<td>51.3%</td>
<td>55.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Urban Core</td>
<td>48.7%</td>
<td>44.9%</td>
<td>-3.7%</td>
</tr>
<tr>
<td>Underrepresented Community</td>
<td>Yes</td>
<td>5.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td>CCAP Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Pay Only</td>
<td>14.6%</td>
<td>11.7%</td>
<td>-2.9%</td>
</tr>
<tr>
<td>CCAP Participant</td>
<td>85.4%</td>
<td>88.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>BrightStars (QRIS) Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>79.1%</td>
<td>80.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>No</td>
<td>20.9%</td>
<td>19.7%</td>
<td>-1.2%</td>
</tr>
<tr>
<td>Head Start Participation</td>
<td>Yes</td>
<td>4.8%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

The characteristics of providers were also examined to determine the level of ‘representativeness’ of our sample. The following table outlines the representation of our final sample against the total population. In this sample, we see Center providers and English speakers were more likely to response to the survey than FCC or Spanish speaking providers, while proportional responses by County was extremely representative (at a difference of less than half a percent for each county).
Metrics | Total Population % | Response Rate % | Difference
--- | --- | --- | ---
No | 95.2% | 96.3% | 1.2%
State Funded Pre-K Participation | Yes | 4.8% | 5.5% | 0.7%
No | 95.2% | 94.5% | -0.7%

Rates and the 75th Percentile

The CCDBG Act of 2014 requires that states certify that their subsidy reimbursement rates are at a level that provides equal access to child care for subsidy recipients as families not receiving child care assistance. ACF benchmarks equal access for child care at the 75th percentile of market rates. This means that the 75th percentile price is recognized by ACF as a proxy for equal access to care. At this rate, a family receiving subsidy would be able to access 75 percent of available child care slots or programs in the market (based on price alone).

Overall, the 75th percentile of the weekly full time rates for all age groups in Center and FCC providers increased from 2018 to 2021. Center-based programs saw an average weekly rate increase of $23.94, with the highest rate increase occurring for school-age children attending full day in the summer. In FCC programs, weekly rates increased an average of $53.18. Before school only weekly rates saw the largest increase (almost doubling), while full day summer rates for school-age children saw the smallest increase (at 11 percent).

### Table 9. Comparison of 2021 and 2018 Center-based Rates - 75th Percentile

<table>
<thead>
<tr>
<th>Age Category</th>
<th>2021</th>
<th>2018</th>
<th>Change over time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N 75th Percentile</td>
<td>N 75th Percentile</td>
<td>By dollar</td>
</tr>
<tr>
<td>Infants (Birth-18 months)</td>
<td>86 $289.00</td>
<td>110 $263.50</td>
<td>+ $25.50</td>
</tr>
<tr>
<td>Toddlers (18 to 36 months)</td>
<td>122 $273.05</td>
<td>152 $250.00</td>
<td>+ $23.05</td>
</tr>
<tr>
<td>Preschool (3 – 5 years old)</td>
<td>152 $250.00</td>
<td>198 $230.00</td>
<td>+ $20.00</td>
</tr>
<tr>
<td>School-age Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td>34 $93.75</td>
<td>95 $75.00</td>
<td>+$18.75</td>
</tr>
<tr>
<td>After School Only</td>
<td>38 $125.00</td>
<td>101 $101.00</td>
<td>+$24.00</td>
</tr>
<tr>
<td>Before and After School</td>
<td>53 $167.00</td>
<td>98 $150.25</td>
<td>+$16.75</td>
</tr>
<tr>
<td>Summer Day</td>
<td>80 $238.25</td>
<td>92 $198.75</td>
<td>+$39.50</td>
</tr>
<tr>
<td>All Day</td>
<td>73 $244.00</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Table 10. Comparison of 2021 and 2018 Family Child Care Rates - 75th Percentile

<table>
<thead>
<tr>
<th>Age Category</th>
<th>2021</th>
<th>2018</th>
<th>Change over time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N 75th Percentile</td>
<td>N 75th Percentile</td>
<td>By dollar</td>
</tr>
<tr>
<td>Infants (Birth-18 months)</td>
<td>108 $250.00</td>
<td>223 $200.00</td>
<td>+$50.00</td>
</tr>
<tr>
<td>Toddlers (18 to 36 months)</td>
<td>120 $250.00</td>
<td>225 $200.00</td>
<td>+$50.00</td>
</tr>
<tr>
<td>Preschool (3 – 5 years old)</td>
<td>126 $238.75</td>
<td>224 $191.50</td>
<td>+47.25</td>
</tr>
<tr>
<td>School-age Rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---


9. Note: The measure does not consider availability of child care slots or willingness of providers to accept children with subsidies.

10. The category “School-age- Full day” was a new category of data collection in the 2021 Market Rate Survey and was not collected in 2018. As a result of the COVID-19 pandemic and the move for school-age children to online, remote learning, child care providers may have served children full day during the 2019-20 and 2020-21 school years. The DHS team and Advisory Group intentionally decided to collect this data to understand the fiscal impact of full day care for school-age children.
### Center-based

The following subsections detail the rates for licensed, Center providers by age category. The far-left column indicates the percentile while the remaining columns indicate the rates within each of the authorized time categories by which DHS currently reimburses, including full time (30+ hours), three-quarter time (20-29 hours), half time (10-19 hours), and quarter time (0-9 hours).

### Infant Rates

The following table includes the rates for infants (birth to 18 months), in percentile increments of 25, for Center providers.

**Table 11. Center-Based Infant Rates**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Infant Full-Time</th>
<th>Infant Three Quarter-Time</th>
<th>Infant Half-Time</th>
<th>Infant Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>86</td>
<td>70</td>
<td>65</td>
<td>43</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$391.92</td>
<td>$315.00</td>
<td>$297.00</td>
<td>$257.54</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$289.00</td>
<td>$250.00</td>
<td>$215.00</td>
<td>$126.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$265.00</td>
<td>$225.00</td>
<td>$185.00</td>
<td>$95.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$250.00</td>
<td>$201.00</td>
<td>$150.00</td>
<td>$78.60</td>
</tr>
</tbody>
</table>

11 The category “School-age- Full day” was a new category of data collection in the 2021 Market Rate Survey and was not collected in 2018. As a result of the COVID-19 pandemic and the move for school-age children to online, remote learning, child care providers may have served children full day during the 2019-20 and 2020-21 school years. The DHS team and Advisory Group intentionally decided to collect this data to understand the fiscal impact of full day care for school-age children.
**Toddler Rates**

The following table includes the rates for toddlers (18 to 36 months), in percentile increments of 25, for Center providers.

**TABLE 12. CENTER-BASED TODDLER RATES**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Toddler Full-Time</th>
<th>Toddler Three Quarter-Time</th>
<th>Toddler Half-Time</th>
<th>Toddler Quarter Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>122</td>
<td>105</td>
<td>100</td>
<td>63</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$447.92</td>
<td>$364.00</td>
<td>$273.00</td>
<td>$205.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$273.05</td>
<td>$239.79</td>
<td>$200.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$255.00</td>
<td>$215.00</td>
<td>$170.00</td>
<td>$87.60</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$230.75</td>
<td>$193.16</td>
<td>$139.64</td>
<td>$65.00</td>
</tr>
</tbody>
</table>

**Preschool Rates**

The following table includes the rates for preschool age children (3 – 5 years), in percentile increments of 25, for Center providers.

**TABLE 13. CENTER-BASED PRESCHOOL RATES**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Pre-School Full-Time</th>
<th>Pre-School Three Quarter-Time</th>
<th>Pre-School Half-Time</th>
<th>Pre-School Quarter Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>152</td>
<td>134</td>
<td>135</td>
<td>90</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$367.67</td>
<td>$320.00</td>
<td>$255.00</td>
<td>$195.67</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$250.00</td>
<td>$212.67</td>
<td>$175.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$225.00</td>
<td>$189.00</td>
<td>$140.00</td>
<td>$79.44</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$196.19</td>
<td>$163.36</td>
<td>$118.50</td>
<td>$63.00</td>
</tr>
</tbody>
</table>

**School-age Rates**

The following table includes the rates for before school programming for school-age children (5+ years), in increments of 25, for Center providers.

**TABLE 14. CENTER-BASED SCHOOL-AGE RATES: BEFORE SCHOOL ONLY**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age Before School Full-Time</th>
<th>School-age Before School Three Quarter-Time</th>
<th>School-age Before School Half-Time</th>
<th>School-age Before School Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>34</td>
<td>31</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$200.00</td>
<td>$200.00</td>
<td>$200.00</td>
<td>$110.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$93.75</td>
<td>$75.00</td>
<td>$69.00</td>
<td>$69.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$60.00</td>
<td>$56.00</td>
<td>$55.00</td>
<td>$55.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$50.00</td>
<td>$39.50</td>
<td>$47.50</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

The following table includes the rates for after school programming for school-age children (5+ years), in percentile increments of 25, for Center providers.
### Table 15. Center-based School-age Rates: After School Only

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age After School Full Time</th>
<th>School-age After School Three Quarter-Time</th>
<th>School-age After School Half-Time</th>
<th>School-age After School Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>38</td>
<td>48</td>
<td>69</td>
<td>38</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$225.00</td>
<td>$217.50</td>
<td>$142.50</td>
<td>$130.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$125.00</td>
<td>$110.00</td>
<td>$100.00</td>
<td>$86.25</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$110.00</td>
<td>$106.00</td>
<td>$89.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$85.00</td>
<td>$75.00</td>
<td>$60.00</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

The following table includes the rates for before and after school programming for school-age children (5+ years), in percentile increments of 25, for Center providers.

### Table 16. Center-based School-age Rates: Before and After School

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>53</td>
<td>60</td>
<td>47</td>
<td>27</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$200.00</td>
<td>$200.00</td>
<td>$170.00</td>
<td>$165.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$167.00</td>
<td>$146.25</td>
<td>$125.00</td>
<td>$122.50</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$156.00</td>
<td>$128.50</td>
<td>$110.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$125.00</td>
<td>$113.75</td>
<td>$86.00</td>
<td>$62.81</td>
</tr>
</tbody>
</table>

The following table includes the rates for all day school programming for school-age children (5+ years), in percentile increments of 25, for Center providers.

### Table 17. Center-based School-age Rates: All Day

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age All Day Full-Time</th>
<th>School-age All Day Three Quarter-Time</th>
<th>School-age All Day Half-Time</th>
<th>School-age All Day Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>73</td>
<td>44</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$350.00</td>
<td>$310.00</td>
<td>$255.00</td>
<td>$277.08</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$244.00</td>
<td>$200.00</td>
<td>$170.00</td>
<td>$157.50</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$200.00</td>
<td>$158.53</td>
<td>$126.67</td>
<td>$63.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$175.00</td>
<td>$150.00</td>
<td>$80.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

The following table includes the rates for summer camp school programming for school-age children (5+ years), in percentile increments of 25, for Center providers.

### Table 18. Center-based School-age Rates: Summer Day

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age Summer Full-Time</th>
<th>School-age Summer Three Quarter-Time</th>
<th>School-age Summer Half-Time</th>
<th>School-age Summer Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>80</td>
<td>41</td>
<td>39</td>
<td>27</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$350.00</td>
<td>$310.00</td>
<td>$255.00</td>
<td>$246.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$238.25</td>
<td>$200.00</td>
<td>$175.00</td>
<td>$174.50</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$200.00</td>
<td>$150.00</td>
<td>$146.00</td>
<td>$103.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$159.00</td>
<td>$139.00</td>
<td>$114.50</td>
<td>$58.00</td>
</tr>
</tbody>
</table>
Family Child Care

The following subsections detail the rates for licensed, FCC programs (including Group Family Child Care Homes and Family Child Care Homes) by age category. The far-left column indicates the percentile while the remaining columns indicate the rates within each of the authorized time categories by which DHS currently reimburses, including full time (30+ hours), three-quarter time (20-29 hours), half time (10-19 hours, and quarter time (0-9 hours).

Infant Rates

The following table includes the rates for infants (birth to 18 months), in increments of 25, for family child care programs.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Infant Full-Time</th>
<th>Infant Three Quarter-Time</th>
<th>Infant Half-Time</th>
<th>Infant Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>108</td>
<td>96</td>
<td>83</td>
<td>75</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$305.00</td>
<td>$305.00</td>
<td>$305.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$250.00</td>
<td>$225.00</td>
<td>$199.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$225.00</td>
<td>$200.00</td>
<td>$150.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$200.00</td>
<td>$158.81</td>
<td>$108.50</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

Toddler Rates

The following table includes the rates for toddlers (18 to 36 months), in increments of 25, for family child care programs.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Toddler Full-Time</th>
<th>Toddler Three Quarter-Time</th>
<th>Toddler Half-Time</th>
<th>Toddler Quarter Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>120</td>
<td>102</td>
<td>86</td>
<td>84</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$300.00</td>
<td>$275.00</td>
<td>$278.67</td>
<td>$260.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$250.00</td>
<td>$225.00</td>
<td>$183.75</td>
<td>$102.67</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$220.00</td>
<td>$190.00</td>
<td>$150.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$180.00</td>
<td>$160.00</td>
<td>$112.50</td>
<td>$55.80</td>
</tr>
</tbody>
</table>

Preschool Rates

The following table includes the rates for preschool age children (3 – 5 years), in percentile increments of 25, for family child care programs.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Pre-School Full-Time</th>
<th>Pre-School Three Quarter-Time</th>
<th>Pre-School Half-Time</th>
<th>Pre-School Quarter Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>126</td>
<td>104</td>
<td>90</td>
<td>82</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$300.00</td>
<td>$300.00</td>
<td>$285.00</td>
<td>$185.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$238.75</td>
<td>$215.00</td>
<td>$183.75</td>
<td>$100.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$187.50</td>
<td>$175.00</td>
<td>$137.50</td>
<td>$78.00</td>
</tr>
</tbody>
</table>
The following table includes the rates for all day school programming for school-age children (5+ years), in percentile increments of 25, for family child care programs.

**TABLE 22. FAMILY CHILD CARE SCHOOL-AGE RATES: ALL DAY**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age All Day Full-Time</th>
<th>School-age All Day Three Quarter-Time</th>
<th>School-age All Day Half-Time</th>
<th>School-age All Day Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>74</td>
<td>57</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$520.00</td>
<td>$280.00</td>
<td>$280.00</td>
<td>$280.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$225.00</td>
<td>$200.00</td>
<td>$167.50</td>
<td>$125.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$180.00</td>
<td>$175.00</td>
<td>$147.50</td>
<td>$90.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$162.98</td>
<td>$145.00</td>
<td>$98.75</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

The following table includes the rates for before school programming for school-age children (5+ years), in percentile increments of 25, for family child care programs.

