



Appendices

APPENDIX A. DATA ANALYSIS

It is important to note that *all* of the daily market rates and percentiles presented in this report are based on large and statistically reliable sample sizes. Even in categories of care that are difficult to find, such as part-day infant and toddler care in Homes, the numbers of rates gathered were sufficient for estimating highly stable rates.

LEVELS OF ANALYSIS

Project researchers summarized the survey data and conducted analysis at several distinct levels. The most basic analyses were done at the level of individual providers. These results, which appear in the Special Analyses section of the report, document the proportion of providers responding to the survey that offer various services (e.g., non-traditional hours, transportation), or that fall into different administrative categories (sectarian or for-profit). The exception to this rule is the one item that measures the “percent of enrollment that is subsidized,” which is analyzed at the level of the individual child. A similar item concerns the percent of *facilities* that serve any subsidized children. When this number is higher than the “percent of enrollment” number, it indicates that the subsidized children in an area are widely dispersed among facilities, and when it is lower, it indicates that the subsidized children are relatively concentrated among a smaller number of facilities in the area.

The remaining analyses were conducted at either the rate observation level or at the level of the child care slot, as described below. Each center or home-based facility can contribute more than one rate observation to the analysis, and each rate observation can represent more than one slot. However, the nature of this relationship depends on the type of facility, as described below. The estimation of market rates includes a combination of rates from this survey and administrative records regarding published rates of subsidized providers, so different procedures were also followed for administrative records, as described later.

Among survey data gathered, daily market rates for licensed centers were captured for all categories of care offered, regardless of whether any children were currently being served in such categories. The categories consisted of all possible combinations of age group (gathered for actual age categories in which each center offered rates, but aggregated to either the four original categories or the eight new age categories for reporting, depending on the analysis) by Full-day status (part-day or full-day). Thus, one center could contribute as many as eight independent rate observations, each representing any number of children (including zero). These rate observations were then weighted by the number of child care slots they represent (described below) when calculating market rate distributions.

In contrast, market rates for surveyed home-based facilities, including registered homes and licensed homes, were gathered at the level of the individual child currently being served. Each child's age, detailed weekly schedule, and rates charged were gathered for purposes of calculating daily market rates. In this case, the individual children were treated as independent rate observations, and each facility could contribute as many as nine observations (or fewer depending on the facility type and number of children enrolled). Because of this, there was no need to differentially weight the rate observations by the slots they represent when calculating the local market rate percentiles for surveyed home-based facilities: each child (or rate) started with a weight equal to one (but see weighting discussion below).

For the analysis of surveyed center rates, the number of child care slots for each rate category was determined in one of two ways. First, for categories of care in which children were currently being served, the number of children in each category served as a proxy for the number of slots. Second, rate categories in which no children were currently being served were also included in the analysis, since they were also theoretically part of the market. This was done by estimating the number of slots for each of these rate categories with a formula that multiplies the number of children served at each facility by the average proportion of children, across all licensed centers, served in each rate category. Thus, for example, a facility that served 100 children and had an existing part-day infant rate schedule, but did not currently serve any part-day infants, would have its number of slots for this category of care estimated at two (100 child capacity X 2 percent of children served in the part-day infant category across all licensed centers). If the same facility served no part-day preschoolers, its number of slots would be estimated at seven (100 child capacity X 7 percent served in this category across all licensed centers). This method allows fuller use of the rate information gathered from surveyed centers, especially for rare forms of care in which rate observations are otherwise scarce.

STATEWIDE ESTIMATION

For statistics conducted at various levels of analysis, special procedures were necessary in order to compute statewide versions of the tables. Due to the fact that smaller, less populous areas were over-sampled for this survey (meaning that facilities in these areas were more likely to be selected for the survey), a correction was applied to estimate statewide rates without over-representing facilities in these smaller areas. Finally, starting with the 2018 survey and continuing unchanged for this year, subsidized facilities were under-sampled in order to concentrate survey resources on non-subsidized facilities whose data are more difficult to gather, while amending data on subsidized facilities by introducing administrative records data. The correction for both these factors involves computing weights that, when applied to the statewide analysis, equalize the probability that any given facility or rate might have been selected at random.

