Appendices
Links to Sources and Documents Referenced in Report
Links/works cited in report:

- Maryland Family Network’s Maryland Child Care Demographics: http://www.marylandfamilynetwork.org/demographics/
- Brain growth: in the first five years, Anatomical Brain Magnetic Resonance Imaging of Typically Developing Children and Adolescents, https://jaacap.org/article/S0890-8567(09)60063-0/fulltext
- More information on regulated child care in Maryland can be found at: https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations
- MSDE Scholarship program: https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program
- Child Care Scholarship Program (formerly Child Care Subsidy Program) rates: https://earlychildhood.marylandpublicschools.org/families/child-care-subsidy-program/child-care-scholarship-rates
Cover Letter and Information on Maryland 2019 Market Rate Survey
Dear Child Care Professional:

Maryland’s child care provider organizations work to better the field of early care and education, including work to increase funding to make high quality programs available and affordable for all families. On behalf of MSDE Office of Child Care we are asking that you complete the Market Rate Survey (please see the link below). The information you provide is very important for determining the child care scholarship rates (formerly child care subsidy) for each region in the state. The great news is that with the increased income guidelines, more families than ever are eligible to receive scholarship money to help offset the cost of childcare. How does this affect you? By completing the Market Rate Survey you are helping to determine the true cost of child care across the state. Even if you do not accept child care scholarships your information matters for determining scholarship rates. This information will be used to make critical policy decisions by state legislators who determine the rates of reimbursement.

Please complete the survey below in paper form or online by March 29, 2019 by following the link below:

https://locate.marylandfamilynetwork.org/Provider/login

Your responses will be confidential and will only be used to determine an overall picture of what programs are charging for child care tuition.

Please note that

- The survey has been simplified. It should take no more than 2 minutes to complete.
- OCC will offer one (1) Professional Activity Unit (PAU) for those individuals completing the survey.

Once the surveys are completed, OCC will analyze the data to determine the true cost of quality care including the resources necessary to attract and retain the best possible teachers and staff for all child care programs.

Individuals completing the survey for their programs will receive 1 PAU toward the Maryland Child Care Credential.

Have Questions or Need Assistance?

Please reach out to any of the association leaders listed below.

Maryland State Child Care Association
Chris Peusch, Executive Director, MSCCA1@comcast.net

Maryland State Family Child Care Association
Jacqueline Grant, President, jacqueline.n.grant@gmail.com

Maryland Association for the Education of Young Children
Christina Lopez, Co-President, christina.lopez@mdaeyc.org

Service Employees International Union Local 500
Crystal Barksdale, Family Child Care Representative, Barksdale714@gmail.com

Maryland Family Network/Maryland Child Care Resource Network
Steve Rohde/Lacey Tsonis MCCRNinfo@marylandfamilynetwork.org

Thank you for taking the time to help providers, families and children!
Long Format Form of Maryland 2019 Market Rate Survey
LOCATE: CHILD CARE GROUP PROGRAM QUESTIONNAIRE

Instructions: Please complete a separate questionnaire for each licensed program facility/site which you operate. Follow all instructions carefully to insure accurate information is maintained on your facility and program. This questionnaire is for many different kinds of programs. If the question does not apply to you, indicate with a "NR" (not relevant) in the space provided. If you have any questions, please call the LOCATE staff at 410.659.7701 X 234. Return the completed questionnaire to Maryland Family Network, 1001 Eastern Ave., Fl 2, Baltimore, Maryland 21202.

PLEASE PRINT

Date __________________________

Name ____________________________

License Number (for identification purposes only) ________________________________

Do you participate in Maryland EXCELS?    ________Yes ________No

Child Care Type:  ________Child Care Center ________Letter of Compliance Facility

Site Address ____________________________

City ____________________________

Zip ____________________________

Mailing Address (if different from site address)

______________________________

Director ____________________________

County ____________________________

Landline Phone ____________________________

Cell Phone ____________________________

Fax ____________________________

E-mail ____________________________

FEES AND ADDITIONAL INFORMATION

Please complete the following information for each age group served. Do not include discounts

<table>
<thead>
<tr>
<th>AGE Group</th>
<th>Full Time (weekly)</th>
<th>Part-Time (weekly)</th>
<th>Before/After School (daily)</th>
<th>Drop-In (daily)</th>
<th>Evening (daily)</th>
<th>Overnight (daily)</th>
<th>Weekend (daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 wks.– 11 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>12 mon.– 23 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<tr>
<td>2 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<tr>
<td>3 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<tr>
<td>4 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<td>$______</td>
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<tr>
<td>5 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>School-Age (5+)</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
</tbody>
</table>

Do you charge a Security fee? ________No

Do you charge a Registration fee? ________No

Per child

Per Family

Annually: ________Yes ________No

Per child

Per Family

Annually: ________Yes ________No

____ I DO WANT my fees published

____ I DO NOT WANT my fees published on any website.

(For Office Use: Maps/Coordinates ____________)

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02-2018
LOCATE: Child Care
Group Child Care Questionnaire
Page 2

