



STATE OF DELAWARE
DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF
MANAGEMENT
SERVICES
1901 N. DuPont Highway
New Castle, DE 19720

REQUEST FOR PROPOSAL NO. PSCO-841

**TO PERFORM A LOCAL CHILD CARE MARKET RATE STUDY
OF DELAWARE'S CHILD CARE PROVIDERS**

FOR

**THE DIVISION OF SOCIAL SERVICES
1901 N. DUPONT HWY.
LEWIS BUILDING
P.O. BOX 906
NEW CASTLE, DE 19720**

Deposit
Performance Bond

Waived
Waived

**Date Due: December 17, 2008
11:00 A.M. Local Time**

Questions concerning this RFP must be in writing via e-mail and directed only to: Eulinda DiPietro, eulinda.dipietro@state.de.us. Written questions must be submitted no later than December 1, 2008, 11:00 A.M. – please include your fax number and/or your email address with your questions for consideration. NOTE: No consideration will be given to questions submitted after the 12/1/08, 11:00 A.M. deadline. Responses to questions will be faxed/emailed to all those submitting questions by close of business December 2, 2008. Questions and responses will also be posted on the internet as an addendum to the RFP.

REQUEST FOR PROPOSALS (PSC#841)

Sealed proposals for A Local Child Care Market Rate Survey for the Division of Social Services, Delaware Health and Social Services, Herman M Holloway, Sr. Campus, 1901 N. DuPont Highway, New Castle, DE 19720, will be received by the Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Procurement Branch, South Loop, Main Administration Building, Second Floor, Room #259, 1901 North DuPont Highway, New Castle, Delaware 19720, until 11:00 A.M. on December 17, 2008 at which they will be opened, read and recorded.

Two original and ten copies of the proposal, in accordance with the attached request for proposals, must be received on or before

December 17, 2008, 11:00 A.M.

ALL PROPOSALS MUST BE SENT TO THE ATTENTION OF:

Sandra Skelley, Procurement Administrator
Division of Management Services
Department of Health and Social Services
Herman M. Holloway Sr., Campus
1901 North DuPont Highway
Main Building, Second Floor, Room 259
New Castle, DE 19720

All inquiries regarding this matter should be directed to:

Eulinda DiPietro
1901 North duPont Highway
Lewis Building
P. O. Box 906
New Castle, DE 19720

Telephone: (302) 255-9643

Fax: (302) 255-4425

E-mail: eulinda.dipietro@state.de.us

All RFP-PSCs can be obtained online at <http://www.dhss.delaware.gov/dhss/rfp/fundopps.htm>. A brief "Letter of Interest" must be submitted with your proposal. Specifications and administration procedures may be obtained at the above office or phone (302) 255-9290.

NOTE TO VENDORS: Your proposal must be signed and all information on the signature page completed.

IMPORTANT: ALL PROPOSALS MUST HAVE OUR SEVEN-DIGIT PSC# NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.

If you do not intend to submit a bid and you wish to be kept on our mailing list, you are required to return the face sheet with “NO BID” stated on the front with your company’s name, address, and signature.

FOR FURTHER BIDDING INFORMATION, PLEASE CONTACT;

SANDRA SKELLEY
DELAWARE HEALTH AND SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN BLDG., 2ND FLOOR, ROOM #259
1901 NORHT DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS
NEW CASTLE, DE 19720

PHONE: (302) 255-9290

This contract(s) resulting from this RFP shall be valid for the period of time as stated in the contract. There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

If a bidder wishes to request a debriefing, they must submit a formal letter to the Procurement Administrator, Delaware Health and Social Services, Main Administration Building, Second Floor, South Loop, 1901 North DuPont Highway, Herman M. Holloway Sr. Health and Social Services Campus, New Castle, DE 19720, within ten (10) days after receipt of “Notice of Award”. The letter must specify reasons for request.

IMPORTANT: DELIVERY INSTRUCTIONS

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

Notification to Bidders

"Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these Additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid."

I. INTRODUCTION

A. Background

The Department of Health and Social Services (DHSS) is the single State agency mandated by the federal government and the State of Delaware to administer state and federally funded financial assistance programs for Delaware's needy citizens. Within the Department, the Division of Social Services (DSS) is directly responsible for these programs, which include TANF, Food Stamps, Medicaid, General Assistance, Subsidized Child Care, and Employment and Training.

The DSS mission is to provide an integrated system of opportunities, services and income supports that enables recipients to:

- Develop self-sufficiency; and
- Achieve and maintain independence.

Several child care funding streams constitute a continuum of child care services for families trying to become and remain self-sufficient. These funding sources include the Child Care and Development Fund, Social Services Block Grant and State dollars. Together they form a seamless child care system.

Although Delaware is a small state geographically and has a relatively small number of child care providers, it encompasses a wide socioeconomic range. It ranges from the strictly urban Wilmington area, through a fast-growing suburban population in New Castle County, to the combination of rural and urban regions south of the Chesapeake and Delaware Canal. These factors and the multitude of other variables, which affect child care costs, necessitate a complex survey of market rates.

B. Project Overview

The Division of Social Services is seeking a CONTRACTOR to conduct a local market rate survey of child care providers in the State of Delaware. The contract awarded in 2007 was for the amount of \$120,000.

C. Project Goals

The contract is comprised of three main goals:

- Facilitate three information sessions for the public;
- Conduct a local child care market rate survey; and
- Determine the 75th percentile price.

III. SCOPE OF SERVICES

A. Information Sessions: The CONTRACTOR will conduct three information sessions; one in New Castle County, one in Kent County and one in Sussex County to inform the public of the intent of the survey, how the survey will be conducted, what to expect, how early care and education providers can prepare should they be chosen as part of the sample, how the 75th percentile price is determined, and the significance of the 75th percentile price. The CONTRACTOR shall be prepared to respond to all questions from the public in regard to the market rate survey.

B. Market Rate Survey: The CONTRACTOR will conduct a survey of child care providers to ascertain the local child care market price or price providers charge private pay clients based on type of care, county, age of child and unit of service.

- Type of care includes: licensed providers (centers, family child care homes and large family child care homes) and licensed exempt providers: exempt centers and school age programs.
- The following categories of care and categories of children are excluded from the study: emergency back up programs, drop in care programs, programs serving only special needs children, informal care programs (babysitting), summer camps, recreation programs, Head Start programs, early intervention programs, employer supported centers that only serve their own employees, church based/temple based programs that only are open to their own members, specialized programs such as child care programs to help teen mothers, children served for free, foster care children and relative care.

The surveys shall include:

- Family child care home and large family child care home survey - Include questions for full time rates for up to 8 children below school age; school age care, odd hour care and care for special needs children. The child 1-8 and school age data shall be reported as a daily rate and odd care as an hourly rate.
- Center/school age survey – Include questions about full time rates for infants, toddlers, preschoolers, and after school rates (care provided in the afternoon) for school age children. Also include questions about odd hour care (evening care, overnight care and weekend care) and care for special needs children. The regular care shall be reported as a daily rate and odd hour care as an hourly rate.
- Rate differentials for special needs care per county.

The surveys shall exclude:

- Sick days

Other services related to the survey include:

- Provide general consultation services;
- Design, pull and clean the sample:

- The sample will include child care centers, family child care homes and large family child care homes; and be large enough to allow for establishment of market rates for homes and centers, by county and age of child;
- Obtain the data from which to draw the sample including working with the data to create an unduplicated database of providers:
 - Information on licensed facilities will come from the Department of Services for Children, Youth and Their Families, Division of Family Services. Information on license exempt care will come from Children and Families First DE, Inc. (CFF). If the CONTRACTOR is not CFF, the CONTRACTOR will include a cost for working with CFF to obtain their data.
- Review the prior survey instrument (attached in the Appendices Section) and recommend;
- Pre-Test the survey instrument, if modified;
- Recruit interviews;
- Manage/supervise interviews;
- Conduct the survey;
- Track cells and replace inactive providers in cells with low response rates;
- Analyze data and compute local market rates for child care centers and child care homes, by county, age of child, unit of service;
- Prepare the Final Report and recommendations.

The survey must be defensible in Delaware, meaning that providers and the State must agree on the equality and accuracy of the survey.

C. 75th Percentile Price: Once the child care market prices are established based on provider responses, the 75th percentile of the market rate shall be determined. The 75th percentile is used as a reference point to determine if families who receive child care subsidy have equal access to child care services.

The CONTRACTOR will determine the 75th percentile two ways: first, by giving equal weight to each respondent; second, by weighting each respondent based on the number of slots that respondent has.

The CONTRACTOR will ensure that a final report, approved by the State, is provided to the DSS no later than **May 9, 2009**.

III. SPECIAL TERMS AND CONDITIONS

A. Length of Contract

Contract period will be from date of signature of all parties to 5/09/2009.

B. Vendor to be selected

This bid will be awarded to a statewide bidder who can serve three counties.

C. Subcontractors

If a subcontractor is going to be used, this needs to be specified in the proposal, with an identification of the subcontractor, the service(s) to be provided and its' qualifications to provide such service(s). Subcontractors will be held to the same requirements as the primary contractor. The contract with the prime contractor will bind sub or co-contractors to the prime contractor by the terms, specifications and standards of the concept planning document and any subsequent proposals and contracts. All such terms, specifications and standards shall preserve and protect the rights of the Agency under the concept planning document and any with respect to the services to be performed by the sub or co-contractor, so that the sub or co-contractor will not prejudice such rights. Nothing in the concept planning document shall create any contractual relation between any sub or co-contractor and the Agency.

D. Funding disclaimer clause

The Department of Health and Social Services reserves the right to reject or accept any bid or portion thereof, as may be necessary to meet the Department's funding limitations and processing constraints. The Department reserves the right to terminate any contractual agreement without prior notice in the event the State determines that state or federal funds are no longer available to continue the contract.

E. Reserved Rights

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this concept planning document.
- Select a proposal other than the one with the lowest cost.
- Waive or modify any information, irregularities, or inconsistencies in proposals received;
- Negotiate as to any aspect of the proposal with any bidder and negotiate with more than one bidder at the same time;
- If negotiations fail to result in an agreement within two (2) weeks, the Division of Social Services may terminate negotiations and select the next most responsive and responsible bidder, re-advertise, prepare and release a new concept planning document, or take such other action as the Department may deem appropriate.

F. Contract Termination Conditions

The Department may terminate the contract(s) resulting from this request at any time that the contractor fails to carry out the provisions of the proposal or make substantial progress under the terms specified in this request and the resulting proposal.

The Department shall provide the contractor with thirty (30) days written notice of conditions endangering performance. If, after such notice, the contractor fails to remedy the conditions contained in the notice, the Department shall issue the contractor an order to stop work immediately and deliver all work in progress to the State. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

Upon receipt of not less than thirty (30) days written notice, the contractor may be terminated on a date prior to the end of the contract period without penalty to either party.

The contract may be terminated in whole or part:

1. By the Department upon five (5) calendar days' written notice for cause or documented unsatisfactory performance.
2. By either party without cause upon thirty (30) calendar days' written notice to the other party, unless a longer period is specified.

G. Contract Transition

In the event the contract is awarded to another contractor, through contract expiration or termination of the current contract, the contractor will develop a plan to facilitate the smooth transition of contracted functions either back to the State or to another contractor as designated by the State. This closeout plan must be approved by the State.

