Market Rate Survey

Introduction

The purpose of this survey is to provide the Office of Early Childhood and Out-of-School Learning (OECOSL) with a better understanding of your program. The information you share allows us to continue supporting your important work.

Your responses to this survey will be shared with the Child Care Resource & Referral (CCRR) Network and Indiana 211, so that they can share key program information with families seeking child care. OECOSL will also use your responses to ensure that Child Care and Development Fund (CCDF) subsidy reimbursement rates are in-line with the costs of operating your program.

The survey takes approximately 30-45 minutes to complete. If you have any questions while filling out the survey, please reach out to the SPARK Help Desk at 1-800-299-1627 or through chat. The SPARK Help Desk is available Monday-Thursday from 8 AM-7 PM EST and Friday from 8 AM-5 PM EST.

If you operate multiple facilities, please complete one survey for each facility. For cost and staffing-related questions, do not report your total amount across all programs. Instead, please break down your total amounts by program and use your best judgement when necessary to estimate the proper split(s).

We thank you for your time completing this survey!

Program Information Update

The first section of the survey asks you to update any program information as necessary.

Q0. Would you like a copy of your response to this survey?

- o Yes
- o No

Q1. Enter the name and license/registration/exempt number of the childcare program that you are submitting information on:

- ▪ Name of Childcare Program: [Text box]
- ▪ License/Registration/Exempt Number: [Text box]

Q2. Is your childcare program currently open and caring for children?

- o Yes

o No – we only operate during summers
o No – we have permanently closed

Skip to end of Survey if "No – we have permanently closed" is selected

---

Q3. Would you like to be included in referrals given to families who contact us looking for childcare?

o Yes
o No

Q4. Has any of your contact information changed for this childcare location?

- First Name of the individual parents should ask for when looking for childcare: [Text box]
- Last Name of the individual parents should ask for when looking for childcare: [Text box]
- Street address: [Text box]
- City: [Text box]
- County: [Text box]
- Phone number for the program, using the format (123) 456-7897: [Text box]
- Email address: [Text box]

Q5. If your program has a website that you would like to share, please enter it using the format https://www.xxx.xxx.

- [Text box]

Q6. What is the total desired capacity - or the maximum number of children you would enroll - for your program?

- [Empty text box]

Q7. Have there been any changes in the ages of children that your program serves?

- From [Text box] years [Text box] months to [Text box] years [Text box] months

Q8. Do you offer any of the following transportation options to families? Select all that apply.

- o Near public transportation
- o Transportation provided to and from homes
- o Transportation provided to nearby schools
- o Walking distance to schools

Q9. Are any languages, other than English, spoken by you or your staff within your program? Select all that apply.

- o Spanish
- o American Sign Language
- o Arabic
- o Burmese
- o Chinese (Mandarin, Cantonese, Wu, Yue)
- o French
- o Haitian Creole
- o Hakha Chin
- o Hindi
- o Japanese
- o Kinyarwanda
- o Kiswahili
- o Punjabi
- o Russian
- o Tagalog
- o Tigrinya
- o Other (please specify)

Q10. Enter the hour, in the 12-hour clock format, that the program opens and closes for each day of the week from the options listed. Please indicate if the time is in the AM or PM. If your program is not open on that day, please leave that row blank.

	Open	Closed
Monday	[Text box]	[Text box]
Tuesday	[Text box]	[Text box]
Wednesday	[Text box]	[Text box]
Thursday	[Text box]	[Text box]
Friday	[Text box]	[Text box]

| Saturday | [Text box] | [Text box] |
| Sunday | [Text box] | [Text box] |

Q11. Which scheduling options does your program offer? Select all that apply.

o After school
o Drop-in
o Part-time
o Full-time
o Flexible days or house
o N/A

Q12: What best describes your program's operating schedule?

o Full year
o School year
o Summer only

Q13: Does your program currently charge fees to families?

o Yes
o No

Skip to Q15 if "No" is selected

Q14: Enter the current rate options that you charge families, for full-time weekly care, using the format xx.xx. Do not enter the dollar sign. If you do not care for any age group category below, leave field blank.

