

ANNUAL CHILD CARE RATES SURVEY - LICENSED GROUP DAY CARE

Personal information you provide on this form may be used for secondary purposes (Privacy Law, s.15.04 (1)(m))

Dear Child Care Provider,

Each year Wisconsin child care agencies survey **all licensed providers/centers** to collect child care prices and related information. The goal of this survey is to establish the most accurate market rates to be used to reimburse day care costs for low to moderate income families. The price information you submit may be used to calculate the annual Maximum Reimbursement Rates for the Wisconsin Shares Subsidy Program as required by DCF 201.06 of the Wisconsin Administrative Code for child care subsidy. Your cooperation in completing and submitting this survey (along with your current printed price sheet) will allow us to establish a rate that is fair and competitive so that we may assist as many families as possible. *Please return this survey within the given time.*

All prices reported must be those you regularly charge “private-pay families” (i.e., families whose child care services are not subsidized with public funds). Report **hourly, daily and weekly** prices you charge in August/September. If your program is not in operation in August-September, please provide rate/enrollment information for the latest active month (applies to summer school age programs, etc). Please indicate the prices you charge according to the age categories listed on the following page. Field trip fees, meal fees, transportation fees, registration and material fees, unless incorporated into the weekly price for child care, cannot be paid for separately and therefore should not be reported on the survey. Verification of your reported price is necessary in order to accurately calculate the local agency maximum reimbursement rates for licensed family child care providers. **Return this survey along with a copy of your typed or printed fee schedule to the address listed here, even if you have not or are not caring for a child who qualifies for subsidy funding:**

Insert return address here

The survey must be returned by _____.

Note: If you have multiple sites, please submit a separate survey for each site.

Number of **Full-time*** private-pay (not subsidized) children served within the last month _____
(*Two half-time, private-pay children count as one full-time private-pay child)

Continue on the back

Facility Name:		
Owner/Operator:		
Address of Facility:		Phone:
City:	State:	Zip:

Please provide your standard hourly, daily and weekly prices for each of the age categories below by completing the full-time weekly fee column with the price that you charge for that age group (include all prices for the age group). If you do not charge in one or more of the price modes (hourly, daily, weekly), leave the space blank or mark it N/A. Include the price you charge even if you currently are not caring for any children in that age category. Indicate with N/A if you do not care for an age group.

	Hourly	Daily	Weekly
Under age 2 years			
Age 2 thru 3 years			
Age 4 thru 5 years			
Age 6 years and older			

Does your center offer a discount for employee’s children? No Yes. If yes, please state the percentage or amount:

Please read, check that you understand each point, sign and return to the address on front.

- I have enclosed my printed price sheet.
- I understand that, by signing this form, I acknowledge that the fees I have listed here are fees charged to private pay parents.

Signature:	Date:
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