H. Contract Monitoring

The contractor will be monitored on a regular basis throughout the duration of the contract. Failure of the contractor to resolve any problem(s) identified in the monitoring may be cause for termination of the contract.

I. Method of Payment

Services will be compensated for based on performance deliverables:

- Study Sampling Plan 10% of total amount
- Final Survey Document 20% of total amount
- Data Collection 10% of total amount
- Data and Data Analysis 25% of total amount
- Executive Summary (Due April 30, 2009) 15% of total amount
- Final Report (Due May 9, 2009) 20% of total amount

Invoices are to be submitted monthly for services completed in the preceding month.

The agencies involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt.

The contractor or vendor must accept full payment by procurement (credit) card and/or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

IV. **FORMAT AND CONTENTS OF BIDDER RESPONSE**

Proposals should contain the following information, adhering to the order as shown.

A. Title Page

The Title Page shall include:

- The RFP PSC # and subject
- The name of the applicant
- The applicant's full address
- The applicant's telephone number
- The name and title of the designated contact person
- The bid opening date (state the date and time)

B. Table of Contents

The Table of Contents shall include a clear and complete identification of information presented by section and page numbers.

C. Qualifications and Experience

This section should contain sufficient information to demonstrate the organization's experience and staff expertise to carry out the project. A statement must be included that the organization either has or certifies it will secure a Delaware Business License prior to initiation of the project.

An organizational chart, company history and past performance must be included.

The specific professional individuals who will work directly on this program must be identified, along with the nature and extent of their involvement. The qualifications of those specific individuals need to be presented (resumes or other formats). Job descriptions are also required.

This section should not be longer than two pages. Organizational chart, resumes, and job descriptions may be considered an attachment and not part of the two-page limit.

D. Bidder References

The names and telephone numbers of at least three agencies/organizations for whom the organization carried out a similar project must be included. If no similar project has been conducted, other projects requiring comparable skills may be cited. The bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department., Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by the paragraph may be grounds for immediate rejection of the bid/termination of the contract (if awarded).

E. Proposed Methodology

This section should describe in detail the approach that will be taken to carry out the tasks listed in the Scope of Work. Specific completion dates for various tasks and subtasks must be shown in the work plan. The work plan shall outline specific objectives, activities, strategies and resources.

The Proposed Methodology should not exceed 12 pages.

F. Budget Proposal Format

The projected cost should be detailed using a line item budget format (agency can include budget form as an appendix).

The bidder should describe any factors that may have an impact on the contract cost and should provide a suggested payment schedule, contingent upon completion of various project tasks/performance achieved.

G. Forms

The *Bidders Signature Form* must be completed and signed by the appropriate authorized representative and included in the back portion of the submitted proposal. (NOTE: Failure to provide signatures to this form may be grounds for disqualification).

The *Certification Form* must be completed and signed by the appropriate authorized representative and included in the back portion of the submitted proposal. (NOTE: Failure to provide signatures to this form may be grounds for disqualification.)

The *Statement of Compliance Form* must be signed by the appropriate authorized representative and included in the back portion of the submitted proposal, to assure that he/she will comply with all Federal and Delaware laws and regulations pertaining to equal employment opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in the collection and reporting of data.

The *Minority and Women Business Enterprise Self-Certification Tracking Form* must be completed if your firm wishes to be considered for one of the classifications listed on the form.

The *standard boilerplate contract* for the State of Delaware, Delaware Health and Social Services is included in Section VII, Forms. This boilerplate contract must be signed. This boilerplate takes precedence over all other elements of proposals submitted to include appendices. The bidder should review and specify any objections or comments in the proposal.

H. Appendices (if any)

V. GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

A. Number of copies

Required: Two (2) signed originals and ten (10) copies of your response shall be submitted to:

Sandra Skelley, Procurement Administrator
Division of Management Services
Department of Health and Social Services
1901 North DuPont Highway
Main Building, Second Floor, Room 259
New Castle, DE 19720

Proposals should be typed double-spaced on 8 1/2 x 11 paper, each page numbered, and each section of the proposal must be tabbed.

NOTE TO VENDORS: If you do not intend to submit a bid and you wish to be kept on the mailing list, you are required to return the face sheet with "NO BID" stated on the front with your company's name, address and signature.

B. Closing Date

All responses must be received by no later than: December 17, 2008, 11:00 A.M. Late submission is cause for disqualification. DO NOT RELY ON OVERNIGHT SERVICES FOR DELIVERY.

C. Notification of Acceptance

Notification of acceptance will be made in writing to all bidders.

D. Questions

All questions concerning this request must be in writing via e-mail and directed only to: Eulinda DiPietro, eulinda.dipietro@state.de.us. Written questions must be submitted no later than December 1, 2008, 11:00 A.M. – please include your fax number and/or your email address with your questions) for consideration. **NOTE:** No consideration will be given to questions submitted after the 12/1/08, 11:00 A.M. deadline. Responses to questions will be faxed/mailed to all those submitting questions by close of business December 2, 2008. Questions and responses will also be posted on the internet as an addendum to the RFP.

E. Proposals Become State Property

All proposals become the property of the State of Delaware and will not be returned to the bidder. The State will not divulge the specific content of any proposal to the extent that the bidder identities would be disclosed. The content is privileged and confidential.

F. Non-Interference Clause

The awarding of this contract and all aspects of the awarded bidders contractual obligations, projects, literature, books, manuals, and any other relevant materials and work will automatically become property of the State of Delaware. The awarded bidder will not in any manner interfere or retain any information in relationship to the contractual obligations of said contract, at the time of the award or in the future tense.

G. Acceptance of Bids

DHSS reserves the right to accept or reject any or all proposals or any specific aspects of a proposal received in response to the concept planning document.

H. Investigation of Bidding Contractor's Qualifications

DHSS may make such investigation as it deems necessary to determine the ability of the bidder to furnish the required services, and the bidder shall furnish such data as DHSS may request for this purpose.

I. Request for Proposal and Final Contract

The contents of the Request for Proposal will be incorporated into the final contract(s) and will become binding upon the successful bidder(s). If the bidder is unwilling to comply with any of the requirements, terms and conditions of the Request for Proposal, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

J. Proposal and Final Contract

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The contents of the successful proposal will be included by reference in the resulting contract. All prices, terms and conditions contained in the proposal shall remain fixed and valid for 150 days after the proposal due date.

K. Amendments to Proposals

Amendments to proposals will not be accepted after the submission deadline for proposals has passed. The State reserves the right at any time to request clarification and/or further technical information from any or all bidders submitting proposals.

L. Cost of Proposal Preparation

All costs of proposal preparation will be borne by the bidder agency.

M. Proposed Timetable

The Department's proposed schedule for reviewing proposals is indicated below. The Department, in all cases, will determine the ultimate timing of events related to this procurement.

<i>EVENT</i>	<i>DATE</i>
RFP issuance	November 17, 2008 November 24, 2008
Questions must be received in writing no later than:	December 1, 2008, 11:00 A.M.
Responses to questions will be answered no later than:	December 2, 2008
Bid Opening <i>Bids will be publicly opened at the Procurement Branch, Main Administration Building, 2nd floor, on:</i>	December 17, 2008, 11:00 A.M.
Selection Process	December 22, 2008
Negotiations (if necessary)	December 29, 2008
Issue Award Notices	January 5, 2009
Sign Contract(s)	January 9, 2009

N. Confidentiality and Debriefing

The Procurement Administrator shall examine the proposal to determine the validity of any written requests for nondisclosure of trade secrets and other proprietary data identified in conjunction with the Attorney General's Office. After award of the contract, all responses, documents, and materials submitted by the bidder pertaining to this RFP will be considered public information and will be made available for inspection, unless otherwise determined by the Director of Purchasing, under the laws of the State of Delaware. All data, documentation, and innovations developed as a result of these contractual services shall become the property of the State of Delaware. Based upon the public nature of these Professional Services (RFP) Proposals a bidder must inform the state in writing, of the exact materials in the offer which CANNOT be made a part of the public record in accordance with Delaware's Freedom of Information Act, Title 29, Chapter 100 of the Delaware Code.

If a bidder wishes to request a debriefing, he must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, 1901 N. duPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request.

O. Delaware Contract Language

The State will not entertain any modifications to the language of the boilerplate contract. By submitting a proposal to this RFP, the bidder agrees to be bound by the terms and conditions in that contract document.

VI. SELECTION PROCESS

All proposals submitted in response to this Request for Proposal will be reviewed by a neutral, qualified, professional Selection Committee composed of the project coordinator and other appropriate Division representatives. The Selection Committee will review, score and rank each applicant's proposal. Upon completion of its review, the Committee shall make recommendations for award(s) based on the scoring process. The final selection of a CONTRACTOR or CONTRACTORS will be made by the Director of the Division of Social Services, based upon the recommendations of the Selection Committee. If necessary, oral reviews/ negotiations may be requested.

Proposal Evaluation Criteria

Each proposal will be rated against review criteria corresponding to the items outlined below. Points will be awarded to each area:

<u>CRITERIA</u>	<u>Assigned Points</u>
*Meets Mandatory RFP Provisions	PASS/FAIL
Organization, Staff Qualifications and Experience	20
Understanding the Scope of the Project	30
Work Plan and Proposed Methodology	30
Fiscal	20
Total	100

Proposals submitted will be objectively reviewed against the following specific scoring criteria:

Criterion A Organization, Staff Qualification and Experience (Total 20 points)

The bidder must demonstrate sufficient background and experience in providing the services requested.

Personnel Questions

- What level of experience do the individuals assigned to the project have or what other experience that may be similar?
- Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the services requested?
- How extensive is the applicable education and experience of personnel?

Firm Questions

- Has the firm demonstrated experience in performing similar services on time/with good results and within budget?
- How successful is the general history of the firm regarding services and/or completion of projects?

Criterion B Understanding the Scope of the Project (Total 30 Points)

- Has the bidder demonstrated a thorough understanding of the purpose and scope of the services?
- How well has the bidder identified pertinent issues and potential problems related to the services?
- Has the bidder demonstrated that they understand the expected outcomes?
- Has the bidder demonstrated that they understand the state's timetable and can meet it?
- Has the bidder demonstrated that their program design will achieve desired milestones?

Criterion C Work Plan and Proposed Methodology (Total 20 pts.)

- Proposed services fit RFP needs.
- Does the methodology (sampling plan, framework, survey instruments, procedures, and data collection) fully address requirements and capabilities of the RFP Scope of Services?

Criterion D Fiscal (Total 20 Points)

- The bidder demonstrates that the proposed prices are reasonable, fall within an estimated range and are competitive.
- Costs are adequate to provide services.
- Budget is accurate and documents all costs.
- Administrative and program costs are adequately detailed.

Notification to all Bidders

Bidders shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years, by State Department, Division, contact person (with address & telephone number), period of performance and amount of contract. The Selection Committee will consider these as additional references and will contact each of these sources.

Information regarding bidder performance gathered from these sources will be included in the Committee's deliberations and factored in to the final scoring of the proposal. Failure to list any contract as required by this paragraph will be grounds for immediate rejection of the proposal.

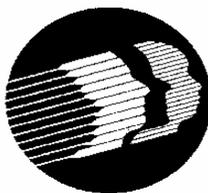
Upon selection of a contractor, a Division of Social Services representative(s) will enter into negotiations with the bidder to establish a contract.