The calculation of weights for statewide estimation varies slightly depending on the level of analysis: facility level or rate level (see preceding discussion). For facility-level analyses (as in the Services and Enrollment and Administrative Categories sections), the weight is the inverse of the probability of selecting the facility at random. Thus, for small areas in which all facilities were selected, the weight would equal one. For larger areas in which, for example, 20 percent of facilities were selected, the weight would equal five (1 divided by 0.20). When these weights are applied to any given statistical analysis, the facility with a weight of five would count five times as much as the facility with a weight of one, and the result would be representative of the state as a whole. Calculation of statewide rates is similar to estimation of local rates in that each rate is weighted according to its share child care slots.

ADDITION OF RATES FROM ADMINISTRATIVE RECORDS

As has been done since the 2018 report, the child care daily market rates in this report were estimated by including both data from the survey and data from administrative records maintained by TWC known as published rates. These published rates were subjected to several screens, then special weights were calculated (described next) so that their share of care provided would not be overstated.

A database of published rates was provided by TWC in March 2023, from which published rates of subsidized facilities were drawn. Rates from facility types other than Licensed Centers, Licensed Homes, or Registered Homes were excluded from further analysis. Only rates that were indicated as active rates as of January 15, 2023¹ were included, which had the effect of eliminating redundant rates from the same provider. Also excluded were rates for anything other than “regular day care,” which eliminated night and weekend rates. Finally, we removed 6055 part-day rates that were as high or higher than the corresponding full-day rates from the same provider and age group, as these are not true part-day rates. At this stage there were 42,915 published rates contributed by 7801 facilities that accept subsidies.

Before these published rates could be combined with those from survey data, it was necessary to remove 4351 rates from facilities that had been surveyed. These facilities contributed their rates through the survey, so removing them at this step prevented double-counting of their rates. Finally, after removing a small number of rates from facilities who could not be linked to the survey frame² or whose capacity was unknown, 37,564 rates remained. For these rates, the number of slots attributed to each rate was estimated by a statistical model utilizing the facility’s reported capacity, the typical share of slots allocated to each age group and full or part day status, and the estimated share of slots dedicated to subsidized children in facilities of this type.

¹ This date is the approximate midpoint of the survey field operation.

² Some of the facilities removed in this step likely opened after the sample was drawn.

WEIGHTING ADJUSTMENT TO ACCOUNT FOR ADMINISTRATIVE RECORDS

When incorporating published rates from administrative records, it was necessary to calculate and adjust weights so that any estimation of rates, whether local or statewide, would reflect the typical balance of care provided by subsidized and non-subsidized facilities. Generally speaking, since so much more data on published rates are now available, weights for these rates need to be smaller to prevent their contribution to the market rate from being overstated. Table A-1 summarizes the results of this weighting adjustment, with each row representing a further step in the adjustment. The last row indicates the final weight, indicating that subsidized rates determine 40 percent of the final statewide rate estimates. Below the table is a fuller explanation of the steps used to arrive at this percentage.

Table A-1. Weighting Summary

	Surveyed	Surveyed	Not Surveyed	
	Not Subsidized	Subsidized	Subsidized	Subsidy percent
Number of Rates	3625	5648	75342	
Number of Facilities	530	708	6809	
Sum of Rate Weights	8658	1435	19341	
Sum of Slot Weights	61620	9321	32439	40.4%

The first two rows of Table A-1 show the number of rates and number of facilities contributed in each of three categories of facilities describing whether the rates came from survey data, administrative records data (published rates from subsidized facilities), or both. For rates that came from both data sources (shaded darker gray), a separate analysis showed general agreement between the sources, but only the surveyed rate was allowed to contribute to the final analysis. There is no column for non-surveyed non-subsidized rates because we have no way of observing these rates. The weight assigned to any given rate depends on which column it appears in.

Rates that were drawn from subsidized facilities (two columns) were assigned lower weights by the formulas described above regardless of whether they originated from surveyed or administrative records data. Thus, although a total of 9273 rates was contributed by the survey (first two columns), compared to several times as many (75,342) rates from published subsidy rate data, this imbalance is corrected through the calculation of rate-level weights and numbers of slots. In the end, after all calculation of weights and adjustments (bottom row), care from subsidized facilities (second and third columns) was found to carry 40 percent of the total weight in the analysis of rates. This is well within the range of estimates of the statewide share of facilities serving subsidized children provided by this survey over the years, which have ranged from 32 to 43 percent in the 2014 through 2022 surveys.