Name of person completing form & receiving PAU (Required)

E mail address to send PAU (Required)

1. Please check all that describe your program:
   _____ child care center (provides care to 2-5 year olds)
   _____ infant program (provides care to children under 2 years old)
   _____ nursery school (preschool program approved by the MSDE)
   _____ kindergarten (private kindergarten approved by MSDE)
   _____ part-day program (part-time preschool program for 2, 3 or 4 year olds, licensed by OCC)
   _____ school-age program (kindergarten and school-age children)
   _____ full-time (accepts kindergarten and older school-age children for summer, school closings, and holidays)
       ____ before school
       ____ after school
   _____ summer program (offers summer care to kindergarten and older school-age children)
   _____ Head Start (government-funded preschool for low-income children, 2-5 years old)
   _____ Early Head Start (government-funded program for low-income pregnant women, infants and toddlers)

2. Please circle all that apply:
   a. There is a subway/light rail station near the center
      Name of subway/light rail station ___________________________
      Yes ______ No ______

   b. There is a public bus line near the center
      Bus names and numbers ___________________________
      Yes ______ No ______

3. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose one school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

   a. Primary public elementary school ___________________________
      Name of public, private or charter elementary schools that you may transport to/from:

   b. Primary public middle school ___________________________
      Name of public, private or charter middle schools that you may transport to/from:

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LOCATE: Child Care
Group Child Care Questionnaire
Page 3

4. a. Please circle all that you provide:
   Before and/or after elementary school care  Yes  No
   Before and/or after middle school care  Yes  No
   Before and/or after preschool program (nursery, part-day, Head Start and Early Head Start)  Yes  No

b. Please circle all that apply if you offer any before and/or after school care:
   Center staff will walk/drive children to/from: school  Yes  No  school bus stop  Yes  No
   Children can walk to/from: school  Yes  No  school bus stop  Yes  No

5. a. What time do you open?  ____________________________ Close?  ____________________________
   b. Are you willing to adjust the opening and closing hour to accommodate a parent’s needs?  Yes  No

6. Please check the days of the week that you are regularly open:
   Sun ____  Mon ____  Tues ____  Wed ____  Thurs ____  Fri ____  Sat ____

7. a. Do you offer care:  _______ Full time?  _______ Part-time?  _______ Both?
   b. Do you offer infant care: _______ Full time?  _______ Part-time?  _______ Both?

8. Are you open:
   _______ 9 or 10 months (closed in summer)  _______ 12 months (year-round)
   _______ Summer only  _______ During school vacations

9. Please circle yes or no for each of the following schedules. (Please send a copy of your license if you offer overnight care. This must be reflected on your license). Do you offer:
   Weekend (on regular basis)  Yes  No  Temporary/emergency  Yes  No
   Drop-in care  Yes  No  Overnight  Yes  No
   Rotating schedule  Yes  No

10. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training?  Yes  No

11. Will you administer prescribed medication with written permission?  Yes  No

12. Does anyone on your staff speak more than one language fluently?
   If yes, which language(s): ____________________________

13. Please check the meals that you provide:
   _______ Breakfast  _______ P.M. snack
   _______ A.M. snack  _______ Dinner
   _______ Lunch  _______ No meals/snacks

14. Are you willing to accommodate a special diet for a child?  Yes  No

15. Due to concerns of severe food allergies, is your center/program a peanut/nut-free environment?  Yes  No

16. If you have an MSDE/OCC-approved nursery school or private kindergarten, please provide your monthly fees here:

______________________________________________________________

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17. Please circle your answers:
   a. Accept income eligible children who receive the Child Care Subsidy from the Department of Social Services? Yes ☐ No ☐
   b. Provide discount when caring for more than one child from the same family (Sibling Discount) Yes ☐ No ☐
   c. Provide scholarships Yes ☐ No ☐
   d. Offer sliding fee (fee that is flexible according to the parent's income) Yes ☐ No ☐

18. Do you require a security deposit? Yes ☐ If yes, how much? $ _____________ No ☐

19. Do you require a registration fee? Yes ☐ If yes, how much? $ _____________ No ☐

20. Are you part of the Child and Adult Care Food Program? Yes ☐ No ☐

21. Are you a member of your local center association? Yes ☐ No ☐

22. Please check all that apply:

   Actual Location of Center
   ☐ College site  ☐ Private school site
   ☐ Employer site  ☐ Business/Industrial Park
   ☐ Hospital  ☐ Public Housing
   ☐ Religious site  ☐ Freestanding building
   ☐ Public school site
   ☐ Elementary school
   ☐ Middle school
   ☐ High school

   Auspices/Sponsorship
   ☐ National chain
   ☐ Local chain
   ☐ Private non-profit agency
   ☐ Public agency
   ☐ Non-profit religious organization
   ☐ Proprietary (for profit)

23. Do you have reserved slots for parents of a particular company, organization, agency or school?
   Yes ☐ No ☐
   If yes, please name the organization: ____________________________________________

   b. Do you give priority of available slots to parents of a particular company, organization, agency or school?
      Yes ☐ No ☐
      If yes, please name: ____________________________________________

   c. Do you offer a discount to the parents of any company, organization, agency or school?
      Yes ☐ No ☐
      If yes, please name: ____________________________________________
The information you provide for Questions 25-32 are for statistical purposes only, and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation and benefits.