**TABLE 23. FAMILY CHILD CARE SCHOOL-AGE RATES: BEFORE SCHOOL**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age Before School Full-Time</th>
<th>School-age Before School Three Quarter-Time</th>
<th>School-age Before School Half-Time</th>
<th>School-age Before School Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>43</td>
<td>41</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$300.00</td>
<td>$280.00</td>
<td>$195.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$175.00</td>
<td>$150.00</td>
<td>$125.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$150.00</td>
<td>$121.47</td>
<td>$90.00</td>
<td>$67.50</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$110.00</td>
<td>$100.00</td>
<td>$76.00</td>
<td>$43.08</td>
</tr>
</tbody>
</table>

The following table includes the rates for after school programming for school-age children (5+ years), in percentile increments of 25, for family child care programs.

**TABLE 24. FAMILY CHILD CARE SCHOOL-AGE RATES: AFTER SCHOOL**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age After School Full Time</th>
<th>School-age After School Three Quarter-Time</th>
<th>School-age After School Half-Time</th>
<th>School-age After School Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>45</td>
<td>43</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$300.00</td>
<td>$250.00</td>
<td>$195.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$170.00</td>
<td>$147.50</td>
<td>$120.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$150.00</td>
<td>$125.00</td>
<td>$95.00</td>
<td>$67.50</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$100.00</td>
<td>$100.00</td>
<td>$76.00</td>
<td>$43.50</td>
</tr>
</tbody>
</table>

The following table includes the rates for before and after school programming for school-age children (5+ years), in percentile increments of 25, for family child care programs.
The following table includes the rates for summer camp school programming for school-age children (5+ years), in percentile increments of 25, for family child care programs.

**Table 26. Family Child Care School-age Rates: Summer Day**

<table>
<thead>
<tr>
<th>Percentile</th>
<th>School-age Summer Full-Time</th>
<th>School-age Summer Three Quarter-Time</th>
<th>School-age Summer Half-Time</th>
<th>School-age Summer Quarter-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size (n)</td>
<td>60</td>
<td>50</td>
<td>47</td>
<td>44</td>
</tr>
<tr>
<td>100th Percentile</td>
<td>$300.00</td>
<td>$280.00</td>
<td>$280.00</td>
<td>$280.00</td>
</tr>
<tr>
<td>75th Percentile</td>
<td>$200.00</td>
<td>$191.56</td>
<td>$142.50</td>
<td>$85.00</td>
</tr>
<tr>
<td>50th Percentile</td>
<td>$180.00</td>
<td>$175.00</td>
<td>$92.50</td>
<td>$45.00</td>
</tr>
<tr>
<td>25th Percentile</td>
<td>$160.00</td>
<td>$141.25</td>
<td>$92.50</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

### Non-traditional Hours

Only a small number of providers reported offering care during non-traditional hours, such as weekends, evenings, and overnight care. Of the 435 providers who responded to this question, approximately 3 to 5 percent of providers said they provided care during these times. Of those who did provide this type of care, providers were almost entirely FCC; only one Center reported offering evening care.

**Table 27. Count of Non-traditional Hours Provided by Provider Type**

<table>
<thead>
<tr>
<th></th>
<th>Weekend Care</th>
<th>Evening care (until 12am)</th>
<th>Overnight care</th>
<th>None</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=435</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>21</td>
<td>19</td>
<td>15</td>
<td>384</td>
<td>20</td>
</tr>
<tr>
<td>Centers</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>256</td>
<td>9</td>
</tr>
<tr>
<td>FCC</td>
<td>21</td>
<td>18</td>
<td>15</td>
<td>128</td>
<td>11</td>
</tr>
</tbody>
</table>

### Additional Questions

**COVID-19 Rate Adjustments**

A majority of providers reported they did not change their rates due to the COVID-19 pandemic. This held true in all types of programs and in all age groups. Those who reported they did not change rates ranged from 65 percent to 73 percent of respondents depending on the age group served; inversely, 23 percent to 31 percent of providers reported increasing rates during this time, depending on age group. Only a small percent of programs reported decreasing their rates in all age groups.
Additional Fees, Discounts, and Services

Although not particularly common, some providers do charge additional rates on top of the rates detailed earlier. These include rates for early release days, public school closure, public school vacation, and summer break. The most commonly reported additional rate was for public school vacations.

Sibling and employee discounts were reported as the most common types provided, with nearly 75 percent of responding providers offering one and/or the other. Sliding fees and low income rate discounts were much more rare amongst respondents.

Providers were also asked if they charged any additional fees, and what that charge was. Below, we detailed the most common types of fees charged and the average cost of said fees. Overall, we asked whether providers charged for:

- One time registration
- Annual Registration
- Weekend fee
- Field trip fee
- Waitlist fee
- Bank fees
- Other fees
- Transportation Fee
- Food/Meals Fee
- Late pick up/early drop off fee

### Table 28. Count of Rate Adjustments due to COVID-19, by Age Group

<table>
<thead>
<tr>
<th>N=436</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School-age Before</th>
<th>School-age Full Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease, No Change, or Increase?</td>
<td>Decrease</td>
<td>No Change</td>
<td>Increase</td>
<td>Decrease</td>
<td>No Change</td>
</tr>
<tr>
<td>All Programs</td>
<td>8</td>
<td>192</td>
<td>75</td>
<td>10</td>
<td>231</td>
</tr>
<tr>
<td>Centers</td>
<td>2</td>
<td>94</td>
<td>31</td>
<td>4</td>
<td>130</td>
</tr>
<tr>
<td>FCC</td>
<td>6</td>
<td>98</td>
<td>44</td>
<td>6</td>
<td>101</td>
</tr>
</tbody>
</table>

### Table 29. Count of Additional Rates Charged by Provider Type

<table>
<thead>
<tr>
<th>N=435</th>
<th>Early Release Days</th>
<th>Public School Closure</th>
<th>Public School Vacation</th>
<th>Summer Break</th>
<th>Other</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs</td>
<td>20</td>
<td>55</td>
<td>75</td>
<td>71</td>
<td>11</td>
<td>327</td>
</tr>
<tr>
<td>Centers</td>
<td>14</td>
<td>30</td>
<td>46</td>
<td>46</td>
<td>6</td>
<td>192</td>
</tr>
<tr>
<td>FCC</td>
<td>6</td>
<td>25</td>
<td>28</td>
<td>25</td>
<td>5</td>
<td>135</td>
</tr>
</tbody>
</table>

### Table 30. Discounts Offered by Providers

<table>
<thead>
<tr>
<th>N= 261</th>
<th>Sliding Fee</th>
<th>Low Income Rate</th>
<th>Sibling Discount</th>
<th>Family Scholarship</th>
<th>Employee Discount</th>
<th>Vacation / Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td># Providers</td>
<td>Av # Children</td>
<td># Providers</td>
<td>Av # Children</td>
<td># Providers</td>
<td>Av # Children</td>
<td># Providers</td>
</tr>
<tr>
<td>All Programs</td>
<td>34</td>
<td>6</td>
<td>25</td>
<td>3</td>
<td>201</td>
<td>5</td>
</tr>
<tr>
<td>Centers</td>
<td>26</td>
<td>7</td>
<td>16</td>
<td>4</td>
<td>174</td>
<td>6</td>
</tr>
<tr>
<td>FCC</td>
<td>8</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>27</td>
<td>2</td>
</tr>
</tbody>
</table>
- Hold fee
- Deposit for future spot
- Enrichment activity fee
- Optional services

- Late payment fee
- Materials/supplies fee
- Extended day fee
- Night Care Fee
Support Services

Providers were asked if they provide any additional support services to children in care. Overall, the most commonly cited support services offered were Diapering/Toileting Assistance for an Older Child (55 percent overall; the most commonly cited response for FCC providers at 23 percent) and Behavioral Supervision or Supports for Children with Challenging Behaviors (54 percent overall, the most commonly cited response for Center providers at 40 percent).

**TABLE 32. SUPPORT SERVICES OFFERED BY PROVIDER TYPE**

<table>
<thead>
<tr>
<th>Support Services Offered (N=201)</th>
<th>Center</th>
<th>%</th>
<th>FCC</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Supervision/Supports for children with challenging behaviors</td>
<td>80</td>
<td>40%</td>
<td>30</td>
<td>15%</td>
</tr>
<tr>
<td>Communication Supports to children who are non-verbal or have language delays</td>
<td>43</td>
<td>21%</td>
<td>41</td>
<td>20%</td>
</tr>
<tr>
<td>Occupational therapy for a child with sensory processing challenges</td>
<td>28</td>
<td>14%</td>
<td>15</td>
<td>7%</td>
</tr>
<tr>
<td>Diapering/Toileting Assistance for an older child</td>
<td>65</td>
<td>32%</td>
<td>47</td>
<td>23%</td>
</tr>
<tr>
<td>Health Monitoring for a child with a chronic medical condition</td>
<td>36</td>
<td>18%</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Medication Management- for a child requiring ongoing medication &amp; maintain recordkeeping</td>
<td>64</td>
<td>32%</td>
<td>30</td>
<td>15%</td>
</tr>
<tr>
<td>Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk</td>
<td>32</td>
<td>16%</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Vision Supports and program changes to include a child with impaired vision</td>
<td>28</td>
<td>14%</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Nursing Care – Access to a nurse for children requiring medical monitoring or intervention</td>
<td>31</td>
<td>15%</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Physical Therapy - access for physical or occupational therapy services or providing activities to support child’s therapy goals</td>
<td>28</td>
<td>14%</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>Eating Assistance for a child who has food or texture sensitivities or physical challenges</td>
<td>40</td>
<td>20%</td>
<td>34</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>3%</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>
## Table 33. Funding Sources for Support Services by Provider Type

<table>
<thead>
<tr>
<th>Support Services Offered</th>
<th>Centers</th>
<th>FCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family Fee (Count)</td>
<td>State/ Federal Funding (Count)</td>
</tr>
<tr>
<td>Behavior Supervision/Supports for children with challenging behaviors</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td>Communication Supports to children who are non-verbal or have language delays</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Occupational therapy for a child with sensory processing challenges</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Diapering/Toileting Assistance for an older child</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Health Monitoring for a child with a chronic medical condition</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Medication Management- for a child requiring ongoing medication &amp; maintain recordkeeping</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Vision Supports and program changes to include a child with impaired vision</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Nursing Care – Access to a nurse for children requiring medical monitoring or intervention</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Physical Therapy - access for physical or occupational therapy services or providing activities to support child’s therapy goals</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Eating Assistance for a child who has food or texture sensitivities or physical challenges</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

### Rate Setting

Overall, the top three information sources providers use to set their private pay rates were:

- Rates of nearby child care programs (53 percent)
- Overall operating costs (51 percent)
- DHS CCAP reimbursement rates (46 percent)

By provider type, Center providers most frequently cited utilizing overall operating costs to set private pay rates, while FCC programs most frequently cited utilizing CCAP reimbursement rates. This was consistent with the 2018 MRS findings where the majority of FCCs reported utilizing the DHS Reimbursement Rates (83.5 percent) and Centers most frequently cited utilizing their overall operating costs (47 percent.)

## Table 34. Sources of Information Used to Set Private Pay Rates

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>N= 435</th>
<th>Centers</th>
<th>FCCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS CCAP Reimbursement Rates</td>
<td>200</td>
<td>89</td>
<td>111</td>
</tr>
<tr>
<td>Rates Nearby Child Care</td>
<td>232</td>
<td>180</td>
<td>52</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>72</td>
<td>70</td>
<td>2</td>
</tr>
<tr>
<td>What families can afford</td>
<td>126</td>
<td>79</td>
<td>47</td>
</tr>
<tr>
<td>Overall Operating Costs</td>
<td>221</td>
<td>182</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>28</td>
<td>8</td>
</tr>
</tbody>
</table>

Programs operating outside of the urban core primarily utilized rates of nearby child care programs, while programs operating within the urban core more frequently reported utilizing the CCAP reimbursement rates to set private pay rates.
Program Operation

Below, we have detailed the average number of children being served by age group by the type of children served (private pay, CCAP, State Pre-K, and Head Start). For both Center providers and FCC providers, data indicated that providers served about half as many CCAP children as they did private pay only children.

The last section of this table also shows the average number of children programs would like to serve at full capacity. Overall, programs showed greater interest in expanding capacity for preschool and school-age care, indicating that they would prefer to serve 50 to 100 percent more children in these age categories. Programs showed less interest in expanding capacity for infants and toddlers.

### TABLE 35. AVERAGE NUMBER OF CHILDREN SERVED, BY PROVIDER TYPE

<table>
<thead>
<tr>
<th>N=436</th>
<th>Average Infants Served</th>
<th>Average Toddlers Served</th>
<th>Average Preschool Served</th>
<th>Average Before / After SA Served</th>
<th>Average School-age Full Day Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private Pay</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>7.26</td>
<td>7.88</td>
<td>17.30</td>
<td>14.41</td>
<td>8.36</td>
</tr>
<tr>
<td>Centers</td>
<td>7</td>
<td>10</td>
<td>21</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>FCC</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>CCAP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>4.76</td>
<td>3.58</td>
<td>7.07</td>
<td>6.89</td>
<td>5.84</td>
</tr>
<tr>
<td>Centers</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>FCC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>State Pre-K</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>0</td>
<td>0</td>
<td>27.43</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Centers</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FCC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Head Start</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>4.44</td>
<td>7.50</td>
<td>28.58</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Centers</td>
<td>4</td>
<td>7</td>
<td>28</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FCC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of Children Providers Want to Serve</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Programs</td>
<td>8.93</td>
<td>11.18</td>
<td>26.74</td>
<td>33.03</td>
<td>19.66</td>
</tr>
<tr>
<td>Centers</td>
<td>15</td>
<td>18</td>
<td>41</td>
<td>52</td>
<td>36</td>
</tr>
<tr>
<td>FCC</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Populations Served

Providers were asked about children from the following populations being served in their programs: Children with disabilities, children experiencing homelessness, children who speak English as a second language, and children involved in the foster care system. While more than half of programs did not report serving any children with disabilities (57 percent), those experiencing homelessness (75 percent), or in foster care (51 percent), 63 percent of programs reported serving children who speak English as a second language. Of the 11 percent of programs whose population is 76 percent or more children who speak English as a second language, 98% of these programs were FCC providers (48 of the 49 programs citing this response). FCCs were proportionally more likely to have a population that was 51-75 percent children who speak English as a second language. Programs where more than 51 percent of children speak English as a second language were located within the Urban Core and participate in CCAP and BrightStars.
TABLE 36. POPULATION SERVED: CHILDREN SPEAKING ENGLISH AS SECOND LANGUAGE

<table>
<thead>
<tr>
<th>Provider Type (N=434)</th>
<th>Percentage Participating in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Centers</td>
<td>Count</td>
</tr>
<tr>
<td>FCC</td>
<td>Count</td>
</tr>
</tbody>
</table>

Most programs do not report serving children with disabilities; approximately 35 percent of programs report serving any children with disabilities.

