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MISSISSIPPI CHILD CARE MARKET RATE SURVEY Final Report

2021 Mississippi Child Care Market Rate Survey

Final Report

Prepared for the Mississippi Department of Human Services

Ву

The Social Science Research Center

Mississippi State University

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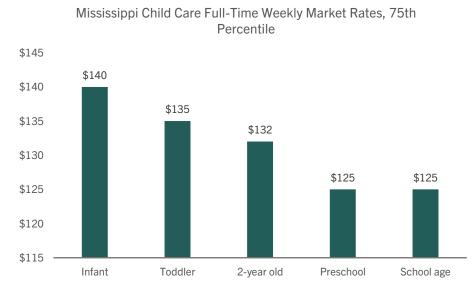
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EXECUTIVE SUMMARY

To comply with CCDBG guidelines, the Federal Office of Child Care requires the state of Mississippi to periodically study and capture current market rates for child care in the state. The findings, along with estimates of the cost of providing child care, are used to determine levels of financial assistance through the Mississippi Child Care Payment Program, housed at the Mississippi Department of Human Services (MDHS). To study 2021 market rates for child care in Mississippi, MDHS contracted with the Social Science Research Center (SSRC) at Mississippi State University.

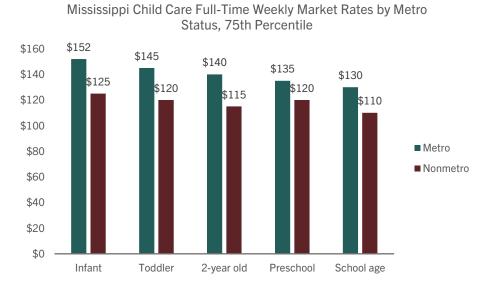
To determine current market rates and inquire about the effects of COVID-19, the SSRC designed and implemented a Market Rate Survey (MRS) that was administered to 1,063 licensed or registered child care providers in the state with a response rate of 59%. Additionally, estimates of child care costs in Mississippi were generated through a Narrow Cost Analysis. The results of this study are summarized below:

• Average weekly, full-time rates for child care in Mississippi ranged from \$125 for infant care to \$111 for preschool care. When they are enrolled in full-time care, rates for school-age children average \$102 per week. Weekly full-time rates at the 75th percentile, or the rate at which 75% of child care centers fall at or below in Mississippi, ranged from \$140 for infant care to \$125 for the care of preschool and school-age children.

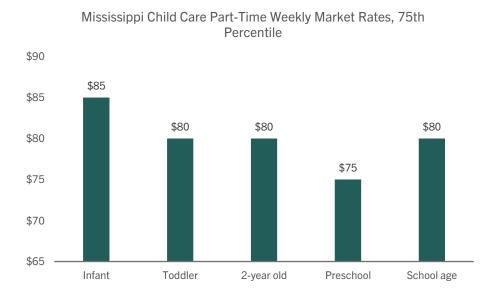


- These rates represent an increase from the previous market rates at the 75th percentile that are used by MDHS to determine current financial assistance levels. The previous rates for full-time weekly care ranged from \$111 to \$92. However, in 2020, an enhanced emergency rate became effective in response to COVID-19-related burdens on child care providers. The enhanced emergency rates ranged from \$139 to \$115 for full-time weekly care.
- Full-time weekly rates varied depending on the location of centers, with centers located in metropolitan counties charging more than those located in non-metropolitan counties. Rates at the 75th percentile in metropolitan counties ranged from \$152 for infant care to \$130 for the care of

school-age children. Rates at the 75th percentile in non-metropolitan counties ranged from \$125 for infant care to \$110 for the care of school-age children.



• Average weekly part-time rates for child care in Mississippi ranged from \$81 for infant care to \$73 for the care of school-age children. Weekly part-time rates at the 75th percentile, or the rate at which 75% of child care centers fall at or below in Mississippi, ranged from \$85 for infant care to \$75 for preschool care. Rates at the 75th percentile for the care of school-age children fell at \$80.



• Just over 100 centers reported different rates for children with special needs. Among these, rates varied less by age. Average weekly full-time rates ranged from \$128 for the care of 2-year-old children to \$120 for the care of school-age children.

- In addition to weekly rates, over half of respondents (59%) reported charging a one-time registration fee. Waitlists were also commonly reported (59%).
- Eighty-one percent of respondents reported that they currently accepted children receiving subsidies through the Child Care Payment Program. Reasons for not accepting participating children included a lack of knowledge about the program (37.6%), a lack of demand (34.9%), or a lack of time (20.8%).
- Nearly three quarters of centers (72.3%) indicated that they were closed at some point prior to the survey due to COVID-19. Other COVID-19 impacts included reduced enrollment (80.4%), decreased revenue (77.7%), and increased expenses (72.3%). Most (72.8%) indicated their tuition rates had not changed as a result, but for those who indicated increases, the majority (88.1%) thought the change would be permanent.
- When asked if there was any other information they would like to share, 183 respondents provided additional information. Of these, more than half (94) brought up needing additional funding and/or long-term maintenance of the increased subsidy rates provided as relief from COVID-19's effects through the Child Care Payment Plan.
- The Narrow Cost Analysis, which uses hypothetical centers and generalized costs to provide estimates, indicated that the estimated cost of providing full-time weekly care is impacted by the age of the child and the size of the child care center. Costs ranged from \$117 for school-age care in a large center (averaging 93 children) to \$364 for infant care in a small center (averaging 16 children).

INTRODUCTION

Given the necessity of child care for families, the federal government, in partnership with states, provides assistance for child care to qualifying families through the Child Care and Development Block Grant (CCDBG). To comply with CCDBG guidelines, the Federal Office of Child Care requires the state of Mississippi, as a CCDBG partner, to periodically study and capture current market rates for child care in the state. The findings, along with estimates of the actual cost of providing child care, are used to determine levels of state and federally funded financial assistance through the Mississippi Child Care Payment Program, housed at the Mississippi Department of Human Services (MDHS).

To study 2021 market rates for child care in Mississippi, MDHS contracted with the Social Science Research Center (SSRC) at Mississippi State University. The SSRC was charged with conducting a study that would capture rates across the state based on geographic location, category of provider, and ages of children served. The SSRC was also asked to determine if there were gaps between the existing subsidy rate and current market rates and what limitations or barriers exist for providers' participation in the Mississippi Child Care Payment Program.

To do so, the SSRC designed and implemented a Market Rate Survey (MRS) that was informed by input from, and administered to, licensed child care providers. Additionally, estimates of child care costs in Mississippi were generated across a range of variables through a Narrow Cost Analysis. The results of this study are detailed in this report, which is divided into three sections describing: 1) MRS methodology, 2) MRS results, and 3) the Narrow Cost Analysis.

METHODOLOGY

Survey Instrument Development

The survey instrument (Appendix C) was developed in collaboration with the MDHS Division of Early Childhood Care and Development. The instrument was designed to gather information on the following topics:

- Effects of the COVID-19 pandemic
 - o COVID-19 related closures
 - o Changes in staffing, expenses, revenue, tuition, and enrollment
 - o Evaluation of rate increases by MDHS for COVID-19 relief
- Rates and fees
 - o Full- and part-time rates by age group and special needs
 - o Registration, enrollment, transportation, and other fees charged
- Child Care Payment Program
 - o Participation in program
 - o Barriers to accepting children with tuition subsidies

In order to gather feedback from the child care community on the content and implementation of the MRS, three virtual public meetings were held for interested stakeholders from March 8-10, 2021. These meetings were scheduled at varying times to accommodate stakeholder schedules. MDHS sent invitations

to all licensed child care providers in the state, and approximately 20 child care providers attended each session. All but one of the attendees reported that they accepted child care subsidies.