24. a. Please complete the following chart.

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NUMBER OF PAID STAFF</th>
<th>AVERAGE ANNUAL FULL-TIME GROSS SALARY</th>
<th>AVERAGE ANNUAL PART-TIME GROSS SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers/Senior Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Do you provide benefits? Yes No

If yes, please check the benefits you provide:

<table>
<thead>
<tr>
<th>FULLY PAID</th>
<th>PARTIALLY PAID</th>
<th>AVAILABLE BUT NO EMPLOYER CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPECIAL NEEDS

25. Do you currently have a child or children with special needs or disabilities enrolled in care? Yes _____ If yes, how many? _______ No _____

26. Do you currently have a child or children in care who are receiving early childhood mental health services or behavioral consultation services? Yes _____ If yes, how many? _______ No _____ Don’t know _____

27. Do you currently have a child or children in care who are receiving early intervention services from Infant and Toddlers or Child Find other than mental health services? Yes _____ If yes, how many? _______ No _____ Don’t know _____

28. Have you ever referred a child or children for early intervention services? Yes _____ If yes, how many? _______ No _____ Don’t know _____

29. Have you ever referred a child or children to a behavior consultant? Yes _____ If yes, how many? _______ No _____ Don’t know _____

30. Did you terminate the care of a child due to behavior problems between January 1, 2017 and December 31, 2017? Yes _____ If yes, how many? _______ No _____

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LOCATE: Child Care
Group Child Care Questionnaire
Page 6

31. a. Have you had experience caring for children or adults with disabilities (child care, family and/or community activities)?

   Yes  No

b. If yes, please check which disabilities you have had experience with or knowledge of:

   **Cognitive**
   - Delayed Development
   - Down Syndrome
   - Fragile X
   - Intellectual Disability
   - Learning Disability
   - Speech/Language Delay
   - Traumatic Brain Injury
   - Other

   **Physical**
   - Arthritis
   - Cerebral Palsy
   - Hearing/Vision Loss
   - Limited Mobility (requires a wheelchair)
   - Low Muscle Tone
   - Muscular Dystrophy
   - Orthopedic
   - Spina Bifida
   - Other

   **Medical**
   - Apnea Monitor
   - BPD
   - Blood/Organ Disorder
   - Bowel Disorder
   - Cancer
   - Colostomy Bags
   - Cystic Fibrosis
   - Diabetes
   - Drug Addicted/
   - Exposed Newborns
   - Feeding Problems/
   - GI Tubes
   - Genetic Disorder
   - Other
   - Heart Problems
   - HIV/AIDS
   - Hydrocephalus
   - Lead Poisoning
   - Prematurity
   - Reflux
   - Respiratory
   - Severe Allergies
   - Severe Asthma
   - Seizure Disorder
   - Sickle Cell
   - Trach Tube

   **Social/Emotional**
   - Adjustment Disorder
   - Attachment Disorder
   - ADD (Attention Deficit Disorder)
   - ADHD (Attention Deficit Hyperactivity Disorder)
   - Autism Spectrum
   - Behavior Problems
   - Bipolar Disorder
   - Depression
   - Emotional Problems
   - Mood Disorder
   - Obsessive-Compulsive
   - Disorder
   - ODD (Oppositional Defiant Disorder)
   - Post-Traumatic Stress Disorder
   - Sensory Integration Dysfunction
   - Social Communication Disorder
   - Other

   c. Please circle all that apply to your program:

      - Currently wheelchair accessible (ex: ramp or garage entry, etc.)
        Yes  No
      - Working knowledge of sign language
        Yes  No

**EDUCATION**

32. a. Please indicate the number of your staff who have completed the following levels of education:

   ______ Less than High School   ______ Associate Degree   ______ Master Degree

   ______ GED/High School   ______ Bachelor Degree   ______ Doctoral Degree

b. If you have staff with Associate Degrees or higher, please check the major areas of study:

   ______ Child Development
   ______ Early Childhood Education
   ______ Elementary Education
   ______ Family Studies
   ______ Nursing
   ______ Psychology
   ______ Social Work
   ______ Special Education
   ______ Other
33. Has anyone on your staff completed college level credit courses in Child Development or Early Childhood Education?
   Yes  No

34. a. Has anyone on your staff completed college level credit courses in Special Education?
   Yes  No
   b. Does anyone on your staff have a teaching certificate in Special Education issued by Maryland State Department of Education?
   Yes  No

TRAINING

35. Do you have staff who have completed any of the following certifications:
   a. 90 Hour Early Childhood Education Pre-service Certificate  ___ Yes  ___ No
   b. 45 Hour Infant and Toddler Pre-service Certificate  ___ Yes  ___ No
   c. 45 Hour School Age Group Leader Certificate  ___ Yes  ___ No