TABLE 37. POPULATION SERVED: CHILDREN WITH DISABILITIES

<table>
<thead>
<tr>
<th>Provider Type (N=434)</th>
<th>Percentage Participating in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Centers</td>
<td>Count</td>
</tr>
<tr>
<td>FCC</td>
<td>Count</td>
</tr>
</tbody>
</table>

Similarly, most programs do not report serving children experiencing homelessness.

TABLE 38. POPULATION SERVED: CHILDREN EXPERIENCING HOMELESSNESS

<table>
<thead>
<tr>
<th>Provider Type (N=434)</th>
<th>Percentage Participating in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Centers</td>
<td>Count</td>
</tr>
<tr>
<td>FCC</td>
<td>Count</td>
</tr>
</tbody>
</table>

Forty-two percent of programs report that at least 1 percent of children in their program are involved in foster care.

TABLE 39. POPULATION SERVED: CHILDREN INVOLVED IN FOSTER CARE

<table>
<thead>
<tr>
<th>Provider Type (N=434)</th>
<th>Percentage Participating in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
</tr>
<tr>
<td>Centers</td>
<td>Count</td>
</tr>
<tr>
<td>FCC</td>
<td>Count</td>
</tr>
</tbody>
</table>

Operating Hours

Most programs (91 percent, 399 of 435) reported operating standard hours, that is a consistent opening and closing time each day they operated. Programs operating non-standard hours were slightly more likely to be FCC programs (53 percent compared to 47 percent for Center providers).

FCCs reported slightly longer operating hours, with an average of 11 hours, 22 minutes of operating time per day; while Center providers operated an average of 9 hours and 31 minutes per day.
Fifty-three percent of providers reported altering their hours due to COVID-19. These programs were more likely to be Center providers, operating outside of the urban core. Programs operating in Underrepresented areas were also more likely to report adjusting their operating hours (count: 22 vs. 11). Where providers adjusted their hours, FCCs on average gained 14 minutes per day, while Center providers lost nearly an hour of operating time per day.

While 99-100 percent of responding programs reported being open Monday-Friday, only 2 percent are open on Sundays and 5 percent operate on Saturdays. Of the programs that report weekend operating hours, 100 percent of the providers operating on Sundays are FCC programs and 99 percent that operate Saturday hours are also FCCs. In Underrepresented Communities, only 2 programs reported operating on either Saturdays or Sundays. All but 1 of the programs operating on Saturdays or Sundays are located in Providence County (while the other exists in Newport County).

On average, programs (n=435) report being open 48 weeks per year (47 weeks for Center providers, 48 weeks for Center providers). Programs where the provider primarily speaks Spanish reported operating on average 50 weeks per year, while programs where the provider primarily speaks English reported operating an average of 47 weeks per year. While programs participating in BrightStars also operate an average of 48 weeks per year, variation appears among star quality rating levels. Programs not participating in BrightStars operate fewer weeks than the average program.
Child Care Assistance Program (CCAP)

Most respondents participate in CCAP (88 percent). This is similar to the 2018 population, which indicated 86 percent of respondents participate in CCAP. The 2021 and 2018 samples reveal similar trends in Center providers’ CCAP participation with a difference of only 1 percent between the two samples. The 2021 and 2018 FCC provider samples indicate a slight increase of FCC providers’ CCAP participation (9 percent).

**TABLE 44 CCAP PARTICIPATION: 2021 VS 2018**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Centers</th>
<th>FCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>383</td>
<td>88%</td>
<td>224</td>
</tr>
<tr>
<td>No</td>
<td>50</td>
<td>12%</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>433</td>
<td>100%</td>
<td>264</td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>429</td>
<td>86%</td>
<td>222</td>
</tr>
<tr>
<td>No</td>
<td>71</td>
<td>14%</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100%</td>
<td>258</td>
</tr>
</tbody>
</table>

**Changes in Enrollment**

Most respondents (61 percent) indicated the number of CCAP children they serve decreased in the last year. FCC providers were more likely to maintain their CCAP enrollment than Center providers.

**TABLE 45 CHANGES IN CCAP ENROLLMENT (12 MONTHS)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Centers</th>
<th>FCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count (n=383)</td>
<td>%</td>
<td>Count (n=224)</td>
</tr>
<tr>
<td>Decreased</td>
<td>234</td>
<td>61%</td>
<td>143</td>
</tr>
<tr>
<td>Increased</td>
<td>39</td>
<td>10%</td>
<td>22</td>
</tr>
<tr>
<td>Stayed the Same</td>
<td>110</td>
<td>29%</td>
<td>59</td>
</tr>
</tbody>
</table>

Respondents who indicated a decrease in CCAP children serviced were asked to share why they experienced a decrease. As shown below, most respondents indicated the decrease was due to families losing their CCAP eligibility (45 percent, n=176) or a decrease in family demand (32 percent, n=125).
Within the “Other” category (n=62), respondents indicated COVID-19 related reasons (58 percent, n=36) and parents losing their jobs (15 percent, n=11) as primary reasons for the decline in service to CCAP families.

**Capping CCAP Enrollment**
When asked if programs limit the number of CCAP slots in their program, the majority reported “No” (82 percent). Where programs cap CCAP slots, FCC programs are more likely to have a cap on subsidized slots than Center providers.

**TABLE 46 Caps/Limits to Subsidy Slots**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Centers</th>
<th>FCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70</td>
<td>27</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>313</td>
<td>197</td>
<td>116</td>
</tr>
<tr>
<td>Total</td>
<td>383</td>
<td>224</td>
<td>159</td>
</tr>
</tbody>
</table>

Of the 70 programs who cap CCAP enrollment, most programs (49 percent) limit subsidy slots up to 25 percent of their enrollment capacity. The most commonly reported reason for capping subsidy enrollment is the subsidy reimbursement rate being too low (36 percent of comments).

**Familiarity with CCAP**
Most providers (77 percent) are familiar with CCAP. While most comments indicated respondents were unsure of how to increase awareness of CCAP, a common theme in the recommendations for how to increase awareness focused on more detailed information, resources, and supports being available for providers.

**TABLE 47 Respondent Familiarity with CCAP**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Centers</th>
<th>FCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>39</td>
<td>9</td>
</tr>
</tbody>
</table>

**Encouraging Participation**
When asked to share reasons that may prevent or limit CCAP participation, most respondents who are already serving CCAP children (76 percent) indicated they are willing to serve more CCAP eligible children. Providers who are not participating in CCAP indicated their “Capacity is full with private pay” (52 percent).
TABLE 48 Reasons that may prevent you from participating or limit your current participation in DHS CCAP

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total (n=433)</th>
<th>CCAP Provider (n=383)</th>
<th>Non-CCAP Provider (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>I serve or am willing to serve all subsidized children.</td>
<td>290</td>
<td>67%</td>
<td>290</td>
</tr>
<tr>
<td>Capacity is full with private pay.</td>
<td>56</td>
<td>13%</td>
<td>30</td>
</tr>
<tr>
<td>Program has a long waitlist of private pay families</td>
<td>36</td>
<td>8%</td>
<td>17</td>
</tr>
<tr>
<td>No demand for subsidized care in the program’s area</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Subsidy reimbursement rates are not sufficient</td>
<td>64</td>
<td>15%</td>
<td>46</td>
</tr>
<tr>
<td>Required participation in QRIS</td>
<td>14</td>
<td>3%</td>
<td>6</td>
</tr>
<tr>
<td>Reimbursement received too long after service is provided</td>
<td>21</td>
<td>5%</td>
<td>19</td>
</tr>
<tr>
<td>Too much administrative work involved</td>
<td>29</td>
<td>7%</td>
<td>10</td>
</tr>
<tr>
<td>Disagree with policies associated with the subsidy program</td>
<td>4</td>
<td>1%</td>
<td>3</td>
</tr>
<tr>
<td>Challenges collecting co-payments from subsidy recipient families</td>
<td>24</td>
<td>6%</td>
<td>22</td>
</tr>
<tr>
<td>Turnover among subsidy recipient families</td>
<td>20</td>
<td>5%</td>
<td>17</td>
</tr>
<tr>
<td>I don’t know enough about DHS’s subsidy program to participate</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Child behavioral challenges</td>
<td>19</td>
<td>4%</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>5%</td>
<td>12</td>
</tr>
<tr>
<td>Not Familiar with DHS CCAP</td>
<td>11</td>
<td>3%</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>433</td>
<td>100%</td>
<td>383</td>
</tr>
</tbody>
</table>

Most respondents indicated none of the incentives listed would encourage their participation in CCAP (52 percent). Of the incentives listed, the top three that may encourage CCAP participation are increased subsidy rates (30 percent), opportunities for additional resources including professional development (20 percent), and assistance with subsidy management and administration (18 percent).

Program Quality

The majority of respondents (88 percent) participate in Rhode Island’s Quality Rating Improvement System (QRIS), BrightStars. Of the 379 providers participating in BrightStars, 60 percent are Centers and 40 percent are FCC. Most respondents held a BrightStars Rating of Level 1 (n=139, 40 percent) or Level 2 (n=129, 37 percent).

TABLE 49 Programs Participating in BrightStars (QRIS)

<table>
<thead>
<tr>
<th>BrightStars Rating</th>
<th>All (n=432)</th>
<th>Centers (n=263)</th>
<th>FCC (n=169)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>1</td>
<td>139</td>
<td>32%</td>
<td>58</td>
</tr>
<tr>
<td>2</td>
<td>123</td>
<td>28%</td>
<td>61</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>6%</td>
<td>26</td>
</tr>
<tr>
<td>4</td>
<td>46</td>
<td>11%</td>
<td>42</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>3%</td>
<td>12</td>
</tr>
<tr>
<td>No rating indicated</td>
<td>31</td>
<td>7%</td>
<td>27</td>
</tr>
<tr>
<td>Do not participate</td>
<td>53</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td>432</td>
<td>100%</td>
<td>263</td>
</tr>
</tbody>
</table>
Administrative data provided to the research team in March 2021 was mapped into the survey data to identify the BrightStars ratings listed in the table above. The “No level indicated” are those who indicated they participate in BrightStars in their survey response, but did not have a BrightStars rating within the administrative data.

Respondents’ BrightStars participation is similar both inside the urban core (48 percent) and outside of the urban core (52 percent). Most respondents who are participating in BrightStars are also participating in CCAP (97 percent). A full breakdown of BrightStars participation by additional metrics may be found in the Appendix B. Data Analysis.

In an effort to better understand the perceptions of BrightStars participation, the survey asked providers to indicate if tiered reimbursement was an incentive to participate in BrightStars. Most respondents (n=250, 66 percent) indicated the tiered reimbursement is an incentive that encourages them to participate in BrightStars.

The participants who do not participate in BrightStars were asked why they have not participated. Respondents could indicate one or more areas that hinder their participation. The majority of providers indicated “Other” (45 percent) or it was “Time Consuming” (20 percent).

<table>
<thead>
<tr>
<th>Reason</th>
<th>All Count</th>
<th>% (n=71)</th>
<th>Centers Count</th>
<th>% (n=53)</th>
<th>FCC Count</th>
<th>% (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too Much Paperwork</td>
<td>13</td>
<td>18%</td>
<td>8</td>
<td>15%</td>
<td>5</td>
<td>28%</td>
</tr>
<tr>
<td>CCAP Rates do not Support Quality</td>
<td>4</td>
<td>6%</td>
<td>3</td>
<td>6%</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Time Consuming</td>
<td>14</td>
<td>20%</td>
<td>11</td>
<td>21%</td>
<td>3</td>
<td>17%</td>
</tr>
<tr>
<td>Too Costly</td>
<td>8</td>
<td>11%</td>
<td>7</td>
<td>13%</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
<td>45%</td>
<td>24</td>
<td>45%</td>
<td>8</td>
<td>44%</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100%</td>
<td>53</td>
<td>100%</td>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>

Other comments revealed additional themes for providers choosing not to participate in BrightStars, which are detailed below. It should be noted that 19 percent (N=6) of providers indicated they are in the process of applying to participate in BrightStars or plan to in the future.

<table>
<thead>
<tr>
<th>Other Comments</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer Not To</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Do not agree with the rating system/standards/does not reflect quality</td>
<td>8</td>
<td>25%</td>
</tr>
<tr>
<td>Does not align with our program/Montessori</td>
<td>6</td>
<td>19%</td>
</tr>
<tr>
<td>In process of applying or plan to in future</td>
<td>6</td>
<td>19%</td>
</tr>
</tbody>
</table>
The survey also asked participants to indicate what supports and resources would help them improve the quality of their program. Most respondents selected grants for facilities improvement (n=308), grants for quality improvement (n=297), and tiered CCAP reimbursement (n=289). These top three reasons were selected by both FCC and Centers; while more FCC cited “Tiered CCAP Reimbursement” as their top support and Center providers selected “Grants for Facilities Improvement” as their top support.

**Chart 3 What supports and resources would assist you in improving the quality of your program?**

- Grants for Facilities Improvement: 308
- Grants for Quality Improvement: 297
- Tiered DHSCCAP Reimbursement: 289
- Free/Low-cost PD Opportunities: 272
- Assistance Cost of Materials: 261
- Scholarships for Employees: 245
- Help Improve Compensation and Benefits: 219
- Bonus for Increasing Brightstars Rating: 203
- Coaching/Mentoring/Technical Assistance: 172
- Low Cost Loans: 123
Narrow Cost Analysis (Cost of Care)

The Narrow Cost Analysis is required by ACF as an alternative method to establish subsidy payment rates\(^\text{12}\). For this survey administration, the data for the Narrow Cost Analysis was gathered using the Cost of Care survey. For any sustainable business to operate, the revenue being received must be able to cover operating expenses. The intention of the Narrow Cost Analysis is to better understand the cost of providing child care services and if the subsidy reimbursement rate is adequate in covering a provider’s cost of care. While ACF allows for a variety of data collection methodologies, DHS chose to administer an optional survey to child care providers as part of the MRS outreach. Please review the Methodology section above for more information on the development and distribution of this survey.

Response Rate

As noted above, the Narrow Cost Analysis (referred to as the Cost of Care survey) was distributed as a secondary survey to providers who completed the MRS. The majority of questions were optional to encourage providers to disclose new program information, as this was the first time the Narrow Cost Analysis was completed in the State.