At each meeting, five representatives from the SSRC presented information on the 1) goals and purposes of the MRS, 2) benefits of the MRS to child care providers, 3) survey implementation plan, 4) survey analysis plan, 5) survey results reporting plan, and 6) topics covered in the survey. After this presentation, SSRC representatives, along with one MDHS representative, fielded questions from participants. The primary questions and comments that were posed and the answers that were provided follow. In addition to these public meetings, a pilot survey was held with a child care director over the telephone.

Public Meeting Feedback

One of the most prominent concerns, raised by nine child care providers, was the need to consider the demographic characteristics of center locations when determining the state market rate, emphasizing that income rates of families need to be considered so that child care services can be provided at a rate accessible to all families and centers, even the families who experience the lowest income. In response, SSRC and MDHS representatives informed participants that variations among geographic areas would be considered during the analysis.

Child care providers shared several other concerns about the child care subsidy program and subsidy rate in general. In response, the MDHS representative in attendance urged providers to share these comments with SSRC staff during the survey. SSRC representatives encouraged child care providers to share concerns during the open-ended portion of the survey. At the first public meeting, SSRC representatives stated that identifying information would be linked with responses when the results were reported to MDHS. However, after consultation with MDHS, it was announced at the second public meeting that the data would be de-identified for reporting to encourage candid feedback.

At one meeting, a child care provider offered that she had not completed the survey in the past due to not understanding the purpose or importance of the survey. Based on this input, it was determined that, if not possible to reach some child care providers by telephone, email would be considered as an alternative mode for data collection. An SSRC representative added that the introductory script for the initial phone call to schedule the survey would be adjusted to emphasize the importance for the child care centers and for children's well-being.

A couple of child care providers asked at the public meetings about when and where the results of the MRS would be available; the MDHS representative noted that the findings would be posted on their website and sent out to their listsery upon completion.

Pilot Survey Feedback

A child care director was asked to conduct a mock survey to test the survey instrument. This respondent suggested that the SSRC team include a few questions on the survey that would help determine specific information about the centers, such as access to Internet and computers, as well as staff-to-child ratios. After considering these additions, the SSRC team decided, in the interest of the survey length and the scope of determining the market rate, not to add these questions to the final survey instrument. Based on the pilot survey, SSRC staff also decided to delete one superfluous question, add "I don't know" as a possible response to all questions, reword two questions in order to clarify their meanings, and add a question regarding waitlists at each child care center.

Sample

This survey targeted directors of licensed and license-exempt child care centers and registered family homes in Mississippi. A sampling frame with contact information for 1,269 child care facilities was obtained from the Mississippi Department of Health Bureau of Licensure and Regulations and provided to the SSRC by MDHS. In the process of administering the survey, 206 child care facilities were excluded due to closure, disconnected phone numbers, not providing child care services, or being a Head Start/"no fee" center. The final sampling frame included 1,063 child care centers. The final sample included a total of 625 completed interviews, yielding a response rate of 59% and a cooperation rate of 86%. Of the respondents in the sample, 13 (2.1%) were license-exempt, 598 (95.7%) were licensed, and 14 (2.2%) were unlicensed registered family-based providers actively participating in the Child Care Payment Program. Table 1 shows the final sample disposition for each respondent used in the calculation of the response rate. This response rate was sufficient to provide stable estimates of the licensed child care market rate by age-group for the entire state of Mississippi and by metro and non-metro designation.

Table 1. Final Market Rate Survey Call Dispositions

	n	%
Completed	625	58.8
Refused	101	9.5
Immediately hung-up	7	0.7
Multiple contacts attempted (e.g., no answer, voicemail, busy signal)	158	14.9
Scheduled interview but unable to contact again	150	14.1
Director unavailable during study period	22	2.1
Total	1,063	100.0

Data Collection

The methodology described below was approved by Mississippi State University's Institutional Review board for Human Subjects prior to data collection, and each member of the research team was trained in human subjects' protection.

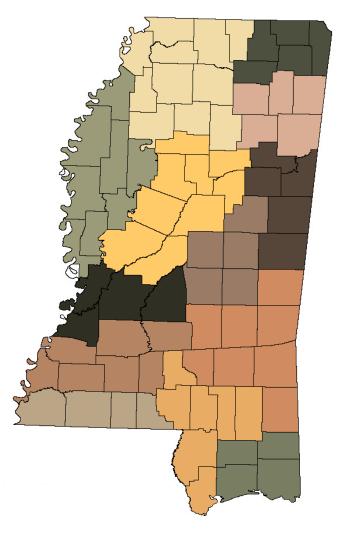
Prior to interviews, the survey was promoted through three public information sessions and through a recruitment email sent to all licensed providers by the Mississippi Department of Health (MSDH) Bureau of Licensure and Regulations. The survey was administered between April and June 2021 by the Wolfgang Freese Survey Research Laboratory (SRL) using Computer Assisted Telephone Interviewing (CATI). An initial contact was made by SRL staff to schedule an appointment to complete the interview. In order to shorten the interview time, participants were provided with the survey instrument in advance to give them an opportunity to gather the necessary information to complete the interview. Participants who were able to complete the interview during the initial contact were given the opportunity to do so. Due to a high number of centers scheduling interview appointments but not being available on the appointment date, a second email encouraging participation was sent by MSDH to all licensed providers. Participants who completed the interview were provided a \$25 incentive.

Weighting

Weights were constructed to ensure the representative nature of this sample to the entire sampling frame. As such, weights were used to adjust how much a given child care facility counted relative to others. For example, if small facilities were less likely to respond to the survey (e.g., because they had less unallotted time), the responses of small facilities that did respond would count more to 'make up' for those that didn't. These adjustments made the sample responses more similar to what would be expected with a 100% response rate.

Specifically, weights were constructed using reported capacity (5 levels: 1-40 children; 41-64 children; 65-100 children; 101+ children, or unknown), whether a facility was listed as a subsidy provider (2 levels: yes; no), and 13 county groupings based on the Early Childhood Academy service areas (see Figure 1). Due to empty cells in the cross-tabulation of these variables, inverse propensity weighting could not be used. Therefore, raking, a common weighting technique, was used to balance the sample on these variables. The weights produced were in a reasonable range (1.15-3.05), indicating that even the unweighted sample was fairly representative of the sampling frame.

Figure 1. Thirteen County Groupings used in Weighting Process



Market Rate Calculations

Prior to calculating the market rates, the data were cleaned to remove any outlier rates that appeared extremely high or low. Rates of zero were removed from the analysis, as well as any rate below the nominal fee cutoff of \$600 per calendar year. A small number of rates that provided inappropriate or unusable formats were also removed from the analysis.

