Commonwealth of Massachusetts

2018 Child Care Market Rate Survey
Final Report

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Overview of Child Care Market Rate Survey

The Department of Early Education and Care (EEC) is federally mandated by the Child Care Development Block Grant (CCDBG) Act to conduct a valid and reliable child care market rate survey (MRS) or alternative methodology for gathering data on child care rates every three years. The purpose of the mandated survey is to gather information to allow states to set their child care assistance programs subsidy reimbursement rates at a level that are sufficient to ensure equal access of child care services for children eligible for subsidy that is comparable to services available to children not eligible for subsidy.[1] Federal guidance establishes the 75th percentile (of market rates) as the benchmark for providing equal access. Results are submitted as part of the Commonwealth's Child Care Development Fund (CCDF) state plan.

In addition, all states are required to consider the cost of providing child care when conducting the MRS and setting subsidy rates. Guidance from the Administration for Children and Families (ACF) indicates that states may conduct a narrow cost analysis that measures whether base subsidy payment rates adequately cover the cost of higher quality child care services.

In consultation with stakeholders, EEC chose to include a narrow cost analysis. The survey included a set of optional questions focused on gathering information on the highest cost driver: personnel costs. The survey reviews differences in salaries based on staff education levels, a proxy for measuring the quality of care. In addition, at the end of the survey a voluntary Cost of Care Form section included more detailed questions on all child care program expenses. The Cost of Care Form is an initial effort for EEC to understand key cost drivers associated with operating child care in Massachusetts. Please refer to the report *"2018 Cost of Care Form Final Report"* for a summary of findings. Further exploration of the findings and future data collection efforts are needed for EEC to accurately understand the cost of providing care in the Commonwealth. Initial narrow cost analysis findings will also be included in the CCDF state plan.

For this year's survey, EEC contracted with Public Consulting Group, Inc. (PCG) to conduct the MRS. A 2018 Child Care MRS Advisory Group consisting representatives from various Center-Based and Family Child Care (FCC) providers across the state. The Advisory group was instrumental in preparing the survey questions, design, providing survey testing, and outreach support. Survey questions covered research questions from the federal requirements as well as priority areas for EEC and stakeholders.

The 2018 Child Care MRS used a census survey. Under this strategy, all 8,651 licensed providers (FCC and Center-Based providers) were given the opportunity to take the survey. The survey was conducted using a web-based survey with outreach conducted by email, phone, and through EEC stakeholders. The survey yielded high response rates and a statically significant and representative sample by provider type, EEC subsidy reimbursement rate region, and ages of children served. More than a third (37%) of all licensed providers responded to the survey (1,849 FCC providers and 1,389 Center-Based providers).

Key Findings

MA EEC Child Care Access Rates

The focus of the MRS is to determine the child care market rates and state subsidy access rates by geography and provider type. For the purposes of this survey and analysis, the 75th percentile serves as the market rate and refers

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[1] 2018. U.S. Department of Health and Human Services, Administration for Children and families, Office of Child Care. CCDF-ACF-PI-2018-01. Retrieved from https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2018-01

to what rate is found to cover 75% of prices offered by child care providers within a particular region. PCG followed guidance issued by the United States (U.S.) Administration for Children and Families (ACF) in using licensed capacity data to generate weighted 75th percentile rates (prices). In particular, PCG used EEC's administrative data on licensed capacity to weight provider prices when calculating market percentiles. The federal government views the 75th percentile as a benchmark rather than a requirement. In other words, the 75th percentile describes the subsidy reimbursement rate that would enable a parent to afford 75% of the options for privately purchased care (or for children not eligible for subsidy) of a certain type within a specific region of the state.

- Center-Based providers: The current EEC child care subsidy rates are below the 75th and the 50th percentiles for Center-Based care in all regions of the state for children age 5 and younger.

- FCC providers (FCC): The current EEC child care subsidy reimbursement rates (effective July 1, 2018) are below the 75th percentile for FCC in all regions of the state for all age groups except before school rates in Regions 1 - Western and 4 - Metro and after school rates in Region 1 - Western. The current EEC subsidy rates (effective July 1, 2018) are above the 50th percentile for FCC in two regions of the state for infant care, three regions for toddler 1 care (age 15 months to under 2 years), and one region for school-age care.

- School-Age Care: For school-age children, the current EEC subsidy rates are above the 50th percentile in two regions for Center-Based after school care and one region for Center-Based school-age care.

Discounts and Fees

The survey also asked providers about other discounts and fees charged that would affect a parent's ability to access child care. Questions includes discounts and fees ranging from those charged at enrollment to the program, such as registration, application, and waitlist fees to ongoing programmatic fees like late fees, field trips and special activities and food. These questions were optional for survey respondents.

The most frequently offered discount is a sibling discount, offered by 76 percent of question respondents (1,250 responses), followed by employee discounts, offered by 39 percent of question respondents (645 responses). 1,200 providers (37.1 percent) indicate they charge a registration fee upon enrollment. Center-Based providers are more likely to report charging a registration fee than FCC providers, with 934 Center-Based responses compared to 266 FCC responses. Center-Based providers more often cite charging an annual fee (500 responses) than a one-time only fee (385 responses). While FCC are more often cite charging a one-time only fee (166 responses) than an annual fee (55 responses).

The top three reported add-on fees are Late Pick-up Fees (1,509 providers), Bank Fees (1,093 providers), and Late Payment Fees (955 providers). Seasonally, FCC providers report charging additional rates for public school vacations (132 responses), while Center-Based providers report charging additional rates during summer vacation (207 responses).

While providers do not charge for additional support services, 1,771 providers indicate they provide additional support services for children in care. The most commonly reported support services are diapering/toileting assistance for older children (1,099 responses) and behavior supports for children with challenging behaviors (1,097).

State Child Care Subsidy Participation

Additionally, the survey included questions about subsidy participation. While the majority of questions in this section were optional, a mandatory question included if a program accepts state subsidized children in care. More than 2,000 providers (2,088 providers) indicate they accept state subsidy. This is a higher rate (66.5 percent of respondents) of subsidy participants than EEC-maintained Administrative data suggests at 56.1 percent.

Self-reported acceptance of subsidy types by survey respondents also did not align with EEC Administrative data. For these optional questions, it is possible providers reported based on subsidy type they would be willing to take, rather than actually accept, or were unclear about the definitions of different subsidy types.