36. Please list any trainings taken by your staff relating specifically to care for children with disabilities.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

37. Does anyone on your staff have any type of training in the medical field?  ___ Yes  ___ No
   If yes, please list the areas such as nursing assistant, practical nurse, hospital or medical aide, etc.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

38. Does your center follow any of the following State-approved curricula?
   ___ InvestiGator-Club (ages 3, 4 & 5)
   ___ Frog Street Preschool (age 4)
   ___ Little Treasures (age 4)
   ___ DLM Early Childhood Express (ages 3 & 4)
   ___ Kinder Corner and Curiosity Corner (ages 4 & 5)
   ___ Creative Curriculum for Preschool (ages 3 & 4)
   ___ Creative Curriculum for Family Child Care (ages 3, 4 & 5)
   ___ None of the above

39. a. If you don’t follow a State-approved curriculum, do you follow any pre-school curriculum?  Yes  No
   b. If yes, what is the name of the curriculum that you follow?

___________________________________________________________________________________________
LOCATE: CHILD CARE
FAMILY CHILD CARE QUESTIONNAIRE

Instructions: Please answer the following questions regarding your family child care home. If there is information you do not wish to share or you feel does not apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions or concerns about the questionnaire, feel free to call the LOCATE staff at 410.659.7701 x234. Please return the completed questionnaire by email to mmayo@marylandfamilynetwork.org, by mail to Maryland Family Network, 1001 Eastern Ave. Fl 2, Baltimore, Maryland 21202 or, you can fax the completed form to 410.385.0561.

Date _______________________

Name _______________________

License Number (for identification purposes only) _______________________

Do you participate in Maryland EXCELS? ____ Yes ____ No

Child Care Type: ____ Family Child Care Home ____ Large Family Child Care Home

Site Address ______________________ Community/Development ______________________

City ______________________ County ______________________

Zip ______________________ Landline Phone ______________________

Mailing Address (if different from site address) ______________________

Cell Phone ______________________

Fax ______________________

E-mail ______________________

FEES AND ADDITIONAL INFORMATION:
Please complete the following information for each age group served. Do not include discounts

<table>
<thead>
<tr>
<th>AGE Group</th>
<th>Full Time (weekly)</th>
<th>Part-Time (weekly)</th>
<th>Before/After School (daily)</th>
<th>Drop-In (daily)</th>
<th>Evening (daily)</th>
<th>Overnight (daily)</th>
<th>Weekend (daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 wks. – 11 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
<tr>
<td>12 mon. – 23 mon.</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<td>$______</td>
</tr>
<tr>
<td>2 years</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
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<td>$______</td>
<td>$______</td>
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<tr>
<td>3 years</td>
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<td>5 years</td>
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<tr>
<td>School-Age (5+)</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
<td>$______</td>
</tr>
</tbody>
</table>

Do you charge a Security fee? ____ No

Do you charge a Registration fee? ____ No

Per child ____________ Per Family ____________

Annually: ____ Yes ____ No

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LOCATE: Child Care

Family Child Care Questionnaire
Page 2

Per Family

____ I DO WANT my fees published
____ I DO NOT WANT my fees published on any website.

Name of person completing form & receiving PAU (Required)

E mail address to send PAU (Required)

1. Please circle all that apply:

   There is a subway/light rail station near my home. Yes No
   Name of subway/light rail station ____________________________

   There is a public bus line near my home. Yes No
   Bus names and numbers ____________________________

2. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose one school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

   a. Primary public elementary school ____________________________
      Name of public, private or charter elementary schools that you may transport to/from ____________________________

   b. Primary public middle school ____________________________
      Name of public, private or charter middle schools that you transport to/from ____________________________

3. a. Please circle all that you provide:

   Before and/or after elementary school care Yes No
   Before and/or after middle school care Yes No
   Before and/or after preschool program (nursery, Yes No
      public pre-kindergarten, part-day, Head Start and Early Head Start)

   b. Please circle all that apply if you offer any before and/or after school care:

      I can walk/drive children to/from: school Yes No
      school bus stop Yes No

      Children can walk to/from: school Yes No
      school bus stop Yes No

4. a. What time do you open? ________________________ Close? ________________________

   b. Are you willing to adjust the opening and closing hour to accommodate a parent’s needs? Yes No

5. Please check the days of the week that you are regularly open:

   Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____
LOCATE: Child Care

Family Child Care Questionnaire
Page 3

6. a. Do you offer care: ______ Full time? ______ Part-time? ______ Both?

b. Do you offer infant care: ______ Full time? ______ Part-time? ______ Both?