Weekly market rates were calculated by age group for the state of Mississippi based on procedures outlined by the National Center on Subsidy Innovation and Accountability. Rates were calculated using 5 age groups that were determined by MDHS: infant, toddler, 2-year old, preschool, and school age. Participants were able to provide rates in their preferred time unit: hourly, daily, weekly, monthly, or yearly. The vast majority of respondents (82%) provided full-time rates in a weekly format. This analysis reports market prices in weekly format (monthly prices are shown in Appendix A). Therefore, prices given in other units were converted to weekly prices as follows:

- Hourly prices were multiplied times 40 for full-time care
- Daily prices were multiplied times 5
- Monthly prices were divided by 4.33
- Yearly prices were divided by 52.1429

The market rates were adjusted using sampling weights and were also weighted by the number of slots in each age group. The number of children currently being served in each age group was used as a proxy for the number of slots. Although some market rate analyses weight rates by the total licensed capacity, there can be a disparity between the capacity and actual number of children being served. The results of this market rate analysis were similar regardless of whether the sampling weights were applied or whether the rates were weighted by the number of slots.

Due to the small number of unlicensed, registered family child care homes in the sample (n=14), these respondents were not included in the main analyses and are presented separately in Appendix B. Given that many family-based providers did not have children enrolled in each age group, despite reporting prices for those age groups, family-based child care prices were not weighted by the number of child care slots in order maximize the number of respondents used in the calculation. Accordingly, the rates for unlicensed, registered family child care homes should be interpreted with caution.

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¹ For additional information: https://childcareta.acf.hhs.gov/resource/market-rate-survey-series

RESULTS

Licensed Child Care Weekly Market Rates

Table 2 shows the average, median, and 75th percentile market rates for licensed child care centers in Mississippi by age. Prices are indicated for both full-time and part-time care. Full-time care is defined as child care provided for six or more hours of a 24-hour day. The median price indicates the tuition rate at which 50% of child care centers fall at or below, and the 75th percentile indicates the tuition rate at which 75% of child care centers fall at or below.

Table 2. Mississippi Licensed Child Care Weekly Market Rates

		Mean	Median	75th percentile
Infant	Full-time	\$125	\$125	\$140
ımanı	Part-time	\$81	\$65	\$85
Toddler	Full-time	\$119	\$120	\$135
Toddier	Part-time	\$76	\$65	\$80
2 year old	Full-time	\$115	\$115	\$132
2-year old -	Part-time	\$74	\$65	\$80
Preschool	Full-time	\$111	\$110	\$125
Preschool	Part-time	\$70	\$65	\$75
Cabaalaga	Full-time	\$102	\$100	\$125
School age	Part-time	\$73	\$65	\$80

Table 3 shows the full-time rates for children with special needs among centers in which a different rate was indicated for children with special needs. The number of centers who provided a separate valid rate for children with special needs ranged from 100 to 109, depending on age group.

Table 3. Mississippi Licensed Child Care Full-time Weekly Market Rates for Children with Special Needs

	Mean	Median	75th percentile
Infant	\$127	\$127	\$144
Toddler	\$124	\$125	\$140
2-year old	\$128	\$125	\$144
Preschool	\$121	\$124	\$140
School age	\$120	\$115	\$145

Table 4 shows rates disaggregated by metropolitan status. Centers were classified based on their county of location according to the National Center for Health Statistics Urban-Rural Classification Scheme for counties, which categorizes each county into one of six categories.² These include four metropolitan categories (large central metro, large fringe metro, medium metro, and small metro) and two nonmetropolitan categories (micropolitan and noncore). These were combined to compare metropolitan and nonmetropolitan areas. Based on this scheme, 46% of centers were located in metropolitan counties, and 54% were located in nonmetropolitan counties. Table 4 shows that mean, median, and 75th percentile prices were substantially higher in metropolitan areas compared to nonmetropolitan areas.

² For additional information: https://www.cdc.gov/nchs/data_access/urban_rural.htm

Table 4. Mississippi Child Care Weekly Market Rates by Metropolitan Status

		Metro Nonmetro					
	•	Mean	Median	75th percentile	Mean	Median	75th percentile
Infant	Full-time	\$142	\$140	\$152	\$109	\$110	\$125
	Part-time	\$93	\$75	\$90	\$72	\$65	\$80
Toddler	Full-time	\$135	\$135	\$145	\$105	\$105	\$120
	Part-time	\$87	\$75	\$90	\$69	\$60	\$75
2-Year old	Full-time	\$129	\$130	\$140	\$102	\$100	\$115
<u></u>	Part-time	\$81	\$75	\$85	\$68	\$60	\$75
Preschool	Full-time	\$120	\$120	\$135	\$101	\$100	\$120
	Part-time	\$71	\$65	\$75	\$67	\$55	\$75
School Age	Full-time	\$106	\$100	\$130	\$95	\$95	\$110
	Part-time	\$75	\$70	\$80	\$69	\$56	\$74

Table 5 shows the current weekly and monthly market rates used by MDHS to determine financial assistance levels. These rates are based on the 75th percentile estimated in the previous market rate survey for Mississippi. This table shows the market rate for standard centers, as well as the enhanced emergency rate that became effective April 2020. A weekly conversion was conducted for each of these rates for ease of comparison to the rates calculated in this report. However, caution should be used when comparing the 2021 Market Rates to the existing MSDH rates shown in Table 5 due to different age groupings used.

Table 5. Current MDHS Child Care Payment Program (CCPP) Market Rates

	Standard Market Rate		Enhanced Em	ergency Rates
Full-time	Weekly	Monthly	Weekly	Monthly
0-12 Months	\$110.85	\$480.00	\$138.57	\$600.00
13-36 Months	\$110.85	\$480.00	\$138.57	\$600.00
3-5 Years	\$101.62	\$440.00	\$127.02	\$550.00
Summertime 5-13 Years	\$92.38	\$400.00	\$115.47	\$500.00
Special Needs (All Ages)	\$115.47	\$500.00	\$144.34	\$625.00
Part time				
0-12 Months	\$55.43	\$240.00	\$69.28	\$300.00
13-36 Months	\$56.81	\$246.00	\$71.02	\$307.50
3-5 Years	\$52.14	\$225.76	\$65.17	\$282.20
5-13 Years	\$56.33	\$243.92	\$70.42	\$304.90
Special Needs (All Ages)	\$60.12	\$260.30	\$75.15	\$325.38

Note. Weekly rates are converted from current monthly MSDH CCPP rates.

Family-Based Market Rates

Table 6 shows the average, median, and 75th percentile weekly and monthly market rates for unlicensed, registered family child care homes in Mississippi by age group. Prices are indicated for both full-time and part-time care. The total number of respondents from registered family child care homes was very small (n=14) and the number of respondents who provided valid price information for a given age group ranged from 11 to 13 for full-time and 5 to 6 for part-time. As such, these rates should be interpreted with caution.

Table 6. Mississippi Child Care Market Rates for Registered Family Child Care Homes

		Weekly			Monthly	
_		-	75th			75th
	Mean	Median	percentile	Mean	Median	percentile
Full-time						
Infant	\$98	\$100	\$115	\$429	\$433	\$506
Toddler	\$98	\$95	\$100	\$427	\$411	\$440
2-year old	\$99	\$100	\$120	\$430	\$433	\$520
Preschool	\$95	\$90	\$120	\$412	\$390	\$520
School age	\$86	\$80	\$95	\$376	\$346	\$411
Part-time						
Infant	\$82	\$75	\$125	\$361	\$330	\$550
Toddler	\$81	\$75	\$125	\$355	\$325	\$550
2-year old	\$81	\$75	\$125	\$355	\$325	\$550
Preschool	\$81	\$75	\$125	\$355	\$325	\$550
School age	\$81	\$75	\$125	\$355	\$325	\$550
Special needs						
Infant	\$105	\$115	\$125	\$457	\$506	\$541
Toddler	\$102	\$115	\$125	\$444	\$506	\$541
2-year old	\$104	\$115	\$125	\$453	\$506	\$541
Preschool	\$101	\$115	\$125	\$439	\$506	\$541
School age	\$101	\$115	\$125	\$439	\$506	\$541

Fees and Waitlists

Table 7 shows any additional fees that respondents reported charging in addition to their regular rates. The majority of respondents reported charging tuition when children are absent for facility holidays, illness, or family vacation. Over half of the respondents (58.9%) reported that their centers charge a one-time registration fee. Other additional fees were less common.