Almost 40 percent of providers who completed the MRS went on to complete the Cost of Care form; this represents approximately 20 percent of the total provider universe. Again, Center providers were more likely to complete the Cost of Care form than FCC providers.

| Table 52 Cost of Care Survey Response Rate (Licensed Providers), by Program Type |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Program Type (Licensed Provider) | Total Market Rate Survey Responses | Final Cost of Care Survey Responses | % of Total Market Rate Sample | % of Total Provider Universe |
| Centers | 265 | 104 | 39% | 26% |
| Group/Family Child Care Home | 172 | 59 | 34% | 14% |
| Statewide - All Providers | 437 | 163 | 37% | 20% |

At the 95 percent confidence level, all margins of error for stratified subcategories were outside of the +/- 5 percent threshold; with the overall response rate at a margin of error at 6.8%.

The following table compares the response rates of respondents by geographic location and includes the total population of providers of each town. The table includes the total respondents in comparison to the total population (\(N=809\)) and the total sample (\(N=163\)).

| Table 53. Cost of Care Response Rate by Town |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Town | Respondents | Population |
| | Total | % of Population | % of Respondents | Total | % of Population |
| Ashaway | 0 | 0.0% | 0.0% | 2 | 0.2% |
| Barrington | 1 | 0.1% | 0.6% | 13 | 1.6% |
| Block Island | 0 | 0.0% | 0.0% | 1 | 0.1% |
| Bradford | 1 | 0.1% | 0.6% | 1 | 0.1% |
| Bristol | 2 | 0.2% | 1.2% | 12 | 1.5% |
| Burrillville | 1 | 0.1% | 0.6% | 1 | 0.1% |
| Central Falls | 1 | 0.1% | 0.6% | 18 | 2.2% |
| Charlestown | 0 | 0.0% | 0.0% | 4 | 0.5% |
| Chepachet | 2 | 0.2% | 1.2% | 3 | 0.4% |

<table>
<thead>
<tr>
<th>Town</th>
<th>Respondents</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Population</td>
</tr>
<tr>
<td>Coventry</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Cranston</td>
<td>13</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cumberland</td>
<td>7</td>
<td>0.9%</td>
</tr>
<tr>
<td>East Greenwich</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>East Providence</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Exeter</td>
<td>4</td>
<td>0.5%</td>
</tr>
<tr>
<td>Foster</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Glocester</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Greenville</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Harrisville</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hope Valley</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Jamestown</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Johnston</td>
<td>7</td>
<td>0.9%</td>
</tr>
<tr>
<td>Kingston</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>8</td>
<td>1.0%</td>
</tr>
<tr>
<td>Little Compton</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Manville</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Middletown</td>
<td>5</td>
<td>0.6%</td>
</tr>
<tr>
<td>Narragansett</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Newport</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>North Kingstown</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>North Providence</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>North Scituate</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>North Smithfield</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pascoag</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>10</td>
<td>1.2%</td>
</tr>
<tr>
<td>Peace Dale</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Providence</td>
<td>50</td>
<td>6.2%</td>
</tr>
<tr>
<td>Richmond</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Riverside</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Rumford</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Smithfield</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>South Kingstown</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Tiverton</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Wakefield</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Warren</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Warwick</td>
<td>7</td>
<td>0.9%</td>
</tr>
<tr>
<td>West Greenwich</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>West Warwick</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Westerly</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>8</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
Reflecting on the levels of representation of this sample, this sample was very representative by County location and State Funded Pre-K (all with a differential of less than a 1 percent). Where providers participated in BrightStars (82 percent of this sample), providers were more likely to be rated a 2 star or higher.

<table>
<thead>
<tr>
<th>Analysis Metrics</th>
<th>Total Population %</th>
<th>Response Rate %</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCC</td>
<td>50.2%</td>
<td>36%</td>
<td>-14.0%</td>
</tr>
<tr>
<td>Centers</td>
<td>49.8%</td>
<td>64%</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Urban Core</td>
<td>51.4%</td>
<td>58%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Urban Core</td>
<td>48.6%</td>
<td>42%</td>
<td>-6.2%</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>66.7%</td>
<td>81%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Spanish</td>
<td>33.1%</td>
<td>19%</td>
<td>-14.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.1%</td>
<td>0%</td>
<td>-0.1%</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bristol</td>
<td>4.2%</td>
<td>4%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Kent</td>
<td>7.4%</td>
<td>7%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Newport</td>
<td>2.3%</td>
<td>3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Providence</td>
<td>81.2%</td>
<td>81%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>4.8%</td>
<td>6%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>CCAP Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Pay Only</td>
<td>14.6%</td>
<td>9%</td>
<td>-5.4%</td>
</tr>
<tr>
<td>CCAP Participant</td>
<td>85.4%</td>
<td>91%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Underrepresented Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underrepresented Community</td>
<td>4.9%</td>
<td>9%</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Head Start Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4.8%</td>
<td>2%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>No</td>
<td>95.2%</td>
<td>98%</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>State PreK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4.8%</td>
<td>6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>No</td>
<td>95.2%</td>
<td>94%</td>
<td>-0.7%</td>
</tr>
<tr>
<td><strong>BrightStars Participation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>79.1%</td>
<td>82%</td>
<td>2.5%</td>
</tr>
<tr>
<td>No</td>
<td>20.9%</td>
<td>18%</td>
<td>-2.5%</td>
</tr>
<tr>
<td><strong>BrightStars Quality Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>35.7%</td>
<td>31%</td>
<td>-5.0%</td>
</tr>
<tr>
<td>2</td>
<td>26.2%</td>
<td>29%</td>
<td>3.2%</td>
</tr>
<tr>
<td>3</td>
<td>5.9%</td>
<td>7%</td>
<td>0.8%</td>
</tr>
<tr>
<td>4</td>
<td>9.0%</td>
<td>12%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>
| 5                                | 2.2%               | 2%              | 0.2%
Center-based Provider Findings

For this sample, Center providers reported serving an average of 59 children in their program; programs participating in BrightStars reporting a higher average enrollment than Center providers not participating in BrightStars (40 children vs. 27 children respectively). Center providers with a capacity of 50-99 children and those with capacity of 150+ children reported enrollments lower than the lower range bounds for their size type.

**Figure 2. Average Enrollment by Center Program Capacity**

The following table outlines the average number of classrooms and the average maximum number of children currently attending in the classroom. Programs with a capacity of less than 49 children reported a higher average maximum count of preschool age children attending at one time than programs with larger capacities. Programs licensed for larger capacities reported a higher average maximum of school-age children in attendance at one time than smaller programs.

**Figure 3. Average Number of Classrooms and Average Maximum of Attendees at One Time**

<table>
<thead>
<tr>
<th>Program Capacity</th>
<th>Average Number of Classrooms</th>
<th>Average of Maximum number of children currently attending in classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infant (Birth to 18 mos)</td>
<td>Toddler (18 to 36 mos)</td>
</tr>
<tr>
<td>N</td>
<td>40</td>
<td>58</td>
</tr>
<tr>
<td>0-49</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>50-99</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td>100-149</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>150+</td>
<td>1.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Wages and Compensation

Responses indicate centers have an average of less than two Center directors per program. Center directors are reported an average annual salary of $54,368. The averages range from $47,398 annually to $57,009 annually, pending the program size. The chart below shows the average annual salary for Directors based on program size.
Additional annual positions reported include administrators and education coordinators. Responses show programs have an average of less than 3 program administrators with average annual salaries ranging from $20,431 to $37,440, pending program size, with an overall average of $24,020 annually across all program sizes.

Responses show centers have an average of less than 2 education coordinators on staff with annual salaries ranging from $28,816 to $38,151 pending program size, with an overall average of $33,693 annual salary across all program sizes.

Participants also indicated their highest and lowest hourly wages for Lead Teachers, Assistant Teachers, Additional Staff, and Substitutes. Lead Teachers have the highest average hourly wages and have the largest gap ($2.73) between their highest and lowest average hourly wage. Substitutes have the smallest gap ($0.29) between their highest and lowest average hourly wage.

<table>
<thead>
<tr>
<th>Position</th>
<th>Highest Average Hourly Wage</th>
<th>Lowest Average Hourly Wage</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Teacher</td>
<td>$17.42</td>
<td>$14.69</td>
<td>$2.73</td>
</tr>
<tr>
<td>Assistant Teacher</td>
<td>$14.07</td>
<td>$12.47</td>
<td>$1.60</td>
</tr>
<tr>
<td>Additional Staff</td>
<td>$15.13</td>
<td>$12.61</td>
<td>$2.52</td>
</tr>
<tr>
<td>Substitute</td>
<td>$12.90</td>
<td>$12.61</td>
<td>$0.29</td>
</tr>
</tbody>
</table>
**Education**

The typical center has an average of 10 total staff members; this ranges by program capacity from 5 staff for programs with a capacity of less than 49 children to 20 staff in programs with capacities of more than 150 children. Providers were asked to report staff education attainment. The sample indicates most center staff have a high school diploma or equivalent. The chart below shows the average number of staff within each education level. The lowest rate of center-based staff education level is those with less than a high school diploma.

**Figure 4. Average Number of Staff per Education Attainment Level**

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Average Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>1.0</td>
</tr>
<tr>
<td>High School or Equivalent</td>
<td>4.0</td>
</tr>
<tr>
<td>Some College</td>
<td>3.0</td>
</tr>
<tr>
<td>Child Development Associate</td>
<td>2.1</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>2.0</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>2.7</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>1.4</td>
</tr>
</tbody>
</table>

While ‘High School or Equivalent’ was the most common educational attainment, overall 25 percent of Center staff hold a Bachelor’s Degree.

**Figure 5. Percent of Center-based Staff at Educational Attainment Levels**

Center Staff at Educational Attainment Levels (n=96)

- Child Development Associate: 8%
- Graduate Degree: 4%
- Bachelor’s Degree: 25%
- Associates Degree: 11%
- Some College: 23%
- High School or Equivalent: 28%
- Less than High School: 0%

**Response to Increased Minimum Wage**

Providers were asked if they would need to make any programmatic adjustments to their business if the event of a state or federal minimum wage increase to $15 per hour. Overall, 78 percent of providers responded “Yes” (n=161). Of the 103 Centers respondents, 83 percent of Centers indicated “Yes” (n=103).

When asked to identify the programmatic adjustments, the most frequently cited overall Centers responses were:

1. Increase private pay tuition rates (96 percent)
2. Apply for alternative forms of revenue, such as grants of community investments (61 percent)
3. Reduce current staff hours (38 percent)

These top 3 most frequently cited programmatic adjustments were consistent for small programs (capacity 0-49, 50-99). Larger programs (capacity 100-149, 150+) also shared responses 1 and 2 above, but varied in their 3rd response. For programs with capacity 100-149, their 3rd most frequently cited response was “Increase CCAP Participation.” While only 5 providers with a capacity of 150+ responded to this question, none selected “Reducing current staff hours” as a strategy.

**Revenue and Expenses**

Center providers reported receiving revenue from numerous sources, most in particular came from tuition from private pay only families (90) and CCAP (82). The next highest count of revenue sources came from COVID-19 federal funding that came in the form of grants, PPP loans, and similar vehicles.

**FIGURE 6. COUNT OF REVENUE SOURCES FOR CENTER PROVIDERS**

According to the average annual expenses reported in the Cost of Care survey, personnel salaries accounted for 50 percent of total expenses for a Center-based program (64 percent including benefits and accompanying expenses). The remaining expenses are grouped by occupancy at 19 percent (such as rent and utilities); programmatic operations at 9 percent (such as curriculum, supplies and equipment); staffing and professional development at 5 percent (such as training and consultants); and office operations at 3 percent. The below chart illustrates these data:
In greater detail, we collected the component line items that make up the above groupings. These individual components are, again, average annual costs reported on the Cost of Care survey.

**TABLE 56. AVERAGE ANNUAL COSTS FOR CENTER PROGRAMS**

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>N</th>
<th>Average Annual $</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer's share of Social Security and Medicare Tax</td>
<td>51</td>
<td>$25,151</td>
<td>5.7%</td>
</tr>
<tr>
<td>Unemployment Tax</td>
<td>44</td>
<td>$16,860</td>
<td>3.8%</td>
</tr>
<tr>
<td>Worker's Compensation Annual INSURANCE Premium</td>
<td>62</td>
<td>$4,035</td>
<td>0.9%</td>
</tr>
<tr>
<td>Employer's share of: Health, Dental, Disability, Life and other insurance</td>
<td>34</td>
<td>$34,498</td>
<td>7.8%</td>
</tr>
<tr>
<td>Building Insurance</td>
<td>35</td>
<td>$9,078</td>
<td>2.1%</td>
</tr>
<tr>
<td>Fees/Permits</td>
<td>61</td>
<td>$1,534</td>
<td>0.3%</td>
</tr>
<tr>
<td>Insurance (liability, accident, etc.)</td>
<td>49</td>
<td>$5,463</td>
<td>1.2%</td>
</tr>
<tr>
<td>Maintenance/Repair/Cleaning</td>
<td>48</td>
<td>$15,158</td>
<td>3.4%</td>
</tr>
<tr>
<td>Utilities (Electric, gas, water/sewer, etc.)</td>
<td>44</td>
<td>$11,705</td>
<td>2.7%</td>
</tr>
<tr>
<td>Rent/Lease</td>
<td>44</td>
<td>$51,752</td>
<td>11.7%</td>
</tr>
<tr>
<td>Telephone &amp; Internet</td>
<td>65</td>
<td>$2,774</td>
<td>0.6%</td>
</tr>
<tr>
<td>Taxes (including real estate, vehicle, etc.)</td>
<td>30</td>
<td>$9,424</td>
<td>2.1%</td>
</tr>
<tr>
<td>Miscellaneous: Occupancy</td>
<td>26</td>
<td>$6,011</td>
<td>1.4%</td>
</tr>
<tr>
<td>Audit/Bookkeeping</td>
<td>35</td>
<td>$5,694</td>
<td>1.3%</td>
</tr>
<tr>
<td>Computers and other technological equipment</td>
<td>37</td>
<td>$2,730</td>
<td>0.6%</td>
</tr>
<tr>
<td>Miscellaneous: Office Operations</td>
<td>46</td>
<td>$5,383</td>
<td>1.2%</td>
</tr>
<tr>
<td>Printing and Postage</td>
<td>26</td>
<td>$1,280</td>
<td>0.3%</td>
</tr>
<tr>
<td>Advertising</td>
<td>37</td>
<td>$1,806</td>
<td>0.4%</td>
</tr>
<tr>
<td>Child assessment system</td>
<td>17</td>
<td>$1,235</td>
<td>0.3%</td>
</tr>
<tr>
<td>Curriculum</td>
<td>19</td>
<td>$2,187</td>
<td>0.5%</td>
</tr>
<tr>
<td>Supplies &amp; Equipment</td>
<td>55</td>
<td>$11,627</td>
<td>2.6%</td>
</tr>
<tr>
<td>Food &amp; Food Prep</td>
<td>46</td>
<td>$19,539</td>
<td>4.4%</td>
</tr>
<tr>
<td>Vehicle Expenses (Including Mileage and Insurance)</td>
<td>22</td>
<td>$6,734</td>
<td>1.5%</td>
</tr>
<tr>
<td>Miscellaneous: Programmatic Operations</td>
<td>16</td>
<td>$9,222</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
### Budget Line Item

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>N</th>
<th>Average Annual $</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing &amp; Professional Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Training</td>
<td>34</td>
<td>$2,330</td>
<td>0.5%</td>
</tr>
<tr>
<td>Miscellaneous: Staffing and Professional Development</td>
<td>15</td>
<td>$29,099</td>
<td>6.6%</td>
</tr>
<tr>
<td>Average of Total Fixed Costs (non-salary)</td>
<td></td>
<td>$152,363</td>
<td>34.5%</td>
</tr>
<tr>
<td>Average of Total Salaries Combined</td>
<td></td>
<td>$297,050</td>
<td>67.3%</td>
</tr>
<tr>
<td>Average of Total Annual Costs</td>
<td></td>
<td>$441,211</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

It is important to note in the calculations above, submission of these expense costs were optional for providers; a single provider may not have entered a cost for each line item or spending categories. When calculating the average cost per line item expense, the average was taken using the N value. When calculating the average of the Total Annual Cost, costs were summed by provider to calculate a cost per provider. Where the provider did report any Total Staffing Expenses or any Total Fixed Cost Expenses, the lack of data was ‘filled in’ with the average cost (by provider type) for that Total Expense category, to prevent a provider’s lack of response from creating an artificially low total average.