7. Are you open:
   ______ 9 or 10 months (closed in summer)  ______ 12 months (year-round)
   ______ Summer only  ______ During school vacations

8. Please circle yes or no for each of the following schedules. (Please send a copy of your license if you offer evening or overnight care. This must be reflected on your license). Do you offer:
   Weekend (on regular basis) Yes No Temporary/emergency Yes No
   Drop-in care Yes No Overnight Yes No
   Evening Yes No Rotating schedule Yes No

9. a. Do you require children to be toilet trained? Yes No
    b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet training? Yes No
    c. Will you administer prescribed medication with written permission? Yes No

10. Do you speak more than one language fluently? Yes No
    If yes, which language(s): ________________________________

11. Please check all that apply to your home:
    ______ Apartment/condo ______ Trailer ______ Fenced yard
    ______ Townhouse ______ Duplex ______ Swimming pool
    ______ Single family home ______ Pets
    ______ Totally smoke-free environment
    or ______ Smoke-free during child care hours

12. Please check any pets in the home or check “No Pets.” Check all that apply.
    ______ No pets in home ______ Dog ______ Cat ______ Other

13. Please check the meals that you provide:
    ______ Breakfast ______ P.M. snack
    ______ A.M. snack ______ Dinner
    ______ Lunch ______ No meals/snacks
14. Are you willing to accommodate a special diet for a child?  Yes  No

15. Due to concerns of severe food allergies is your family child care home a peanut/nut free environment?  Yes  No

16. Please circle your answers:
   a. Accept income eligible children who receive the Child Care Subsidy from the Department of Social Services  Yes  No
   b. Provide discount when caring for more than one child from the same family (Sibling Discount)  Yes  No
   c. Offer sliding fee (fee that is flexible according to the parent’s income)  Yes  No

17. Do you require a security deposit?  Yes  No
   If yes, how much? $ ________

18. Do you require a registration fee?  Yes  No
   If yes, how much? $ ________

19. Are you part of the Child and Adult Care Food Program?  Yes  No

20. Are you a member of your local family child care provider association?  Yes  No

The information you provide for questions 23-29 is for statistical purposes only and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation and benefits.

21. a. What is the current estimated gross income from your business?  
   (Indicate your answer on the basis of weekly income or monthly income, whichever is easier):
   Weekly $ ___________ or Monthly $ ___________

   b. Which of the following benefits do you have? (Check all that apply).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Yes, Paid by Your Family Child Care Business</th>
<th>Yes, Through Another Source</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIAL NEEDS CARE

22. Do you currently have a child or children with special needs or disabilities enrolled in care?
   Yes __________  If yes, how many? ____________  No ____

23. Do you currently have a child or children in care who are receiving early childhood mental health services or behavioral consultation services?
   Yes ______  If yes, how many? ____________  No ____  Don’t know ____

24. Do you currently have a child or children in care who are receiving early intervention services from Infant and Toddlers or Child Find other than mental health services?
   Yes ______  If yes, how many? ____________  No ____  Don’t know ____

25. Have you ever referred a child or children for early intervention services?
   Yes ______  If yes, how many? ____________  No ____  Don’t know ____

26. Did you terminate the care of a child due to behavior problems between January 1, 2017 and December 31, 2017?
   Yes _____  If yes, how many? ____________  No ____

27. a. Have you had experience caring for children or adults with disabilities (child care, family, used Behavioral Counseling Services and/or community activities)?
   Yes No

   b. If yes, please check which disability(ies) you have had experience with or knowledge of:

   **Cognitive**
   ___ Delayed Development
   ___ Down Syndrome
   ___ Fragile X
   ___ Intellectual Disability
   ___ Learning Disability
   ___ Speech/Language Delay
   ___ Traumatic Brain Injury
   ___ Other

   **Physical**
   ___ Arthritis
   ___ Cerebral Palsy
   ___ Hearing/Vision Loss
   ___ Limited Mobility
   ___ Low Muscle Tone
   ___ Muscular Dystrophy
   ___ Orthopedic
   ___ Spina Bifida
   ___ Other

   **Medical**
   ___ Apnea Monitor
   ___ BPD
   ___ Blood/Organ Disorder
   ___ Bowel Disorder
   ___ Cancer
   ___ Colostomy Bags
   ___ Cystic Fibrosis
   ___ Diabetes
   ___ Drug Addicted/
   Exposed Newborns
   ___ Feeding Problems/
   GI Tubes
   ___ Genetic Disorder
   ___ Other

   ___ Heart Problems
   ___ HIV/AIDS
   ___ Hydrocephalus
   ___ Lead Poisoning
   ___ Prematurity
   ___ Reflux
   ___ Respiratory
   ___ Severe Allergies
   ___ Severe Asthma
   ___ Seizure Disorder
   ___ Sickle Cell
   ___ Trach Tube

   **Social/Emotional**
   ___ Adjustment Disorder
   ___ Attachment Disorder
   ___ ADD (Attention Deficit Disorder)
   ___ ADHD (Attention Deficit Hyperactivity Disorder)
   ___ Autism Spectrum
   ___ Behavior Problems
   ___ Bipolar Disorder
   ___ Depression
   ___ Emotional Problems
   ___ Mood Disorder
   ___ Obsessive-Compulsive Disorder
   ___ ODD (Oppositional Defiant Disorder)
   ___ Post-Traumatic Stress Disorder
   ___ Sensory Integration Dysfunction
   ___ Social Communication Disorder