Of the 866 providers responding to the optional question related to familiarity with EEC's subsidy program, 55 percent indicated they were familiar with the program. When asked what would incentivize participation in EEC subsidy programs, nearly half of respondents (48 percent of 863 respondents) indicate "None of the above" or nothing; the next most frequently cited method to incentivize participation is to "Increase subsidy reimbursement rates" (39 percent of 863 respondents).

Of the 1,967 providers reporting they participate in subsidy, 85.9 percent (1,689 responses) note they do not cap subsidy enrollment rates. For those who do cap subsidy enrollment, the majority cap enrollment at a rate between 0-25 percent (129 providers). The reason most frequently cited for capping subsidy enrollment relates to the financial impact on the program (79 responses); for example, subsidy rate is too low, or rates do not cover costs.

Respondents not participating in the state subsidy program (vouchers and/or contract) indicated that the main reason preventing them from participation is capacity if full of private pay children; this is 57 percent (560 responses) of providers responding to the optional question (970 total responses).

Education and Quality

Finally, the survey asked provided to provide information on the number of staff employed with various job titles, the total number of full time and part time staff at each title and the hourly wage by highest level of education. Overall, and not surprisingly, as a worker's education level increases, so too does their average hourly salary. The goal of the analysis is to review differences in salaries based on staff education levels, a proxy for measuring the quality of care. Within FCC providers, Assistant Teachers earn an average of $11.62-$13.86 per hour, depending on their level of education as compared to "Lead Teachers" and Directors that earn a reported average of $13.71-$17.33 per hour, and $19.27-$24.43 per hour respectively. Note that all job titles were available for respondents to provide information. Though most FCC Directors also serve in the role of "Lead Teacher" or "Teacher," this report provides analysis on the titles separately, based on how providers responded.

INTRODUCTION

The Child Care Development Block Grant (CCDBG) Act requires states to conduct a valid and reliable Child Care Market Rate Survey (MRS) alternative methodology for gathering data on child care rates every three years. The purpose of the mandated survey is to gather information to allow states to set their child care assistance program subsidy reimbursement rates at a level that are sufficient to ensure equal access of child care services for children eligible for subsidy that is comparable to services available to children not eligible for subsidy.[2] Federal guidance establishes the 75th percentile (of market rates) as the benchmark for providing equal access. Results of the study are submitted as part of the Child Care Development Fund (CCDF) state plan.

Using a combination of funding from the Child Care Development Block Grant (CCDBG) Act of 1990 and the Social Security Act, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 created the Child Care and Development Fund (CCDF) to focus on providing child care subsidies and to ensure equal access to, and parental choice in, child care for low-income families. The CCDBG Act of 2014, which reauthorized the laws governing CCDF, reiterated the emphasis on parental choice and equal access to high quality child care services by modifying and strengthening some of the requirements surrounding the MRS mandate. The Administration for Child and Families (ACF) provides guidance for states to best meet the requirements and the needs of providers, children, and their families. The MRS methodology must include collection of prices and analysis on the variations in cost. Variations include: geographic location, category of provider, age of children or levels of quality.

In Massachusetts, the federal child care subsidy funds are disbursed through the Department of Early Education and Care (EEC). EEC's child care subsidy reimbursement rate structure is designed as a daily reimbursement rate to providers serving children eligible for subsidy based on multiple factors: geographic location, program type, child's age, and type of care. The six geographic regions include Region 1 - Western, Region 2 - Central, Region 3 - Northeast, Region 4 - Metro, Region 5 - Southeast and Cape, Region 6 - Metro Boston. **Appendix A**. **MA EEC Subsidy Reimbursement Rate Regions and Municipalities** provides a map and crosswalk of EEC subsidy reimbursement rate regions and municipalities as well as the fiscal year 2018 and 2019 daily reimbursement rates.

To address the federal mandate, EEC contracted with Public Consulting Group, Inc. (PCG) to conduct the survey and analysis for the 2018 MRS. The 2018 MRS questions collected information on the variation of child care prices in Massachusetts based on the state's subsidy reimbursement rate structure. The survey and this analysis captures geographic variations by subsidy reimbursement rate regions, provider type and ages served. Rate information collected from the survey is delineated by provider type, as established by Massachusetts child care licensing standards: licensed FCC and Center-Based providers. In addition, data collected is delineated by age groups served for each provider type. Center-Based rate questions included infant (birth to 15 months), toddler (15 months to two years nine months), preschool (two years nine months to five years), and school-age (five-13 years or 15 if special needs). The same age groups were surveyed for FCC providers, although the toddler age groups were further separated into two: 15 months to under two years, and two years to two years nine months. EEC also sought to collect information from providers on:

1. The collection of other fees and discounts,
2. Factors that influence a provider's decision to accept subsidies for low-income families,
3. Staffing composition, and
4. Provider costs and revenues associated with the delivery of care (Cost of Care Form).

In addition to analysis of differences in prices charged, all states are required to consider the cost of providing child care when conducting the MRS and setting subsidy rates. Guidance from the Administration for Children and

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[2] IBid.

Families (ACF) indicates that states may conduct a narrow cost analysis that measures whether base subsidy payment rates adequately cover the cost of higher quality child care services.

With consultation with child care and early education stakeholders, EEC chose to include a narrow cost analysis. The survey included a set of optional questions focused on gathering information on the highest cost driver: personnel costs. The survey reviews differences in salaries based on staff education levels, a proxy for measuring the quality of care. In addition, at the end of the survey a voluntary Cost of Care Form section included more detailed questions on all child care program expenses. Please refer to the report **"2018 Cost of Care Form Final Report"** for a summary of findings. A total of 214 FCC providers and 104 Center-Based providers responded to the optional Cost of Care Form. Given the Cost of Care Form was included this year as an additional voluntary section, response rates were low, yielding results that are not statistically significant or representative of providers across the Commonwealth. The Cost of Care Form is an initial effort for EEC to understand key cost drivers associated with operating child care in Massachusetts. Further exploration of the findings and future data collection efforts are needed for EEC to accurately understand the cost of providing care in the Commonwealth. Initial narrow cost analysis findings will also be included in the CCDF state plan.