Table A-2 repeats this analysis separately for each local board but only shows only the final row, sum of slot weights, including the subsidy percent measure in the last column.

Table A-2. Weighting Summary, Slot Weights by LWDA

Local Workforce Board	Surveyed		Not Surveyed	
	Not Subsidized	Subsidized	Subsidized	Subsidy percent
1 Panhandle	493	300	324	56%
2 South Plains	681	316	434	52%
3 North Texas	177	408	130	75%
4 North Central Texas	13846	286	3820	23%
5 Tarrant County	5837	377	2559	34%
6 Greater Dallas	4413	400	2520	40%
7 Northeast Texas	362	338	223	61%
8 East Texas	979	474	869	58%
9 West Central Texas	207	482	199	77%
10 Borderplex	301	305	910	80%
11 Permian Basin	918	341	362	43%
12 Concho Valley	289	236	105	54%
13 Heart of Texas	409	339	331	62%
14 Capital Area	4473	131	1455	26%
15 Rural Capital Area	3124	304	1660	39%
16 Brazos Valley	695	329	313	48%
17 Deep East Texas	88	358	277	88%
18 Southeast Texas	317	410	380	71%
19 Golden Crescent	220	427	132	72%
20 Alamo	4777	300	2794	39%
21 South Texas	144	262	325	80%
22 Coastal Bend	58	402	478	94%
23 Lower Rio Grande Valley	31	220	1307	98%
24 Cameron	188	258	475	80%
25 Texoma	57	277	174	89%
26 Central Texas	979	336	536	47%
27 Middle Rio Grande	46	165	124	86%
28 Gulf Coast	17510	541	9223	36%

As in the prior table, the subsidy percent gives an indication of the extent to which the estimated rates in any given area are dominated by subsidized providers. Generally speaking, estimated rates in the large urban boards (LWDAs 5, 6, 14, 20, and 28) tend to be least dominated by subsidized rates, with subsidy percent estimates ranging from 34 to 40 percent.

On the other hand, the subsidy percent estimates for less populated boards tend to vary more widely.

SMALL-AREA ESTIMATION

In many smaller LWDA's and for some exceptionally rare rate categories (particularly part-day infant and toddler care in homes) the number of rate observations would have been too small to estimate stable rates using traditional methods, even for the many areas in which the entire universe of facilities had been sampled. For this reason, an estimation methodology first developed for the 2010 survey was used. Using this approach, parameters are estimated that fully characterize the distribution of rates in each category of care. These parameters are then applied, using an assumption of normality of the rate distributions, to estimate each rate percentile of interest. The primary advantage of this solution is that a medium to large sample of rates is utilized to estimate each parameter, thus the estimates based on this methodology are more stable over time, and they fall into the expected patterns more frequently.

Prior to any estimation of parameters, the daily rates themselves are first transformed to make them assume a more normal distribution. This transformation is done by taking the positive square root of the daily rate. The effect of this is to minimize the influence of high-end outliers on estimates of the parameters of distributions³. This transformation is reversed later, following all estimation, by squaring the rates. The next step in the estimation of parameters involves estimating area effects, the average rate for each LWDA, while statistically controlling for all other features of the rates involved in the estimation (including facility type, age group, and rate type). The average rates for all 28 LWDA's are listed in Table A-3. Note that Capital Area (LWDA 14) has the highest rates, similar to prior years, while North Texas (LWDA 3) has the lowest rates in the state.

Levels of variation among rates in each area, as indicated by the standard deviation measure, are also listed for LWDA's in the last column of Table A-3. Note that those areas with the highest average rates also tended to have greater spread among rates. Note also that the average level and spread of rates in each LWDA was estimated with 390 or more independent rate observations. Thus, these parameters are estimated with a high level of precision.

³ High rates have greater influence on estimates of the distribution of daily rates due to the simple fact that rates cannot go below zero, but there is no effective upper limit. Square root transformation mutes this influence.