   **c. Please circle all that apply to your program:**
   Currently wheelchair accessible (ramp or garage entry, etc.)
   Yes No
   Working knowledge of sign language
   Yes No
EDUCATION

28. a. Check the highest level of education you have completed (check only one):
   _____ Less than High School  _____ Associate Degree  _____ Master Degree
   _____ GED/High School  _____ Bachelor Degree  _____ Doctoral Degree

   b. If you have an Associate Degree or higher, check your major area of study.
      _____ Child Development
      _____ Early Childhood Education
      _____ Elementary Education
      _____ Family Studies
      _____ Nursing
      _____ Psychology
      _____ Social Work
      _____ Special Education
      _____ Other

29. Have you completed college level credit courses in Child Development or Early Childhood
   Education?  ___ Yes  ___ No

30. Have you completed college level credit courses in Special Education?  ___ Yes  ___ No

31. Do you have a teaching certificate in Special Education issued by Maryland State Department of
    Education?  ___ Yes  ___ No

TRAINING

32. a. Do you have a 90 Hour Early Childhood Education Pre-service Certificate?  ___ Yes  ___ No
    b. Do you have a 45 Hour Infant and Toddler Pre-service Certificate?  ___ Yes  ___ No

33. Have you taken Medication Administration Training?  ___ Yes  ___ No

34. Please list any trainings you have taken relating specifically to care for children with disabilities.

________________________________________________________________________

________________________________________________________________________

35. Do you have any medical training?  ___ Yes  ___ No
    If yes, please describe the type of training, such as nursing assistant, practical nursing, hospital aide, etc.
36. Do you follow any of the following State-approved curricula?
   ___ Frog Street (ages 3 & 4)
   ___ DLM EC Express (ages 3 & 4)
   ___ Little Treasures (age 4)
   ___ Investigator Club (ages 3, 4, & 5)
   ___ Curiosity Corner and Kinder Corner (ages 4 & 5)
   ___ Creative Curriculum for Family Child Care (ages 3, 4, & 5)
   ___ Creative Curriculum (ages 3 & 4)
   ___ Connect 4 Learning (age 4)
   ___ OWL Opening the World of Learning
   ___ None of the above

37. a. If you don’t follow a State-approved curriculum, do you follow any pre-school curriculum? Yes  No
   b. If yes, what is the name of the curriculum that you follow?

38. Do you have CDA accreditation?  Yes  No  If Yes, please send documentation with this form.
Short Format Form of Maryland 2019 Market Rate Survey
Cost of Child Care Survey – Statewide Provider Rates

The Maryland State Department of Education, Office of Child Care is requesting information from child care providers to determine the cost of child care across Maryland. The information gathered is confidential and used for data analysis that will assist the Office of Child Care in policy change and revision and assist more providers to gain payment closer to the true cost of child care. The data collected is not related to nor will it be shared with licensing or posted on any website, without your approval. This Survey may be mailed to: Maryland Family Network, 1001 Eastern Ave. FL. 2, Baltimore, Maryland 21202, faxed to: 1-410-385-4651 or emailed to MDCOC@marylandfamilynetwork.org The short form survey also may be done online by going to: https://locate.marylandfamilynetwork.org/Provider/login

Child care providers will gain 1 PAU for completing this Survey by March 29, 2019. Providers can also complete or update the Maryland Family Network LOCATE survey between the dates of February 1, 2019 – April 15, 2019 and will gain 2 PAU’s for completing that survey. (PAU’s will be given for only ONE survey. Please complete this short survey OR the LOCATE survey.)

Child Care Program Name (for Family Child Care please use your name) – enter below:

LICENSE/REGISTRATION NUMBER (used for identification purposes only):

Do you participate in Maryland EXCELS?     ☐ YES  ☐ NO

CHILD CARE TYPE:  ☐ Child Care Center  ☐ Family Child Care Home
                               ☐ Letter of Compliance Facility  ☐ Large Family Child Care Home

TELEPHONE NUMBER:  FAX:

Child Care PROGRAM EMAIL:

PROGRAM ADDRESS:

CITY:  STATE:  ZIP:

MAILING ADDRESS:

CITY:  STATE:  ZIP:

Please complete the following information for each age group served. Do not include any discounts applied based on family size or income. Enter Rates Effective July 1, 2019.

<table>
<thead>
<tr>
<th>Age Group(s) Served</th>
<th>Full Time (weekly)</th>
<th>Part-Time (weekly)</th>
<th>Before/After School (daily)</th>
<th>Drop-In (daily)</th>
<th>Evening (daily)</th>
<th>Overnight (daily)</th>
<th>Weekend (daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Birth-11 mo)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Toddler (12 mo-23 mo)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2 year olds</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3 year olds</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4 year olds</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5 year olds</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>School-Age (5+)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Do you charge a Security fee?  ☐ Yes  ☐ No

Do you charge a Registration fee?  ☐ Yes  ☐ No

☐ I DO WANT MY FEES PUBLISHED  ☐ I DO NOT WANT my fees published on any website.