PCG and EEC convened a 2018 Child Care MRS Advisory Group to provide input on the design of the survey, outreach, and feedback on key deliverables during the study. The Advisory Group comprised of representatives from the state's provider community and included representatives from the FCC provider union (SEIU Local 509), FCC providers, FCC Systems, and Center-Based providers. Members also represented different geographic areas across the Commonwealth. The Advisory Group met throughout the survey design, implementation, and analysis process. During the survey design phase, the Group assisted in the preparation of the survey questions and testing them with other child care providers for ease of readability and applicability to their programs. Survey questions covered research questions from the federal requirements as well as priority areas for EEC and stakeholders. During implementation, the Group reviewed response rates by provider type and region to provide suggested outreach strategies, engaged in direct outreach, and provided guidance on messaging and scripts for soliciting survey respondents. The Group also provided input on the analysis of market rate findings and interpretation of finding on other sections of the report related to discounts and fees, subsidy participation, staffing composition and cost of care. The active involvement of stakeholders in this year's Advisory Group contributed to a well-designed survey with high response rates from the child care provider community statewide.

This report provides both the data analysis and key findings for the State Plan, but also provides EEC and interested stakeholder's insight on whether subsidy rates are adequately ensuring equal access to high quality child care in the Commonwealth. The following section provides and overview of the survey methodology and response rates.

METHODOLOGY

Overview

The 2018 Child Care MRS focused on collecting provider data to evaluate the adequacy of EEC's state child care subsidy rates. The survey design mirrored the EEC subsidy reimbursement rate structure: survey questions and market rate percentiles were calculated by provider type and child age group served within EEC's six subsidy reimbursement rate regions. To further ensure a representative sample of providers from the state, PCG and EEC monitored responses and targeted outreach to providers using the following characteristics:

- Subsidy Participation: whether the provider accepts EEC subsidy (i.e. private pay only provider or subsidy participating providers)

- Organizational Structure of the Program: whether the FCC provider is affiliated with an FCC System, or a center-based child care provider is a part of a program with multiple child care center locations ("multi-site") or the FCC or center-based provider is independently owned.

The 2018 survey successfully achieved a statically valid and reliable sample of responses that were representative of different types of providers across the state.

Survey Design

PCG and EEC, in collaboration with the 2018 Child Care Market Rate Advisory Group, decided to utilize a census survey methodology which required outreach to all licensed providers in the state rather than a random sample survey approach which targets outreach to a particular sub-group of all licensed providers. In order to achieve a sample size large enough to achieve statistical significance, a random sample survey approach requires researchers to accurately predict the level of response that they will see from providers to their survey. Using previous response rates from MA EEC MRS studies including the random sample methodology approach taken in 2015, EEC and PCG determined that a census approach would likely yield higher response rates. In addition, shifting to a census approach allowed all providers the opportunity to participate in the survey. Due to the voluntary nature of participating in the MRS, non-response bias (i.e. bias that is created when certain groups of providers chose to not participate in the survey) is higher in a census survey; however, this bias was mitigated through targeted follow-up outreach to subgroups of providers with responses rates that were lower than the sample goal or where the distribution of a particular subgroup in the sample was not reflective of the distribution of the subgroup in the universe of providers.

Using a census survey approach, PCG calculated the target sample size needed to achieve statistical significance for each region of the state for each provider type (FCC providers and Center-Based providers) using a 95 percent confidence level and a margin of error of +/- 5.0. This means that, if the survey were repeated, PCG can be confident that 95 percent of the time our results will be within plus or minus 5 percentage points of the "true mean" of the full population. Targeted sample sizes were identified by geographic region, using EEC's six subsidy reimbursement rate regions, and by the type of care. Below are descriptions of each of EEC's geographic regions, as described by the Urban Institute's "Review of Child Care Needs of Eligible Families." [3]

- Region 1 (Western): The Western region encompasses most of the western half of the state, including Springfield, Greenfield, Holyoke, Pittsfield, and many smaller towns and rural areas.

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[3] Isaacs, Julia B.; Michael Katz; Sarah Minton; Molly Michio (January 2015) Review of Child Care Needs of Eligible Families. (pp. 100-103) *Urban Institute*: Washington, DC.

- Region 2 (Central): The Central region is the area between greater Boston and Western Massachusetts. Its biggest city is Worcester.

- Region 3: (Northeastern): The Northeast is the region that lies between Boston and the New Hampshire border.

- Region 4: (Metro): Greater Boston includes the suburbs of Boston that are located to the west and south of the central city.

- Region 5: (Southeastern): The Southeast region is comprised of areas south of Boston, including New Bedford, Fall River, Cape Cod, and the surrounding islands.

- Region 6: (Boston): The Metro Boston region includes Boston proper and most adjoining cities.

EEC provided PCG with information on each of the state's licensed child care programs, including program name, address, telephone number, email address, program identification number, program type (FCC providers vs. Center-Based providers), license status, and EEC subsidy reimbursement rate region assignment. PCG used the Program Identification Number as the unique ID to for tracking purposes. To gather a statistically representative sample, PCG utilized targeted follow-up outreach reminders based on provider type and region. In addition, PCG monitored level of representation of the sample collected on the following subgroup characteristics: participation in EEC subsidy (vs. private pay only), and program structure i.e. FCC System or Center-Based multi-site affiliation (vs. independent). The goal was to collect sample data (responses) from the same or similar proportion of providers in these subgroups as is in the full licensed population (e.g. if in region 1, 50% of FCC providers accept state subsidy, the sample of responses should also include about half of providers that accept state subsidy). The following tables identify the number of provider responses needed by EEC subsidy rate region and provider type to achieve statistically significant results.

Table 1. FCC Provider Response Targets

Region	Provider Universe	Target Sample (95% CL, +/- 5.0 margin of error)
Region 1- Western	857	266
Region 2- Central	1,004	279
Region 3- Northeast	1,325	298
Region 4- Metro	1,138	288
Region 5- Southeast	798	260
Region 6- Metro Boston	692	248
All	**5,814**	**1,639**

Table 2. Center-Based Child Care Response Targets

Region	Provider Universe	Target Sample (95% CL, +/- 5.0 margin of error)
Region 1- Western	346	183
Region 2- Central	255	154
Region 3- Northeast	436	205
Region 4- Metro	937	273
Region 5- Southeast	516	221
Region 6- Metro Boston	348	183
All	**2,838**	**1,219**

Survey Instrument

Survey questions were developed and approved by EEC and the 2018 Child Care MRS Advisory Group. The Advisory Group met two times to provide a detailed review of each proposed survey question, including the terminology used and the design and layout of response options. In addition, members of the group pilot tested the survey in English and Spanish for readability and ease of use. They also solicited other providers to test the survey and provide feedback. The final survey included questions related to the following topic areas:

- Capacity and Enrollment by Age
- Program Hours and Characteristics (e.g., QRIS, accreditation participation)
- Rates/Prices Charged to Private Pay Families
- Subsidy and Voucher Participation
- Staff Compensation and Education
- Additional Fees and Services Offered

Please see *Appendix E. 2018 Market Rate Survey Questionnaire* for the final 2018 Child Care MRS Questionnaire.