▪ Infant (6 weeks-12 months): [Text box]
▪ Toddler (13-23 months): [Text box]
▪ Toddler (24-35 months): [Text box]
▪ Preschool (3 years): [Text box]
▪ Pre-K (4-5 years): [Text box]
▪ School-Age Before and After Care (Kindergarten+): [Text box]
▪ School-Age Full Day (Kindergarten+): [Text box]

Q15: Enter the total number of children you currently have enrolled in each age group, based on your answers to the previous question:

- Infant (6 weeks-12 months): [Text box]
- Toddler (13-23 months): [Text box]
- Toddler (24-35 months): [Text box]
- Preschool (3 years): [Text box]
- Pre-K (4-5 years): [Text box]
- School-Age Before and After Care (Kindergarten+): [Text box]
- School-Age Full Day (Kindergarten+): [Text box]

Q16: Enter the total number of vacancies your program has for each age group. If age groups are combined in your program, enter approximations.

- Infant (6 weeks-12 months): [Text box]
- Toddler (13-23 months): [Text box]
- Toddler (24-35 months): [Text box]
- Preschool (3 years): [Text box]
- Pre-K (4-5 years): [Text box]
- School-Age Before and After Care (Kindergarten+): [Text box]
- School-Age Full Day (Kindergarten+): [Text box]

Q17: For each item, select whether it is present in the childcare environment:

Item	Yes	No
Enclosed outdoor play area	○	○
Outdoor play equipment	○	○
Pet-free	○	○
Pool/waterfront	○	○
Smoke-free	○	○
Wheelchair accessible	○	○

Q18: Select the meals that your program serves, and whether they are at no cost or an additional cost to families:

Meal	Served at no cost	Served at an additional cost	Not served
Snacks	○	○	○
Breakfast	○	○	○

Lunch	○	○	○
Dinner	○	○	○

Q19: Do you or any staff members have training to care for children with any of the following behavior-related special needs? Select all that apply.

- Autism spectrum disorder
- Challenging behavior
- Emotional dysregulation
- ODD

Q20: Do you or any staff members have training to care for children with any of the following developmental delays? Select all that apply.

- Fine motor
- Global development
- Gross motor
- Social emotional
- Speech/language

Q21: Do you or any staff members have training to care for children with any of the following medical/genetic needs? Select all that apply.

- Catheter
- Cerebral Palsy
- Diabetes
- Down syndrome
- Environmental allergies
- Feeding GI tube
- Food allergies
- Hearing impairment
- Injections
- Muscular dystrophy
- Seizures/epilepsy
- Spina bifida
- Tracheotomy
- Visual impairment

Q22: Do you provide any of the following fee assistance options for families? Select all that apply and please provide any additional comments on your fee assistance.

- o Sibling discount: [Text box]
- o Employer sponsored discount: [Text box]
- o Program sponsored scholarships: [Text box]
- o Sliding fee scale: [Text box]

Q23: Does your program only offer care for any of the groups below ?

- o Before/after-school care only
- o Employees only
- o Students only
- o Developmental preschool
- o Relatives only

Q24: Have there been any other changes in your program that you would like to tell us about? Please explain in the space provided.

- ▪ [Text box]

Cost Model

These next questions refer to general operations of your program.

Q25: Does your program currently provide programming for school-aged (K-12) children?

- o Yes
- o No

Skip to Q27 if "No" is selected

Q26: Does the program currently operate for school-aged children (K-12) during the summer only?

- o Yes
- o No

The following several questions refer to the benefits and wages you provide to your employees. If you operate multiple programs, please complete one survey for each program. For cost and staffing-related questions, do not report your total amount across all programs; instead, please break down your total amounts by program and use your best judgement when necessary to estimate the proper split(s).

Please refer to the Note on Tax Documents file in the SPARK Guide for additional clarification.

Q27: In 2022, what was your total annual cost for employee wages? If you are a family home provider, then please include your paid employees only and exclude any compensation you pay to yourself.