Table 7. Percentage of Respondents Charging Additional Fees

	n	%
Fees charged during absence		
Facility closed for holiday	467	74.5
Child absent due to illness	438	70.0
Family vacation	423	67.2
Additional fees		
One time registration fee	369	58.9
Yearly or semester enrollment fee	214	32.9
Event/trip fee	209	33.2
Transportation fee	48	7.4
Food/meal fee	15	2.5
Additional or activity fee	170	26.7

Figure 2 shows the percentage of centers that reported having a waitlist for either full- or part-time care at the time of the survey. Overall, 59% of respondents reported having any kind of waitlist. Of those who reported having a waitlist, 99% of respondents said they had a waitlist for full-time care, and 35% said they had a waitlist for part-time care. As shown in Figure 2, full-time waitlists were more common across some age groups, especially for younger children. The opposite was true for part-time care, where waitlists were more commonly indicated for school-aged children.

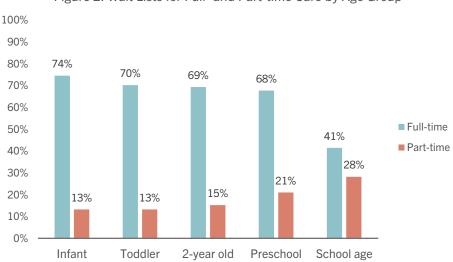


Figure 2. Wait Lists for Full- and Part-time Care by Age Group

Child Care Payment Program

The majority of respondents (80.6%) reported that they were currently accepting children receiving subsidies through the Child Care Payment Program. Of those who indicated accepting subsidies, very few (6.4%) indicated that they limit the number of slots for children who receive subsidies.

Figure 3. Participation in the Mississippi Child Care Payment Program

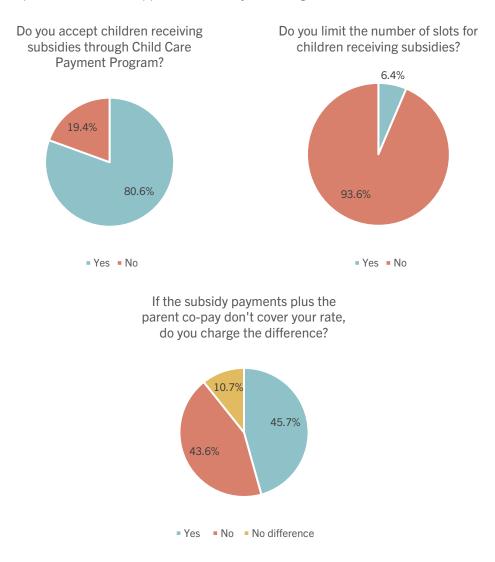


Table 8 shows respondents' reported barriers to accepting children receiving subsidies through the Child Care Payment Program. Of those respondents who indicated they did not accept subsidies, the most commonly indicated barrier was a lack of knowledge about the program (37.6%), followed by a lack of demand (34.9%) and a lack of time (20.8%). Many respondents (50.4%) indicated "other" barriers not listed as response options. The most common of these "other" responses was that someone else made the decision that the center would not participate in the Child Care Payment Program, such as the church or school district with which their center was associated, the center owner, or the board of directors. Another common response was that state assistance is not received in a timely manner. Addressing these stated barriers through further education, subsidy rate adjustments, and streamlining enrollment and compliance processes could improve participation.

Table 8. Reported Barriers to Accepting Children on Child Care Payment Program

	n	%
Don't know enough about program	40	37.6%
Don't have the time	23	20.8%
Don't have the resources	13	11.4%
Reimbursement rates too low	12	10.7%
Issues receiving co-pays from parents	11	9.2%
Not enough demand	38	34.9%
Paperwork is too difficult	19	18.2%
Limited capacity	19	17.3%
Other	54	50.4%

Effects of COVID-19

Nearly three quarters of centers (72.3%) indicated that they were closed at some point prior to the survey due to the COVID-19 pandemic. Respondents were asked to indicate the elements that factored into their decision to close their centers (Table 9). The most frequently cited reason for closure was to ensure the health and safety of children, families, and staff (74.5%). Many respondents (25.0%) stated an answer other than those that were included in the multiple choice answers for this question. The two most common responses of these "other" answers included: 1) needing time to make preparations for meeting new health and safety standards, and 2) a student, parent, or staff member testing positive for or having been exposed to a positive case of COVID-19. Another common response was needing time for deep cleaning and fully sanitizing centers.

Table 9. Reasons Cited for Closures Related to COVID-19

	n	%
State or local mandate	189	41.7
Company mandate	69	15.1
Ensure the health and safety of children, families, and staff	342	74.5
Not enough students to remain open	143	31.6
Not enough staff to remain open	103	22.5
COVID-19 outbreak among children or staff	78	17.4
Other	111	25.0

Table 10 shows a list of experiences related to COVID-19 that respondents indicated occurring. The most commonly cited challenge was reduced enrollment (80.4%), followed by decreased revenue (77.7%) and increased expenses (72.3%). A number of participants (24.9%) also noted other challenges. The most common of these "other" responses was a shortage of staff (primarily due to staff quitting and it being difficult to find employees). The next most common response was that policies and protocols changed, primarily based on health and safety precautions. Another common response was that centers purchased new equipment and supplies, primarily related to sanitizing, cleaning, and personal protective equipment.

Table 10. Experiences Related to COVID-19

	n	%
Staff placed on temporary leave (or furloughs)	280	44.2
Staff layoffs	183	29.3
Salary or wage reductions for staff	143	23.9
Increased expenses	451	72.3
Decreased revenue	484	77.7
Limited hours of operation	290	45.9
Reduced enrollment	504	80.4
Other	159	24.9

Participants who reported revenue losses were asked to estimate the percentage of revenue that their centers had lost due to COVID-19. On average, participants reported a 40% reduction in their revenue. A follow up question asked participants whether specific issues have affected enrollment losses (Table 11). The vast majority of respondents with revenue losses indicated that these losses were due to the withdrawals of families who pay full tuition (86.2%). Increased student absences were also commonly indicated (71.7%). A smaller percentage of respondents (47.9%) indicated that reduced enrollment from children receiving subsidies led to revenue losses. Many respondents (31.7%) chose to share an issue that was not listed in the response options. The most common of these "other" responses was being closed at some point. The next most common response was reduced enrollment in general. Another common response was needing to purchase additional supplies which cut into revenue, mostly cleaning products.