The survey was designed in an online survey tool, Survey Gizmo, in English and Spanish. However, it was offered online, by phone and in paper format. To streamline the survey for providers, it included skip logic so that a provider saw a series of questions based on their answers to key branching questions. For example, rate questions (i.e. questions about the minimum price providers charge for child care) included a key branching question that allowed providers to indicate the frequency that they charge parents for care. If a provider indicated that they charge a weekly rate, the survey branched subsequent questions to just those related to weekly rates. Providers were given the option to enter rates on an hourly, daily, weekly, and monthly frequency. To further minimize data entry errors, the survey instrument included several requirements for mandatory responses and validated fields.

As described previously, for the narrow cost analysis, the end of the survey included a voluntary Cost of Care Form section that included detailed questions on all child care program expenses. Please refer to the report *"2018 Cost of Care Form Final Report"* for a summary of findings.

Outreach Efforts

In collaboration with EEC and the Advisory Group, PCG designed and implemented a comprehensive outreach campaign to notify all licensed providers across the Commonwealth of the opportunity to participate in the 2018 MRS. The MRS collection period ran for eight and a half weeks in March through May 2018. To initiate the survey collection period, PCG sent an initial recruitment email to all licensed providers. Emails were sent from a dedicated email address for this year's outreach efforts, ma2018MRS@pcgus.com; in addition, a dedicated toll-free number

was made available to all providers for questions or to take the survey by phone. All notifications included a link to the survey and unique Program Identification number (program ID) for survey outreach tracking purposes. Subsequent reminders included a post card reminder and weekly emails sent to non-responsive providers only (using program ID tracking). The email notifications, post cards and the introductory language of the survey provided 1) an overview of the purpose of the survey, 2) description of the voluntary and anonymous nature of participation and 3) an assurance that all responses are analyzed at the aggregate level.

PCG dedicated a three-staff Data Collection Call Team to collect survey data by phone from providers that did not enter data into the on-line questionnaire. These staff members made multiple call attempts between 10:00 a.m. and 7:00 p.m. daily to providers that had not yet completed the survey, throughout the survey collection period. The Call Team made more than 8,500 outbound phone calls to providers across the state to offer the survey by phone. When possible, the Call Team scheduled calls to take the survey by phone during times that were most convenient for providers. In addition, the call team answered inbound calls from providers seeking to take the survey by phone and providers with questions about the survey.

PCG developed a survey administration guide and a webinar to train call center staff on 1) the purpose of the survey, 2) outreach plan, 3) survey scripts, 4) data collection protocols, 5) survey disposition protocols, and 6) frequently asked provider questions. Throughout the collection period, members of the call team were focused on reaching out to programs to improve response rates based on the primary subgroups (region, provider type and ages of children served) and secondary subgroups (participation in EEC subsidy and program structure). On a weekly basis, PCG produced a response rate report for EEC and the Advisory Group on response rates by subgroups. Working closely with EEC and the Advisory Group, PCG continuously updated outreach call lists and targeted recruitment for subgroups with low response rates. For example, if response rates were lower in a specific region and provider type (i.e. farthest away from reaching the statistically significant target for the sample), PCG would prioritize the call list with non-responsive providers from that specific region. In addition, EEC and the Advisory Group engaged child care associations and organizing groups including the FCC Systems, Child Care Resource & Referral (CCR&R) agencies, large Center-Based provider listservs (available to EEC leadership and the Advisory Group), and pre-scheduled provider gatherings, social media, and personal email outreach to encourage participation. PCG worked with EEC to also deploy a series of Department-led outreach strategies and techniques to increase response rates including a video recording by EEC Commissioner Thomas Weber, shared via YouTube and social media. The video focused on the importance of the survey and the influence responses have on the Department's subsidy reimbursement rate structure. EEC Regional Directors of Field Operations, who manage licensing and monitoring of providers statewide, worked with licensors to encourage the subgroup of providers that do not participate in EEC's child care subsidy program (private pay only) to participate in the survey. Private pay providers are traditionally the most difficult to reach population both for MA EEC MRS data collection and nationally in other states that deploy voluntary child care MRS studies. Private pay data is critical in the analysis of market prices charged to parents and families; they represent the portion of the market whose prices are charged for children not eligible for subsidy. The Advisory Group also provided guidance and feedback throughout the data collection period on outreach call scripts, email reminder language, time of day for calls, and day of the week for email reminder blasts.

In addition, a survey incentive was used to boost response rates. Respondents were given the option to enter their contact information to enter a raffle for a $100 Visa gift card. Providers that took the optional Cost of Care Form were also given the option to enter a raffle to win an additional $50 Visa gift card.

The continuous monitoring of response rates by subgroups and targeted outreach approach allowed PCG to improve response rates and the representativeness of the final sample, thereby reducing non-response bias and improving the reliability of the results.

Data Cleaning

In total, 5,080 raw survey responses were submitted (3,094 marked as fully complete- all survey questions were reviewed, and 1,986 partial responses, where the respondent completed a portion of the questions and did not reach the end of the survey). PCG conducted a thorough data cleaning process to pull valid responses and remove duplicates and outliers. The following steps were taken:

- Step 1: Move partial raw survey responses that included a unique ID and rate data to a complete and valid response.
- Step 2: Matched Program ID to administrative data to confirm that the response was received from a valid licensed open provider and removed duplicates.
- Step 3: Removed providers that are no longer operating.
- Step 4: Recalculated total response rates by region and provider type. Please see the following section for a summary of response rates, margin of error, and level of representativeness.

The data cleaning process resulted in a total of 1,849 FCC and 1,389 Center-Based provider responses.
Following data cleaning, PCG conducted a series of rate analysis steps including:

- Step 1: Converting data entry errors of hours of operation into correct A.M. and P.M. designations.
- Step 2: Moving clear data entry errors for rate data into the correct unit (hourly, daily, weekly, monthly).
- Step 3: Converting all rate data into a daily rate, so that rate rates could be compared across provider types and against the EEC subsidy reimbursement rate structure.