Note Regarding Project Cost

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in judgment of the Selection Committee, a lack of sufficient budgeted resources would jeopardize the successful completion of the project.

F O R M S

(To be completed, signed and included in the proposal package)



STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES

BIDDERS SIGNATURE FORM

Name of Bidder _____
Signature of Authorized Person _____
Type in Name of Authorized Person _____
Title of Authorized Person _____
Street Name/Number _____
City, State, and Zip Code _____
Contact Person _____
Telephone Number _____
Fax Number _____
Date _____
Bidder's Federal Employers Identification No. _____
Delivery Day/Completion Time _____
F.O.B. _____
Terms _____

THE FOLLOWING MUST BE COMPLETED BY THE VENDOR

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY DELAWARE HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) _____ HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASES OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.



STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES

Certification Sheet

As the official representative for the proposer, I certify on behalf of the agency that:

- A. They are a regular dealer in the services being procured.
- B. They have the ability to fulfill all requirements specified for development within this RFP.
- C. They have independently determined their prices.
- D. They are accurately representing their type of business and affiliations.
- E. They will secure a Delaware Business License.
- F. f. They have acknowledged that no contingency fees have been paid to obtain award of this contract.
- G. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- H. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- I. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- J. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.
- K. They (check one) operate ___ an individual; ___ a Partnership ___ a non-profit (501 C-3) organization; ___ a not-for-profit organization; or ___ for Profit Corporation, incorporated under the laws of the State of_____.
- L. The referenced proposer has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services
- M. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

N. They (check one): _____ are; _____ are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

Violations and Penalties:

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

1. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.
2. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Date

Signature & Title of Official Representative

Type Name of Official Representative



STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES

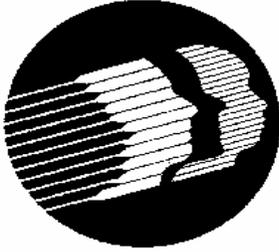
Statement of Compliance Form

As the official representative for the CONTRACTOR, I certify on behalf of the agency that:

They will comply with all Federal and Delaware laws and regulations pertaining to equal employment opportunity and affirmative action. In addition, compliance will be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in the collection and reporting of data.

Authorized Signature _____

Title _____



Date _____

OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM

IF YOUR FIRM WISHES TO BE CONSIDERED FOR ONE OF THE CLASSIFICATIONS LISTED BELOW, THIS PAGE MUST BE SIGNED, NOTARIZED AND RETURNED WITH YOUR PROPOSAL.

COMPANY NAME _____

NAME OF AUTHORIZED REPRESENTATIVE (Please print) _____

SIGNATURE _____

COMPANY ADDRESS _____

TELEPHONE # _____

FAX # _____

EMAIL ADDRESS _____

FEDERAL EI# _____

STATE OF DE BUSINESS LIC# _____

Note: Signature of the authorized representative must be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

Organization Classifications (Please circle)

Women Business Enterprise (WBE) Yes/No

Minority Business Enterprise (MBE) Yes/No

Please check one---Corporation _____

Partnership _____ Individual _____

For appropriate certification (WBE), (MBE), (DBE) please apply to Office of Minority and Women Business Enterprise Phone # (302) 739-4206 L. Jay Burks, Executive Director Fax# (302) 739-1965 Certification # _____ Certifying Agency _____

<http://omwbe.del.gov>

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC _____ MY COMMISION EXPIRES _____

CITY OF _____ COUNTY OF _____ STATE OF _____

Definitions

The following definitions are from the State Office of Minority and Women Business Enterprise.

Women Owned Business Enterprise (WBE):

At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

Minority Business Enterprise (MBE):

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

Corporation:

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

Partnership:

An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

Individual:

Self-explanatory

For certification in one of above, the bidder must contract:

L. Jay Burks

Office of Minority and Women Business Enterprise

(302) 739-4206

Fax (302) 739-1965

CONTRACT

A) Introduction

1. This contract is entered into between the Delaware Department of Health and Social Services (the Department), Division of _____ (Division) and _____ (the Contractor).
2. The Contract shall commence on _____ and terminate on _____ unless specifically extended by an amendment, signed by all parties to the Contract. Time is of the essence. (Effective contract start date is subject to the provisions of Paragraph C 1 of this Agreement.)

B) Administrative Requirements

1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.
2. The Contractor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.
3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:

	a) Comprehensive General Liability	\$1,000,000
and	b) Medical/Professional Liability	\$1,000,000/ \$3,000,000
or	c) Misc. Errors and Omissions	\$1,000,000/\$3,000,000
or	d) Product Liability	\$1,000,000/\$3,000,000

All contractors must carry (a) and at least one of (b), (c), or (d), depending on the type of service or product being delivered.

If the contractual service requires the transportation of Departmental clients or staff, the contractor shall, in addition to the above coverage, secure at its own expense the following coverage:

e) Automotive Liability (Bodily Injury)	\$100,000/\$300,000
f) Automotive Property Damage (to others)	\$ 25,000

4. Notwithstanding the information contained above, the Contractor shall indemnify and hold harmless the State of Delaware, the Department and the Division from contingent liability to others for damages because of bodily injury, including death, that may result from the Contractor's negligent performance under this Contract, and any other liability for damages for which the Contractor is required to indemnify the State, the Department and the Division under any provision of this Contract.
5. The policies required under Paragraph B3 must be written to include Comprehensive General Liability coverage, including Bodily Injury and Property damage insurance to protect against claims arising from the performance of the Contractor and the contractor's subcontractors under this Contract and Medical/Professional Liability coverage when applicable.
6. The Contractor shall provide a Certificate of Insurance as proof that the Contractor has the required insurance. The certificate shall identify the Department and the Division as the "Certificate Holder" and shall be valid for the contract's period of performance as detailed in Paragraph A 2.
7. The Contractor acknowledges and accepts full responsibility for securing and maintaining all licenses and permits, including the Delaware business license, as applicable and required by law, to engage in business and provide the goods and/or services to be acquired under the terms of this Contract. The Contractor acknowledges and is aware that Delaware law provides for significant penalties associated with the conduct of business without the appropriate license.
8. The Contractor agrees to comply with all State and Federal licensing standards and all other applicable standards as required to provide services under this Contract, to assure the quality of services provided under this Contract. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.

a) If a contractor is under the regulation of any Department entity and has been assessed Civil Money Penalties (CMPs), or a court has entered a civil judgment against a Contractor or vendor in a case in which DHSS or its agencies was a party, the Contractor or vendor is excluded from other DHSS contractual opportunities or is at risk of contract termination in whole, or in part, until penalties are paid in full or the entity is participating in a corrective action plan approved by the Department.

A corrective action plan must be submitted in writing and must respond to findings of non-compliance with Federal, State, and Department requirements. Corrective action plans must include timeframes for correcting deficiencies and must be approved, in writing, by the Department.

The Contractor will be afforded a thirty (30) day period to cure non-compliance with Section 8(a). If, in the sole judgment of the Department, the Contractor has not made satisfactory progress in curing the infraction(s) within the aforementioned thirty (30) days, then the Department may immediately terminate any and/or all active contracts.

9. Contractor agrees to comply with all the terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, local or any other anti discriminatory act, law, statute, regulation or policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability or any other unlawful discriminatory basis or criteria.
10. The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability.
11. This Contract may be terminated in whole or part:
 - a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
 - b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services as described in Appendix B,
 - c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified in Appendix A.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

12. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested to the addresses listed below. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.

To the Division at:

To the Contractor at:

13. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.
14. This Contract shall not be altered, changed, modified or amended except by written consent of all Parties to the Contract.
15. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.
16. This entire Contract between the Contractor and the Department is composed of these several pages and the attached:

Appendix A - Divisional Requirements

Appendix B - Services Description

Appendix C - Contract Budget

Appendix

17. This Contract shall be interpreted and any disputes resolved according to the Laws of the State of Delaware. Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.
18. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.
19. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.

20. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this agreement, by improperly influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the agreement without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift or consideration.
21. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.
22. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor's obligations under this Contract.
23. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.
24. If the amount of this contract listed in Paragraph C2 is over \$100,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this agreement, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.

C) Financial Requirements

1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, *if required by the State of Delaware Budget and Accounting Manual*, and all policies and procedures of the Department of Finance have been met. The obligations of the Department under this Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.
2. Total payments under this Contract shall not exceed \$ _____ in accordance with the budget presented in Appendix C. Payment will be made upon receipt of an itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.
3. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials or services which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.
4. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.
5. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.
6. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.

7. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.
8. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties pursuant to Paragraph B 14.

D) Miscellaneous Requirements

1. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM # 46, effective 3/11/05), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services, including providing testimony at any administrative proceedings arising from such investigations. The policy and procedures are included as Appendix _____ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the position(s) responsible for the PM46 process in the provider agency. Documentation of staff training on PM46 must be maintained by the Contractor.
2. The Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with the provisions of 29 Del. Code, Chapter 58: "Laws Regulating the Conduct of Officers and Employees of the State," and in particular with Section 5805 (d): "Post Employment Restrictions."
3. *When required by Law*, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del. Code Section 708; and 11 Del. Code, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.
4. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 40, and divisional procedures regarding conducting criminal background checks and handling adverse findings of the criminal background checks. This policy and procedure are included as Appendix _____ to this

Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the title of the position(s) responsible for the PM40 process in the contractor's agency.

5. All Department campuses are tobacco-free. Contractors, their employees and sub-contractors are prohibited from using any tobacco products while on Department property. This prohibition extends to personal vehicles parked in Department parking lots.

E) Authorized Signatures:

For the Contractor:

Name

Title

Date

For the Department:

Vincent P. Meconi
Secretary

Date

For the Division:

Director

Date

APPENDICES

2007 MARKET RATE SURVEY

2007 CHILD CARE MARKET RATE SURVEY RESULTS

**SURVEY FOR DELAWARE CHILD CARE
CENTERS FOR THE 2007 MARKET RATE SURVEY**

1. BEFORE WE BEGIN, I NEED TO ASK: Are you presently providing child care services to children in your program at this site? (confirm site address) [PROBE: "child care services" include types of programs such as: early childhood education programs, child development programs, school-age programs, infant/toddler programs, early learning programs, or child care center programs.]

1. NO ____

If NO, continue

2. YES ____

If YES, Go to 1B

- 1A. Have you served any children within the past month or do you expect to serve any children within the next month?

1. NO ____

If NO, continue

Thank you for participating in this survey. That's all I need to ask you at this At this time.

2. YES _____

If YES, continue

Please refer to these children when I ask you about children you are presently serving. GO to 1B

- 1B. In your program at this site, are any of the children enrolled 30 or more hours per week? [PROBE: this usually means 6 or more hours per day.]

1. NO ____

If NO, Go to 1C

2. YES _____

If YES, GO to 1D

- 1C. Do any school-age children attend your program at this site? "School-age children" are from first grade through 12 years of age. [PROBE: This does not include kindergarten care.]

1. NO ____

If NO, END

2. YES _____

GO to 1D

1D. How many children in TOTAL are presently enrolled in your program at this site? (Please estimate)

[PROBE: This does not mean your licensed capacity, but the TOTAL number of children enrolled in your child care program over the course of a week. This includes infants, toddlers, preschoolers, and school age children at this site, as well as children who attend full time and part time. It also includes both state-subsidized and private-paying children. "Children" can be from 1 month through 12 years of age.]