Table A-3. Area Effects, Untransformed Rates

LWDA	Observations	Average*	St. Dev.
1 Panhandle	1235	\$26.13	4.1
2 South Plains	1354	\$25.73	4.2
3 North Texas	778	\$22.01	4.2
4 North Central Texas	6576	\$36.91	8.5
5 Tarrant County	6309	\$36.56	6.4
6 Greater Dallas	6345	\$32.86	6.9
7 Northeast Texas	713	\$22.41	3.5
8 East Texas	2335	\$22.67	3.6
9 West Central Texas	894	\$22.83	3.9
10 Borderplex	3571	\$23.85	3.8
11 Permian Basin	1005	\$26.03	4.4
12 Concho Valley	393	\$22.20	3.1
13 Heart of Texas	1119	\$24.43	3.7
14 Capital Area	3674	\$43.23	8.3
15 Rural Capital Area	3309	\$37.91	6.8
16 Brazos Valley	1390	\$30.05	4.8
17 Deep East Texas	853	\$22.13	3.7
18 Southeast Texas	947	\$23.65	3.9
19 Golden Crescent	666	\$23.10	3.4
20 Alamo	6540	\$33.22	5.7
21 South Texas	1719	\$24.08	3.7
22 Coastal Bend	1620	\$27.21	4.0
23 Lower Rio Grande Valley	5544	\$27.93	4.0
24 Cameron	2057	\$31.43	3.9
25 Texoma	626	\$23.86	3.5
26 Central Texas	2016	\$24.84	3.8
27 Middle Rio Grande	649	\$25.08	3.3
28 Gulf Coast	20378	\$33.72	6.9

*For ease of illustration, figures in this table represent the average and standard deviations of untransformed rates, though transformed rates were used in actual calculations.

The next step involves estimating the typical patterns among rates of varying facility type, age group, and rate type, in the context of the area effects measured above. This estimation was done using one model for licensed centers that included independent predictor variables for the four age groups and full-day vs. part-day care. A second model was used to estimate these parameters for all homes combined, but an additional variable was included that coded for Licensed or Registered Home.

A final model included the 28 area effects shown in Table A-3 combined with rate type effects to estimate the parameters (mean and standard deviation) of the distributions of all 672 categories of care in the full report. Using these parameters together with known properties of normal distributions, one can then estimate percentiles of the rate distributions for all categories of care. As described above, these figures are then squared to undo the transformation described above. Overall, the resulting percentile estimates have consistently been found to be quite stable over time.

RESPONSE BIAS ADJUSTMENT

In order to adjust for any bias due to what types of facilities responded to the survey, a response model was developed using logistic regression. Predictors for this regression primarily included measures derived from registry data maintained by the Texas Health and Human Services Commission Child Care Regulation department (HHSC CCR), as well as county-level measures from another study. The CCR measures included indicators for self-reported features of care provided including accreditation, offers transportation, accepts subsidies, serves infants, toddlers, preschoolers, school age, special needs children, special skills, field trips, get well care, as well as after school, drop in, part time, or weekend care. Additional measures included the facility age in years, based on the initial license issue date, as well as age-squared to account for potential quadratic effects. The dependent or response variable for this regression was an indicator showing whether the facility completed the survey, in whole or in part. Facilities determined to be ineligible for the survey were excluded from the regression.

The results of this response model indicated a small overall response bias (model R-squared = .041 in centers, .012 in homes). Weights were computed by inverting the estimated probability of response for individual facilities, and were included in analyses to allow adjustment for this minimal bias at either the facility or rate level. These weights were combined with the other weights described earlier.