All rates that were quoted in the survey were converted into daily rates using data collected on hours and days of operation. Following the methodology used in the 2015 MRS, the rate conversion methodology illustrated in the table below was used to convert reported rates into daily rates. Daily rates more than two standard deviations from the mean in their corresponding categories were classified as outliers and removed from the percentile calculations.

Table 3. Price Conversion Methodology

Reported Rate Frequency	Conversion Methodology
Hourly	(Hourly Rate) x (Hours Open Per Day)
Daily	None
Weekly	(Weekly Rate) ÷ (Days Open Per Week)
Monthly	(Monthly Rate) ÷ 4.33 weeks ÷ (Days Per Week)

For a more details summary of rate conversion and outlier removal calculation, please see **Appendix B. Reported Rate Attributes.**

OVERVIEW OF RESPONSES

Response rates for the 2018 survey were statically significant and representative of the provider population. More than a third (3,238 or 37%) of providers across the Commonwealth (1,849 FCC providers and 1,389 Center-Based providers) submitted usable responses for the 2018 MRS. The following section provides an overview of response rates by region and includes figures on statistical significance (margin of error).

Response Rates by Region & Provider Type

The tables below display the results of our outreach strategy. More than a third (3,238 or 37%) of providers across the Commonwealth (1,849 FCC providers and 1,389 Center-Based providers) submitted usable responses for the 2018 MRS. These results mark a significant increase in participation in Massachusetts' MRS (1,400 providers participated in 2015). Each region reached over 89% of their target for both FCC and Center-Based child care providers.

Table 1. FCC Provider Response Rates

Region	Provider Universe	Target Sample (95% CL, +/- 5 MoE)	Survey Responses	Percent of Target Sample Achieved
Region 1- Western	855	265	266	100%
Region 2- Central	1,002	278	325	117%
Region 3- Northeast	1,320	298	458	154%
Region 4- Metro	1,136	287	273	95%
Region 5- Southeast and Cape	795	259	255	98%
Region 6- Metro Boston	690	247	272	110%

Table 2. Center-Based Child Care Response Rates

Region	Provider Universe	Target Sample (95% CL, +/- 5 MoE)	Survey Responses	Percent of Target Sample Achieved
Region 1- Western	345	182	168	92%
Region 2- Central	253	153	136	89%
Region 3- Northeast	433	204	235	115%
Region 4- Metro	935	272	433	159%
Region 5- Southeast and Cape	516	220	247	112%
Region 6- Metro Boston	348	183	170	93%

Statistical Significance

As described in the tables above, PCG's goal was to reach a sample size large enough to achieve statistical significance at a 95% confidence level and a margin of error of +/- 5 for each region of the state for both FCC providers and Center-Based providers. This goal was achieved in all regions of the state for FCC providers and nearly reached in all regions of the state for Center-Based providers, with the Region 2 - Central Center-Based care sample achieving a margin of error of 5.7. A margin of error ranging between 4 and 6 is considered statistically

significant according to best practices.[4]

Table 6. Margin of Error FCC Providers

Region	Provider Universe	Target Sample (95% CL, +/- 5 MoE)	Survey Responses	Percent of Target Sample Achieved	Margin of Error
Region 1- Western	855	265	266	100%	5.0
Region 2- Central	1,002	278	325	117%	4.5
Region 3- Northeast	1,320	298	458	154%	3.7
Region 4- Metro	1,136	287	273	95%	5.2
Region 5- Southeast and Cape	795	259	255	98%	5.1
Region 6- Metro Boston	690	247	272	110%	4.6

Table 7. Margin of Error Center-Based Child Care

Region	Provider Universe	Target Sample (95% CL, +/- 5 MoE)	Survey Responses	Percent of Target Sample Achieved	Margin of Error
Region 1- Western	345	182	168	92%	5.4
Region 2- Central	253	153	136	89%	5.7
Region 3- Northeast	433	204	235	115%	4.3
Region 4- Metro	935	272	433	159%	3.5
Region 5- Southeast and Cape	516	220	247	112%	4.5
Region 6- Metro Boston	348	183	170	93%	5.4

Level of Representativeness

As described above, several secondary subgroups of providers were examined to ensure that our response sample is representative of the total population (or "universe") of providers in Massachusetts. The distribution of providers who do not accept subsidy, or "private pay only" providers, to subsidy receiving providers was identified as the highest priority of these other subgroup characteristics. As the results below indicate, the proportion of private pay only providers in our response sample closely mirrors the proportion of private pay only providers in the total universe of providers by region and provider type. For every region of the state where the majority of providers in the total universe are private-pay only, the majority of the response sample is also private pay only. Likewise, for every region where the minority of providers are private pay only, the minority of the response sample is also private pay only. For example, in Region 1 – Western, Center-Based private pay only providers are the minority at only 19% of the total population (81% are subsidized providers). Mirroring this distribution, in Region 1 – Western, Center-Based private pay only providers are the minority (18%) in our response sample (82% are subsidized providers). At a difference of only 1%, the response sample is highly representative of the universe of Center-Based providers in Region 1 - Western. Overall, with less than an 18% difference in the distribution of the response sample compared to the actual population across all regions of the state, the survey response sample offers a reasonable aligned picture of the market.

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[4] 2008. DataStar, Inc. Survey Tips. Retrieved from http://www.surveystar.com/startips/oct2008.pdf

Table 3. Level of Representativeness by Region

Region	FCC Providers			Center-Based Providers		
	Private Pay Universe %	Private Pay Response %	FCC Provider Difference	Private Pay Universe %	Private Pay Response %	Center-Based Difference
Region 1- Western	45%	31%	14%	19%	18%	1%
Region 2- Central	45%	32%	13%	37%	31%	6%
Region 3- Northeast	35%	17%	18%	39%	36%	3%
Region 4- Metro	75%	58%	17%	56%	59%	-3%
Region 5- Southeast and Cape	46%	32%	14%	31%	29%	2%
Region 6- Metro Boston	21%	14%	7%	31%	30%	1%

Focused Communities

EEC recognizes that the state's subsidy reimbursement rate regional structure groups municipalities and neighborhoods with different demographics into a single region that receive the same daily reimbursement rate for child care. For children and families living in a municipality or neighborhood that has a higher median income, the EEC regional subsidy reimbursement rate is likely to be insufficient to cover the cost of child care options in those families' municipality or neighborhood.   With the understanding of the disadvantages of a regional subsidy reimbursement rate model, in addition to focusing on regional responses, PCG and EEC identified a list of high-priority adjacent municipalities or neighborhoods within a region that have a high-income disparity. For example, in Region 1 - Western, the City of Springfield's median income is $34,731[5] and in the neighboring Town of Wilbraham, the median income is $87,303. A Region 1 - Western percentile calculation considers the provider prices charged in both towns; Wilbraham's high-income community may disproportionately affect the percentile calculation for the state subsidy reimbursement rate for that region. Furthermore, higher income communities, the number of private pay only provider (i.e. do not participate in EEC child care subsidy program) are lower, as is the total population of providers. For example, for there are only 6 private pay only Center-Based providers in Andover, MA vs 46 providers in Lawrence, MA. The input of the few private pay providers is even more important to capture in the sample to understand the price of child care statewide.