Table 11. Issues Affecting Revenue Losses

	n	%
Families that pay the full tuition have withdrawn	419	86.2%
Reduced enrollment from children receiving subsidies	233	47.9%
Increased student absences	348	71.7%
Other	155	31.7%

Figure 4 shows the impact of COVID-19 on centers' tuition rates. Most respondents (72.8%) indicated that their tuition rates had not changed as a result of COVID-19. A follow up question asked respondents who noted tuition changes whether this would be permanent. Of those who indicated increases, the vast majority (88.1%) thought this change would be permanent.

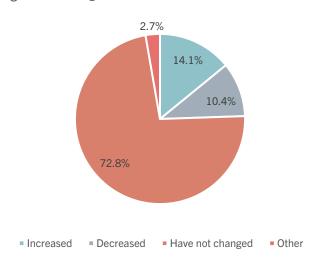


Figure 4. Changes in Tution Rates due to COVID-19

Participants were asked to evaluate rate subsidy increases by MDHS in response to COVID-19 in the following question: "The Child Care Payment Program has increased subsidy rates for providers in response to the COVID-19 pandemic. To what extent has this increase been adequate to meet your center's needs?" Figure 5 shows responses to this question. In a follow up question asking how long the increase would be needed, half of the respondents indicated that the increase would be needed indefinitely, 21% indicated one year or longer, and 24% indicated that the increase would be needed for some number of months. Only 6% of respondents indicated that the increase was not currently needed.

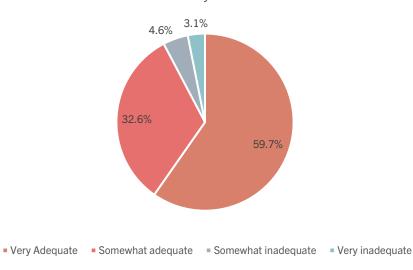


Figure 5. Participant Ratings of the Adequacy of Increased Subsidy Rates

Child and Adult Care Food Program Participation

Participants were asked whether they participated in the Child and Adult Care Food Program. As shown in Figure 6, 47.4% of respondents said they participated in the program, and 52.6% said they did not.

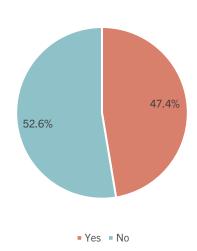


Figure 6. Do you participate in the Child and Adult Care Food Program?

Other Information

The qualitative data from the final, open-ended question of the interviews allowed the research team to examine themes around child care directors' answers to the following question: "Is there any other information you would like to share with us at this time?" The main themes that emerged from these data focused on center funding and experiences with the Child Care Payment Program. These themes are discussed below.

More than half of the participants who shared additional information stated that they need additional funding to effectively operate their centers.

Of the 183 responses given to this final interview question, more than half (94) brought up needing additional funding and/or long-term maintenance of the increased subsidy rates provided as relief from COVID-19's effects on center revenue.

Of the child care directors who shared specific reasons for needing additional funding, the majority stated they needed the funding to increase staff education, pay rates, and employment benefits. Other reasons for needing additional funding included making improvements to facility buildings, purchasing newer equipment, accepting more children enrolled in the Child Care Payment Program, improving the overall quality of the centers, accommodating virtual learners, and covering inflation costs.

Of the 94 child care directors who discussed needing additional funding, 64 specifically mentioned that the increased subsidy rate provided during COVID-19 would be necessary for their centers and families long-term. Ten of these centers specified that when the subsidy rate increase goes away, they will need to increase their student enrollment and/or tuition prices. Seven directors stated that their centers would have likely closed without the increased rate. Six centers stated that they did not receive enough of an increased rate or that the increase did not happen early enough to prevent them from experiencing significant revenue loss during COVID-19 due to increased expenses and/or reduced enrollment rates.

Over 25% of the participants who answered this question discussed barriers to enrollment in and reimbursement from the Child Care Payment Program.

Fifty-one of the responses given to this final interview question included comments about the Child Care Payment Program. Twenty-one of these comments related to the qualification process. Directors stated that more families need to qualify for the program and that the application and renewal processes can be difficult for families. Difficulties that were listed by multiple directors included families being required to apply for the program online when technology can be difficult for them to access and use, single mothers being required to submit child support documentation, and needing to be employed to qualify (when families are typically not able to work without child care). Six directors stated that the application processing timeframe for the Child Care Payment Program is too lengthy. A couple of directors also stated that families are discouraged from applying for additional employment once they submit their application, as that would cause them to have to start the process over again and delay payments. Nine comments related to the reimbursement process, with directors stating that payments for children enrolled in the Child Care Payment Program are not paid in time for center revenue to balance and that direct deposit, which would reduce the wait time for reimbursement, is needed. Three directors stated that communication between their centers and the Mississippi Department of Human Services (MDHS) regarding certification is difficult and that there is a long wait time for MDHS to respond to their questions about the Child Care Payment Program.

NARROW COST ANALYSIS

The Market Rate Survey (MRS) is designed to address the *rates* of child care facilities in the state (i.e., what is being charged), whereas the Narrow Cost Analysis is designed to estimate the *costs* (i.e., how much it costs to care for a child) in the state. This estimate of costs is used to supplement information from the Market Rate Survey.

This Narrow Cost Analysis was conducted using the Provider Cost of Quality Calculator (PCQC; https://www.ecequalitycalculator.com) provided by the U.S. Department of Health and Human Services. This tool provides default values for many costs derived from various sources. Costs are estimated based on inputs from the user including personnel employed, number of classrooms, number of children allowed per classroom along with per-center expenses, per-classroom expenses, and per-child expenses. Additional costs like Social Security/Medicare and costs for hiring substitutes are also included.

Inputs

Providers participating in the MRS were divided into thirds based on the number of children enrolled (<33%, 34%-67%, >68%). Descriptive statistics in combination with maximizing class size were used to estimate a hypothetical center representative of each third. While we used the MRS to approximate the number of children in a facility of a given size, we adjusted these values slightly to keep each classroom equally "full" across the three situations.

The upper third, consisting of the largest centers with 55 or more children, had an average of 93 children enrolled and a median of 80 children enrolled. The number of children in each age group was determined from the median number of children enrolled in that age group, excluding centers that did not enroll children in that particular age group. The number of classrooms and teachers were determined by the number needed according to licensure regulations to accommodate that many children. In addition to teaching staff, this hypothetical center was assumed to employ a full-time director and a full-time administrative assistant.

Table 12. Hypothetical Large-Sized Center

	Number of Children	Number of Classrooms	Number of Teachers
Infants	10	2	2
Toddlers	16	2	2
Two-Year-Old Children	22	2	2
Preschool Children	26	2	2
School Aged-Children	16	1	1
Total	90	9	9

The middle third, consisting of centers with 28 to 54 children enrolled, had an average and median of 39 children enrolled. Again, the number of enrolled children in each age group were taken from the median number of children enrolled in that age group excluding centers that did not enroll children in that particular age group. The median number of school-aged children was 4, but because that would necessitate an additional classroom (due to prohibitions on mixing school aged and younger children in a single classroom), we changed the number to 0 to better represent the likely decisions of a director. In addition to teaching staff, this hypothetical center was assumed to employ a full-time director.

