

# Minnesota Child Care Provider Business Update for Family Child Care Homes



Dear Child Care Provider,

This year the annual Update Survey and Rate Survey have been combined into one request for information: ***The Minnesota Child Care Provider Business Update***. We have combined these two surveys in order to update your business practice and rate information most efficiently. Although this update may take a bit longer to complete than either of the individual surveys, we've reduced the overall amount of information that we are requesting from you on a yearly basis. Even if you do not want referrals from the CCR&R, please take a few minutes to complete this form and return it to us no later than **January 23rd**. For your convenience, you may instead choose to complete this questionnaire online at [www.mnchildcare.org](http://www.mnchildcare.org) through **3/22/2009**.

You are not required to provide the requested information. However, your information will be used to help parents looking for child care. It will also be used to help us plan training and support to meet your program needs; gather child care data; identify changes and trends related to child care rates; provide market rate data for help in determining future Child Care Assistance Program maximum rates and; update rate statistics available through the CCR&R.

All the information that you provide is public and can be released upon request. If you do not participate in the referral service, however, your information will not be given to parents asking for a child care referral. If you participate in the referral service the information given to parents may include, but is not limited to, the following: vacancies, education, hours and days of operation, ages of children served, environment, training, and program policies, and experience. Please indicate on question 1 whether you want to participate in the referral service.

### **Contact Information (print)**

Date Completed \_\_\_\_\_

First Name (as it appears on license) \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname/name you prefer (if different from above) \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Mailing Address (if different than above)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site Address \_\_\_\_\_

**1. What is your Referral Status?**

*(check all that apply)*

- I want to be part of the referral service regardless of current openings.
- I do not want to be part of the referral service.  
(Parents will not be referred to you regardless of openings unless you contact the CCR&R office to change this status)
- I am willing to take calls from parents who need care more than three months from now.
- I am temporarily not doing child care due to maternity leave, extended vacation, etc.

Date of expected return to child care business: - \_\_\_\_\_

**2. Please tell us about your license:**

License Number \_\_\_\_\_

License Type (check only one)

- A  B1  B2  C1  C2  C3  D

Age of youngest child I am willing to care for:  
\_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

Age of oldest child I am willing to care for:  
\_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

**3. Enter the elementary school(s) your address is assigned to:**

\_\_\_\_\_

**4. In what languages are you able to communicate with parents and others about important, basic child care issues and needs?**

(check all that apply):

- English
- Other language(s): \_\_\_\_\_

**5. Please tell us about your care for children on child care assistance/subsidy.**

(Check one of the following.)

- I am currently caring for children on child care assistance/subsidy.
- Although I am not currently caring for children on child care assistance/subsidy, I am willing to care for children on child care assistance/subsidy in the future.
- I am not willing to care for children on child care assistance/subsidy now or in the future.
- Decline to answer

**Business practices**

**6. During what parts of the year is your business open?**

(check one of the following)

- Full year
- School year only
- Summer only

**7. On what time-basis do you accept children?**

(check one of the following)

- Full-time basis (more than 30 hours/week)
- Part-time basis (30 hours/week or less)
- Both

**8. What special schedules do you accept?**

(check all that apply)

- Drop-in (infrequent care)
- Temporary/emergency (short-term, back-up care, space permitting)
- Before school
- After school
- Open holidays
- 24-hour (occasional basis)
- Rotating (varying schedules, for example, Mon. /Wed. one week, Tues. /Thurs. next week)

**9. Please tell us about your program policies:**

(check all that apply)

- I have written policies for families.
- I provide contracts, policies, or other business materials in languages other than English.

**10. Please tell us about your Program Environment**

(check all that apply)

- I do NOT have indoor or outdoor pets.
- I maintain a smoke-free environment (no smoking allowed in home at any time).
- I have a fenced yard (outdoor play area used for child care is completely fenced in).
- I have a separate area for child care (not a shared family space).
- My home is wheelchair accessible.