Please enter the amount in the following format: xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q28: In 2022, what was your total annual cost (based on 12 months) for "mandatory" benefits to employees including FICA (Social Security and Medicare taxes), unemployment insurance, and workers compensation insurance? Please be sure to exclude the employees' portion of employment taxes that is deducted from their paychecks. In addition, if you are a Licensed Family Home or Exempt Family Home, then please include your paid employees only and exclude any benefits you pay to yourself.

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q29: In 2022, what was your total annual cost for "additional" benefits to employees including medical/dental insurance, life insurance, disability, and retirement savings matching programs? If you are a Licensed Family Home or Exempt Family Home, then please include your paid employees only and exclude any benefits you pay to yourself.

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

The following set of questions refer to the costs of meals you provide for your children. Please refer to Note on Tax Documents file in the SPARK Guide for additional clarification.

Q30: In 2022, what was your total annual cost for food (child meals and snacks) and food preparation expenses? Please be sure to exclude wages paid to your staff for food preparation.

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q31: In 2022, approximately what percentage of your total annual cost for food and food preparation was applicable to snacks? The remaining percentage would be attributable to your total annual cost for meals only.

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-49%
- About 50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

Skip question if your facility opened in 2023

Q32: In 2022, across all children, how many meals and snacks did you typically serve per day?

For example, if you served breakfast once a day to 10 children, then you would enter a value of "10" under Breakfasts. If you served more than one AM or PM snack per day to a single child, then count each occurrence separately for each child. For example, if you served two (2) PM snacks to 10 children, then you would enter a single value of "20" under PM Snacks. If a field does not apply, please enter "0".

	During school year	During the summer
Breakfast, per day:	[Text box]	[Text box]
AM snacks, per day:	[Text box]	[Text box]
Lunches, per day:	[Text box]	[Text box]
PM snacks, per day:	[Text box]	[Text box]

Skip question if your facility opened in 2023

Q33: In 2022, how many days in the school year did you serve meals and snacks? Please be sure to exclude holidays and in-service days when children were not in attendance.

- [Text box]

Skip question if your facility opened in 2023

Q34: In 2022, how many days in the summer did you serve meals and snacks? Please be sure to exclude holidays and in-service days when children were not in attendance.

- [Text box]

Skip question if your facility opened in 2023

The following set of questions refer to the occupancy costs of your facility. If you operate multiple programs, please complete one survey for each program. For cost and staffing-related questions, do not report your total amount across all programs; instead, please break down your total amounts by program and use your best judgement when necessary to estimate the proper split(s).

Please refer to the Note on Tax Documents file in the SPARK Guide for additional clarification.

Q35: Do you pay a reduced rate, or no charge at all, for the space you use?

- o A reduced rate
- o No charge at all
- o I pay fully for the space that I lease or own
- o I own the building but do not pay a mortgage

Skip question if your facility opened in 2023

Q36: In 2022, what was your total annual cost for your mortgage or lease? Please include annual real estate taxes in your mortgage cost, if applicable.

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q37: In 2022, what was your total annual cost for all of the following utilities: electricity, gas, water, sewer, trash/waste?

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q38: In 2022, what did you pay in total for building and/or property insurance?

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q39: In 2022, what did you pay in total for building maintenance, cleaning, and landscaping? Do not include any of the cost for capital projects related to building improvements or major repairs.

Please format as xxx,xxx.xx. Do not enter the dollar sign.

- [Text box]

Skip question if your facility opened in 2023

Q40: What is your total indoor square footage including all classrooms and shared spaces (bathrooms, hallways, kitchen/cafeteria, gymnasium, administrative offices, etc.)?

For this question, consider only the indoor space that you pay for or, if you pay no mortgage or lease, the indoor space that you use to provide childcare services: If you share a building with other tenants or occupants, then please exclude any square footage that you do not commonly use and for which you are not charged.

- ▪ [Text box]

Skip question if your facility opened in 2023

Cost Model: Employee Staffing and Wages

The following questions refer to employee staffing and wages. If you operate multiple programs, please complete one survey for each program. For cost and staffing-related questions, do not report your total amount across all programs; instead, please break down your total amounts by program and use your best judgement when necessary to estimate the proper split(s).

Please refer to the Note on Tax Documents file in the SPARK Guide for additional clarification.