Table 13. Hypothetical Medium-Sized Center

	Number of	Number of	Number of
	Children	Classrooms	Teachers
Infants	5	1	1
Toddlers	8	1	1
Two-Year-Old Children	11	1	1
Preschool Children	13	1	1
School Aged-Children	0	0	0
Total	37	4	4

The smallest third, consisting of centers with 17 or fewer children enrolled, had an average and median of 16 children enrolled. Again, the number of enrolled children in each age group were taken from the median number of children enrolled in that age group excluding centers that did not enroll children in that particular age group. Given the small number of children in each age group, two mixed-age classrooms were constructed, one for infants and toddlers, and the other for two-year-old children and preschool children. The median number of school-aged children was 2, but because that would necessitate an additional classroom, we changed the number to 0 to better represent the likely decisions of a director. In addition to teaching staff, this hypothetical center was assumed to employ a full-time director.

Table 14. Hypothetical Small-Sized Center

	Number of Children	Number of Classrooms	Number of Teachers
Infants	2	1	1
Toddlers	3	0 (with infants)	0
Two-Year-Old Children	5	1	1
Preschool Children	6	0 (with two-year-old children)	0
School Aged-Children	0	0	0
Total	16	2	2

Below is the list of costs input into the PCQC to determine the cost of each center.

Table 15. Inputs for Cost Estimation

	uts for Cost Estimation	
Input	Formula	Justification
Square Footage Required	(required space +30) * number of children * number of classrooms	State guidelines dictate the following required space: Infants: 40 sq/ft per child Toddlers: 45 sq/ft per child 2-Year Olds: 35 sq/ft per child Preschool Children: 35 sq/ft per child School Aged Children: 35 sq/ft per child
Yearly rent per square foot Yearly other costs per square foot	14.95*sq. ft. = \$14.95 per square foot per year (3.3+1.8+3.7) *sq. ft. = \$8.80 per square foot per year	30 additional feet recommended by PCQC \$14.95 per square foot per year Defaults from PCQC \$3.30 per square foot for utilities per year, \$1.80 per square foot for insurance per year, \$3.70 per square foot for maintenance per year
Yearly cost of services per center	5000+3000+500 = \$8000 per center per year	Defaults from PCQC \$5000 for telephone/internet per year \$3000 for audit/legal costs per year; \$500 for professional fees per year
Yearly cost per child	1300 + 50 + 100 + 125 + 100 + 50 + 110 + 20 + 25 = \$1880 per child per year	Defaults from PCQC \$1300 for food and food prep per year; \$50 for kitchen supplies per year; \$100 for educational supplies per year; \$125 for classroom supplies per year; \$100 for office supplies/equipment per year; \$50 medical supplies per year; \$110 for insurance per year; \$20 for advertising per year; \$25 for miscellaneous per year
Consultants/ Training Salaries	250*classroom staff	Defaults from PCQC \$250 per non-administrative staff Defaults from PCQC Base salaries (i.e., before taxes and benefits) listed below. Salaries were subsequently adjusted to include substitutes (for teachers), workers compensation, unemployment, disability, Social Security, and Medicare. \$43,190 Director \$28,290 Administrative Assistant \$27,940 Classroom Teacher From Bureau of Labor Statistics averages for Mississippi obtained through PCQC

Results

Table 16 contains the estimated weekly costs for the large, medium, and small centers in a typical area of Mississippi. As can be seen in the table, generally younger children cost more to care for than older children, and smaller centers have higher costs per child than larger centers.

Table 16. Estimated Weekly Costs for Large, Medium, and Small Centers

	Large	Medium	Small
	Center	Center	Center
Infants	\$232	\$249	\$364
Toddlers	\$173	\$184	\$267
Two-Year-Old Children	\$140	\$148	\$184
Preschool Children	\$129	\$135	\$164
School Aged-Children	\$117		

High and Low-Cost Areas

Given the differing economic conditions across the state, we wanted to estimate costs when some inputs (cost for rent and costs for salaries) were either lower or higher than the PCQC default values. Rental price per square foot is not available for commercial properties, therefore, rental costs were adjusted based on housing costs for a three-bedroom home³ in Leflore County (low-cost) and in Rankin County (high-cost) relative to the average cost of a three-bedroom home in Lowndes County (near the median for the state). Rental cost per square foot was adjusted to be 75% for low-cost areas and 126% for high cost areas. Salaries were also adjusted to be 20% lower and 20% higher for low- and high-cost areas, respectively.

Area costs had an impact on the per-child cost for all sizes of centers. Increases and decreases for large and medium centers were approximately the same. However, small centers were more impacted by local area costs. Additionally, changes in costs were greater for younger children than for older children due to the smaller child-to-teacher ratio.

Table 17. Estimate Weekly Costs by Local Area Cost of Living

	High Cost-Area			Low Cost-Area		
	Large	Large Medium Small		Large	Medium	Small
	Center	Center	Center	Center	Center	Center
Infants	\$269	\$289	\$423	\$195	\$210	\$304
Toddlers	\$198	\$211	\$309	\$148	\$157	\$226
Two-Year-Old Children	\$159	\$169	\$211	\$121	\$128	\$158
Preschool Children	\$146	\$154	\$187	\$112	\$118	\$141
School Aged-Children	\$132			\$102		

Limitations

The Narrow Cost Analysis presented uses hypothetical centers and generalized costs. Individual center's costs are likely to differ from those presented. Costs may be higher to facilitate lower child-to-teacher ratios, increased staff training, higher salaries, etc. Alternatively, costs may be lower through directors serving as teachers themselves, larger class sizes with teaching assistants, etc.

³ Three-bedroom homes were selected due to having the smallest sampling error among different sized homes

Interpretation

Four factors that impact the cost of child care were examined in this Narrow Cost Analysis. Older children, larger centers, and low-cost areas were associated with lower per-child costs.

These findings appear to be reflected in the results of the MRS. Larger child care facilities were more likely to be located in higher-cost areas. Based on median household income, respondents from the lowest income counties had a median capacity to serve 33 children; the middle income counties had a median capacity to serve 64 children; and the highest income counties had a median capacity to serve 88 children. Similarly, smaller child care facilities were more likely to be located in low-cost areas. Small capacity centers (centers with the capacity to serve 22 or fewer children) comprised 26% of centers in lower income counties, 9% of centers in middle income counties, and 6% of centers in large counties.

APPENDIX A: 2021 MONTHLY MARKET RATES

Mississippi Licensed Child Care Monthly Market Rates

	Mean	Median	75th percentile
Full-time			
Infant	\$542	\$541	\$606
Toddler	\$515	\$520	\$585
2-year old	\$500	\$500	\$572
Preschool	\$479	\$476	\$545
School age	\$440	\$433	\$541
Part-time			
Infant	\$352	\$281	\$368
Toddler	\$332	\$281	\$346
2-year old	\$323	\$281	\$346
Preschool	\$302	\$281	\$325
School age	\$314	\$281	\$281
Special needs			
Infant	\$549	\$550	\$625
Toddler	\$537	\$541	\$606
2-year old	\$555	\$541	\$625
Preschool	\$525	\$541	\$606
School age	\$522	\$500	\$628

Note. These figures represent monthly market rates for licensed child care programs. These rates were calculated by converting respondent provided prices into monthly equivalents (where non-monthly formats were provided).