The following table outlines the municipalities and neighborhoods designated as a focused community for targeted outreach to include in the final sample. These focused communities were selected in 2015 based on median income. To maintain consistency with the 2015 MRS, the same focused communities were monitored in the 2018 MRS for private pay only provider participation. Note that within Region 6 - Metro Boston, the City of Boston's neighborhoods have similar income disparities as what you would find in adjacent municipalities in other parts of the state. Therefore, the entirety of the City of Boston was identified as focused community. Responses by focused community were tracked throughout the collection period. The tables below outline the percent of target achieved. Response rates varied both across and within regions. Response rates for focused communities were low but given the small number of private pay providers in many communities, as well as the difficulty of reaching providers that do not participate in the EEC child care subsidy program, a low response rate is expected.   Since focused communities were not a primary or secondary strata/subgroup, this low response rate does not affect the validity of the survey findings.   In addition to using focused communities to inform targeted outreach to achieve a representative sample, PCG analyzed average rates reported in the 2018 MRS in the focused communities. Please refer to **Appendix D. Focused Communities Average Rates** for the summary of findings of focused communities' average rates. Further analysis of the effects of income disparity at the city, town, neighborhood or even zip code level could be explored for future analysis. Some states conduct a "cluster analysis" where market prices are analyzed in grouping based on zip code level and/or other economic and demographic characteristics. [6]

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[5] 2015. How Rich (or not) is Your Community? Boston Globe. Retrieved from
https://www.bostonglobe.com/metro/2015/12/18/town-town-look-income-massachusetts/cFBfhWvbzEDp5tWUSfIBVJ/story.html

[6] Grobe, D., Weber, R.B., Davis, E.F., Kreader, J.L., Pratt, C.C. (2008) *Technical Report: Study of Market Prices: Validating Child Care Market Rate Surveys.* Oregon State University Family Policy Program, Oregon Child Care Research Partnership. Retrieved from
http://health.oregonstate.edu/sites/health.oregonstate.edu/files/sbhs/pdf/Validity-Study-FINAL-1-27-09.pdf

Table 9. FCC Provider - Focused Community Response Rates

Region	Community	Total Providers	Total Private Pay Only Providers	Survey Target	Surveys Completed by Private Pay Only Providers	% of Target
1	Springfield	252	39	39	7	18%
	Wilbraham	10	7	7	0	0%
2	Worcester	286	51	42	11	26%
	Shrewsbury	26	26	26	6	23%
3	Andover	6	6	6	2	33%
	Lawrence	347	46	45	7	16%
4	Framingham	87	53	43	13	30%
	Natick	29	29	29	5	17%
5	Brockton	115	31	31	5	16%
	East Bridgewater	19	14	14	0	0%
6	Boston	690	145	50	37	74%

Table 10. Center-Based Child Care - Focused Community Response Rates

Region	Community	Total Providers	Total Private Pay Only Providers	Survey Target	Surveys Completed by Private Pay Only Providers	% of Target
1	Springfield	69	4	4	0	0%
	Wilbraham	7	2	2	0	0%
2	Worcester	47	9	9	3	33%
	Shrewsbury	7	2	2	1	50%
3	Andover	24	14	14	9	64%
	Lawrence	26	0	0		N/A
4	Framingham	31	11	11	8	73%
	Natick	20	17	17	8	47%
5	Brockton	20	2	2	2	100%
	East Bridgewater	5	3	3	1	33%
6	Boston	348	107	36	51	142%

Lessons Learned

Although the 2018 MRS methodology and design included best practices in survey research, several lessons learned were found that can inform future surveys conducted by EEC. In terms of the survey design, PCG believes the 2018 MRS was successful in providing clear questions that were easy for providers to understand. The success of survey language can be attributed to the involvement of the Advisory Group and providers that tested the survey in both English and Spanish. This year, rate questions were included first on the survey, this was a benefit since providers that abandoned the survey, and only completed the first few questions could still be used the rate analysis. There were also areas for improvement on the survey design. Many respondents provided an incorrect EEC Program ID. Future surveys could benefit from including a second unique ID, EEC's License ID, or provider address to have a secondary data source to identify the respondent. In 2018, PCG was able to match 73 incorrectly entered

Program IDs to License IDs. In addition, future MRS studies should include standardized answer fields, limit open text fields, and always include a yes/no option for optional questions. For the small subset of optional questions with open text fields, PCG was unable to remove outliers and analyze data in a meaningful way since responses were not standardized.

In terms of outreach strategies, the 2018 Child Care Market Rate Advisory Group was instrumental in achieving a high response rate. Weekly response rate reports by primary and secondary provider subgroups allowed PCG, EEC and the Advisory Group the ability to adjust outreach strategies week-to-week, catering outreach messages and the sender of reminders to the specific groups. We found that FCC Systems Outreach, EEC Leadership Outreach and Advisory Group outreach to their peer groups were highly effective in increasing response rates. Outreach from the aforementioned groups had a direct impact on the number of responses received immediately following outreach.

75TH PERCENTILE CALCULATIONS

Generated Percentiles vs. ACF Guidance on Weighting by Capacity

The CCDBG Act of 2014 requires that states certify that their subsidy reimbursement rates are at level that provides equal access to child care for subsidy recipients as families not receiving child care assistance. The Federal Administration for Children and Families (ACF) Office of Child Care (OCC) benchmarks equal access for child care at the 75th percentile of market rates[7]. This means that the 75th percentile price is recognized by ACF as a proxy for equal access to care. At this rate, a subsidy receiving family would be able to access 75% of available child care slots or programs in the market (based on price alone[8]).