**11. Are you on on the USDA food program for meals?**

- Yes
- No

**Training & Experience:**

**12. How much experience do you have working in licensed child care programs (including family child care, centers, preschools, etc.)?**

Years \_\_\_\_\_ Months \_\_\_\_\_

**13. Have you completed more training than is required for licensing (8 hours) in the past 12 months?**

- Yes
- No

**14. Please tell us about your education:**

(check all that apply)

*If you have a Child Development Associate degree (CDA), it is already recorded and is not requested as part of this survey. (CCR&R programs receive CDA information directly from the Professional Recognition Council.)*

- I have my high school diploma or GED.
- I have completed the Competency-Based Training (CBTA) offered by Child Care Nutrition, Inc.
- I have a 1-year child-related certificate.
- I have a 2-year child-related degree.
- I have a 4-year child-related degree.
- I have an MA degree or higher that is child-related.
- I have an RN or LPN license.
- I have a special education degree.
- I have a BA/BS or higher degree that is not child-related.

15. Do you have any training or experience in caring for children with special needs?

- Yes →Go to 16
- No →Skip to 19

16. For what special needs areas do you have training or experience in giving care?

(check all that apply)

- ADHD/ADD
- Asthma/Severe Allergies
- Autism
- Developmental Delay
- Emotional/behavioral
- Hearing Impaired
- HIV/Hepatitis B
- Special Health Needs
- Physically Challenged
- Visually Impaired
- None of the above

17. How many hours of training in special needs care do you have?

\_\_\_\_\_

18. How much experience do you have caring for children with special needs (including family child care, centers, preschools, etc.)?

Years \_\_\_\_\_ Months \_\_\_\_\_

19. How many children with special needs are you currently caring for?

\_\_\_\_\_

## Teaching Tools

20. What curriculum do you use?

(check all that apply)

*A curriculum is a set of written materials that describes how an early learning program provides learning experiences for children.*

- Creative Curriculum
- High/Scope
- High Reach
- Program for Infant and Toddler Care (PITC)
- Opening the World of Learning
- Core Knowledge
- Other (*list*) \_\_\_\_\_
- Not using any curriculum

21. What early learning approach do you use?

(check all that apply)

*An early learning approach is a philosophy or framework for delivering early learning services.*

- Reggio Emilia
- Waldorf
- Montessori
- Project Approach
- Other (*list*) \_\_\_\_\_
- Not using an approach

22. What instructional child assessment do you use?

(check all that apply)

*An instructional assessment is a written, formal process for tracking children's learning and planning appropriate, individualized experiences to enhance their learning.*

- Creative Curriculum Assessment
- High/Scope Child Observation Record
- The Ounce Scale
- Work Sampling
- Other (*list*) \_\_\_\_\_
- Not using an instructional child assessment

23. Please state anything about your business that you would like parents to know. What makes your business unique? This information may be included in a referral to parents.

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**Current Vacancies, Enrollment and Desired Enrollment:**

**24. Do you accept families from the general public?**

(check one of the following)

The definition of "general public" for this survey is a program that does not restrict enrollment to a limited population. For example, if your program is sponsored or owned by a corporation and serves only that corporation's employees, check "no". If your program does accept enrollment from the general public check "yes".

Yes

No

Additional Comments: \_\_\_\_\_

For each of the questions below, please provide numbers for each age group listed.

	<u>Infant</u>	<u>Toddler</u>	<u>Preschooler</u>	<u>Kindergarten</u>	<u>School-age</u>
<b>25. How many children are currently enrolled in your child care program (full time and part time)?</b>					
<b>26. How many full-time vacancies do you have?</b>					
<b>27. What is the earliest date a full-time vacancy is available?</b>					
<b>28. How many part-time vacancies do you have?</b>					
<b>29. What is the earliest date a part time vacancy is available?</b>					
<b>30. How many children do you want enrolled in your child care program (desired enrollment)?*</b>					

**31. What is your total number of vacancies (for all ages)?** \_\_\_\_\_

**32. What is the total number of children you want enrolled in your program (for all ages)?** \_\_\_\_\_ \*

\* The total number of children you want enrolled in your program may not exceed the total spaces you may legally offer as a licensed provider.