_____ children

6 Of these "X" children, please estimate how many are subsidized by the state? This includes certificates and state contracts. [PROBE: This does NOT include "self-arranged" care. State contracts may be referred to as "Purchase of Care" and "Purchase of Care Plus"]

_____ children

INTERVIEWER:

CALCULATE PERCENTAGE Q2/Q1D
(Interviewers CATI system will do this.)

2A. 0% NONE

2B. Between 1% - 99%

2C. 100% (ALL)

If NONE
If 1B =
"Yes", Go
To Q3;
If 1B =
No", Go to
Q7

READ:
When I ask you questions
in this survey about your
rates, please tell me what
you charge the GENERAL
PUBLIC for children
that are not subsidized.
We only want information
about "private-paying"
children. (If 1B = "Yes", Go

READ:
That's all I
need to ask.
Thank you.

to Q3; If 1B = "No" Go to Q7

FULL-TIME PRESCHOOLERS

3. The definition we will be using for full-time is 30 hours or more per week. For the (*private paying*) children enrolled in your program full-time, are any of these children pre-schoolers, ages 2 years through 5 years, including the kindergarten year?

1. NO _____ 2. YES _____
IF "NO" Go to Q4 IF "YES" Continue

- 3a. Using our definition of full-time as 30 hours or more per week, what rate do you charge for your basic full-time preschool rate (*for private paying children*)? In quoting your rate, please do not "add on" any fees above your regular rate, and please do not deduct for any discounts or subsidies. Subsidies include a "sliding-fee scale" or a "sibling discount".

\$ ____ . ____ (per) (b) _____ (unit)

[TO INTERVIEWER: If Respondent has more than one full-time program or full-time rate, ask for the rate for the full-time program that is most commonly used by the parents of the preschoolers. If Respondent replies that there is no one full-time rate that is most commonly used, ask for the highest rate. If Respondent only has a "sliding-fee scale", take the highest rate on the scale.]

[TO INTERVIEWER: for those who don't give a "unit" ask: "What unit is that?" and ask question next to the unit reported.]

- 3b.
- 01.) PER HOUR How many hours per day? (average) _____.
[PROBE: What is the average number of hours/day these preschoolers are enrolled?]
- 02.) PER 1/2 DAY: How many hours per 1/2 day? (av) _____.
[PROBE: What is the average number of hours/day these preschoolers are enrolled for the 1/2 day?]

How many hours per full day? (av) _____.____
[PROBE: What is the average number of hours/ day preschoolers are enrolled for a full day?]

03.) PER DAY

04.) PER WEEK How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week these preschoolers are enrolled?]

05.) PER MONTH How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week these preschoolers are enrolled?]

7 PER

SEMESTER

How many weeks in a SEMESTER?
(estimate) _____ . _____

How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week these preschoolers are enrolled?]

07.) PER SCHOOL YEAR How many days per school year? (estimate)
_____ . _____

08.) PER YEAR How many days per year? (estimate)
_____ . _____

09.) PER OTHER: _____

How many days in this unit? (av) _____.____
[PROBE: How many days do you provide child care services for this fee?]

3c. How many (private-paying) preschoolers are presently enrolled in your full-time program at this site? (Please estimate)

FULL-TIME TODDLERS

4. For the (*private-paying*) children presently enrolled in your program full-time, 30 or more hours per week, are any of these children toddlers, between 12 months and 24 months of age?

1. NO _____ 2. YES _____
IF NO, GO to Q5 IF YES, Continue

- 4a. What do you charge for your basic full-time toddler rate (*for private paying children*)? Please do not “add on” any additional fees above your regular rate and please do not deduct for any discounts or subsidies. Subsidies include a “sliding-fee scale” or a “sibling discount”.

\$ _____ . _____ (per) (b) _____ (unit)

[TO INTERVIEWER: If Respondent has more than one full-time program or full-time rate, ask for the rate for the full-time program that is *most commonly used* by the parents of the toddlers. If Respondent replies that there is no one full-time rate that is most commonly used, ask for the highest rate. If Respondent only has a “sliding-fee scale”, take the highest rate on the scale.]

[TO INTERVIEWER: for those who don't give a “unit” ask: “What unit is that?” and ask question next to the unit reported.]

4b.

- 01.) PER HOUR How many hours per day? (average) _____
[PROBE: What is the average number of hours/day these toddlers are enrolled?]

- 02.) PER 1/2 DAY: How many hours per 1/2 day? (av) _____
[PROBE: What is the average number of hours/day these toddlers are enrolled for the 1/2 day?]

How many hours per full day? (av) _____.____
[PROBE: What is the average number of hours/ day
toddlers are enrolled for a full day?]

03.) PER DAY

04.) PER WEEK How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week
these toddlers are enrolled?]

05.) PER MONTH How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week
these toddlers are enrolled?]

8 PER

SEMESTER

How many weeks in a SEMESTER?
(estimate)

_____ . _____

How many days per week? (average) _____.____
[PROBE: What is the average number of day/ week
these toddlers are enrolled?]

07.) PER SCHOOL YEAR How many days per school year? (estimate)

_____ . _____

08.) PER YEAR How many days per year? (estimate)

_____ . _____

09.) PER OTHER: _____

How many days in this unit? (av) _____.____

[PROBE: How many days do you provide child care services for this fee?]

4c. How many (private-paying) toddlers are presently enrolled in your full-time program at this site? (Please estimate)_____

FULL-TIME INFANTS

5. For the (*private paying*) children presently enrolled in your program full-time, 30 or more hours per week, are any of these children infants, under 12 months or age?

1. NO _____ 2. YES _____
IF NO, GO to Q6 IF YES, Continue

5a. What do you charge for your basic full-time infant rate (*for private paying children*)? [PROBE: Please do not “add on” any additional fees above your regular rate and please do not deduct for any discounts or subsidies. Subsidies include a “sliding-fee scale” or a “sibling discount”.]

(a) \$ ____ . ____ (per) (b) _____ (unit)

[TO INTERVIEWER: for those who don't give a “unit” ask: “What unit is that?” and ask question next to the unit reported.]

5b.

01.) PER HOUR How many hours per day? (average) _____.
[PROBE: What is the average number of hours/day these infants are enrolled?]

02.) PER 1/2 DAY: How many hours per 1/2 day? (av) _____.
[PROBE: What is the average number of hours/day these infants are enrolled for the 1/2 day?]

How many hours per full day? (av) _____.____
[PROBE: What is the average number of hours/day
infants are enrolled for a full day?]

03.) PER DAY

04.) PER WEEK How many days per week? (average) _____.____
[PROBE: What is the average number of day/week
these infants are enrolled?]

05.) PER MONTH How many days per week? (average) _____.____
[PROBE: What is the average number of day/week
these infants are enrolled?]

06.) PER SEMESTER How many weeks in a SEMESTER?
(estimate) _____ . _____

How many days per week? (average) _____.____
[PROBE: What is the average number of day/week
these infants are enrolled?]

07.) PER SCHOOL YEAR How many days per school year? (estimate)
_____ . _____

08.) PER YEAR How many days per year? (estimate)
_____ . _____

09.) PER OTHER: _____

How many days in this unit? (av) _____.____

[PROBE: How many days do you provide child care services for this fee?]

- 5c. How many (private paying) infants are presently enrolled in your full-time program at this site? (Please estimate)

After-school Care

6. Now, at this site, do you presently provide child-care services for any (*private-paying*) **school age children**? School-age children are from first grade through 12 years of age. [PROBE: This can be for “after school care”, or for “before AND after school” care held at this site. This does NOT include kindergarten care. “Private-paying” means that the parents pay for the childcare, it is not paid by the state.]

1. NO _____ 2. YES _____
IF NO, GO to Q8 IF YES, Continue

[**DIRECTION FOR INTERVIEWER:** The “site” is identified by the name of the program, the site address or the telephone number. If Respondent reports that school-age children are served only at a different site, go to Q8.]

7. For these (private-paying) school-age children, do you provide ‘after-school’ care at this site? [PROBE: “AFTER-SCHOOL” care is care during *any* hours between 2 P. M. and 6:30 P.M “School-age children” are from first grade through 12 years of age.]

1. NO _____ 2. YES _____
IF NO, GO to Q8 IF YES, Continue

- 7a. What rate do you charge for “after-school-care” for (*private-paying*) school-age children? In quoting your rate, please do not “add-on” any additional fees above your regular rate and please do not deduct for any

discounts such as a “sibling discount”. [PROBE: A discount may also be called a “sliding-fee” scale.]

\$ _____ . _____(unit)

[DIRECTION FOR INTERVIEWER: If Respondent has more than one after-school rate, ask for the MOST COMMONLY USED rate for these children. If the Respondent cannot give one rate, ask for the highest rate.]

[DIRECTION FOR INTERVIEWER: If Respondent reports a “Before AND After School” rate, say that we are only asking for an “after-school” rate and re-read Question 7a. If R. does not have *only* an ‘after-school’ rate, go to Q8]

7b. [PROBE: FOR THOSE WHO DON’T GIVE A “UNIT”, BY SAYING: “Is this amount”: then, ASK QUESTION NEXT TO THE UNIT QUOTED BY THE RESPONDENT.]

If “unit” is given in 7a. ask question next to the unit reported.)

01) PER HOUR How many hours-per-day are the school-age children in your ‘after-school’ program? [PROBE: Please estimate an average number of hours per day.]

_____ . _____ HOURS

IF RESPONDENT CANNOT GIVE THIS, ASK:

How many hours-per-week do the school -age children come for ‘after-school’ care? (average)

_____ . _____ HOURS

How many days-per-week do the school-age children come for ‘after-school’ care? (average)

_____ . _____ DAYS

02) PER 1/2 DAY

How many hours per 1/2 day? (av) _____.____
[PROBE: What is the average number of
hours per 1/2 day for these children.]

How many hours per full day? (average)
[PROBE: What is the average number of hours for a full
day in your program.]

_____ . _____

03) PER AFTER-
NOON

How many hours *per afternoon* are the school-
age children in your care? (average)

_____ . _____

04) PER DAY

How many hours-per-day are the school-age
children in your 'after-school' program? (average)

_____ . _____

05) PER WEEK

How many days per week? __. __DAYS
[PROBE: What is the average number of days-per-week
these children are enrolled?]

_____ . _____

How many hours-per-day are the school-age
children in your "after-school" program? (average)

_____ . _____

06) PER MONTH

How many days per week? _____.____DAYS
[PROBE: What is the average number of days-per-week
these children are enrolled?]

How many hours-per-day are the school-age
children in your "after-school" program? (average)

_____ . _____

07) PER
SEMESTER

How many weeks in a SEMESTER?
(estimate) _____ . _____

How many days per week? _____ . _____
[PROBE: What is the average number of days-per-week
these children are enrolled?]

How many hours-per-day are the school-age
children in your "after-school" program? (average)
_____ . _____

08) PER SCHOOL
YEAR

How many days per school year? (estimate)
_____ . _____

How many hours-per-day are the school-age
children in your "after-school" program? (average)
_____ . _____

09.) PER OTHER

Please explain: _____

How many days in this unit? . DAYS

How many hours-per-day are the school-age
children in your 'after-school' program? (average)
_____ . _____

7c. How many (private-paying) school-age children are presently
enrolled in your after-school program at this site?