**Group/Family Child Care Home Findings**

FCC programs were asked to report the typical number of children attending their program at one time. On average, FCC providers (n=58) reported 5.2 children attending. The average was comparable between FCCs who participated in BrightStars and those who did not (5.2 vs. 5.0 respectively).

**Wages and Compensation**

Of the small sample (n=39), the average salary for FCC providers is **$26,306.55**. The highest reported annual salary is $57,600.

### Figure 8 FCC Provider Reported Salary and Average Annual Salary

![Annual FCC Provider Salary (N=39)](image-url)
Education

Most commonly, FCC providers reported their personal educational attainment is a high school diploma or equivalent (34 percent). The majority of FCC providers (a total of 54 percent) report having some type of college experience, including ‘Some College’, an Associate’s Degree, a Bachelor’s Degree, or a Graduate Degree.

**Figure 9. Educational Attainment by FCC Provider**

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>1</td>
</tr>
<tr>
<td>High School or Equivalent</td>
<td>20</td>
</tr>
<tr>
<td>Some College</td>
<td>14</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>10</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>5</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>3</td>
</tr>
<tr>
<td>Child Development Associate (CDA)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

FCC providers reported an average of 3.6 staff working within their program; this includes assistants, emergency assistants, and consultants. When asked to report on the level of education attained by staff, the sample indicates most FCC program staff have a high school diploma or equivalent. The chart below shows the average number of staff within each education level. The lowest rate of family child care staff education level is those with an associate’s degree.

**Chart 5 Family Child Care: Average Number of Staff by Education Level**

- High School or Equivalent: 1.8
- Less than High School: 1.6
- Graduate Degree: 1.5
- Some College: 1.3
- Bachelor’s Degree: 1.3
- Child Development Associate: 1.3
- Associates Degree: 1.1

Response to Increased Minimum Wage

Fifty-eight FCC providers responded to the question asking if they anticipated making programmatic changes in the event a state or federal minimum wage is raised to $15/hour; 70 percent responded “Yes”. Among FCC providers, the most common programmatic adjustments include:

1. Increase private pay tuition rates (68 percent)
2. Increase CCAP participation (58 percent)
3. Apply for alternative forms of revenue, such as grants or community investments (39 percent)

Revenue and Expenses
The dominant revenue source for FCC providers reported in the Cost of Care survey came from CCAP (44), followed by CACFP (19), private pay children (16), and federal funding from COVID-19 supports (15).

According to average annual expenses reported in the Cost of Care survey, personnel salaries accounted for 60 percent of expenses for a FCC provider (71 percent including benefits). The remaining programmatic expenses for running the program (rent, supplies, etc.) accounted for 29 percent of program expenses.

In greater detail, we collected the component line items that make up the above groupings. These individual components are, again, average annual costs reported on the Cost of Care survey.
### Table 57, FCC Provider Average Costs

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>N</th>
<th>Average Annual $</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel Benefits and Other Staff Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer’s share of Social Security and Medicare Tax</td>
<td>12</td>
<td>$4,151</td>
<td>5.5%</td>
</tr>
<tr>
<td>Unemployment Tax</td>
<td>9</td>
<td>$3,348</td>
<td>4.4%</td>
</tr>
<tr>
<td>Worker's Compensation Annual Insurance Premium</td>
<td>7</td>
<td>$443</td>
<td>0.6%</td>
</tr>
<tr>
<td>Employer’s share of: Health, Dental, Disability, Life and other insurance</td>
<td>3</td>
<td>$1,272</td>
<td>1.7%</td>
</tr>
<tr>
<td>Accounting &amp; Legal</td>
<td>20</td>
<td>$2,353</td>
<td>3.1%</td>
</tr>
<tr>
<td>Allowance for Bad Debt and Vacancy</td>
<td>5</td>
<td>$4,680</td>
<td>6.2%</td>
</tr>
<tr>
<td>Cleaning or Maintenance Fees</td>
<td>37</td>
<td>$5,021</td>
<td>6.6%</td>
</tr>
<tr>
<td>Debt Service</td>
<td>7</td>
<td>$9,257</td>
<td>12.2%</td>
</tr>
<tr>
<td>Insurance (liability or similar)</td>
<td>39</td>
<td>$2,430</td>
<td>3.2%</td>
</tr>
<tr>
<td>Rent/Mortgage (specifically the portion your program pays for)</td>
<td>42</td>
<td>$15,467</td>
<td>20.4%</td>
</tr>
<tr>
<td>Repairs to Program Equipment</td>
<td>30</td>
<td>$1,831</td>
<td>2.4%</td>
</tr>
<tr>
<td>Taxes (including real estate, vehicle, etc.)</td>
<td>30</td>
<td>$8,464</td>
<td>11.2%</td>
</tr>
<tr>
<td>Training &amp; Professional Development</td>
<td>17</td>
<td>$1,678</td>
<td>2.2%</td>
</tr>
<tr>
<td>Utilities (power, water, telephone, etc.)</td>
<td>48</td>
<td>$8,754</td>
<td>11.6%</td>
</tr>
<tr>
<td>Supplies (food, office, educational, etc.)</td>
<td>50</td>
<td>$10,393</td>
<td>13.7%</td>
</tr>
<tr>
<td>Other, please specify in the next box</td>
<td>22</td>
<td>$9,121</td>
<td>12.1%</td>
</tr>
<tr>
<td><strong>Program Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fixed Costs (non-salary)</strong></td>
<td></td>
<td>$25,484</td>
<td>33.7%</td>
</tr>
<tr>
<td><strong>Total Salaries Combined</strong></td>
<td></td>
<td>$52,573</td>
<td>69.5%</td>
</tr>
<tr>
<td><strong>Total Annual Costs</strong></td>
<td></td>
<td>$75,653</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

It is important to note in the calculations above, submission of these expense costs were optional for providers; a single provider may not have entered a cost for each line item or spending category. When calculating the average cost per line item expense, the average was taken using the N value. When calculating the average of the Total Annual Cost, costs were summed by provider to calculate a cost per provider. Where the provider did report any Total Staffing Expenses or any Total Fixed Cost Expenses, the lack of data was ‘filled in’ with the average cost (by provider type) for that Total Expense category, to prevent a provider’s lack of response from creating an artificially low total average.
Appendix A. Survey Instrument

Rhode Island 2021 Child Care Market Rate Survey

*If you are unable to submit a response on the web portal, you may contact RIDHSsurvey@pcgus.com or take it over the phone at 833-930-3538.

Thank you for participating in the 2021 Rhode Island Department of Human Services (DHS) Market Rate Survey. This survey asks questions about your program, children you serve, and gathers rates paid for services. It also asks about your program’s early childhood care and education services by type of care and geography. This information will help DHS understand the landscape and accessibility of early childhood care and education across the state. DHS is federally required by the Administration for Children & Families to conduct a Market Rate Survey every three years to determine the costs associated with delivering child care.

Your participation in this survey is critical, as it will help to establish the CCAP reimbursement rates across all age categories. Understanding the “market rate,” or true cost of care for delivering child care services helps leaders in state government to better define and advocate for appropriate and accurate CCAP reimbursement rates.

We will treat your responses as confidential information and will only share summary information. Any reports resulting from the survey will not include your name or the name of your business. Your choice to take part will not affect your ability to provide subsidized child care. To complete the survey, you will likely need to have your bookkeeping and payroll information at the ready.

Upon completing the survey, you will have the chance to win one of four $50 VISA gift card!

After you complete the survey, be sure to click the link on the final screen to fill in additional information and be entered to win an additional $50 gift card!

Please note: if you are a program with multiple locations or sites, we ask that you complete a survey for each individually licensed program.

Encuesta sobre los Precios de Mercado del Cuidado Infantil de 2021 de Rhode Island

*Si no puede enviar la respuesta en el portal web, póngase en contacto con RIDHSsurvey@pcgus.com o tómela por teléfono al 833-930-3538.

Gracias por participar en la Encuesta sobre los Precios de Mercado del Cuidado Infantil de 2021 de Rhode Island Department of Human Services (DHS). Esta encuesta hace preguntas sobre su programa, los niños que atiende, y reúne las tasas pagadas por las familias y las tasas de mercado. También le pregunta sobre los servicios de cuidado y educación temprana de su programa por tipo de cuidado y geografía. Esta información ayudará al DHS a entender el panorama y el acceso que hay a los servicios de cuidado y educación temprana en todo el Estado. Cada tres años, la Administration for Children & Families exige que el DHS haga una Encuesta sobre las Tarifas de Mercado del Cuidado Infantil para determinar los costos asociados con los servicios de cuidado infantil.

Su participación en esta encuesta es clave, puesto que ayudará a establecer las tarifas de reembolso del CCAP en todas las categorías de edad. Entender la "tarifa de mercado", o el costo real de los cuidados para ofrecer servicios de cuidado infantil, ayuda a los líderes gubernamentales de cada estado a definir de una mejor manera las tarifas de reembolso del CCAP y a luchar para que sean más apropiadas y precisas.

Trataremos sus respuestas como información confidencial y solo compartirémosla información resumida. Todos los informes que se obtengan a partir de la encuesta no incluirán ni su nombre ni el nombre de su empresa. Su participación en la encuesta no implicará cambio alguno en su servicio de cuidado infantil subsidiado. Para facilitar la encuesta, le recomendamos que tenga a mano su información de contabilidad y nómina.
Si completa la encuesta en su totalidad, tendrá la oportunidad de ganar una de cuatro tarjetas de regalo de $50.

Después de completar la encuesta de tasas de mercado, asegúrese de hacer clic en el enlace en la pantalla final para completar información adicional sobre el Costo de la atención y tendrá la oportunidad de ganar una tarjeta de regalo adicional de $50.

Tenga en cuenta: si usted es un programa que tiene múltiples ubicaciones o sitios, le pedimos que complete una encuesta para cada programa que tenga una licencia individual.

Introduction

Logic: All Providers
1) Please select your preferred language for completing this survey.
Por favor seleccione el idioma que prefiera para completar esta encuesta.*
( ) English
( ) Español

Logic: All Providers
2) Please enter your provider Licensing ID*. This ID is located on the bottom left of your DHS Child Care License.
Por favor escriba el ID de su licencia de proveedor. Ese ID se encuentra a la izquierda de la parte inferior de su Licencia de Cuidado Infantil del DHS.*

Logic: All Providers
3) Please select your program type.
Por favor seleccione su tipo de programa.*
( ) CENTER-Based - CENTRO
( ) FAMILY Child Care Home – HOGAR de Cuidado Infantil Familiar

Enrollment

Logic: Hidden unless: #3 Question "Please select your program type" is one of the following answers ("Center-based")
4) How many children do you currently have enrolled in your program and how many children you want to serve? (Note: Enrolled children are considered children registered to participate in the program. This number does not assume attendance.) ¿Actualmente, cuántos niños están inscritos en su programa por grupo de edades y a cuántos niños más desea prestarle servicios? (Nota: los niños inscritos se consideran niños registrados para participar en el programa. Este número no asume la asistencia).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth to 18 mos)</td>
<td>Infant: Desde el nacimiento hasta los 18 meses</td>
<td>Infant: From birth to 18 months</td>
<td>Infant: De nacimiento a los 18 meses</td>
</tr>
<tr>
<td>Toddler (18 to 36 mos)</td>
<td>Niños pequeños: De 18 meses a 36 meses</td>
<td>Toddler: From 18 months to 36 months</td>
<td>Toddler: De 18 a 36 meses</td>
</tr>
<tr>
<td>Preschool (3 to 5 years)</td>
<td>Preescolar: De 3 años a 5 años</td>
<td>Preescolar: From 3 to 5 years</td>
<td>Preescolar: De 3 a 5 años</td>
</tr>
<tr>
<td>How many do you want to serve?</td>
<td>¿Cuántos quieres servir?</td>
<td>How many do you want to serve?</td>
<td>How many do you want to serve?</td>
</tr>
</tbody>
</table>
Currently Enrolled:
Private Pay
Pago Privado
Currently Enrolled:
CCAP
Actualmente inscrito:
Subsidio CCAP
Currently Enrolled: RI State PreK
Actualmente inscrito: RI Preescolar estatal
Currently Enrolled: Head Start, Early Head Start
Actualmente inscrito: Head Start y Early Head Start
How many do you want to serve?
¿Cuántos quieres servir?

<table>
<thead>
<tr>
<th>School-age (Kindergarten or above): Before/After School Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edad escolar: (En jardín de infantes o superior): Antes/después de la escuela</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School-age (Kindergarten or above): Full Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edad escolar: (En jardín de infantes o superior): jornada completa</td>
</tr>
</tbody>
</table>

**Logic: Hidden unless: #3 Question "Please select your program type" is one of the following answers ("Family Child Care Home")**

5) How many children do you currently have enrolled in your program and how many children you want to serve?
(Note: Enrolled children are considered children registered to participate in the program. This number does not assume attendance.)

¿Actualmente, cuántos niños están inscritos a su programa por grupo de edades y a cuántos niños más desea prestarle servicios? (Nota: los niños inscritos se consideran niños registrados para participar en el programa. Este número no asume la asistencia).