APPENDIX B. 2023 QUESTIONNAIRES

REVISIONS TO QUESTIONNAIRES

Several modifications to the surveys were made in 2023 based on feedback and data from previous surveys:

1. In the 2023 homes and centers surveys, the option “Not a Texas Rising Star provider” was added to the list of possible reasons a provider may decide not to accept CCS children. This was added as a result of the policy change that now requires all Child Care Services (CCS) regulated providers to participate in Texas Rising Star.
2. The question on associations in both homes and centers was simplified in 2023 to make it easier and more relevant for providers. Researchers removed associations that were able to be identified using other sources as well as those associations that did not contribute significantly to findings in previous years. For centers, the 2023 survey included two questions: one that asked about their association with church or religious organization and one that asked about their association with a public school. For homes, the 2023 survey asked about their association with a church or religious organization.
3. For centers, the question on free or reduced cost services was also simplified in 2023 based on findings from previous years. The main categories that were maintained were building use, utilities, volunteer work, and other. The previous categories of furniture, equipment and supplies were removed but could still be captured under “other.”
4. In previous surveys, the federal child care food program was included as an answer choice for the question on financial donations; however feedback from research assistants suggested that most providers did not automatically consider this a donation and would need to be asked separately to get more accurate information. For 2023, participation in the federal child care food program became its own question on both the homes and centers surveys. A follow-up question was also asked to center providers who did not participate in the program about the reasons for not participating.
5. The donations question was also simplified in 2023 to ask about only about the donations that contributed significantly to findings in previous years: local, state, or federal government funding and private or individual donations. The options that were removed from the 2023 survey could still be accounted for in the “other” category.
6. Lastly, the question on accreditations for homes and centers was split into two questions for the 2023 surveys. First, providers were asked if they were nationally accredited. If accredited, providers were then asked to name the accreditation. This reduced the length of the survey for those who were not accredited. The list of

accreditations for centers and homes was also updated to reflect current national accreditations for each provider type.

LICENSED CHILD CARE CENTERS SURVEY

1. Hi. Can I please speak to the director of (CENTER NAME)? Hi, my name is _____ and I'm calling from The University of Texas at Austin on behalf of the Texas Workforce Commission to conduct the annual child care market rate survey. The purpose of this survey is to estimate the price of child care across the state of Texas.

The survey takes between 5-10 minutes to complete. Any information we collect specifically about your center will not be shared with anyone outside the research team. Once you finish, we will enter your center into a weekly drawing for a gift card. Is now a good time to start?

- Accept - Continue with survey
- Refusal
- Overdial
- Not eligible
- Wrong number - New number is available _____
- Withdrew

2. Does your facility offer full time child care, five days a week at least six hours per day?

3. If no, does your facility offer after school care or part-day child care, five days a week less than six hours per day?

4. Is your facility any of the following?

- Only a drop-in care center (no regular rates; i.e., gym, hospital, mall)
- A Head Start program
- A free child care service
- A facility not open to the public/only serves specific groups
- A facility offering only summer camps
- A kindergarten or school not offering regular child care or after-school care
- None of the above- Continue Survey

5. What are your hours of operation (M-F)?

Weekday	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

6. What are your hours of operation on Saturday and Sunday, if any?

Weekday	Open	Close
Saturday		
Sunday		

7. How many days out of the year do you close for national, state, or religious holidays?
8. Outside of weekends and holidays, how many days out of the year do you close for personal vacation, summer, or any other reasons?
9. Do you regularly offer drop-in care?
 - Yes
 - No
 - Don't know

10. Altogether, how many children are enrolled at your center?

Number of Children Enrolled: _____

Number of Age Groups: _____

11. What are the age groups on which your rate structure is based?

Ask about each age group:

How many children come full-day?

How many children come part-day or after-school?

Group	Age Range in Months		Total Enrolled		Comments about age group
	Min	Max	Full-day 5 days, 6+hrs	Part-day 5 days, <6 hrs	
1					
2					
3					
4					
5					
6					
7					
8					

12. Full-Day Rates: Ask about each age group

- a. What are your standard full-day rates (6+hrs per day/5 days per week) for children in Age Group__?
- b. Is that rate per hour, day, week, month, or year?
- c. How many days of care per week does this rate cover?

13. Part-Day Rates: Ask about each age group

- a. What are your standard part-day rates (Less than 6 hrs per day/5 days per week) for children in Age Group__?
- b. Is that rate per hour, day, week, month, or year?
- c. How many days of care per week does this rate cover?

14. Additional Weekend Rates

- a. What are your standard Additional weekend rates for children in Age Group ___?
- b. Is that rate per hour, day, week, month, or year?