ODD-HOUR CARE

8. Now I will be asking you about "odd-hour" care, that is evening care,
overnight care, and weekend care. Within the past month, have you

provided **evening care, overnight care, or weekend care** for any (private paying) child? [PROBE: **Evening care** could be care for any evening hours, for example from 7 P.M. – 11 P.M, for any evening Monday to Friday. **Overnight care** could be care for any overnight hours, for example 11 P.M. – 6 A.M., for any evening Monday to Friday. **Weekend care** is Saturday care, Sunday care, or Saturday through Sunday care]

If “YES” go to Q9 If “NO” go to Q16

9. Were you paid for providing this odd-hour care? _____
[PROBE: “Paid” means that you received a payment specifically for the odd-hour care, that you do not provide this odd-hour care for free, or as part of your rate for your regular child care. Odd-hour care does not include “late pick-up” fees.]

If “YES” go to Q10 If “NO” go to Q16

EVENING CARE

10. Did you provide **evening care** for any (private paying) child within the past month and receive a payment for that care?
[PROBE: “evening care” is care during evening hours, for example from 7 P. M. to 11 P.M, for any evening Monday through Friday.]

a. YES _____
IF “YES” GO TO Q11

b. NO _____
IF “NO” GO TO Q12

11. What rate did you charge for this evening care? In quoting your rate, please do not “add on” any additional fees above your regular evening-care rate, and please do not deduct for any discounts or subsidies.

\$(a)____. ____ per (b)____

[DIRECTION FOR INTERVIEWER: This should be a rate for only one child.]

11b. 01.) hour

02.) 1/2 day How many hours per 1/2 day for this evening care? (average)

_____ . _____

03.) day How many hours per day for this evening care? (average)

_____ . _____

04.) evening How many hours per evening for this care? (average)

_____ . _____ hours

05.) week How many hours of care did you provide for this fee? _____
[PROBE: How many hours per week for this evening care?]

06.) other Explain _____

How many hours of care did you provide for this fee?
[PROBE: How many hours in this unit (av)?]

_____ . _____ hours

OVERNIGHT CARE

12. Did you provide overnight care for any (private paying) child

within the past month and receive a payment for that care? [PROBE: "overnight care" is care for any overnight hours, for example 11 P.M. - 6 A.M., for any evening Monday to Friday.]

a. yes _____
IF "YES" GO TO Q13

b. no _____
IF "NO" GO TO Q14

13. What rate did you charge for this overnight care? In quoting your rate, please do not "add on" any additional fees above your regular "overnight" rate, and please do not deduct for any discounts or subsidies.
\$(a)____. ____per (b)____

[DIRECTION FOR INTERVIEWER: This should be a rate for only one child.]

13b.

01.) hour

02.) 1/2 day

How many hours per 1/2 day for this overnight care? (average)

_____ . _____

03.) day

How many hours for this overnight care? (average)

[PROBE: How many hours of care did you provide for this fee?]

_____ . _____

04.) night or evening

How many hours of care did you provide for this fee? [PROBE: How many hours per night or evening for this overnight care? (average)]

_____ . _____ hours

05.) week

How many hours of care did you provide for this fee?

_____ . _____ hours

]PROBE: How many hours-per- week for this overnight care?]

06.) other

Explain _____

How many hours of care did you provide for this fee?

[PROBE: How many hours in this unit?]

_____ . _____hours

WEEKEND CARE

14. Did you provide **weekend care** for any (private paying) child within the past month and receive a payment for that care? [PROBE: Weekend care includes Saturday care, Sunday care, or Saturday through Sunday care.)

a. YES _____
GO TO Q15

b. NO _____
GO TO Q16

15. What rate did you charge for this weekend care? In quoting your rate, please do not "add on" any additional fees above your regular weekend rate, and please do not deduct for any discounts or subsidies.

\$(a)____. ____per (b)____

[DIRECTION FOR INTERVIEWER: This should be a rate for only one child.]

15b.

01.) hour

02.) 1/2 day

How many hours per 1/2 day for this weekend-care? (average)

_____ . _____

03.) day

How many hours per day for this week-end care? (average)

[PROBE: How many hours of care did you provide for this fee?]

_____ . _____

04.) per day and evening

How many hours of care did you provide for this fee? [PROBE: How many hours for this weekend-care? (average)]

_____ . _____

05.) week-end

How many hours of care did you provide for this fee? [PROBE: How many hours per weekend for this care? (average)]

_____ . _____

If R. cannot give this:

How many days for this care?

_____ . _____

How many hours per day?

06.) other

_____ . _____
Explain _____

How many hours of care did you provide for this fee? [PROBE: How many hours in this unit?]

_____ . _____hours

CHILDREN WITH SPECIAL NEEDS

16. Now I just have a questions or two remaining. Are you presently serving ANY special needs child in your program, private paying or state subsidized? For this survey, "special needs" means a child from infancy through 18 years of age who is diagnosed with physical, emotional, or developmental needs requiring special care.

[PROBE: "ANY" special needs child can be attending full time or part time and can be a private paying or state-subsidized child.]

1. NO _____

If "NO" go to END

2. Yes _____

If "YES" go to Q17

[**DIRECTION TO INTERVIEWER:** If Respondent questions if a type of illness or situation is "special needs" ...tell the Respondent she should decide if the child is 'special needs'.]

17. Are there any additional costs to you for serving this special needs child or children? {PROBE: Does it cost **you** any more to have the special needs child or children in your program than to have the other children in your program?]

1. NO _____

2. Yes _____

If "NO" go to END If "YES" go to Q18

18. Please estimate how much of an additional cost it is **to you** to have the special needs child or children in your program? Would you estimate that the higher cost to you is:

1.) 5% 2.) 10% 3.) 15% 4.) 20%

17. another amount (explain) _____

Thank you for participating in this survey.

**Delaware Family Child Care
2007 Child Care Market Rate Survey (2/22/07)**

1. As a family child care provider, are you presently serving children in your program and receiving payment for your services?

1. no ____

If "No, continue to 1B

2. yes ____

If Yes, go to 1A.

1A. How many children are enrolled in your _____ daytime program, for whom you receive payment? [PROBE: This does not mean your licensed capacity, but the total number of children enrolled over the course of a week, for the program that you operate during day-time hours.

"day-time hours" means *any hours* between 5:30 A.M. and 7 P.M.

"total number of children" means private- paying children and children subsidized by the state.]

_____ # of children

GO TO Q2

1B. In your child care program held during the day, have you served any children within the past month or do you expect to serve any children within the next month? [PROBE: "during the day" means *any hours* between 5:30 A.M. and 7 P.M.]

1. no ____ If "No", READ 2. yes ____ If "YES", go to 1C.

Thank you for participating in this survey. That's all I need to ask of you. Have a nice day.

(Enter final disposition)

1C. Were you paid for the children you served during the past month... or will you be paid for the children you will serve within the next month?

1. no ____
If NO, READ

2. yes ____
If YES, go to 1D.

Thank you for participating in this survey. That's all I need to ask of you. Have a nice day.

END FINAL DISPOSITION

1D. How many children is this altogether? _____
[PROBE: Please give me the number of children you served within the past month or will serve within the next month... for which you are paid.]

READ: "Throughout this survey please refer to this child or these children when I ask you questions about the children you are serving in your program."

18. Do you have the worksheet that we sent to you handy? (If NO, "Let's go ahead anyway. These questions are straightforward.")

Are any of the "X" children in your program subsidized by the state through Purchase of Care or Purchase of Care Plus?
[PROBE: This means that the state directly pays the provider through a contract. This does not include "self arranged" care.]

1. no ____
GO to Q 2B3

2. yes ____
GO to Q2A

2A. How many children are subsidized by Purchase of Care or Purchase of Care Plus? [PROBE: state subsidies can be referred to as "contracted" care.]

_____ # of CHILDREN
(IF "0" go to Q2B3)

2B1. Between 1-99%
READ:

2B2. 100% (ALL)
READ:

"For the questions I will be asking
You in this survey, please give me
information and rates ONLY for the
Children that are not subsidized
By the state. We only want rate
information about private-paying children.

Thank you.
That's all I
need to ask.
END.

Now, if you eliminate the state-subsidized children from your enrollment,
how many children are left?"

_____ # of children
GO to Q2B3

2B3. Of these "X" (private-paying) _____ children, how many attend your
program 30 hours or more per week? [PROBE: this generally
means 6 or more hours per day.]

_____ # of children
(IF > "0", GO to Q3
= "0", GO to Q19)

3. INTERVIEWER: SELECT APPROPRIATE CATEGORY:

1. IF "8" CHILDREN OR LESS

2. IF "9" OR MORE

READ:

For first part of this survey, please select eight of the children who attend your program full time, 30 hours or more per week, and give me information for those eight children. If possible, also select children of different ages.

I will now be asking you questions about your enrollment and rates for the children who attend your program full time, 30 hours or more per week, for whom you receive payment. PLEASE do not give me information about any child that you serve for free. In addition, for the first part of this survey, please do not give me information about any school age child.

(If you have your worksheet handy, this would be a good time to use it.)

(If respondent has over three children, READ:

("If you don't have the worksheet handy, you might want to jot down the names of the children and check off each child as you give me the information.")

PART 1: YOUR REGULAR CHILD CARE PROGRAM

CHILD 1

4. Let's start with the first (private paying) child attending your program full time, 30 hours or more per week. What is this child's age?

____. ____ MONTHS, ____ . ____ YEARS

- 4a. What rate do you charge for care for this child? In quoting your rate, please do not "add on" any fees that are above your basic rate...and please do not deduct for any discounts. If you have already deducted for a "sibling discount" or a sliding-fee scale, please tell me what the full rate is without the discount.

\$(a) _____ per _____ (b) (unit)

[DIRECTION FOR INTERVIEWER: If Respondent has two or more children in care from one family and the family pays in one lump sum, say: "Please estimate an amount for this child."]

[DIRECTION FOR INTERVIEWER: If Respondent reports that she has more than one rate for this child, ask for the *most commonly used rate* for this child. If Respondent cannot do this, ask for the highest rate that the provider charges for this child.]

- 4b. [PROBE: FOR THOSE WHO DON'T GIVE A "UNIT", BY SAYING: "Is this amount": then, ASK QUESTION NEXT TO THE UNIT QUOTED BY THE RESPONDENT.

If "unit" is given in 4a ... ask question next to the unit reported.)

- 01) Per hour How many hours-per-day does this child usually attend your program? [PROBE: Please estimate an average number of hours per day.]

_____ . _____ HOURS

IF RESPONDENT CANNOT GIVE THIS, ASK:

“How many hours was this child in your care last week?”

_____ . _____ HOURS

“How many days did child attend last week?”

_____ . _____ DAYS

- 02) Per 1/2 day How many hours per 1/2 day? (av) ____ . ____
[PROBE: What is the average number of hours per 1/2 day.]
- How many hours-per-day? (average) ____ . ____
[PROBE: What is the average number of hours-per-full day.]
- 03) Per day How many hours-per-day? (average) ____ . ____
[PROBE: What is the average number of hours-per-day the child attends.]
- 04) Per week How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week the child attends.]
- How many hours-per-day? (average) ____ . ____
[PROBE: What is the average number of hours-per-day the child attends.]

05) Per month How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week
the child attends.]