**Hours, Rates, and Fees**

**33. During what hours do you regularly provide care?**

Please fill in the table indicating a.m. and/or p.m. for each applicable shift. If there is a break in your daily hours of service complete the information for Shift #2. If you do not have a break in your daily hours of service, only fill in the section for shift #1.

<u>Shift #1</u>			<u>Shift #2 (if applicable)</u>		
<u>Day</u>	<u>Start Time</u>	<u>End Time</u>	<u>Day</u>	<u>Start Time</u>	<u>End Time</u>
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Sunday			Sunday		

**34. Do you offer non-standard hour care on a regular basis? (before 6 a.m., after 6 p.m., overnight, or on weekends)**

- Yes
- No
- Decline to answer

**35. Do you charge any hourly rates?**

- Yes →Go to 35b
- No →Skip to 36
- Decline to answer →Skip to 36

**35b. Please provide your highest hourly rates.**

*If you charge different rates please enter your HIGHEST rate. For example, if you charge a lower rate for School Age care during the School Year and regular rates for School Age in the summer, enter your summer rate if it is the highest rate.*

<u>Hourly Rates</u>	<u>Infant</u>	<u>Toddler</u>	<u>Preschooler</u>	<u>Kindergarten/ School Age</u>
<b>What is your highest hourly charge?</b>	_____ /hour <input type="checkbox"/> No rate for this group	_____ /hour <input type="checkbox"/> No rate for this group	_____ /hour <input type="checkbox"/> No rate for this group	_____ /hour <input type="checkbox"/> No rate for this group

**36. Do you charge any daily rates?**

- Yes →Go to 36b
- No →Skip to 37
- Decline to answer → Skip to 37

**36b. Please provide your highest daily rates**

*If you charge different rates please enter your HIGHEST rate. For example, if you charge a lower rate for School Age care during the School Year and regular rates for School Age in the summer, enter your summer rate if it is the highest rate.*

<u>Daily Rates</u>	<u>Infant</u>	<u>Toddler</u>	<u>Preschooler</u>	<u>Kindergarten/ School Age</u>
<b>What is your highest daily charge?</b>	_____ /day	_____ /day	_____ /day	_____ /day
<b>What is the MAXIMUM number of hours per day that you would provide care for this charge?</b>	_____ hours <input type="checkbox"/> No rate for this group	_____ hours <input type="checkbox"/> No rate for this group	_____ hours <input type="checkbox"/> No rate for this group	_____ hours <input type="checkbox"/> No rate for this group

**Standardized Rates: List the daily rate you charge for a TEN HOUR day below. This allows us to conduct standard rate analysis.**

<b>What do you charge to provide care for 10 hours in one day?</b>	_____ /10 hr day <input type="checkbox"/> Same as highest daily rate <input type="checkbox"/> No rate for this group	_____ /10 hr day <input type="checkbox"/> Same as highest daily rate <input type="checkbox"/> No rate for this group	_____ /10 hr day <input type="checkbox"/> Same as highest daily rate <input type="checkbox"/> No rate for this group	_____ /10 hr day <input type="checkbox"/> Same as highest daily rate <input type="checkbox"/> No rate for this group
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**37. Do you charge any weekly rates?**

- Yes →Go to 37b
- No →Skip to 38
- Decline to answer → Skip to 38

**37b. Please provide your highest weekly rates.**

*If you charge different rates please enter your HIGHEST rate. For example, if you charge a lower rate for School Age care during the School Year and regular rates for School Age in the summer, enter your summer rate if it is the highest rate.*