**Program Fees and Rates**

**Logic: All Providers**

6) For which age groups do you provide child care services? Check all that apply. ¿Para qué grupos de edad brindan servicios de cuidado infantil? Marque todos los que correspondan.

( ) Infants (Birth- 18 months old) Infante: Desde el nacimiento hasta los 18 meses
( ) Toddlers (18 to 36 months) Niños pequeños: De 18 meses a 36 meses
( ) Preschool (3- 5 years old, not in Kindergarten) Preescolar: De 3 años a 5 años, no asisten al jardín de infantes
Logic: All Providers
7) Do you offer any of the following non-traditional hour schedules? ¿Ofrecen alguno de los siguientes horarios no tradicionales?
( ) Weekend care Cuidado de fin de semana
( ) Evening care (until 12am) Cuidado de noche (hasta las 12 AM)
( ) Overnight care Cuidado durante la noche
( ) Other, please specify: Otros (especificar)
( ) None Ninguno

Logic: Hidden unless: #6 Question "For which age groups do you provide child care services?" is one of the following answers ("Infants")
The following set of questions will ask you to provide the highest tuition rates for each category of hours. We recognize that most RI child care providers capture enrollment by the number of days per week a child is attending. Due to the structure of RI's CCAP reimbursement rate schedule, we are asking providers to report on hours, not days, a child is in care. For example, if your program has a 3 day weekly rate, and the daily rate allows for a maximum of 8 hours a day. The 3 day week rate would be for 24 hours (3 days x 8 hours/day= 24). This rate would be reported in the table below in the category 20-29 hours.

En el siguiente grupo de preguntas, deberá responder con las tarifas de cuidado más altas para cada categoría horaria. Sabemos que la mayoría de los proveedores de cuidado infantil en Rhode Island registran la inscripción por la cantidad de días por semana en que asisten los niños/as. Debido a la estructura del cronograma de tarifas de reembolso del CCAP de Rhode Island, les pedimos a los proveedores de servicios que nos informen las horas, no los días, en que los niños/as reciben cuidado. Por ejemplo, si su programa cuenta con una tarifa semanal para 3 días y la tarifa diaria permite un máximo de 8 horas diarias; la semana de 3 días tendrá en total 24 horas (3 días x 8 horas/día = 24). Esta tarifa se informará en la tabla que aparece debajo dentro de la categoría de 20 a 29 horas.

8) Please provide the highest rates for each category of hours 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, additional family fees or scholarships. If you do not offer the schedule listed, please enter “X.”

En cada categoría horaria, indique las tarifas más altas que cobra a familias particulares que pagan directamente, incluso si en este momento no cuida a ningún niño/a de familia particular. No incluya descuentos, subsidios del CCAP, escalas variables de precios, tarifas familiares adicionales o becas escolares. Si no ofrece el servicio mencionado, márquelo con una “X”.

<table>
<thead>
<tr>
<th>INFANTS</th>
<th>Rate</th>
<th>Frequency Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Birth to 18 mos.)</td>
<td></td>
<td>(Drop down: Hourly, Daily, Weekly, Monthly, Annually)</td>
</tr>
<tr>
<td>Infant: Desde el nacimiento hasta los 18 meses</td>
<td>Tarifa</td>
<td>Frecuencia (Por hora, Por día, Por Semana, Por mes, anualmente)</td>
</tr>
<tr>
<td>30+ hours per week</td>
<td>30+ horas por semana</td>
<td></td>
</tr>
<tr>
<td>20-29 hours per week</td>
<td>20-29 horas por semana</td>
<td></td>
</tr>
<tr>
<td>10-19 hours per week</td>
<td>10-19 horas por semana</td>
<td></td>
</tr>
<tr>
<td>0-9 hours per week</td>
<td>0-9 horas por semana</td>
<td></td>
</tr>
</tbody>
</table>

Logic: Hidden unless: #6 Question "For which age groups do you provide child care services?" is one of the following answers ("Toddlers")
9) Please provide the highest rates for each category of hours 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, additional family fees or scholarships. If you do not offer the schedule listed, please enter “X.”
En cada categoría horaria, indique las tarifas más altas que cobra a familias particulares que pagan directamente, incluso si en este momento no cuida a ningún niño/a de familia particular. No incluya descuentos, subsidios del CCAP, escalas variables de precios, tarifas familiares adicionales o becas escolares. Si no ofrece el servicio mencionado, márquelo con una "X".

### TODDLERS
**Niños pequeños: De 18 meses a 36 meses**

<table>
<thead>
<tr>
<th>Rate Afforded</th>
<th>Frequency Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Drop down: Hourly, Daily, Weekly, Monthly, Annually)</td>
</tr>
<tr>
<td></td>
<td>Frecuencia (Por hora, Por día, Por Semana, Por mes, anualmente)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate Afforded</th>
<th>Frequency Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+ hours per week</td>
<td></td>
</tr>
<tr>
<td>30+ horas por semana</td>
<td></td>
</tr>
<tr>
<td>20-29 hours per week</td>
<td></td>
</tr>
<tr>
<td>20-29 horas por semana</td>
<td></td>
</tr>
<tr>
<td>10-19 hours per week</td>
<td></td>
</tr>
<tr>
<td>10-19 horas por semana</td>
<td></td>
</tr>
<tr>
<td>0-9 hours per week</td>
<td></td>
</tr>
<tr>
<td>0-9 horas por semana</td>
<td></td>
</tr>
</tbody>
</table>

### PRESCHOOL
**Preescolar: De 3 años a 5 años, no asistir al jardín de infantes**

<table>
<thead>
<tr>
<th>Rate Afforded</th>
<th>Frequency Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Drop down: Hourly, Daily, Weekly, Monthly, Annually)</td>
</tr>
<tr>
<td></td>
<td>Frecuencia (Por hora, Por día, Por Semana, Por mes, anualmente)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate Afforded</th>
<th>Frequency Charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+ hours per week</td>
<td></td>
</tr>
<tr>
<td>30+ horas por semana</td>
<td></td>
</tr>
<tr>
<td>20-29 hours per week</td>
<td></td>
</tr>
<tr>
<td>20-29 horas por semana</td>
<td></td>
</tr>
<tr>
<td>10-19 hours per week</td>
<td></td>
</tr>
<tr>
<td>10-19 horas por semana</td>
<td></td>
</tr>
<tr>
<td>0-9 hours per week</td>
<td></td>
</tr>
<tr>
<td>0-9 horas por semana</td>
<td></td>
</tr>
<tr>
<td>SCHOOL-AGE</td>
<td>30+ hours per week</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>(5 + years old, in Kindergarten/School)</td>
<td>30+ horas por semana</td>
</tr>
<tr>
<td>Edad escolar: (5 años+, En jardín de infantes o superior)</td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td></td>
</tr>
<tr>
<td>Solo antes de la escuela</td>
<td></td>
</tr>
<tr>
<td>After School Only</td>
<td></td>
</tr>
<tr>
<td>Solo después de la escuela</td>
<td></td>
</tr>
<tr>
<td>Before and After School</td>
<td></td>
</tr>
<tr>
<td>Antes y después de la escuela</td>
<td></td>
</tr>
<tr>
<td>Summer Vacation/ Camp</td>
<td></td>
</tr>
<tr>
<td>Vacaciones de verano/ Acampar</td>
<td></td>
</tr>
<tr>
<td>Full Day (During COVID)</td>
<td></td>
</tr>
<tr>
<td>Día completo (durante COVID)</td>
<td></td>
</tr>
</tbody>
</table>

**Logic:** Hidden unless: #6 Question "Do you offer any of the following non-traditional hour schedules?" If any answer except "None" is selected.

12) Non-Traditional Rates. Please provide the weekly 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, additional family fees or scholarships. If you do not offer the schedule listed, please enter “X.”

**Tarifas no tradicionales. Indique las tarifas semanales más altas que cobra a familias particulares que pagan directamente, incluso si en este momento no cuida a ningún niño/a de familia particular. No incluya descuentos, subsidios del CCAP, escalas variables de precios, tarifas familiares adicionales o becas escolares. Si no ofrece el servicio mencionado, márguelo con una "X".**
### Logic: All Providers

13) Due to COVID-19, how have you adjusted your full-time rates for each age category?

_Ante la pandemia del COVID-19, ¿cómo ajustó sus tarifas a tiempo completo para cada categoría de edad?_

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Adjustment (Drop-Down Options: No Change, Increased Rate, Decreased Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth to 18 mos)</td>
<td></td>
</tr>
<tr>
<td>Toddler (18 to 36 mos)</td>
<td></td>
</tr>
<tr>
<td>Preschool (3 to 5 years)</td>
<td></td>
</tr>
<tr>
<td>School-age: Before and/or After School Only (5 years +)</td>
<td></td>
</tr>
<tr>
<td>School-age: Full Day (5 years +)</td>
<td></td>
</tr>
</tbody>
</table>

### Logic: All Providers

14) Given the rates noted above, do you charge an additional rate for the following? _Dadas las tarifas indicadas anteriormente, ¿cobra usted alguna tarifa adicional? (Selecione todos los que correspondan)._

- [ ] Early Release days _Días de Salida Temprana_
- [ ] Public School Closure days _Días de Cierre de la Escuela Pública_
- [ ] Public School Vacation _Vacaciones de la Escuela Pública_
- [ ] Summer Break _Receso de verano_
- [ ] Other _Otro_

### Logic: All Providers

15) If your program offers any of the following discounts, please complete the table below. _Si su programa ofrece alguno de los siguientes descuentos, complete la siguiente tabla._

<table>
<thead>
<tr>
<th>Discount</th>
<th>Check if Yes</th>
<th>Number of Children Currently Receiving Discount</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sliding Fee Escala variable de precios</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income Rate Tasa de bajos ingresos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling Discount Descuentos a hermanos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student/Family Scholarship Becas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Discount Descuentos a empleados</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation/Illness (child not attending)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Logic: All Providers

16) Do you charge any add-on fees in addition to your base rate? Select all that apply. ¿Cobra usted cargos adicionales a su tarifa completa? Seleccione todos los que correspondan.

<table>
<thead>
<tr>
<th>Fee</th>
<th>Check if Yes</th>
<th>If Yes, how much?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee: One time only (e.g., upon initial enrollment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fee: Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food/Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late Pick-up/Early Drop-off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials/Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekend Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event/Field Trip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waitlist Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold Fee (i.e., fee to hold a current slot for families who have not returned during COVID-19, but would like to reserve their slot)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposit (i.e., to hold future slot)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrichment/Special Activity Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Fees (e.g., bounced check)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Offered? (Yes/No) ¿Ofrecido? (Sí No)</td>
<td>Per Child Cost (to you as a Provider)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Behavior Supervision/Supports for children with challenging behaviors Supervisión del comportamiento/Apoyos para niños con conductas desafiantes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Supports to children who are non-verbal or have language delays Apoyos de comunicación para niños que no son verbales o tienen retrasos lingüísticos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering/Toileting Assistance for an older child Asistencia con los pañales o hábitos sanitarios para niños mayores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Assistance for a child who has food or texture sensitivities or physical challenges Asistencia con las comidas para niños que presentan sensibilidad a algunos alimentos o texturas o problemas físicos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Monitoring for a child with a chronic medical condition Monitoreo de la salud para niños con afecciones médicas crónicas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Management- for a child requiring ongoing medication &amp; maintain recordkeeping Manejo de medicamentos para niños que requieren de medicación continua y mantenimiento de registros</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk Asistencia motriz para ayudar a niños con silla de ruedas, muletas o capacidad limitada para caminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Supports and program changes to include a child with impaired vision Asistencia motriz para ayudar a niños con silla de ruedas, muletas o capacidad limitada para caminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Care – Access to a nurse for children requiring medical monitoring or intervention Cuidados de enfermería: acceso a una enfermera para niños que requieren monitoreo o intervención médica</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy - access for physical or occupational therapy services or providing activities to support child’s therapy goals Terapia física: acceso a servicios de terapia física u ocupacional o actividades para apoyar los objetivos de la terapia física del niño</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapy for a child with sensory processing challenges Terapia ocupacional para niños con problemas de procesamiento sensorial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – Please explain: Otro, por favor explique:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Logic: All Providers**
18) What percentage of children served in your program are part of the following populations? (Drop down options: 0%, 1-25%, 26-50%, 51-75%, 75% or more, Unknown or we do not track) ¿Qué porcentaje de niños/as que participan en su programa son parte de los siguientes grupos? (0%, 1-25%, 26-50%, 51-75%, 75% o más, Desconocido o no rastreamos)
( ) Children with disabilities Niños con discapacidades
( ) Children experiencing homelessness Niños sin hogar
( ) Children who speak English as a second language Niños que hablan inglés como segundo idioma
( ) Children involved in the foster care system Niños en el sistema de cuidados adoptivos

Logic: All Providers
19) How would you like to enter your program’s operating hours? ¿Cómo le gustaría ingresar el horario de funcionamiento de su programa?
( ) Standard Hours (Enter hours once and select days open) Horario Operativo Estándar (Ingrese las horas una vez y seleccione los días abiertos)
( ) Non-Standard Hours (Enter the open/close time for each day of the week) Horario Operativo No-Estandar, varía según el día (Ingrese la hora de apertura / cierre para cada día de la semana)

Logic: Hidden unless: #19 Question "How would you like to enter your program’s operating hours?" If any answer except "Standard Hours" is selected.
20) What are your program’s standard operating hours? Note: For school-age programs, this is your full day/summer hours. ¿Cuáles son los horarios operativos estándar de su programa? Nota: Para los programas de edad escolar, este es su horario de jornada completa/verano.

<table>
<thead>
<tr>
<th>Standard Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Apertura</td>
</tr>
<tr>
<td>Close Cierre</td>
</tr>
</tbody>
</table>

Logic: Hidden unless: #19 Question "How would you like to enter your program’s operating hours?" If any answer except "Non-Standard Hours" is selected.
21) Select the days your program is open during standard operating hours. Seleccione los días que su programa está abierto durante el horario de funcionamiento estándar.
( ) Sunday Domingo
( ) Monday Lunes
( ) Tuesday Martes
( ) Wednesday Miércoles
( ) Thursday Jueves
( ) Friday Viernes
( ) Saturday Sábado

Logic: Hidden unless: #19 Question "How would you like to enter your program’s operating hours?" If any answer except "Non-Standard Hours" is selected.
22) If operating hours vary by day, please complete the grid below with times XX:XXAM/PM. For example, 07:30 AM or 11:00 PM. Si las horas de funcionamiento varían por día, complete la cuadrícula siguiente con los tiempos XX:XX AM / PM. Por ejemplo, 07:30 AM o 11:00 PM.