Q50: Enter the number of Lead Teachers Full-Time Equivalents (FTEs) you employ, by the highest education level they have attained. In addition, enter the average hourly wage paid to the Lead Teachers at each education level, using the format xx.xx. Do not enter the dollar sign. If a field does not apply, please leave it blank.

One (1.0) FTE is equivalent to a full-time employee working 40 hours a week; therefore, a part-time employee working 20 hours a week would be equivalent to one-half (0.5) FTEs. Partial FTEs are acceptable as long as the sum of all partial FTEs is entered.

Category	Number of Lead Teacher FTEs	Average Hourly Wage
Masters Degree or higher in Early Childhood Education or Child Development:	[Text box]	[Text box]
Bachelors Degree in Early Childhood Education or Child Development (or equivalent):	[Text box]	[Text box]
Bachelors Degree (or higher) but NOT in Early Childhood Education or Child Development (or equivalent):	[Text box]	[Text box]
Associate of Arts Degree in Early Childhood Education or Child Development (or equivalent):	[Text box]	[Text box]
Associate of Arts Degree but NOT in Early Childhood Education or Child Development (or equivalent):	[Text box]	[Text box]
No Associate or Bachelors Degree, but specialized training in Early Childhood Education or Child Development (or equivalent):	[Text box]	[Text box]

No degree credential and no specialized training:	[Text box]	[Text box]

Q51: Enter the number of Assistant Teacher Full-Time Equivalents (FTEs) you employ by the highest education level they have attained. In addition, enter the average hourly wage paid to the Assistant Teachers at each education level, using the format xx.xx. Do not enter the dollar sign. If a field does not apply, please leave it blank.

One (1.0) FTE is equivalent to a full-time employee working 40 hours a week; therefore, a part-time employee working 20 hours a week would be equivalent to one-half (0.5) FTEs. Partial FTEs are acceptable as long as the sum of all partial FTEs is entered.

Category	Number of Assistant Teacher FTEs	Average Hourly Wage
Child Development Associate credential or equivalent, or higher:	[Text box]	[Text box]
No credential:	[Text box]	[Text box]

Q52: Enter the number of Classroom Floater-Aide Full-Time Equivalents (FTEs) you employ and the average hourly wage paid to Classroom Floater-Aides, using the format xx.xx. Do not enter the dollar sign. If a field does not apply, please leave it blank.

One (1.0) FTE is equivalent to a full-time employee working 40 hours a week; therefore, a part-time employee working 20 hours a week would be equivalent to one-half (0.5) FTEs. Partial FTEs are acceptable as long as the sum of all partial FTEs is entered.

Category	Number of FTEs	Average Hourly Wage
Classroom Floater-Aides:	[Text box]	[Text box]

Q53: Enter the average hourly wage paid to your Center Director, in the row that best describes the highest level of education they have attained. If a field does not apply, please leave it blank. Consider the onsite Center Director only. Please use the format xx.xx. Do not enter the dollar sign.

- Education Level: [Text box]
- Average Hourly Wage: [Text box]

Q54: Enter the Full-Time Equivalents (FTEs) for the remaining staff you employ and their average hourly wage. Please enter the amount in the format xx.xx, without the dollar sign. If a field does not apply, please leave it blank.VP of an organization and a manager at a store.

One (1.0) FTE is equivalent to a full-time employee working 40 hours a week; therefore, a part-time employee working 20 hours a week would be equivalent to one-half (0.5) FTEs. Partial FTEs are acceptable as long as the sum of all partial FTEs is entered.

Category	Number of FTEs	Average Hourly Wage
Assistant Directory:	[Text box]	[Text box]
Clerical Staff:	[Text box]	[Text box]
Housekeeping Staff:	[Text box]	[Text box]
Maintenance Staff:	[Text box]	[Text box]
Foodservice Staff:	[Text box]	[Text box]
Transportation Staff:	[Text box]	[Text box]
Other, including but not limited to Executive Directors and education support staff. Do not include allocations you have already identified in the previous questions, i.e., do not double-count a staff member's time, although it is permissible to split a staff member's time between a teaching role and a non-teaching role	[Text box]	[Text box]