To further explain the significance and calculations for the 75th percentile, we should note that a percentile in general is defined as "a value on a scale of 100 that indicates the percent of a distribution that is equal to or below it.[9]" More simply put, a percentile is a number identifying where a certain percentage of scores fall below that number. The below graphic, for instance shows the 50th percentile highlighted in blue, where half (or 50%) of the scores fall below score 6.

Score 12	Score 11	Score 10	Score 9	Score 8	Score 7	Score 6	Score 5	Score 4	Score 3	Score 2	Score 1

The 75th percentile, then would be the score where 75% of scores are highlighted. ACF defines the 75th percentile as "the price at or below which 75 percent of child care providers reported charging for services.[10]" This is illustrated below by highlighting all scores below rate 3.

Rate 12	Rate 11	Rate 10	Rate 9	Rate 8	Rate 7	Rate 6	Rate 5	Rate 4	Rate 3	Rate 2	Rate 1

To identify the 75th percentile (or any other percentile) of child care market rates, PCG considered two calculation methods: 1) using a generated percentile by provider or 2) weighting by capacity.

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[7] 2017. Early Childhood Training and Technical Assistance System: CCDF Payment Rates- Understanding the 75th Percentile. Retrieved from https://childcareta.acf.hhs.gov/resource/ccdf-payment-rates-understanding-75th-percentile

[8] Note that the measure does not consider availability of child care slots or willingness of providers to accept children with subsidies.

[9] percentile. 2018. In Merriam-Webster.com. Retrieved from https://www.merriam-webster.com/dictionary/percentile

[10] CCDF Payment Rates – Understanding the 75th Percentile. National Center on Child Care Subsidy Innovation and Accountability. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/508ed-75th_percentile_exercise_1.pdf

Generated Calculation by Provider:

The generated 75th percentile is calculated using a mathematical formula (either by hand or using statistical analysis software) to determine an exact number that may not be reflective of an actual, reported market rate. For instance, take the example to the right, which represents infant care providers' daily rates for a region. Using these rates, the direct calculation would identify the 75th percentile rate as **$48.00**; a rate that is not an actual price reported by a provider in the MRS. In contrast with our next methodology, this calculation treats each provider's reported rate equally. It does not account for the supply of care (e.g., the number of child care slots) that these prices represent in the market.
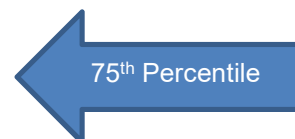
75th →

Sample Provider	Sample: Infant Care
ABC Kids	$50.47
All Kids Care	$48.25
A Plus Care	$47.75
Kiddo Care	$47.00
Kiddie Town	$44.50
Kids Peace	$39.00
Kindness Care	$38.25

Weighted by Capacity

The alternative option, and the one used for calculating percentiles for this MRS, follows current ACF guidance by weighting prices by child care slots (the supply of care). ACF recommends using one of three measures of supply to weight prices: 1) licensed capacity by program, 2) active enrollment by program, or 3) desired program capacity. For this study, prices are weighted by licensed capacity (or "licensed slots") because these data are uniformly recorded in EEC administrative records for every licensed provider in the state. Using this method helps to account for supply in the child care market, since providers that are licensed to serve more children will have a larger share of the market than providers licensed to serve fewer children. The ACF guidance has been adopted by many states and is the national standard for calculating market rate percentiles. Below is an example of how this works, using the sample infant daily care rates that we reviewed for the generated calculation by provider.

Sample Provider	Reported Rate	Infant Licensed Capacity	Cumulative # Licensed Slots	% of Licensed Slots Covered by Rate	
ABC Kids	$50.47	10	52	100%	
All Kids Care	$48.25	3	42	81%	
A Plus Care	$47.75	12	39	75%	◄ 75th Percentile
Kiddo Care	$47.00	2	27	52%	
Kiddie Town	$44.50	4	25	48%	
Kids Peace	$39.00	13	21	40%	
Kindness Care	$38.25	8	8	15%	
Total		52			

In the above example, the 75th percentile is determined by the cumulative number of licensed slots that can be covered by a specific provider's rate. Specifically, the 75th percentile is determined using the following steps:

Step One: Order all providers in your sample by their reported rate from highest to lowest.

Step Two: List each provider's licensed capacity with their reported rate.

Step Three: Add the cumulative number of licensed slots for each provider starting with the lowest reported rate to the highest. For example: Kindness Care has the lowest rate and 8 licensed slots. Kids Peace has the next lowest rate and 13 licensed slots. With *just* Kindness Care, there are 8 licensed slots that are covered by their $38.25 rate. A rate of $39.00 (the Kids Peace rate) will cover 21 licensed slots (13 at Kids Peace and 8 at Kindness Care). In this example, there are 52 total licensed infant slots when all providers in the region are considered.

Step Four: Divide the cumulative number of licensed slots available by provider by the *total* amount of licensed slots in the region (52). This is where you find your needed percentile. A rate of $47.75 (A Plus Care's rate) in this example would cover the price of 75% of licensed slots in the region, making it the 75th percentile of market rates in the region for infant care.

Please refer to **Appendix C. Part-Time Rates** for more information about part-time percentiles as reported by providers in the survey.

FCC Provider 75th Percentiles

Using the previously discussed weighted by capacity calculations to determine percentiles, we have provided below the reported 75th and 50th percentile prices for Infant (birth to 15 months), Toddler 1 (15 months to under 2 years), Toddler 2, (2 years to 2 years 9 months), Pre-school (2 years 9 months to 5 years), and School-Age (5 years to 13 years, or 16 if special needs) care for all regions of the state. We have also provided the current[11] EEC subsidy reimbursement rates for FCC providers. Please note that the FCC providers subsidy reimbursement rate structure is divided into two different daily rates, one for children under two years old and one for children aged two and older. Subsidy rates provided are not inclusive of reimbursement rates for FCC providers who affiliated with an FCC System since those rates include an administrative fee that may or may not be passed to the FCC provider. Additionally, the rates represent the full daily payment to providers, which may be paid through a combination of the state and the family's co-payment (e.g., if a family of an under 2 child in Region 1 - Western had a copayment of $5, the provider would receive $5 from the parent and the remaining $33.56 of the payment rate listed below from the state for a total daily payment of $38.56).