<table>
<thead>
<tr>
<th>Day Día</th>
<th>Start Apertura</th>
<th>End Cierre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday Domingo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday Lunes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday Martes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday Miércoles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday Jueves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday Viernes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday Sábado</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Logic: All Providers
23) Have you adjusted your hours of operation in response to COVID-19? ¿Ajustó las horas de operación a causa del COVID-19?
( ) Yes Sí
Logic: Hidden unless: #23 Question "Have you adjusted your hours of operation in response to COVID-19?" If any answer except "Yes" is selected.
24) If so, please provide your PRE-COVID operating hours, indicating the start and end time for each day, and NA for the days you were closed. Si su respuesta es afirmativa, indique las horas operativas PRE-COVID y detalle los horarios de inicio y finalización de la jornada para cada día. Coloque N/D para los días en que estaba cerrado.

<table>
<thead>
<tr>
<th>Day</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Logic: All Providers
25) How many weeks per year do you operate? ¿Cuántas semanas al año opera?
(Drop down of count)

Logic: All Providers
26) What information do you use to set your private pay rates? Check all that apply. ¿Qué información utiliza para establecer sus tarifas de pago privadas? Seleccione todos los que correspondan
( ) DHS/CCAP Reimbursement Rates Tarifas de reembolso de los programas DHS/CCAP
( ) Rates of nearby child care programs Tarifas de programas de cuidado infantil cercanos
( ) Board of Directors/Corporate Office Directorio/Oficina Corporativa
( ) What I feel families can afford Cuánto creo que pueden pagar las familias
( ) Overall operating costs Costos operativos generales
( ) Other, please specify Otro. Especificar

Subsidy Section

Logic: All Providers
27) Do you accept DHS subsidy (Child Care Assistance Program- CCAP)? ¿Acepta el subsidio del DHS (Child Care Assistance Program- CCAP)?
( ) Yes Sí
( ) No

Logic: Hidden unless: #27 Question “Do you accept DHS subsidy” is “Yes”
28) In the last year, has the number of DHS/CCAP subsidized children you serve: En el último año, la cantidad de niños subsidiados por DHS / CCAP que usted atiende a:
( ) Increased Aumentado
( ) Decreased Disminuido
( ) Stayed the Same Se mantuvo igual

Logic: Hidden unless: #27 Question “Do you accept DHS subsidy” is “Yes”
29) Does your program cap or limit the number of children with subsidies that you will serve? ¿Tiene su programa algún tope o límite para la cantidad de niños con subsidios que usted atenderá?
( ) Yes Sí
( ) No

Logic: Hidden unless: #29 Question “Does your program cap or limit the number of children with subsidies that you will serve” is “Yes”
30) What is the program percentage cap of subsidized slots? ¿Cuál es el límite de su programa (en porcentaje) de espacios subsidiados?
( ) 0-25%
( ) 26-50%
( ) 51-75%
( ) 76-100%

**Logic:** Hidden unless: #29 Question “Does your program cap or limit the number of children with subsidies that you will serve” is “Yes”

31) My program caps or limits the number of children participating in subsidy because: Mi programa limita el número de niños que participan en el subsidio porque: ________________________________

**Logic:** Hidden unless: #28 Question “In the last year, has the number of DHS/CCAP subsidized children you serve” is “Decreased”

32) If you answered “Decreased” in the previous question, why? Select all that apply. Si respondió “Disminuido” en la pregunta anterior, ¿por qué? Seleccione todas las que correspondan.

( ) Funding issue Problema de financiamiento
( ) Decreased family demand Demanda reducida de familias
( ) Reimbursement Rate not sufficient to sustain budget Tarifa de reembolso insuficiente para sostener el presupuesto
( ) Too much paperwork Demasiado papeleo
( ) Families lost CCAP eligibility/no longer qualify Las familias perdieron la elegibilidad para el CCAP/ya no califican
( ) Other, please specify: Otro. Especificar

**Logic:** Hidden unless: #27 Question “Do you accept DHS subsidy” is “No”

33) Are you familiar with DHS’s child care subsidy program? If not what would you recommend to increase awareness? ¿Está familiarizado con los programas de subsidio para cuidado infantil del DHS? De no ser así, ¿qué recomendaría para aumentar su conocimiento al respecto?

( ) Yes, and I feel that DHS could improve awareness by: ________________________________ Sí, y creo que DHS podría mejorar la conciencia al
( ) No, and to increase awareness DHS could: ________________________________ No, y para aumentar su conocimiento, el DHS podría:

**Logic:** Hidden unless: #27 Question “Do you accept DHS subsidy” is “No”

34) Please select the reasons that may prevent you from participating in DHS CCAP. Select all that apply. Por favor seleccione los motivos que podrían impedirle participar en el CCAP del DHS. Seleccione todas las que correspondan.

( ) Capacity is full with private pay. La capacidad esta completa con pago privado.
( ) Program has a long waitlist of private pay families El programa tiene una larga lista de espera para familias de pago privado.
( ) No demand for subsidized care in the program’s area No hay demanda de cuidado subsidiado en el área del programa.
( ) Subsidy reimbursement rates are not sufficient Las tarifas de reembolso de subsidios no son suficientes.
( ) Required participation in QRIS Se requiere participación en el QRIS.
( ) Reimbursement received too long after service is provided El reembolso se recibe mucho tiempo después de haberse prestado el servicio.
( ) Too much administrative work involved Hay demasiado trabajo administrativo involucrado.
( ) Disagree with policies associated with the subsidy program No estoy de acuerdo con las políticas asociadas al programa de subsidios
( ) Challenges collecting co-payments from subsidy recipient families Hay problemas para cobrar los copagos de las familias beneficiarias del subsidio.
( ) Turnover among subsidy recipient families Rotación entre las familias beneficiarias de los subsidios.
( ) I don’t know enough about DHS’s subsidy program to participate No sé lo suficiente acerca del programa de subsidios del DHS como para participar en él.
( ) Significant family needs Necesidades significativas de las familias.
( ) Child behavioral challenges Problemas conductuales de los niños.
( ) Other, please specify Otro, por favor especifique
35) Please select the reasons that may prevent you from participating or limit your current participation in DHS CCAP. Select all that apply. Por favor seleccione los motivos que podrían impedirle o limitar su participación en el CCAP del DHS. Seleccione todas las que correspondan.

( ) Not Applicable, I serve or am willing to serve all subsidized children No aplica. Presto servicio o estoy dispuesto a prestar servicio a todos los niños subsidiados.

( ) Capacity is full with private pay. La capacidad es completa con pago privado.

( ) Program has a long waitlist of private pay families El programa tiene una larga lista de espera para familias de pago privado.

( ) No demand for subsidized care in the program’s area No hay demanda de cuidado subsidiado en el área del programa.

( ) Subsidy reimbursement rates are not sufficient Las tarifas de reembolso de subsidios no son suficientes.

( ) Reimbursement received too long after service is provided El reembolso se recibe mucho tiempo después de haberse prestado el servicio.

( ) Too much administrative work involved Hay demasiado trabajo administrativo involucrado.

( ) Disagree with policies associated with the subsidy program No estoy de acuerdo con las políticas asociadas al programa de subsidios

( ) Challenges collecting co-payments from subsidy recipient families Hay problemas para cobrar los copagos de las familias beneficiarias del subsidio

( ) Turnover among subsidy recipient families Rotación entre las familias beneficiarias de los subsidios.

( ) I don’t know enough about DHS’s subsidy program to participate No sé lo suficiente acerca del programa de subsidios del DHS como para participar en él.

( ) Significant family needs Necesidades significativas de las familias.

( ) Child behavioral challenges Problemas conductuales de los niños.

( ) Other, please specify Otro, por favor especifique

36) Which would incentivize your participation in DHS subsidy program? Select all that apply. ¿Qué factores lo incentivarian a participar en el sistema de subsidios del DHS? Seleccione todos los que correspondan.

( ) Increased subsidy reimbursement rates Mayores tarifas de reembolso de subsidios.

( ) Opportunity for additional support services (Example: Technical assistance, referral services, assistance with child/family needs) Oportunidad para prestar servicios de apoyo adicional (Ejemplo: Asistencia técnica, servicios de derivación, asistencia con las necesidades de la familia o del niño).

( ) Opportunity for additional resources including professional development Oportunidad para recursos adicionales que incluyan desarrollo profesional.

( ) Assistance with quality initiatives (Example: Assistance with participation in QRIS or accreditation) Asistencia con iniciativas de calidad (Ejemplo: Asistencia con la participación en el QRIS o con la acreditación).

( ) Increase in transportation reimbursement rate Aumento de la tarifa de reembolso para transporte.

( ) Increase in food reimbursement Aumento del reembolso para comidas.

( ) Assistance with subsidy management and administration Asistencia con la gestión y administración del subsidio

( ) None of the above Ninguno de los anteriores.

( ) Other Otro

Quality Section

Logic: All Providers

37) Does your program participate in BrightStars (QRIS)? ¿Su programa participa en BrightStars (QRIS)?

( ) Yes Sí

( ) No

38) Is tiered reimbursement an incentive to maintain participation in BrightStars? ¿Es el reembolso escalonado un incentivo para mantener la participación en BrightStars?

( ) Yes Sí

( ) No, because___________ No, porque_______
Logic: Hidden unless: #37 Question “Does your program participate in BrightStars?” is “No”

39) If you do not currently participate in BrightStars, why not? (Check all that Apply) Si actualmente no participa en BrightStars, explique el motivo. (Marque todas las que correspondan)

( ) Too much paperwork Demasiado papeleo
( ) DHS/CCAP Rates do not support quality Las tarifas de los DHS/CCAP no apoyan la calidad
( ) Don’t understand the process/tools No entiendo los procesos/herramientas
( ) Time-consuming Requiere de mucho tiempo
( ) Too costly Muy costoso
( ) Other (please specify) Otro. Especificar

Logic: All Providers

40) What supports and resources would assist you in improving the quality of your program? Select all that apply. ¿Qué apoyos y recursos podrían servirle para mejorar la calidad de su programa? Seleccione todas las opciones que correspondan.

( ) Scholarships for staff/employees (Free or low-cost college coursework) Becas escolares para personal/empleados (cursos universitarios gratuitos o de bajo costo)
( ) Tiered Reimbursement (Higher DHS/CCAP Rates) Reembolsos escalonados (tarifas DHS/CCAP más altas)
( ) Free/Low-cost Professional Development Opportunities Oportunidades de desarrollo profesional gratuitas o de bajo costo
( ) Coaching, Mentoring, and Technical Assistance Coaching, Tutoría y Asistencia Técnica
( ) Grants for Facilities Improvements Subsidios para mejoras en las instalaciones
( ) Grants for Quality Improvement Subsidios para mejoras de calidad
( ) Assistance with Cost of Materials and Supplies Asistencia con el costo de los materiales y suministros
( ) Help improving compensation and benefits to recruit and retain qualified and effective early educators and afterschool staff. Ayuda para mejorar las compensaciones y beneficios para contratar y retener educadores de las etapas iniciales calificados y efectivos así como también a personal para después de clases.
( ) Low Cost Loans Préstamos de bajo costo
( ) Bonus for Increasing your BrightStars Rating Bonificaciones por aumentar su nivel en BrightStars
( ) Other (please specify) Otro. Especificar

END OF SURVEY PAGE

THANK YOU for completing the 2021 Rhode Island Market Rate Survey. This is the end of the survey. Your response is very important as it will help set the childcare subsidy rate for the next three years!

Click here: http://bit.ly/RICost to tell us more about the costs of running a child care program and be entered to win one of eight $50 Visa gift cards. While it is optional, DHS is encouraging providers to complete the “Cost of Care” questions, as this information gathered will be used to understand the true cost of providing child care, which will be important as DHS reviews the CCAP subsidy reimbursement rates.

GRACIAS por completar la Encuesta de tarifas del mercado de Rhode Island 2021. Ha llegado al final de la encuesta. Su respuesta es muy importante porque ayudará a establecer las tarifas de subsidio por cuidado infantil para los próximos tres años.
Haga clic aquí [http://bit.ly/Ricost](http://bit.ly/Ricost) para contarnos más sobre los costos de administrar un programa de cuidado infantil y tendrá la oportunidad de ganar otra tarjeta de regalo Visa. Si bien esta encuesta es opcional, el DHS anima a los proveedores de servicios a completar la sección "Costo del cuidado" de la encuesta, puesto que la información que se recoja se usará para entender mejor el costo real de brindar servicios de cuidado infantil, lo cual será muy importante cuando el DHS revise las tarifas de reembolsos de subsidios del CCAP.
Cost of Care Section/ Costo de Forma de Cuidado
DHS is requesting cost of care (expense information) to better understand the provider’s true cost of providing child care to children. DHS will use this information in aggregate to assess how/if subsidy rates are sufficient in covering a provider’s true cost of care. Also, by answering the cost of care questions, you will be providing DHS with the information they need to continue advocating for systemic support and change in the early childhood system from state legislatures.
DHS solicita información sobre el costo del cuidado (datos sobre los gastos) para entender mejor el costo real de cada proveedor de cuidado infantil. El DHS usará la información recopilada para evaluar cómo/ si las tarifas de subsidios son suficientes para cubrir el costo real que tienen los proveedores. Además, al responder las preguntas sobre el costo del cuidado infantil, le brindará al DHS la información que necesita para continuar luchando por un apoyo sistémico y cambios en el sistema infantil temprano por parte de las legislaturas estatales.

Logic: All Providers
1) Please select your preferred language for completing this survey.
   ( ) English
   ( ) Español

Logic: All Providers
2) Please enter your provider Licensing ID*. This ID is located on the bottom left of your DHS Child Care License.
   Por favor escriba el ID de su licencia de proveedor. Ese ID se encuentra en la izquierda de la parte inferior de su Licencia de Cuidado Infantil del DHS.*

Logic: All Providers
3) Please select your program type.
   Por favor seleccione su tipo de programa.*
   ( ) CENTER-Based - CENTRO
   ( ) FAMILY Child Care Home – HOGAR de Cuidado Infantil

Logic: Hidden unless: #3 Question “Please select your program type.” is “Centers”
4) Service and Administrative Personnel Salary Expenses. Please enter the costs of staff salary/wages and total FTEs for your program staff as shown below. Gastos en salarios del personal de administración y atención. Ingrese los costos de los salarios/sueldos de su personal y los FTE totales correspondientes al personal de su programa tal como se muestra a continuación.

