

## 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: 1-410-385-0561 or emailed to [MDCOC@marylandfamilynetwork.org](mailto: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 April 15, 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CHILD CARE TYPE: <input type="checkbox"/> Child Care Center <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Letter of Compliance Facility <input type="checkbox"/> 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.**

Age Group(s) Served	Full Time (weekly)	Part-Time (weekly)	Before/After School (daily)	Drop-In (daily)	Evening (daily)	Overnight (daily)	Weekend (daily)
Infant (Birth-11mo)	\$		\$	\$	\$	\$	\$
Toddler (12mo-23mo)	\$		\$	\$	\$	\$	\$
2 year olds	\$		\$	\$	\$	\$	\$
3 year olds	\$		\$	\$	\$	\$	\$
4 year olds	\$		\$	\$	\$	\$	\$
5 year olds	\$		\$	\$	\$	\$	\$
School-Age (5+)	\$		\$	\$	\$	\$	\$
Do you charge a Security fee?	___ No		<input type="checkbox"/> Per Child      Annually: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per Family				
Do you charge a Registration fee?	___ No		<input type="checkbox"/> Per Child      Annually: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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):	
Email Address to Send PAU (REQUIRED):	