15. Rate Comments

16. Do you typically have a waitlist for any of your age groups?

17. Fees: In addition to your regular rate, do you charge a _____?

	Amount
One-time registration fee	
Yearly or semester enrollment fee	
Additional activity or supply fee	

If enrollment fee is Yes: Is your enrollment fee per _____?

- Semester
- Academic Year
- Calendar Year

If activity fee is Yes: Is your activity or supply fee per _____?

- Month
- Trimester
- Semester
- Academic Year
- Calendar Year

18. Comments about additional rates

19. Do you provide any discounts in the form of a sliding scale? (Note: If offer scholarships to some children, count as sliding scale)

- Yes
- No
- Don't know

20. Do you accept CCS children (children receiving subsidies)? How many slots do you allocate for CCS children?

- Do not accept CCS children
- Accept CCS children, do NOT allocate a specific number of slots
- Accept CCS children, allocate specific number or percent of slots: ____
- Don't Know

If no-> Is there a reason you do not accept CCS children?

- Not currently caring for CCS children but do accept
- In process of setting up
- Families have not requested or needed
- Paperwork/reporting requirements
- Reimbursement rates too low
- Not receiving/receiving late parent co-pays
- Not receiving/receiving late CCS payments
- Facility is full/fills too quickly
- Facility is new/too small
- Need more information/training
- Not a Texas Rising Star Provider
- Other_____
- No reason provided

If yes-> Do you charge families an additional amount if their total CCS subsidy plus parent co-pay is less than your established rate?

- Yes
- No
- Don't know

21. Does your center offer regular transportation? (Excludes field trips)

- Yes
- No
- Don't know

22. Is your child care center a for-profit or non-profit facility (501.C3 status)?

- For-Profit
- Non-Profit
- Don't Know

23. Is your child care facility _____?

- Part of a local or regional chain
- Part of a national chain
- Independently owned
- Other _____
- None of the above
- Don't know

24. Is your child care associated with a church or religious organization?

- Yes
- No
- Don't know

25. Is your child care associated with a public school?

- Yes
- No
- Don't know

26. Does your center receive any of the following services for free or at a reduced cost?

- Building use
- Utilities
- Volunteer work
- Other
- None
- Don't know

27. Does your center participate in the federal child care food program? (Child and Adult Care Food Program – CACFP)

- Yes
- No
- Don't know

If not-> Is there a reason you do not participate? _____

28. Does your facility receive any donations from...?

- Local, state or federal government funding
- Private or individual donations
- Other
- No donations
- Don't know

29. Is your center certified as a Texas Rising Star provider?

- Yes, number of stars: _____
- No
- Don't know

If not-> Is there a reason your program does not participate in Texas Rising Star?

- Too much paperwork / administrative burden
- Enhanced reimbursement rates do not cover high costs to participate
- Don't know enough about Texas Rising Star
- Staff would not support / participate
- Other: _____
- No reason provided

30. Is your center nationally accredited?

- Yes
- No
- Don't know

If yes -> By whom?

- NAEYC - National Association for the Education of Young Children
- NECPA - National Early Childhood Program Accreditation
- NAC - National Accreditation Commission for Early Care and Education Programs
- COA - Council on Accreditation
- Cognia Accreditation (Formerly AdvancED Quality Early Learning Standards, QELS)
- Montessori Accreditation (AMS American Montessori Society or AMI)
- ACSI - Association of Christian Schools International Accreditation
- Other
- Don't know

31. General comments

LICENSED/REGISTERED CHILD CARE HOMES SURVEY

- Hi. Can I please speak to (NAME)? Hi, my name is _____ and I'm calling from The University of Texas at Austin on behalf of the Texas Workforce Commission to conduct the annual child care market rate survey. The purpose of this survey is to estimate the price of child care across the state of Texas.

The survey takes between 5-10 minutes to complete. Any information we collect specifically about your center will not be shared with anyone outside the research team. Once you finish, we will enter your home into a weekly drawing for a gift card. Is now a good time to start?

- Accept - Continue with survey
- Refusal
- Overdial
- Not eligible
- Wrong number - New number is available _____
- Withdrew

- Are you a registered or licensed home child care provider?

- Registered Child Care Home (RCCH)
- Licensed Child Care Home (LCCH)
- Neither- Not Eligible

- What are your hours of operation (M-F)?