<table>
<thead>
<tr>
<th>Staff- Salaried</th>
<th>Full-Time-Equivalent (FTE)</th>
<th>Total Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Asalariado</td>
<td>Equivalente a Tiempo Completo</td>
<td>Costo Total Anual</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ed. Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinadora de</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educación</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff- Hourly</th>
<th>Full-Time-Equivalent (FTE)</th>
<th>Salary Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal por hora</td>
<td>Equivalente a Tiempo Completo</td>
<td>Lowest Hourly Wage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salar...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hora</td>
</tr>
<tr>
<td>Lead Teacher</td>
<td>Docente titular</td>
<td>Salario Más Bajo por Hora</td>
</tr>
<tr>
<td>Assistant Teacher</td>
<td>Maestra Auxiliar</td>
<td>Salario Más Alto por Hora</td>
</tr>
<tr>
<td>Additional Staff</td>
<td>Personal Adicional</td>
<td></td>
</tr>
<tr>
<td>Substitutes</td>
<td>Substituto</td>
<td></td>
</tr>
</tbody>
</table>

Logic: Hidden unless: #3 Question “Please select your program type.” is “Centers”
5) What is the education level of your staff? ¿Cuál es el nivel de educación de su personal?
### Education Level

<table>
<thead>
<tr>
<th>Nivel de Educación</th>
<th>Número de empleado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School Inferior a la Escuela Secundaria</td>
<td></td>
</tr>
<tr>
<td>High School or Equivalent Escuela Secundaria o GED</td>
<td></td>
</tr>
<tr>
<td>Some College Estudios Universitarios incompletos</td>
<td></td>
</tr>
<tr>
<td>Child Development Associate Asociado de Desarrollo Infantil</td>
<td></td>
</tr>
<tr>
<td>Associates Degree Título Asociado</td>
<td></td>
</tr>
<tr>
<td>Bachelor's Degree Licenciatura</td>
<td></td>
</tr>
<tr>
<td>Graduate Degree Diploma de Graduación</td>
<td></td>
</tr>
</tbody>
</table>

**Logic: Hidden unless: #3 Question “Please select your program type.” is “Centers”**

6) Please enter the typical number of classrooms open and maximum number of children attending at one time in a classroom. *Ingrese el número típico de aulas abiertas y el número máximo de niños que asisten a la vez en un aula.*

<table>
<thead>
<tr>
<th>Child Age</th>
<th>Number of Classrooms</th>
<th>Maximum number of Children Currently Attending in Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth to 18 mos)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infante: Desde el nacimiento hasta los 18 meses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler (18 to 36 mos)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niños pequeños: De 18 meses a 36 meses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool (3 to 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preescolar: De 3 años meses a 5 años</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-age (Kindergarten or above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edad escolar: Kindergarten o superior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Logic: Hidden unless: #3 Question “Please select your program type.” is “Centers”**

7) In the last year, has the number of classrooms or the ages you serve changed? *En el último año, ¿ha cambiado el número de aulas o las edades a las que presta servicios?*

<table>
<thead>
<tr>
<th></th>
<th>Increased</th>
<th>Decreased</th>
<th>No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth to 18 mos)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infante: Desde el nacimiento hasta los 18 meses</td>
<td></td>
<td></td>
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<tr>
<td>Toddler (18 to 36 mos)</td>
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<td></td>
</tr>
<tr>
<td>Niños pequeños: De 18 meses a 36 meses</td>
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<td></td>
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</tr>
<tr>
<td>Preschool (3 to 5 years)</td>
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</tr>
<tr>
<td>Preescolar: De 3 años meses a 5 años</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-age (Kindergarten or above)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edad escolar: Kindergarten o superior</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Logic: Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”**

8) Licensee Salary. If you pay yourself a salary, please provide the average cost for your program (do not include any additional taxes or benefits you may pay for, such as health insurance), and select whether it is an annual or monthly cost. *Salario del Titular de la Licencia. Si usted paga su mismo salario, favor de proporcionar el costo promedio de su programa (no incluya ningún impuesto o beneficio adicional que usted paga, como seguro de salud) y seleccione si es mensual o anual.*
### Total Salary Paid (Salario Pagado)

<table>
<thead>
<tr>
<th>Licensee/Owner’s Draw</th>
<th>Titular de la Licencia / Salario del propietario</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Monthly or Annually (Dropdown)

<table>
<thead>
<tr>
<th>¿Mensual o Annual?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Logic:** Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”

9) What is your level of education? ¿Cuál es su nivel educativo?

- () Less than High School Inferior a la Escuela Secundaria
- () High School or Equivalent Escuela Secundaria o GED
- () Some College Estudios universitarios incompletos
- () Child Development Associate (CDA) Asociado del Desarrollo Infantil
- () Associates Degree Título Asociado
- () Bachelor’s Degree Licenciatura
- () Graduate Degree Diploma de Graduación

**Logic:** Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”

10) Personnel Salary Expenses. Please enter the hourly wage for the following staff, if your program has them (please combine all staff of the type listed). Please also provide the average amount of staff per category your program may pay for and average amount of hours they may work. For each category, please list from the dropdown menu whether these costs are monthly or annually. Gastos salariales de personal. Ingrese el salario por hora del siguiente personal, si su programa lo tiene (combine todo el personal del tipo indicado). Por favor proporcione también la cantidad de personal por categoría que puede pagar su programa y la cantidad de horas que pueden trabajar. Para cada categoría, enumere en el menú de abajo si estos costos son mensuales o anuales.

<table>
<thead>
<tr>
<th>Emergency Assistant</th>
<th>Asistente de Emergencia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Substituto</td>
<td>Asistente Substituto</td>
</tr>
<tr>
<td>Consulting Staff</td>
<td>Personal Consultor</td>
</tr>
</tbody>
</table>

### Pay Frequency: Monthly or Annually

<table>
<thead>
<tr>
<th>Frecuencia de pago ¿Mensual o Anual?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Logic:** Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”

11) Could you tell us more about the highest education level for each of your staff? ¿Podría contarnos más sobre el nivel educativo más alto de cada uno de sus empleados?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Nivel de Educación</th>
<th>Number of Staff</th>
<th>Número de empleado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School Inferior a la Escuela Secundaria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School or Equivalent Escuela Secundaria o GED</td>
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<td></td>
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<td>Some College Estudios Universitarios incompletos</td>
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<td></td>
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<tr>
<td>Bachelor’s Degree Licenciatura</td>
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<tr>
<td>Graduate Degree Diploma de Graduación</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Logic:** Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”

12) Typically, how many children are attending at one time in your program? Por lo general, ¿cuántos niños asisten a la vez en su programa?

|___________|
Logic: All Providers
13) Do you anticipate needing to make any operational or programmatic adjustments in anticipation of a state or federal minimum wage increase? Example: Increase tuition rates or group size. ¿Cree que será necesario realizar ajustes operativos o programáticos ante la posibilidad de un aumento del salario mínimo a nivel estatal o federal? Ejemplo: aumentar las tarifas o el tamaño del grupo.
   ( ) No
   ( ) Yes Si

Logic: Hidden unless: #3 Question “Do you anticipate needing to make any operational or programmatic adjustments in anticipation of a federal minimum wage?” is “Yes”
14) What programmatic adjustments do you anticipate making if (or when) a state or federal minimum wage is raised to $15/hour? Select all that apply. ¿Qué ajustes programáticos cree que realizará si se eleva el salario mínimo a $15/hora (o cuando se eleve) a nivel estatal o federal? Seleccione todas las opciones que corresponda.
   ( ) Increase private pay tuition rates or fees Aumento en las tarifas o matrículas de pago privado
   ( ) Reduce current staff hours Reducción de las horas actuales de personal
   ( ) Reduce program operation hours Reducción de las horas operativas del programa
   ( ) Reduce/cap the number of CCAP children enrolled Reducción/limitación de la cantidad de niños/as inscritos a través del CCAP
   ( ) Increase CCAP participation Aumento de la participación del CCAP
   ( ) Apply for alternative forms of revenue, such as grants or community investments Solicitud de formas alternativas de ganancias, como subsidios o inversiones comunitarias
   ( ) Apply for private loans Solicitud de préstamos privados
   ( ) Increase classroom sizes Aumento del tamaño de las aulas
   ( ) Reduce staffing ratios to the minimum ratio required Reducción de la proporción de personal al mínimo requerido
   ( ) Other, please specify: Otro. Especificar

Logic: All Providers
15) Personnel Benefits and Other Staff Expenses. Please enter your total annual program expenses to the following personnel-related costs, if applicable, including your own. Beneficios al personal y demás gastos en personal Sirvase de escribir los gastos totales anuales de su programa en los siguientes costos relacionados con el personal.

<table>
<thead>
<tr>
<th>Total Annual Cost</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer's share of Social Security and Medicare Tax</td>
<td>Cuota patronal por los impuestos del Seguro Social y Medicare</td>
</tr>
<tr>
<td>Unemployment Tax (Report Total of Division of Employment Security quarterly reports)</td>
<td>Impuestos de desempleo (informes trimestrales de los informes totales de división de seguridad ante desempleo)</td>
</tr>
<tr>
<td>Worker's Compensation Annual INSURANCE Premium Prima de SEGUROS anual de compensación para trabajadores</td>
<td></td>
</tr>
<tr>
<td>Employer's share of: Health, Dental, Disability, Life and other insurance Cuota de empleado de: salud, plan dental, discapacidad, seguro de vida y otros</td>
<td></td>
</tr>
</tbody>
</table>

Logic: Hidden unless: #3 Question “Please select your program type.” is “Family Child Care”
16) Program Expenses. Please enter your total monthly expenses for the following categories, if applicable. Gastos de Programa. Favor de Ingresar los gastos totales mensual para las siguientes categorías, si aplica.

<table>
<thead>
<tr>
<th>Total Monthly Cost</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting &amp; Legal Contabilidad y Legal</td>
<td></td>
</tr>
<tr>
<td>Allowance for Bad Debt and Vacancy Subsidio por deuda incobrable y vacante</td>
<td></td>
</tr>
<tr>
<td>Cleaning or Maintenance Fees Matriculacion de limpieza o mantenimiento</td>
<td></td>
</tr>
<tr>
<td>Debt Service Servicios de Deuda</td>
<td></td>
</tr>
</tbody>
</table>
### Total Monthly Cost

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance (liability or similar)</td>
<td>Seguro (responsabilidad o similar)</td>
</tr>
<tr>
<td>Rent/Mortgage (specifically the portion your program pays for)</td>
<td>Renta/Pagos de Casa (especificamente la porción que paga su programa)</td>
</tr>
<tr>
<td>Repairs to Program Equipment</td>
<td>Reparación de equipos del programa</td>
</tr>
<tr>
<td>Taxes (including real estate, vehicle, etc.)</td>
<td>Impuestos (incluidos bienes inmuebles, vehículos, etc.)</td>
</tr>
<tr>
<td>Training &amp; Professional Development</td>
<td>Desarrollo Profesional y Entrenamiento</td>
</tr>
<tr>
<td>Utilities (power, water, telephone, etc.)</td>
<td>Utilidades (electricidad, agua, teléfono, etc.)</td>
</tr>
<tr>
<td>Supplies (food, office, educational, etc.)</td>
<td>Suministros (comida, oficina, educacional, etc.)</td>
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### Logic: Hidden unless: #3 Question “Please select your program type.” is “Centers”

17) Program Expenses. Please enter your total annual program expenses. Gastos programáticos. Sirvase de escribir sus gastos programáticos totales anuales.

### Total Annual Cost

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<td>Seguro (responsabilidad o similar)</td>
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<td>Matriculación de limpieza o Mantenimiento</td>
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<td>Utilidades (electricidad, agua, teléfono, etc.)</td>
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<td>Renta/Pagos de Casa</td>
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<td>Teléfono e Internet</td>
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<td>Computers and other technological equipment</td>
<td>Computadoras y otros equipos tecnológicos</td>
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<td>Printing and Postage</td>
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### Logic: All Providers
18) How has the COVID-19 pandemic effected your program financially? ¿Cómo afectó financieramente la pandemia del COVID-19 a su programa?

**Logic: All Providers**

19) Which of the following revenue sources does your program receive (check all that apply)? ¿Cuáles de las siguientes fuentes recibe su programa (marque todas las que correspondan)?

- ( ) Tuition/Fees paid by private-pay families Matrícula/cuotas pagadas por los padres bajo el sistema de pago privado
- ( ) Family fees paid by subsidized families Cuotas de padres pagadas por los padres subsidiados
- ( ) CCAP
- ( ) Head Start (federal or state share) Programa preescolar Head Start
- ( ) Child and Adult Care Food Program (CACFP) Programa de Alimentos y Cuidados para Niños y Adultos (CACFP, por sus siglas oficiales en inglés)
- ( ) Local government (e.g., Pre-K, local school board) Gobierno local (por ejemplo: preescolar, consejo escolar local)
- ( ) Community organizations or other grants (e.g., United Way, local charities) Organizaciones comunitarias u otros subsidios (por ej.: United Way, instituciones de caridad locales)
- ( ) Fundraising activities, gifts, cash contributions Actividades dirigidas a recaudar fondos, donaciones, contribuciones en efectivo
- ( ) Tribal Funding Sources Fuentes de financiación tribales
- ( ) Federal funding made available during COVID-19, such as SBA loan, PPP or CARES Act Fund Financiamiento federal durante la crisis del COVID-19, como préstamos SBA, PPP o la ley de financiamiento CARES
- ( ) In-kind contributions, such as free or reduced rent from donor organization like a church, etc. Contribuciones similares, tales como renta reducida o gratuita por parte de organizaciones donantes como iglesias, etc.
- ( ) Other __________ Otro

**END OF SURVEY PAGE**

Thank you for completing this survey!
Gracias por tomar nuestra encuesta.
## Appendix B. Data Analysis

### Market Rate Survey

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<th>Target Goal</th>
<th>Subgroup Total as a Percent of Target Goal</th>
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<th>Percent of Actual Sample</th>
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**Rates at the 75th Percentile**

**Center Based**

**Infant Rates**

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**Toddler Rates**

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### Preschool Rates

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### School-age Rates

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### 2011 Child Care Market Rate Survey Report

**Rhode Island Department of Human Services**

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### Sample Size

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## School-age Before School

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## School-age After School

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### Family Child Care

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**CCAP**

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Public Consulting Group LLC
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### Table 60 In the last year, has the number of DHS/CCAP subsidized children you serve changed?

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## Program Quality

### Table 61: Respondent BrightStars Participation

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- Table shows the participation rates of various additional metrics.
- The total participation rate is 88% with 379 out of 432 programs participating.
- The participation rate for CCAP is 75% with 368 out of 494 programs participating.
- The participation rate for HeadStart is 4% with 16 out of 400 programs participating.
- The participation rate for State Pre-K is 94% with 355 out of 379 programs participating.
## Cost of Care

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<th>Analysis Metrics</th>
<th>Total Population</th>
<th>Subgroup Total as a Percent of Total Population</th>
<th>Actual Sample</th>
<th>Subgroup Total as a Percent of Percent of Actual Sample</th>
<th>Difference between Total Population Representation &amp; Sample Population</th>
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