How many hours-per-day? (average) _____.__
[PROBE: What is the average number of hours-per-day
the child attends.]

06) Per other Please explain: _____

How many hours-per-day? (average) _____.__
[PROBE: What is the average number of hours-per-day
the child attends.]

4C. Does this child attend your program 30 hours or more per week?
(average)

_____ YES

_____ NO

5. DOES RESPONDENT HAVE A SECOND CHILD IN HER PROGRAM?

NO _____

If NO, Go to Q19

YES _____

If YES, CONTINUE

CHILD 2

6. For the second (private paying) child attending your program full time.
What is this child's age?
[Full time = 30 hours or more per week.]

____. ____ MONTHS, _____ . ____ YEARS

- 6a. What rate do you charge for care for this child? [PROBE: In quoting your rate, please do not "add on" any fees that are above your basic rate...and please do not deduct for any discounts. If you have already deducted for a "sibling discount" or a sliding-fee scale, please tell me what the full rate is without the discount.]

\$(a) _____ per _____ (b) (unit)

[**DIRECTION FOR INTERVIEWER:** IF Respondent has two or more children in care from one family and the family pays in one lump sum, say: "Please estimate an amount for this child."]

[**DIRECTION FOR INTERVIEWER:** If Respondent reports that she has more than one rate for this child, ask for the *most commonly used rate* for this child. If Respondent cannot do this, ask for the highest rate that the provider charges for this child.]

- 6b. [PROBE: FOR THOSE WHO DON'T GIVE A "UNIT", BY SAYING: "Is this amount": then, ASK QUESTION NEXT TO THE UNIT QUOTED BY THE RESPONDENT.

If, "unit" is given in 6a ask question next to the unit reported.)

01) Per hour How many hours-per-day does this child usually attend your program? [PROBE: Please estimate an average number of hours-per-day.]

_____ . _____ HOURS

IF RESPONDENT CANNOT GIVE THIS,
ASK:

“How many hours was this child in your care last week?”

_____ . _____ HOURS

“How many days did child attend last week?”

_____ . _____ DAYS

02) Per 1/2 day How many hours per 1/2 day? (av) _____.____
[PROBE: What is the average number of hours per 1/2 day.]

How many hours-per-day? (average) _____.____
[PROBE: What is the average number of hours-per-full-day.]

03) Per day How many hours-per-day? (average) _____.____
[PROBE: What is the average number of hours-per-day this child attends.]

04) Per week How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week the child attends.]

How many hours-per-day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

05) Per month How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week the child attends.]

How many hours per day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

06) Per other Please explain: _____

How many hours-per-day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

6C. Does this child attend your program 30 hours or more per week?
(average)

_____ YES

_____ NO

7. DOES RESPONDENT HAVE A THIRD CHILD IN HER PROGRAM?

NO _____

If NO, Go to Q19

YES _____

If YES, CONTINUE

CHILD 3

8. Now for the third (private paying) child attending your program full time, 30 hours or more per week. What is this child's age?

____. ____ MONTHS, ____ . ____ YEARS

8a. What rate do you charge for care for this child? [PROBE: In quoting your rate, please do not "add on" any fees that are above your basic rate...and please do not deduct for any discounts. If you have already deducted for a "sibling discount" or a "sliding-fee scale", please tell me what the full rate is without the discount.

\$(a) _____ per _____ (b) (unit)

[DIRECTION FOR INTERVIEWER: IF Respondent has two or more children in care from one family and the family pays in one lump sum, say: "Please estimate an amount for this child."]

[DIRECTION FOR INTERVIEWER: If Respondent reports that she has more than one rate for this child, ask for the *most commonly used rate* for this child. If Respondent cannot do this, ask for the highest rate that the provider charges for this child.]

8b. [PROBE: FOR THOSE WHO DON'T GIVE A "UNIT", BY SAYING: "Is this amount": then, ASK QUESTION NEXT TO THE UNIT QUOTED BY THE RESPONDENT.

If, "unit" is given in 8a ... ask question next to the unit reported.)

01) Per hour How many hours-per-day does this child usually attend your program? [PROBE: Please estimate an average number of hours-per-day.]

_____ . _____ HOURS

IF RESPONDENT CANNOT GIVE THIS,
ASK:

“How many hours was this child in your care last week?”

_____ . _____ HOURS

“How many days did child attend last week?”

_____ . _____ DAYS

02) Per 1/2 day How many hours per 1/2 day? (av) _____.____
[PROBE: What is the average number of hours per 1/2 day.]

How many hours per day? (average) _____.____
[PROBE: What is the average number of hours-per-full-day.]

03) Per day How many hours-per-day? (average) _____.____
[PROBE: What is the average number of hours-per-day the child attends.]

04) Per week How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week the child attends.]

How many hours-per-day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

05) Per month How many days-per-week? ____ . ____ DAYS
[PROBE: What is the average number of days-per-week the child attends.]

How many hours-per-day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

06) Per other Please explain: _____

How many hours-per-day? (average) _____.
[PROBE: What is the average number of hours-per-day the child attends.]

8C. Does this child attend your program 30 hours or more per week?
(average)

_____ YES

_____ NO

9. DOES RESPONDENT HAVE A FOURTH CHILD IN HER PROGRAM?

NO _____

If NO, Go to
Q19

YES _____

If YES, CONTINUE

CHILD 4 - 8 (Q 10-18)
SCHOOL AGE

19. Now, I'd like to ask you a question about "school-age" children. "School-age" children are from first grade to 12 years of age.

Do any (private paying) school-age children come to your program for 'after-school' care? [PROBE: This does NOT include kindergarten care. "After-school" care is care during any hours between 2 P.M. and 6:30 P.M. "Private-paying" means that the parents pay for the child care, it is not paid by the state.]

1. NO _____ 2. YES _____
 IF NO, Go to Q21 If YES, Go to Q20

20. What rate do you charge for 'after-school' care for (private-paying) children? In quoting your rate, please do not "add-on" any additional fees above your regular rate and please do not deduct for any discounts such as a "sibling discount".
[PROBE: A discount may also be called a "sliding-fee" scale.]

[**DIRECTION TO INTERVIEWER:** If Respondent has more than one 'after-school' rate, ask for the rate MOST COMMONLY USED RATE for these children. If the Respondent cannot give one rate, ask for the highest rate.]

\$ _____ . _____ (unit)

20b. [PROBE: FOR THOSE WHO DON'T GIVE A "UNIT", BY SAYING: "Is this amount": then, ASK QUESTION NEXT TO THE UNIT QUOTED BY THE RESPONDENT.

If, "unit" is given in 20a. ask question next to the unit reported.)

01) Per hour How many hours-per-day is the school-age child in your 'after-school' program?
[PROBE: Please estimate an average number of hours-per-day for the after-school program.]

_____ . _____ HOURS

IF RESPONDENT CANNOT GIVE THIS, ASK:

How many hours-per-week do the school age children come for after-school care? (average)

_____ . _____ HOURS

How many days-per-week do the school-age children come for 'after-school' care? (average)

_____ . _____ DAYS

02) Per 1/2 day How many hours per 1/2 day? (av) _____.____
[PROBE: What is the average number of hours per 1/2 day for this care.]

How many hours-per-day? (average) _____.____
[PROBE: What is the average number of hours for a full day in your program.]

03) Per afternoon How many hours 'per afternoon' is the school-age child in your after-school program?
[PROBE: Please estimate an average number of hours-per-day for the after-school program.]

_____ . _____

04) Per day

How many hours-per-day is the school-age child in your 'after-school' program? [PROBE: Please estimate an average number of hours- per-day for the after-school program.]

____.____

05) Per week

How many days per week? __. __
[PROBE: What is the average number of days-per-week the school age child attends your 'after-school' program.]

How many hours-per-day is the school-age child in your 'after-school' program? [PROBE: Please estimate an average number of hours- per-day for the after-school program.]

____.____

06) Per month

How many days per week? ____.
[PROBE: What is the average number of days-per-week the school age child attends your 'after-school' program.]

How many hours-per-day is the school-age child in your 'after-school' program? [PROBE: Please estimate an average number of hours- per-day for the after-school program.]

____.____

07) Per other

Please explain: _____

How many hours-per-day is the school-age child in your 'after-school' program? [PROBE: Please estimate an average number of hours- per-day for the after-school program.]

—.—

20C. How many (private paying) school-age children are presently enrolled in your after-school program? (Please estimate).

————

FCC ODD HOUR CARE

21. Now I will be asking you about what we call “odd-hour” care, that is evening care, overnight care, and weekend care. Within the past month, have you provided **evening care, overnight care, or weekend care** for any private-paying child?

[PROBE: “Private paying” children are those who are not subsidized by the state. The parents pay the full tuition.]

Evening care could be care for any evening hours, for example from 7 P.M. – 11 P.M., for any evening Monday to Friday.

Overnight care could be care for any overnight hours, for example 11 P.M. – 6 A.M., for any evening Monday to Friday.

Weekend care is Saturday care, Sunday care, or Saturday through Sunday care]

If “yes” go to Q22
If “no” go to Q29

22. Were you paid for providing this odd-hour care?

[PROBE: “Paid” means that you received a payment specifically for the odd-hour care, that you do not provide this odd-hour care for free, or as

part of your rate for your regular child care. Odd-hour care does not include "late pick-up" fees.]

If "yes" go to Q23

If "no" go to Q29

EVENING CARE

23. Did you provide evening care for any (private paying) child within the past month and receive a payment for that care?
[PROBE: "evening care" is care during evening hours, for example from 7 P. M. to 11 P.M, for any evening Monday through Friday.]

a. yes _____
IF "YES" GO TO Q24

b. no _____
IF "NO" GO TO Q25

24. What rate did you charge for this evening care? In quoting your rate, please do not "add on" any additional fees above your regular evening-care rate, and please do not deduct for any discounts or subsidies.

\$(a)____. ____per (b)____

[**DIRECTION FOR INTERVIEWER:** If Respondent has more than one evening-care rate, ask for the rate *most commonly used*. If Respondent cannot give you one rate, ask for the highest evening care rate that is charged to the parents. If a parent pays in a lump sum for more than one child, please ask the R. to estimate an amount for one child.]

[**DIRECTIONS TO INTERVIEWER:** for those who don't give a "unit", say "is this the amount per ____" then ask the question next to the unit

quoted by the respondent. For those who do quote a unit, ask the question next to the unit quoted.]

01. hour

02. 1/2 day

How many hours per 1/2 day for this evening care? (average)

_____ . _____

03. day

How many hours per day for this evening care? (average)

_____ . _____

04. evening

How many hours per evening for this care? (average)

_____ . _____ hours

05. week

How many hours per week for this evening care? (average)

_____ . _____ hours

05. other

Explain _____
How many hours in this unit? (average) [PROBE: How many hours of care did you provide for this fee?]

_____ . _____

OVERNIGHT CARE

25. Did you provide overnight care for any (private paying) child

within the past month and receive a payment for that care? [PROBE: "overnight care" is care for any overnight hours, for example 11 P.M. - 6 A.M., for any evening Monday to Friday.]

a. yes _____
IF "YES" GO TO Q26

b. no _____
IF "NO" GO TO Q27

26. What rate did you charge for this overnight care? In quoting your rate, please do not "add on" any additional fees above your regular overnight rate, and please do not deduct for any discounts or subsidies.