Name of person completing form & receiving PAU (REQUIRED):

Email Address to Send PAU (REQUIRED):
Maryland 2019 Market Rate Survey – Examples of Marketing and Social Media
On behalf of MSDE’s Office of Child Care we are asking our network of child care professionals to complete the Market Rate Survey. Your answers to this survey help to determine child care scholarship rates across the state. It takes less than 2 minutes, and you even get 1 PAU for completing the survey!

Market Rate Survey | Maryland Family Network
Market Rate Survey Maryland’s child care provider organizations work to better the field of early care and education, including work to increase funding to make high quality programs available and affordable for all...

☑ Get More Likes, Comments and Shares
Boost this post for $200 to reach up to 30,000 people.

1,126 People Reached
70 Engagements
Laurie Nelson Donohue
Bonnie Haskins
Mattie Biggers, Laura Seminars-Thorton and 3 others
2 Comments 10 Shares

Like Comment Hootlet Share Hootlet

Write a comment...

Most Relevant

Laurie Nelson Donohue Yes, I got an email this week and filled it out a week or so ago.

Like Reply Message 17w

Bonnie Haskins How do you get the PAU? I filled it out. Will it come by email?

Like Reply Message 17w
Have 2 minutes to spare? If so then you can be a part of determining how Child Care Subsidy rates are distributed across our state. Child Care providers even get 1 PAU for participating. Join us in trying to make Maryland’s early care and education the best it can be.

Market Rate Survey | Maryland Family Network

Market Rate Survey Maryland’s child care provider organizations work to better the field of early care and education, including work to increase funding to make high quality programs available and affordable for all...

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Boost this post for $200 to reach up to 30,000 people.
Market Rate Survey | Maryland Family Network
Market Rate Survey Maryland's child care provider organizations work to better the field of early care and education, including work to increase funding to make high quality programs available and...

Performance for Your Post
129 People Reached
1 Likes, Comments & Shares
1 Likes
1 On Post
0 On Shares
0 Comments
0 On Post
0 On Shares
0 Shares
0 On Post
0 On Shares
1 Post Clicks
0 Photo Views
0 Link Clicks
1 Other Clicks
NEGATIVE FEEDBACK
0 Hide Post
0 Hide All Posts
0 Report as Spam
0 Unlike Page
Reported stats may be delayed from what appears on posts

Get More Likes, Comments and Shares
Boost this post for $200 to reach up to 30,000 people.

Performance for Your Post
267 People Reached
3 Likes, Comments & Shares
1 Likes
1 On Post
1 On Shares
0 Comments
0 On Post
0 On Shares
2 Shares
2 On Post
0 On Shares
5 Post Clicks
0 Photo Views
2 Link Clicks
3 Other Clicks
NEGATIVE FEEDBACK
0 Hide Post
0 Hide All Posts
0 Report as Spam
0 Unlike Page
Reported stats may be delayed from what appears on posts
Only three days to go and Baltimore City is still lagging behind other jurisdictions in the number of responses. If you have not completed the survey please do so today and spread the word to others.

MARYLANDFAMILYNETWORK.ORG

Market Rate Survey | Maryland Family Network

Market Rate Survey Maryland’s child care provider organizations work to better the field of early care and education, including work to increase funding to make high quality programs available and...
Child care providers, do you want to make sure your voice is heard when determining the new Child Care Scholarship disbursements? Take this 2 minute survey now and let your state legislators know where you stand. http://bit.ly/2U1O1Bu
As Child Care Scholarship rates affect both parents and providers, we think you should have a say in how the system works. Child care providers, take this 2 minute Market Rate Survey now and make sure you’re a part of the decision-making process. SJUREY ENDS TOMORROW!
http://bit.ly/2U10iBu

MARYLANDFAMILYNETWORK.ORG
Market Rate Survey | Maryland Family Network
Market Rate Survey Maryland’s child care provider organizations work to...

Get More Likes, Comments and Shares
Boost this post for $200 to reach up to 30,000 people.

736 People Reached
33 Engagements
6 Shares

Josephine Chan, Debbie Moore and 3 others
Child care providers, please share your thoughts on Child Care Scholarship rates and the true cost of child care in Maryland. Take this 2 minute survey now and make your voice heard. bit.ly/2U1OIBu
State legislators make critical policy decisions that affect our lives. Take this 2 minute survey for child care providers to let our policymakers know the true cost of child care across the state. bit.ly/2U1OlBu
Child care providers, do you want to make sure your voice is heard when determining the new Child Care Scholarship disbursements? Take this 2 minute survey now and let your state legislators know where you stand. bit.ly/2U1OlBu
As Child Care Scholarship rates affect both parents and providers, we think you should have a say in how the system works. Child care providers, take this 2 minute Market Rate Survey now and make sure you’re a part of the decision-making process. bit.ly/2U1O1Bu
MD Family Network

Have 2 minutes to spare? If so then you can be a part of determining how Child Care Scholarship rates are distributed across our state. Providers even get 1 PAU for participating. Join us in trying to make our early care and education the best it can be.