<u>Weekly Rates</u>	<u>Infant</u>	<u>Toddler</u>	<u>Preschooler</u>	<u>Kindergarten/ School Age</u>
<b>What is your highest weekly charge?</b>	_____ /week	_____ /week	_____ /week	_____ /week
<b>What is the MAXIMUM number of hours per week that you would provide care for this charge?</b>	_____hours <input type="checkbox"/> No rate for this group	_____hours <input type="checkbox"/> No rate for this group	_____hours <input type="checkbox"/> No rate for this group	_____hours <input type="checkbox"/> No rate for this group

**Standardized Rates: List the weekly rate you charge for a FIFTY HOUR week below. This allows us to conduct standard rate analysis.**

<b>What do you charge to provide care for 50 hours in a week?</b>	_____ /50 hr week <input type="checkbox"/> Same as highest weekly rate <input type="checkbox"/> No rate for this group	_____ /50 hr week <input type="checkbox"/> Same as highest weekly rate <input type="checkbox"/> No rate for this group	_____ /50 hr week <input type="checkbox"/> Same as highest weekly rate <input type="checkbox"/> No rate for this group	_____ /50 hr week <input type="checkbox"/> Same as highest weekly rate <input type="checkbox"/> No rate for this group
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**38. Do you charge any monthly rates?**

- Yes →Go to 38b
- No →Skip to 39
- Decline to answer → Skip to 39

**38b. Please provide your highest monthly rates.**

*If you charge different rates please enter your HIGHEST rate. For example, if you charge a lower rate for School Age care during the School Year and regular rates for School Age in the summer, enter your summer rate if it is the highest rate.*

<u>Monthly Rates</u>	<u>Infant</u>	<u>Toddler</u>	<u>Preschooler</u>	<u>Kindergarten/ School Age</u>
<b>What is your highest monthly charge?</b>	_____ /month	_____ /month	_____ /month	_____ /month
<b>What is the MAXIMUM number of days per week that you would provide care for this charge?</b>	_____days per week <input type="checkbox"/> No rate for this group	_____days per week <input type="checkbox"/> No rate for this group	_____days per week <input type="checkbox"/> No rate for this group	_____days per week <input type="checkbox"/> No rate for this group

39. Do you charge any rate other than hourly, daily, weekly or monthly (e.g. part day or session rate)?

Yes →Explain below

Rate explanation [include the unit of time (e.g. part day, session, etc), age group and price charged]:

\_\_\_\_\_  
\_\_\_\_\_

No →Go to 40

Decline to answer→Go to 40

40. Do you have a deposit requirement?

Yes

→Enter the dollar amount of the HIGHEST deposit charged \$ \_\_\_\_\_

No

Decline to answer

41. Do you have a registration fee?

Yes

→Enter the dollar amount of the HIGHEST registration charged \$ \_\_\_\_\_

No

Decline to answer

42. Additional Comments about your rates or fees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About You**

We are committed to creating and promoting a culturally-responsive child care system. The information collected below is important in helping us track the entry and participation of people of different cultures and ethnic groups in the child care field. It will also help us provide funding, training, and outreach to child care providers of all cultural backgrounds.

43. Which of the following racial/ethnic groups best describes you?

(check one of the following)

White/European American

African American

American Indian →Go to 43a

Hispanic or Latino

Chicano

Central or South American

Other Hispanic or Latino: \_\_\_\_\_

Asian

Cambodian

Hmong

Lao

Vietnamese

Other Asian: \_\_\_\_\_

African

Somali

Ethiopian

Sudanese

Eritrean

Other African: \_\_\_\_\_

European Immigrant

Multi-Racial

Other: \_\_\_\_\_

Decline to answer

43a. If you indicated that your ethnicity is American Indian, are you an enrolled member of a federally recognized tribe?

Yes →Go to 43b

No →Go to 43b

43b. If you indicated that your ethnicity is American Indian, are you licensed by the county or by the tribe?

County

Tribe

**Final Comments**

**44. Provide any comments you believe may be necessary for us to understand your business information-**

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**Thank you for your time!**

**Please return the completed form to:**

**Midwest Child Care Resource and Referral**

**Attention: Beth Dack**

**PO BOX 159**

**Montevideo, MN 56265**