APPENDIX B: SURVEY INSTRUMENT

2021 Mississippi Market Rate Interviews

_	`	Λ	1
l	,	u	

Hi! I'm calling you from the Survey Research Lab at Mississippi State University's Social Science Research Center. We are working with the Mississippi Department of Human Services to conduct interviews with licensed and registered child care centers to examine how well Mississippi's Child Care Payment Program is working. We will need to ask your owner or director some questions. Are they available? (If the person speaking is the owner/director, start with the next sentence. If not, start over when the owner/director comes on the line. If not available, inquire about when to call back.) The Mississippi Department of Human Services' Child Care Payment Program wants to know that it is providing subsidy rates high enough to cover the actual cost of providing care, so children who are eligible for subsidies have access to the same kinds of child care services as those provided to children who are not eligible for assistance. As one of Mississippi's child care providers, we need your feedback for this study. The interview will take about 15 minutes to complete, and you will receive a \$25 gift card for your time. Are you willing to set up an appointment at your convenience to participate? Your responses for your individual center will only be available to our research staff. We will remove your identifying information from your answers before sharing with the Mississippi Department of Human Services. Responses from all Mississippi child care centers will be combined together for any reports that are made public. What would be a good time for us to conduct the interview?

Q02 What is your full name?
Q03 What is your job title?
First, I want to ask you a few questions about how the COVID-19 pandemic has impacted your child care program.
Q05 Is your center currently closed due to the COVID-19 pandemic?
○ Yes (1)
O No (0)
O Don't know (-88)
Refused (-99)

nto this dec	ision?
	State or local mandate (1)
	Company mandate (2)
	The health and safety of children, families, and staff (3)
	We did not have enough students to remain open (4)
	We did not have enough staff to remain open (5)
	COVID-19 outbreak among children or staff (defined as 3 or more confirmed positive cases) (6)
	Other (specify) (7)
	None of these (0)
	Don't Know (-88)
	Refused (-99)

Display This If Q5 = 1	
Q07 If you	r center is open, were you previously closed at any point due to the COVID-19 pandemic?
O Yes	(1)
ONo	(0)
O Dor	't Know (-88)
O Ref	used (-99)
Display This	
Q08 If you	r center was previously closed due to COVID-19, what elements factored into this decision?
	State or local mandate (1)
	Company mandate (2)
	The health and safety of children, families, and staff (3)
	We did not have enough students to remain open (4)
	We did not have enough staff to remain open (5)
	COVID-19 outbreak among children or staff (defined as 3 or more confirmed positive cases) (6)
	Other (specify) (7)
	None of these (0)
	Don't Know (-88)
	Refused (-99)

Q09 Has v	our center	experienced	any of th	e following	changes	due to	COVID-19?
	,		,	J	J		

	Yes (1)	No (0)	DK (-88)	Refused (-99)		
Staff placed on temporary leave (or furloughs) (Q09_1)	0	0	0	\circ		
Staff layoffs (Q09_2)	0	\circ	0	\circ		
Salary or wage reductions for staff (Q09_3)	0	\circ	0	\circ		
Increased expenses (Q09_4)	0	0	0	\circ		
Decreased revenue (Q09_5)	0	0	0	\circ		
Limited hours of operation (Q09_6)	0	0	0	0		
Reduced enrollment (Q09_7)	0	0	0	0		
Other changes (specify) (Q09_8)	0	0	0	\circ		
Display This Question: If Q9 = Decreased revenue [Yes]						
Q10 As of today, approximately what percentage of your total revenue has your center lost due to COVID-19?						

If Q9 = Decreased revenue [Yes]

	Yes (1)	No (0)	DK (-88)	Refused (-99)
Families that pay the full tuition have withdrawn (Q11_1)	\circ	\circ	\circ	\circ
Reduced enrollment from children receiving subsidies (Q11_2)	\bigcirc	0	\circ	0
Increased student absences (Q11_3)	\circ	0	\circ	0
Other (specify) (Q11_4)	\circ	\circ	\circ	0
Q12 The Child Care Payment Program has increased subsidy rates the COVID-19 pandemic. To what extent has this increase been ade needs? Very adequate (1) Somewhat adequate (2) Somewhat inadequate (3) Very inadequate (4) Don't Know (-88) Refused (-99)				

Q13 How long do you expect that you will need this subsidy rate increase?						
O We do not presently need this rate increase (1)						
O Number of Weeks (2)						
O Number of Months (3)						
O Number of Years (4)						
O Indefinitely (5)						
O Child care center does not accept subsidies (6)						
O Don't Know (-88)						
Refused (-99)						
Q14 How have your tuition rates been affected by the COVID-19 pandemic?						
O Increased (1)						
O Decreased (2)						
O Have not changed (3)						
Other (specify) (4)						
O Don't Know (-88)						
Refused (-99)						

	If Q14 = Increased Or Q14 = Decreased	
	Of Q14 - Decreased	
Q1	5 If tuition rates have changed, do yo	ou think this change will be permanent?
	O Yes (1)	
	O No (0)	
	O Don't Know (-88)	
	Refused (-99)	
	xt, I am going to ask you some genees that your center charges.	ral questions about your center as well as the rates and
	7 How many children is your center loacity of your center?)	icensed to care for at one time? (What is the licensed
Q1	8 What is the total number of childre	n currently enrolled in your center?
Q1	9 How many children does your cent	ter currently have enrolled in the following age groups:
	O Infant (0-11 months) (1)	
	O Toddler (12-23 months) (2)	
	2-year old (24-35 months) (3)	
	O Preschool (36-59 months) (4)	
	○ School Age (60+ months) (5)	
	Special Needs (all ages) (6)	

Display This Question:

Q20 Does you	r center offe	er full time	child care	, at leas	t 6 hours	per day?			
O Yes (1)									
O No (0)	O No (0)								
O Don't kno	ow (-88)								
Refused	(-99)								
Display This Que									
Q21 What is your rate for full-time care?									
		Is this ra	te						
		Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused	
Infant		•	•	C	O	O	O	O	
Toddler		O	O	•	•	O	O	O	
2-year old		•	•	C	O	O	O	•	
Preschool		•	•	C	O	O	•	•	
School Age		•	•	•	•	•	•	•	
Q22 Does you	r center offe	er part-time	e care, les	s than 6	hours p	er day?			
O Yes (1)									
O No (0)									
O Don't kn	ow (-88)								
O Refused	(-99)								

O Don't Know (-88)

Refused (-99)

Display	This	Question:
If O	24 -	Voc

Q25 What is your rate for children with special needs?

		Is this ra	ıte					
		Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused
Infant		O	O	•	O	O	•	O
Toddler		•	O	O	0	O	O	O
2-year old		0	O	O	0	O	O	•
Preschool		O	O	O	0	O	O	•
School Age		O	O	O	0	O	O	•
Q26 Do you pro	ovide alterr	native-hou	ır care, sı	ıch as e	xtended,	overnigh	nt, week	end?
O Yes (1)								
O No (0)								
O Don't kno	w (-88)							
O Refused ((-99)							

Q27 What types of alternative hours care do you provide?

	Yes (1)	No (0)	Don't know (-88)	Refused (-99)
Extended (1)	0	0	0	\circ
Overnight (2)	\circ	\circ	\circ	\circ
Weekends (3)	\circ	\circ	\circ	\circ
Other (specify) (4)	\circ	0	\circ	0
' 				
Q28 Do you charge a different rate for these hours?				
Yes (1)				
O No (0)				
O Don't Know (-88)				
Refused (-99)				

Skip To: Q33 If Q28 = No

Display	/ T	his	Question:		
If i	റാ	7 –	Extended	г	V

Q29 What is your rate for extended care?