bit.ly/2U1O1Bu
On behalf of MSDE’s Office of Child Care we are asking our network of child care professionals to complete the Market Rate Survey. Your answers to this survey help to determine child care scholarship rates across the state. It takes less than 2 minutes!
bit.ly/2U1OIBu
Take MSDE's Office of Child Care Market Rate Survey now and help to determine how child care scholarship rates are disbursed across the state. It only takes 2 minutes, and your answers will help to determine the true costs of child care in Maryland. bit.ly/2U1O1Bu
State legislators make critical policy decisions that affect our lives. Take this 2 minute survey for child care providers to let our policymakers know the true cost of child care across the state. bit.ly/2U1OIBu
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As Child Care Scholarship rates affect both parents and providers, we think you should have a say in how the system works. Child care providers, take this 2 minute Market Rate Survey now and make sure you're a part of the decision-making process. bit.ly/2U1OlBu
Listing of Maryland Child Care Resource Network Child Care Resource Centers
MARYLAND'S CHILD CARE RESOURCE & REFERRAL CENTERS

ANNE ARUNDEL COUNTY
Arundel Child Care Connections
44 Calvert Street, Room 140A
Annapolis, MD 21401
tel 410.782.501
Executive Director Germaine Adams
e-mail germaine@arundelccc.org

BALTIMORE CITY
Baltimore City Child Care Resource Center
1001 Eastern Avenue, 2nd Floor
Baltimore, Maryland 21202
tel 410.685.5150
Acting Executive Director Nancy Pelton
e-mail npelton@bcccc.org

BALTIMORE COUNTY
Child Resource Center Baltimore County at Abilities Network/Project ACT
8503 Lasalle Road
Towson, Maryland 21286
tel 410.828.7700 x1292
Program Manager Sara Bosley
e-mail sbosley@abilitiesnetwork.org

CECIL & HARFORD COUNTIES
Child Resource Center Harford/Cecil County at Abilities Network/Project ACT
3103 Emmorton Road
Abingdon, Maryland 21009
tel 410.828.7700 x1292
Program Manager Sara Bosley
e-mail sbosley@abilitiesnetwork.org

CARROLL & FREDERICK COUNTIES
Child Care Choices
255 Clifton Blvd, Suite 319
Westminster, Maryland 21157
tel 410.751.2917
Director Patty Morison
e-mail pmorison@fcmh.ca.org

HOWARD COUNTY
Howard County Child Care Resource Center
9830 Patuxent Woods Dr
Columbia, Maryland 21046
tel 410.313.1940
Program Manager Debbie Yare
e-mail dyare@howardcountymd.gov

MONTGOMERY COUNTY
Montgomery County Child Care Resource Center
1401 Rockville Pike, Suite 200
Rockville, Maryland 20852
tel 240.777.3110
Executive Director Jennifer Arnaiz
E-mail Jennifer.Arnaiz@montgomerycountymd.gov

PRINCE GEORGE'S COUNTY
Prince George's Child Resource Center
9475 Lottsford Road, Suite 202
Largo, Maryland 20774
tel 301.772.8420
Executive Director Jennifer Iverson
e-mail jiverson@pgccc.org

SOUTHERN MARYLAND
CALVERT, CHARLES & ST. MARY'S COUNTIES
Promise Resource Center
8935 Old Leonardtown Rd
Hughesville, Maryland 20637
tel 301.290.0040
Program Director Sarah Sutherland
e-mail ssutherland@thepromisecenter.org

UPPER EASTERN SHORE
CAROLINE, KENT, DORCHESTER, QUEEN ANNE'S & TALBOT COUNTIES
Chesapeake Child Care Resource Center
Chesapeake College
1000 College Circle
Wye Mills, Maryland 21679
tel 410.822.5400 x2357
Executive Director Peg Anawalt
e-mail manawalt@chesapeake.edu

LOWER EASTERN SHORE
WICOMICO, SOMERSET & WORCESTER COUNTIES
Lower Shore Child Care Resource Center
East Campus Complex, Suite 500
Salisbury University
Power and Wayne Streets
Salisbury, Maryland 21804
tel 410.543.6650
Project Director Leslie Sinclair
e-mail lasinclair@salisbury.edu

WESTERN MARYLAND
ALLEGANY, GARRETT & WASHINGTON COUNTIES
APPLES for Children
1825 Howell Road, Suite 3
Hagerstown, Maryland 21740
tel 301.733.0000
Executive Director Heather Glass
e-mail hglass@applesforchildren.org

Revised 7.1.19
Every community in Maryland is served by one of twelve regional Child Care Resource Centers (CCRCs). Together, these Centers make up the Maryland Child Care Resource Network (MCCRN), which provides leadership and services designed to improve the quality, availability, and affordability of child care in communities across the State. The CCRCs that comprise the Network provide training opportunities and technical assistance to child care providers throughout Maryland. This innovative public-private partnership was initiated in 1989 and is administered by Maryland Family Network under a contract with the Maryland State Department of Education. Learn more by visiting marylandfamilynetwork.org.