\$(a)____. ____per (b)____

[DIRECTION FOR INTERVIEWER: If Respondent has more than one overnight-care rate, ask for the rate *most commonly used*. If Respondent cannot give you one rate, ask for the highest rate that is charged to the parents. If a parent pays in a lump sum for more than one child, please ask the R. to estimate an amount for one child.]

[DIRECTIONS TO INTERVIEWER: for those who don't give a "unit", say "is this the amount per ____" then ask the question next to the unit quoted by the Respondent. For those who do quote a unit, ask the question next to the unit quoted.]

26b.

01. hour

02. 1/2 day How many hours per 1/2 day for
this overnight care? (average)

_____ . _____

03. day How many hours per day for this
overnight care? (average)

_____ . _____

04. night or evening How many hours per night or
evening for this overnight care?
(average)

_____ . _____ hours

05. week How many hours per week
for this overnight care? (average)
[PROBE: How many hours of care did you
provide for this fee?]

_____ . _____ hours

06. other Explain _____
How many hours in this unit?
[PROBE: How many hours of care did you
provide for this fee?]

_____ . _____

WEEKEND CARE

27. Did you provide weekend care for any (private paying) child
within the past month and receive a payment for that care? [PROBE:
Weekend care includes Saturday care, Sunday care, or Saturday through
Sunday care.)

a. yes _____
IF "YES" GO TO Q28

b. no _____
IF "NO" GO TO Q29

27. What rate did you charge for this weekend care? In quoting your rate, please do not "add on" any additional fees above your regular weekend rate, and please do not deduct for any discounts or subsidies.

\$(a)____. ____per (b)____

[**DIRECTION FOR INTERVIEWER:** If Respondent has more than one weekend-care rate, ask for the rate *most commonly used*. If Respondent cannot give you one rate, ask for the highest weekend care rate that is charged to the parents. If a parent pays in a lump sum for more than one child, please ask the R. to estimate an amount for one child.]

[**DIRECTIONS TO INTERVIEWER:** for those who don't give a "unit", say "is this the amount per ____" then ask the question next to the unit quoted by the respondent. For those who do quote a unit, ask the question next to the unit quoted.]

28b.

01. hour

02. 1/2 day

How many hours per 1/2 day for this weekend-care? (average)

_____ . _____

03. day

How many hours per day for this week-end care? (average)

_____ . _____

04. per day and evening

How many hours for this weekend-care? (average)

[PROBE: How many hours of care did you provide for this fee?]

_____ . _____

05. week-end

How many hours per weekend for this care? (average) [PROBE: How many hours of care did you provide for this fee?]

_____ . _____

IF R. cannot give this:

How many days for this care?

_____ . _____

How many hours per day?

_____ . _____

06. other

Explain _____

How many hours in this unit?

[PROBE: How many hours of care did you provide for this fee?]

_____ _____

PART 2: FCC SPECIAL NEEDS

29. Now I just have a question or two remaining to ask. Are you presently serving ANY special needs child in your program? For this survey, "special needs" means a child from infancy through 18 years of age who is diagnosed with physical, emotional, or developmental needs

requiring special care. [PROBE: "ANY" special needs child can be a private paying or state-subsidized child, and can be full time or part time.]

1. NO _____ 2. Yes _____
If "no" go to END If "yes" go to Q30

[DIRECTION TO INTERVIEWER: If Respondent questions if a type of illness or situation is "special needs"tell the Respondent she should decide if the child is "special needs".]

30. Are there any additional costs to you for serving this special needs child or children? {PROBE: does it cost you any more to have the special needs child/children in your program than to have the other children in your program?}

1. NO _____ 2. Yes _____
If "no" go to END If "yes" go to Q31

31. Please estimate how much of an additional cost it is to you to have the special needs child or children in your program? Would you estimate that the higher cost to you is:?

- 1.) 5% 2.) 10% 3.) 15% 4.) 20%

31. another amount (explain) _____

**Thank you for participating in this survey.
Your answers have been very helpful. Have a nice day.**

2007 Child Care Market Rate Survey

Executive Summary

for the

Delaware Division of Social Services

Submitted by Workplace Solutions
Reading, MA
April 2007

ACKNOWLEDGMENT

The following are acknowledged for their assistance with this study: The Delaware Division of Social Services, especially Elaine Archangelo, Director of Division of Social Services and Eulinda DiPietro, Social Service Senior Administrator, Division of Social Services. We also thank The Family & Workplace Connection, especially Evelyn Keating, for assistance with the provider sampling frame and with communication to the provider community.

This study would not have been possible without the gracious cooperation of the Delaware child care providers who took the time to participate in the interviews and help with the study. Thank you all.

OVERVIEW

The 2007 Delaware Child Care Market Rate Study was conducted to meet federal requirements of 45 Code of Federal Regulations Parts 98 & 99 to ensure that reimbursement rates allow subsidized low-income children equal access to early education and care. The goal of this Rate Study was to develop statistically credible pricing information on the present market prices charged by licensed child-care providers in Delaware. “Market prices” are prices charged by providers for private-paying children in their care.

The Delaware Division of Social Services (the Division) contracted with the consulting firm Workplace Solutions in Reading, Massachusetts to undertake this study. The firm has conducted previous market rate studies for the Division and has substantial experience with these surveys. Workplace Solutions’ consulting group consisted of a team of researchers including: Marie Sweeney (MBA, M.Ed.), Principal of Workplace Solutions; Ann Witte (Ph.D., Economics), Professor of Economics, Wellesley College; Peter Schmidt (Ph.D., Economics), University Distinguished Professor of Economics, Michigan State University; and William Horrace (Ph.D., Economics, MBA Finance), Associate Professor of Economics, Syracuse University. Project Manager Sweeney

worked closely with the Division's Project Coordinator Eulinda DiPietro to plan and implement the study.

Because of the importance of obtaining accurate pricing information, the study was carefully planned and executed. The project began in February 2007. The Division and Workplace Solutions planned the study during February and March. Interviews were conducted over a five-week period, during March and April. The researchers submitted final 75th percentile prices to the Division in April 2007.

The outline of the report follows. The following section describes the methodology for how the Market Rate Survey was carried out. This includes descriptions of the sample design, the selection of the sample, the survey, and the interviews in the field. The next section describes the findings of the survey including the response rates, the accuracy of the study, and the range of prices at the 75th percentile. It also includes the 75th percentile prices per county and per age group, prices paid by Delaware families, and change in prices since the 2005 Market Rate Survey. The final page contains three tables presenting the 2007 75th percentile prices for the center and family child care markets.

METHODOLOGY

Workplace Solutions implemented the survey to obtain prices for private-paying children in child care at the time of the study. The researchers selected a representative sample of providers throughout Delaware and contacted the sample providers through telephone interviews to obtain prices for private-paying children. Utilizing these prices, researchers calculated the 75th percentiles of market prices for full-time infant, toddler, and preschool care and market prices for part-day school-age care. *The 75th percentile price is such that 25% of the prices are at or above the price and 75% are below the price.* Estimates of the accuracy of the 75th percentiles of market prices confirm that the Delaware market rate study achieved a high degree of precision.

The Sampling Frame

The sampling frame for the family child-care sample and the center/school-age sample consisted of Delaware's Office of Child Care Licensing's data of licensed providers as of February 2007, merged with The Family & Workplace Connection's data of family child care and center/school-age providers as of March 2007. This enabled the researchers to design the center sample per age category. This also allowed all providers in the state to have the opportunity to be selected for the interviews and reduced the likelihood of a non-representative sample.

As part of the development of the sampling frame, Workplace Solutions and The Family & Workplace Connection reviewed the center and school-age data to delete categories of providers that were outside the parameters of the study. The consultants then determined that the total size of the sampling frame for this study was 1874 providers. This included 370 licensed center/school-age providers and 1504 licensed family child care and large family child care providers.

The Sampling Plan

The researchers developed a plan for a stratified random sample of the provider population in order to determine the child care prices in Delaware. The sample design was based on the previous design developed for the successful 2005 Delaware Child Care Market Rate Survey. The sampling plan targeted all licensed child-care providers in the state and called for sampling 45% of the providers. The consultants planned that the sample be developed to equalize the accuracy with which the market price is established for the center and for the family child care market segments.

The researchers designed the sample for full-time care for centers and family child-care providers and for part-day care for school-age care. The sample was segmented by:

- geographical region

- type of care
- age groupings for center care

Regions were the three counties in the state. The *types of care* were (1) center and school-age care and (2) family child care and large family child care. The *age-groupings* were infant, toddler, preschool and school-age.

The Selection of Providers

The economists selected providers at random from each market segment. That is, they selected a separate random sample for each of the market segments or cells in the sample design, with each sample corresponding in size to the Sampling Plan. In all, the sample contained 677 family child care providers and 167 center/school-age providers.

<u>FCC</u>		<u>Center/school age</u>	
Sussex	168	Sussex	35
Kent	184	Kent	33
New Castle	325	New Castle	99
TOTAL:	677	TOTAL:	167

A wide range of providers was selected for the sample. These included: family child care providers serving few children, large family child care providers, centers serving all age categories, centers serving only one age category, multi-site child care providers, centers that were part of a large national chain, free-standing school-age programs, school-age providers that were part of a larger program, for profit programs and non-profit programs. The researchers also selected providers for the sample that reported scarce types of care in 2005 (infant care, odd-hour care).

The Questionnaire

Workplace Solutions designed the questionnaire as a telephone survey. It was developed to collect comprehensive and accurate information about prices charged to private-paying parents.

The consultants utilized two surveys for this study: one for the center/school-age market, a second for the family child care and large family child care market.

The *center survey* asked providers to quote their prices for:

- Private-paying infants who were enrolled full time
- Private-paying toddlers who were enrolled full time
- Private paying preschoolers who were enrolled full time
- Private-paying school-age children who were enrolled part-day, for less than 4 hours-per-day

The *family child care survey* asked providers to quote individual prices for private-paying children in their care, since some FCC providers may not have a set rate for their child care. Thus, the FCC survey was designed to collect:

- A price-per-child, for up to eight private-paying children enrolled full time
- A price for a private-paying school-age child/children enrolled for part-day care (< 4 hours per day)

Both surveys were designed to be easy for the providers yet enable the researchers to address the complex pricing strategies of the provider community.

Odd-hour Care and Special Needs Care

The Division also requested that additional information be collected for two types of care: odd hour care (evening, overnight and weekend care) and special- needs care. The survey collected prices for odd-hour care for private-paying children and cost information for special-needs care.

The Marketing Steps to Encourage Provider Participation

During the planning phase of the project, the Division and Workplace Solutions undertook various steps to encourage providers to participate in the interviews:

- Center sample providers and all family child care providers received an announcement letter from the Division informing them of the forthcoming Market Rate Survey telephone interview. The letter encouraged providers to participate in the interview when contacted and was signed by Elaine Archangelo, Director of the Division of Social Services.
- As part of the announcement letter, providers also received a simple worksheet to help them prepare for the interview.
- The Family & Workplace Connection included an article about the forthcoming Market Rate Survey in its provider newsletter. The article briefly explained the purpose of the survey and asked for provider participation. The Family & Workplace Connection also was supportive of the study in its ongoing communication with providers.