	Is this ra	ite					
	Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused
Infant	 O	O	O	O	O	O	O
Toddler	 O	O	O	•	O	O	O
2-year old	 O	O	O	•	O	O	•
Preschool	 O	O	O	•	O	O	•
School Age	 O	O	O	•	O	O	O

Display This Question:

If Q27 = Overnight [Yes]

Q30 What is your rate for overnight care?

	Is this ra	ate					
	Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused
Infant	 O	O	•	O	O	•	O
Toddler	 •	O	O	O	O	O	O
2-year old	 O	O	•	O	O	•	O
Preschool	 O	O	•	O	O	•	O
School Age	 •	•	O	\mathbf{O}	\mathbf{O}	O	O

Q31 What is your rate for weekend care?

	Is this ra	ıte					
	Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused
Infant	 •	O	O	O	O	O	O
Toddler	 O	O	O	O	O	•	•
2-year old	O	O	•	O	O	•	•
Preschool	O	O	•	O	O	•	•
School Age	 O	O	O	O	O	O	O

Display This Question:

If Q27 = Other (specify) [Yes]

Q32 What is your rate for other alternative hours care?

	Is this ra	ate					
	Monthly	Weekly	Daily	Hourly	Annual	Don't Know	Refused
Infant	 O	O	O	•	O	O	O
Toddler	 O	O	•	O	O	O	O
2-year old	 O	O	•	O	O	O	O
Preschool	 O	O	•	O	O	O	O
School Age	•	•	\mathbf{O}	•	O	•	•

Q33 Do you	charge any of the following fees in addition to your regular rates?
	One time registration fee (1)
	Yearly or semester enrollment fee (2)
	Event/field trip fee (3)
	Transportation fee (4)
	Food/meal fee (5)
	Additional activity or supply fee (6)
	Other (specify) (7)
	No, none of these additional fees (0)
	Don't know (-88)
	Refused (-99)

Q34 D0	you charge	iees when d	miliuren are	absent ior	arry or the	ioliowing i	easons.

	Yes (1)	No (0)	Don't know (-88)	Refused (-99)	
Your facility is closed for a holiday or vacation? (1)	0	\circ	0	\circ	
The child does not attend due to illness? (2)	0	\circ	\circ	\circ	
The child's family is on vacation? (3)	\circ	\circ	\circ	\circ	
Other (specify) (4)	0	0	\circ	\circ	
Q35 Do you currently have a waitlist?					
O Yes (1)					
O No (0)					
O Don't know (-88)					
Refused (-99)					

If Q35 = Yes And Q20 = Yes					
Q36 Do you have a waitlist for full-time care?					
O Yes (1)					
O No (0)					
O Don't know (-88)					
Refused (-99)					
Display This Question:					
If Q35 = Yes					
And Q20 = Yes					
Q37 Is there a full-time waitlist for:	ı				
Q37 Is there a full-time waitlist for:	Yes (1)	No (0)	Don't Know (-88)	Refused (-99)	
Q37 Is there a full-time waitlist for: Infants (1)	Yes (1)	No (0)			
	Yes (1)	No (0)			
Infants (1)	Yes (1)	No (0)			
Infants (1) Toddlers (2)	Yes (1)	No (0)			
Toddlers (2) 2-year olds (3)	Yes (1)	No (0)			

Display This Question:

Display This Question: If Q37 [Yes] (Count) > 0
Q38 How many children are on your full time waitlist for:
Display This Choice: If Q37 = Infants [Yes]
O Infants (1)
Display This Choice: If Q37 = Toddlers [Yes]
O Toddlers (2)
Display This Choice: If Q37 = 2-year olds [Yes]
O 2-year olds (3)
Display This Choice: If Q37 = Preschool [Yes]
O Preschool (4)
Display This Choice: If Q37 = School Age [Yes]
O School Age (5)
Display This Question: If Q35 = Yes And Q22 = Yes
Q39 Do you have a waitlist for part-time care?
○ Yes (1)
O No (0)
O Don't know (-88)
Refused (-99)

Display This Question	Q
If Q35 = Yes	
And Q22 = Yes	

Q40 Is there a part-time waitlist for:

Q40 is there a part-time waitinst for.	Yes (1)	No (0)	Don't know (-88)	Refused (-99)
Infants (1)	0	0	\circ	\circ
Toddlers (2)	0	\circ	\circ	\circ
2-year olds (3)		0	\circ	\circ
Preschool (4)		0	\circ	\circ
School Age (5)	0	0	\circ	\circ
	ı			

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Display This Question:
If Q40 [Yes] (Count) > 0
Q41 How many children are on your part time waitlist for:
Display This Choice:
If Q40 = Infants [Yes]
O Infants (1)
Display This Choice:
If Q40 = Toddlers [Yes]
O Toddlers (2)
Display This Choice:
If Q40 = 2-year olds [Yes]
O 2-year olds (3)
Display This Choice:
If Q40 = Preschool [Yes]
O Preschool (4)
Display This Choice:
If Q40 = School Age [Yes]
O School Age (5)
Q42 Do you accept children receiving subsidies through Child Care Payment Program?
○ Yes (1)
O No (0)
O Don't know (-88)
Refused (-99)
Skip To: Q46 If Q42 != Yes

Q43 How many children in your facility are receiving a subsidy through the Child Care Payment Program?
Q44 If the subsidy payments plus the parent co-pay are not enough to cover your rate, do you charge parents the difference?
○ Yes (1)
O No (0)
Our rate charged for care is not greater than the Child Care Payment Program payment plus the parent co-pay (2)
Opon't Know (-88)
○ Refused (-99)
Q45 Do you limit the number of slots for children receiving subsidies?
O Yes (number of slots) (1)
O No (0)
O Don't know (-88)
Refused (-99)

Display This Q	uestion:
If Q42 = N	o
Q46 What a	re the barriers that prevent you from accepting children receiving subsidies?
	Don't know enough about the program (1)
	Don't have the time (2)
	Don't have the resources (3)
	Reimbursement rates too low (4)
	Issues receiving co-pays from parents (5)
	Not enough demand (6)
	Paperwork is too difficult (7)

Limited capacity (8)

No barriers (0)

Don't know (-88)

Refused (-99)

Other (specify): (9) _____

Paperwork is too difficult (7)

Other (specify): (9) _____

Limited capacity (8)

No barriers (0)

Don't know (-88)

Refused (-99)

Q48 Do you p	participate in the CACFP (Child and Adult Care Food Program)?
O Yes (1)	
O No (0)	
O Don't K	(now (-88)
○ Refuse	d (-99)
Q49 Does yo	ur center have any of the following national accreditations?
	National Association for Family Child Care (NAFCC) (1)
	National Association for the Education of Young Children (NAEYC) (2)
	National Accreditation Commission for Early Care and Education Program (NACECEP) (3)
	National Association of Child Care Professionals (NACC) (4)
	National Early Childhood Program Accreditation (NECPA) (5)
	Other (specify) (6)
	None of these (0)
	Don't Know (-88)
	Refused (-99)
Q53 What co	unty is your center located in?
▼ Adams Cou	nty (1)

254 Is there any other information you would like to share with us at this time?	
	_
Q55 This completes our interview. Thank you for your assistance. In appreciation of your time an effort, we are offering a \$25 electronic gift card from Amazon, or a \$25 physical gift card from Walmart. You can expect your gift card in 2-3 weeks. Which do you prefer?	d
Receive Amazon gift card by email	
Receive Walmart gift card by mail	
SECURE EMAIL OR POSTAL ADDRESS FOR GIFT CARD	