Weekday	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- What are your hours of operation on Saturday and Sunday, if any?

Weekday	Open	Close
Saturday		
Sunday		

5. How many days out of the year do you close for national, state, or religious holidays?
6. Outside of weekends and holidays, how many days out of the year do you close for personal vacation, summer, or any other reasons?
7. Altogether, how many children including your own are you currently caring for at your home?

Number of all children: _____

8. How many of these children are either not paying or paying at discounted rates because they are friends or family?

Number of Discounted Children: _____

Total Eligible Children: _____

For Interviewer purpose only, I am only going to ask about the children not receiving friend or family discounting rates.

9. How many of these children receive subsidized care through CCS? _____

If 0-> Is there a reason you do not accept CCS children?

- Not currently caring for CCS children but do accept
- In process of setting up
- Families have not requested or needed
- Paperwork/reporting requirements
- Reimbursement rates too low
- Not receiving/receiving late parent co-pays
- Not receiving/receiving late CCS payments
- Facility is full/fills too quickly
- Facility is new/too small
- Need more information/training
- Not a Texas Rising Star Provider
- Other_____
- No reason provided

If >0 -> Do you charge families an additional amount if their total CCS subsidy plus parent co-pay is less than your established rate?

- Yes
- No
- Don't know

For these next questions, I will ask about each child's age and schedule. If you care for siblings, please list them together by family. We will start with your families who are subsidized.

10. How old is the youngest child in the first family?"

11. What time does this child arrive on ____? (M-Su)

12. What time do they leave on ____? (M-Su)

Child	Family ID		Age	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Family	Child	Months	*A	*L	*A	*L	*A	*L	*A	*L	*A	*L	*A	*L	*A	*L
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	

*A=Arrive/*L=Leave

Rates

13. Does child __ receive subsidized care through CCS? (Ask about all children)

14. NON-CCS: What is the rate or cost of childcare for this child?

CCS/Copay: Can you tell me the amount you receive from CCS? / What is the parent copay?

CSS Total: How much money do you receive in total for the care of this child?

- a. Is that rate per hour, day, week, month, or year?
- b. How many children are covered under this rate?

15. Rate Comments

16. Fees: Do you charge a _____ in addition to the regular rate?

	Amount
One-time registration fee	
Yearly or semester enrollment fee	
Additional activity or supply fee	

If enrollment fee is Yes-> Is your enrollment fee per _____?

- Semester
- Academic Year
- Calendar Year

If activity fee is Yes-> Is your additional activity or supply fee per _____?

- Month
- Trimester
- Semester
- Academic Year
- Calendar Year

17. Comments about additional rates

18. Do you offer regular transportation as defined by using your own personal vehicle to transport children (excludes field trips)?

- Yes
- No
- Don't know

19. Do you typically have a waitlist for any age groups? If so, which ones?

- Infants (0-17 months)
- Toddlers (18-35 months)
- Preschool (36-71 months)
- School Age (72+ months)
- No Waitlist
- Don't know

20. Is your child care home a for-profit or non-profit child care home (501.C3 status)?

- For-Profit
- Non-Profit
- Don't Know

21. Does your child care home participate in the federal child care food program? (Child and Adult Care Food Program – CACFP)

- Yes
- No
- Don't know

22. Is your child care associated with a church or religious organization?

- Yes
- No
- Don't know

23. Is your child care home nationally accredited?

- Yes
- No
- Don't know

If yes-> By whom?

- NAFCC - National Association for Family Child Care
- Other
- Don't know

24. Is your home certified as a Texas Rising Star provider?

- Yes, number of stars: _____
- No
- Don't know

25. If no-> Is there a reason your program does not participate in Texas Rising Star?

- Too much paperwork / administrative burden
- Enhanced reimbursement rates do not cover high costs to participate
- Don't know enough about Texas Rising Star
- Other_____
- No reason provided

26. General comments

Thank you for your time



The University of Texas at Austin
**Texas Institute for
Child & Family Wellbeing**
School of Social Work



The University of Texas at Austin
Ray Marshall Center
for the Study of Human Resources
Lyndon B. Johnson School of Public Affairs