The Interviews

Opinion Dynamics, a professional telephone interview group, was selected to conduct interviews in the field. This group also conducted interviews for the 2000, 2003 and 2005 Delaware Child Care Market Rate Studies. The

interviewers used a CATI system (Computer-Assisted Telephone Interviewing) for conducting the interviews and recording the results. As the interviewers asked the survey questions, they entered the providers' responses directly into the computerized database. The interviewers attempted to contact and interview all of the providers in the sample including many of the back-up replacement sample (e.g., all FCC back-up providers in Kent and Sussex were added to the sample). Interviewers made up to ten "call attempts" to a provider to obtain a completed interview. In all, 1276 providers were called for the rate survey interview.

RESULTS

The Response Rate

The response rates obtained for this study reflect the cooperation and professionalism of the Delaware providers. A 95% response rate was obtained for the center/school-age interviews. The response rate for the family child care interviews was 71%. In all, 674 providers reported prices for private-paying children in their care. These are very good response rates and reflect the ongoing efforts of Division of Social Services to encourage provider participation in the rate survey. The refusal rate for the study was quite low: 7% of the family child care sample and 4% of the center/school-age sample.

The Analysis of the Data

The researchers converted prices obtained in the interviews into daily rates then estimated the 75th percentiles of the distribution of daily rates for each market segment. (See Tables A-C of this Executive Summary.)

Accuracy of the Study

The goal of the Delaware 2007 Child Care Market Rate Study was to develop statistically credible pricing information of the present market prices charged by the child care providers in the state. This goal was met since the researchers used a statistically valid methodology, and since the relevant market prices were estimated with a verifiable and high degree of precision. For the infant, toddler and preschool market segments for both the center and family child care markets, the 95% confidence interval is typically about plus or minus 5% of the estimate. For school-age care, the range of statistical uncertainty is somewhat larger. For all of the market segments in the study, the level of accuracy should be considered a more than acceptably high level of precision.

Range of Prices

Prices can vary widely in the state, by over 100% among different segments of the market. At the 75th percentile, results of the study reveal that the daily market prices for full time care range from \$20 to \$44.98. Part-day school-age prices range from \$10.25 to \$18.

Care is generally lower in price in family child care homes than in centers. As an example, for full-time family child care in Sussex, the daily rate at the 75th percentile for toddler care is \$23.88. For full-time center care in Sussex, the daily rate at the 75th percentile for toddler care is \$26.25.

75th Percentile Prices Per County

Prices vary substantially by geographic region in Delaware. For center and family child care, prices are highest for New Castle County, and lower for Kent County and Sussex County. Notably, prices in New Castle County tend to be significantly higher for all types of care. For center care, the 75th percentile prices in New Castle are at least 50% higher than the 75th percentile prices in Sussex for children below school age, and similarly the prices in New Castle are at least 50% higher than the prices in Kent for toddlers and school-age children.

75th Percentile Prices Per Age of Children

The 75th percentile prices for full-time care in centers and family child care homes decreases as the age of the children increases. In centers and in family child care, infant care is the highest priced care and preschool care is the lowest priced full-time care in 17 out of the 18 full-time cells. (Note: For this study, school-age providers reported only part-day prices.)

Family Child Care

In all, 515 family child care providers participated in this study and reported 1816 prices used to develop the 75th percentile prices for infant through school-age care. At the 75th percentile, full-time FCC daily prices range from \$20 to \$30.29 depending on the age category and the county. Part-day school-age care range from \$10.25 to \$14 for care for less than 4 hours per day.

Center Child Care

In all, 159 child-care centers and school-age providers participated in the rate study interviews and reported 471 prices for private-paying children. These providers reported private prices for full-time care for infants, toddlers, and preschoolers and part-day care for school-age children. Full-time daily prices at the 75th percentile range from \$23 to \$44.98, depending on the age category and the county. Part-day school-age care range from \$12 to \$18 for care for less than hours per day.

Prices Paid by Delaware's Families

The Division requested that the researchers also calculate prices that reflect actual child care *purchases* being made by families in Delaware. Therefore, the researchers weighted the 75th percentile prices by the number of private-paying children reported for each age category. Thus, if a provider reported that they served a particular age category, such as toddlers, the price was also weighted by the number of private-paying toddlers in the provider's program. These prices are referred to as "weighted" prices and reflect all market transactions.

For center care, these weighted prices tend to be somewhat higher than the "per provider" prices, especially in New Castle County. As an example, the daily price at the 75th percentile charged by New Castle center providers for preschool care is \$35; weighted per private-paying children in care it is \$38.60. For FCC providers, the weighted prices are very similar to the unweighted prices. The differences are always \$1 or less. The weighted prices are higher than the unweighted prices in five of the twelve market segments, lower in one, and the same in six.

Odd-Hour Care

In all, 42 FCC providers reported prices for odd-hour care they had recently provided. The 75th percentile price for odd-hour care for New Castle County is \$12/hour; for Kent/Sussex Counties it is \$5/hour.

Special Needs Care

In all, 21% of providers interviewed indicated that they were serving a child/children with special-needs in their program. For centers, 50% of those interviewed reported that they were serving a child or children with special needs. For family child care providers, only 12% reported that they were currently providing services to a child with special needs.

In all, 72% of the providers in the study who were serving children with special needs reported that there were no additional costs incurred to serve these children. *Thus, the majority of providers who were serving children with special needs reported that there were no additional costs for them to serve these children.*

The Division requested that the researchers also conduct a differential analysis to determine if providers who were serving children with special needs charged higher prices than providers with no children enrolled with special needs. (Due to the ADA law, providers in general cannot charge higher prices for children with special needs. They can, however, charge higher prices to all of the children to off-set higher costs for serving the child or children with special needs.)

When the researchers compared the prices actually charged by providers that do and do not serve children with special needs, they generally found no statistically significant difference between them. Thus it is not the case that providers who serve children with special needs charge higher prices than other providers.

Increase in Prices Since the 2005 Market Rate Study

The 2007 75th percentile prices increased above the 2005 75th percentile prices for all 24 full time and part-time cells. In reviewing the 24 cells, there has been an increase ranging from 1% to 20% in the various market segments. Overall, there has been an 11 percent increase in prices since 2005 (averaging the increase of all 24 cells).

For center care, overall there has been an 11 percent average increase in price at the 75th percentile (averaging the increase of all 12 center cells). Kent County had an overall 13% average increase for center care (averaging the increase in infant, toddler, preschool and school age care), Sussex County had an overall 11% average increase, and New Castle County had an overall 9% average increase.

The largest increase in the 75th percentile price among the 12 center cells was for preschool care in Sussex (16% increase). The smallest increase was for infant care and preschool care in New Castle (5%). Toddlers had the largest overall average age category increase in the center market (13%), preschoolers had an overall average increase of 12%, and infants and school age had an overall average increase of 10%.

For FCC care, overall there was also an 11 percent average increase in prices at the 75th percentile since 2005 (averaging the increase of all 12 FCC cells). Sussex County had the largest overall increase for family child care among the three counties (15%). Kent had an overall average increase of 13%, and New Castle had an overall average increase of 6%.

The largest increase in the 75th percentile price among the 12 FCC cells was for Kent toddlers and preschoolers, and Sussex school-age care (20%). The cell with the smallest increase was New Castle infants (1%). Toddlers had the largest overall average age category increase in the FCC market (14%), and infants the smallest (9%). Preschool and school age had an 11% overall average increase.

GENERAL FINDINGS OF THE 2007 STUDY

- The daily market prices for full time care at the 75th percentile range from \$20 to \$44.98; part-day school-age prices range from \$10.25 to \$18.
- At the 75th percentile, the daily market price for full-time FCC care range from \$20 to \$30.29; the daily market price for full-time center care range from \$23 to \$44.98.
- Prices in center care are generally higher than prices in family child care.

- Full-time prices are generally highest for infant care and lowest for preschool care.
- For both the center and family child care markets, prices in New Castle are significantly higher than prices in Sussex and Kent.
- The 75th percentile price for FCC odd-hour care for New Castle is \$12/hour. For Kent/Sussex it is \$5/hour.
- In all, 21% of the providers interviewed were serving a child or children with special-needs. The majority reported that there were no additional costs to their program to serve these children.
- 2007 prices at the 75th percentile increased for all 24 of the market segments above the 75th percentile prices reported in the 2005 Child Care Market Rate Survey. The overall average increase in price (averaging the increase of all 24 cells) was 11%. For center care, Kent County had the largest overall average price increase (13%); for FCC care, Sussex County had the largest overall average price increase (15%).

SYNOPSIS OF RESULT

- Prices are generally higher for New Castle County, care for younger children, and center care.
- Prices are generally lower for Kent County and Sussex County, care for older children, and family child care.

Detailed Findings

Tables A, B and C below provide detailed information regarding full-time infant, toddler and preschool daily prices and part-day prices for school-age care.

The tables contain, for each cell: 1.) cell definition; 2.) population size N, estimated population of providers of this type of care; 3.) n, number of providers reporting private prices utilized to develop the percentiles; 4.) the maximum price reported for the cell; 5.) the minimum price reported for the cell; 5.) the 75th percentile prices (75% ile).

2007 Delaware Child Care Market Rate Study

Table A. Family Child Care – 75%ile Prices

County	N	n	Max	Min	75%ile
Kent, ITP	**	219	37.50	13.60	24.00
NC, ITP	**	437	50.00	15.00	30.00
Sussex, ITP	**	202	30.00	10.00	22.25

Table B. Family Child Care Age Breaks – 75%ile Prices

County	Type	N	n	Max	Min	75%ile
Kent	INF	**	48	36.00	15.00	25.00
Kent	TOD	**	60	37.50	15.00	24.00
Kent	PS	**	111	34.00	13.60	24.00
Kent	SA	**	43	20.00	4.00	10.25
New Castle	INF	**	99	50.00	18.48	30.29
New Castle	TOD	**	133	50.00	16.00	30.00
New Castle	PS	**	205	45.00	15.00	28.00
New Castle	SA	**	94	29.00	2.50	14.00
Sussex	INF	**	39	30.00	10.00	23.19
Sussex	TOD	**	58	27.00	12.00	23.88
Sussex	PS	**	105	27.00	10.00	20.00
Sussex	SA	**	63	17.50	5.00	12.00

Table C. Child Care Centers – 75%ile Prices

County	Type	N	n	Max	Min	75%ile
Kent	INF	28	20	39.00	19.00	30.00
Kent	TOD	35	24	37.00	17.00	26.00
Kent	PS	58	30	33.00	16.00	25.00
Kent	SA	49	13	15.00	6.00	12.00
New Castle	INF	106	66	53.80	25.00	44.98
New Castle	TOD	140	72	48.73	24.30	42.00
New Castle	PS	220	88	44.00	16.60	35.00

New Castle	SA	209	57	31.00	6.00	18.00
Sussex	INF	30	22	33.00	22.00	28.50
Sussex	TOD	35	27	31.00	18.00	26.25
Sussex	PS	55	31	30.00	15.00	23.00
Sussex	SA	54	21	15.00	7.00	13.00

Prices are daily, full time private-paying rates except for School Age (SA), which is part day (less than 4 hours per day.) ITP = Infant, Toddler and Preschool Child Care. INF = Infant Child Care, TOD = Toddler Child Care, PS = Preschool Child Care, SA = School-age Child Care. ** Population size treated as unknown.
N = estimated population of providers of this type of care.
N = number of prices obtained from survey respondents.