Below Two Years of Age Percentiles

EEC subsidy reimbursement rates are below the 75th percentile prices for FCC providers for ages 2 and under in all regions of the state. EEC subsidy reimbursement rates are above the infant 50th percentile prices in Regions 3 – Northeast and 4 - Metro, and the toddler 1 50th percentile prices in Regions 2 - Central, 3 - Northeast, and 4 - Metro.

Table 11. Family Child Care Provider Market Rate Percentiles – Below Two Years of Age

Region	EEC Subsidy (Under Age 2)	Infant 75th Percentile	Infant 50th Percentile	Toddler 1 75th Percentile	Toddler 1 50th Percentile
Region 1 – Western	$38.56	$45.00	$40.00	$43.00	$39.00
Region 2 – Central	$44.07	$50.00	$45.00	$50.00	$44.00
Region 3 – Northeast	$44.07	$50.00	$43.00	$46.00	$40.00
Region 4 – Metro	$66.10	$70.00	$60.00	$69.30	$60.00
Region 5 – Southeast and Cape	$44.07	$55.00	$50.00	$50.00	$45.00
Region 6 – Boston Metro	$49.57	$60.00	$50.00	$60.00	$50.00

Two Years and Above Percentiles

EEC subsidy reimbursement rates are below the 75th percentile prices for FCC providers for children ages 2 and above in all regions of the state. EEC subsidy reimbursement rates are above the 50th percentile prices for school-age care in Region 3 - Northeast.

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[11] Effective July 1, 2018

Table 12. Family Child Care Provider Market Rate Percentiles – Two Years and Above

Region	EEC Subsidy (2 and Over)	Toddler 2 75th Percentile	Toddler 2 50th Percentile	Preschool 75th Percentile	Preschool 50th Percentile	School-Age 75th Percentile	School-Age 50th Percentile
Region 1 – Western	$33.25	$40.50	$37.00	$40.00	$36.00	$40.00	$35.00
Region 2 – Central	$33.25	$48.00	$40.00	$46.00	$40.00	$45.00	$39.00
Region 3 – Northeast	$35.07	$45.00	$36.00	$45.00	$36.00	$43.75	$35.00
Region 4 – Metro	$35.07	$65.00	$56.00	$65.00	$52.00	$60.00	$45.00
Region 5 – Southeast and Cape	$33.25	$50.00	$45.00	$50.00	$42.50	$50.00	$40.00
Region 6 – Boston Metro	$35.07	$50.00	$45.00	$50.00	$40.00	$50.00	$40.00

Before and After School Percentiles

EEC subsidy reimbursement rates are below the 75th percentile prices for FCC before and after school providers in all regions of the state except Regions 1 – Western and 4 - Metro. EEC subsidy reimbursement rates are above the 50th percentile in all regions except Region 6 – Boston Metro. Note that before and after school subsidy reimbursement rates are calculated at 60% of the FCC provider subsidy rate for children age 2 years and older.

Table 13. Family Child Care Provider Market Rate Percentiles – Before and After School

Region	EEC Subsidy (2 and Over Pt. Time)	Before School 75th Percentile	Before School 50th Percentile	After School 75th Percentile	After School 50th Percentile
Region 1 – Western	$19.95	$18.00	$12.00	$18.00	$12.00
Region 2 – Central	$19.95	$20.00	$14.50	$20.00	$15.00
Region 3 – Northeast	$21.04	$25.00	$20.00	$25.00	$20.00
Region 4 – Metro	$21.04	$20.00	$17.00	$30.00	$20.00
Region 5 – Southeast and Cape	$19.95	$24.00	$15.00	$25.00	$15.00
Region 6 – Boston Metro	$21.04	$35.00	$30.00	$30.00	$25.00

Center-Based Child Care 75th Percentiles

Center-Based child care percentiles are calculated for Infant (birth to 15 months), Toddler (15 months to 2 years 9 months), Pre-School (2 years 9 months to 5 years), and School-Age (five years and up, including before and after) care. In contrast to FCC provider subsidy reimbursement rates, Center-Based subsidy reimbursement rates directly align with each of the age groups/types of care just mentioned, including before and after school care.

Infant and Toddler Care Percentiles

Subsidy reimbursement rates are below the 75th and 50th percentile prices for infants and toddlers in all regions of the state. Region 4 - Metro has the widest dollar figure difference between the subsidy rate and 75th percentile market rate for both infant and toddler care.

Table 14. Center-Based Provider Market Rate Percentiles – Infant and Toddler

Region	Infant Subsidy	Infant 75th Percentile	Infant 50th Percentile	Toddler Subsidy	Toddler 75th Percentile	Toddler 50th Percentile
Region 1 – Western	$56.65	$64.00	$58.40	$51.95	$62.00	$54.00
Region 2 – Central	$58.20	$75.00	$66.00	$53.15	$71.00	$59.00
Region 3 – Northeast	$65.00	$89.60	$79.80	$59.47	$80.40	$66.33
Region 4 – Metro	$70.39	$103.00	$91.20	$63.92	$97.00	$83.80
Region 5 – Southeast and Cape	$56.65	$68.80	$61.00	$53.15	$62.80	$57.00
Region 6 – Boston Metro	$73.86	$90.00	$80.00	$68.85	$90.00	$75.00

Preschool and Full Day School-Age Percentiles

Subsidy reimbursement rates are below the 75th and 50th percentile prices for preschoolers in all regions. The full day school-age subsidy rate is also below the 75th and 50th percentile prices in all regions, with the exception of Region 6 – Boston Metro. The full day school-age subsidy rate in Region 6 – Boston Metro is equal to the 50th percentile price for that age group in that region.

Table 15. Center-Based Provider Market Rate Percentiles – Preschool and Full Day School-Age

Region	Preschool Subsidy	Preschool 75th Percentile	Preschool 50th Percentile	Full Day School-Age Subsidy	School-Age 75th Percentile	School-Age 50th Percentile
Region 1 – Western	39.51	$46.97	$41.34	$36.33	$39.00	$37.00
Region 2 – Central	39.51	$54.00	$47.00	$36.33	$55.00	$41.00
Region 3 – Northeast	42.18	$66.97	$55.00	$37.56	$50.00	$40.00
Region 4 – Metro	43.42	$80.55	$66.00	$38.62	$60.00	$45.00
Region 5 – Southeast and Cape	39.51	$53.40	$45.00	$36.33	$45.54	$40.00
Region 6 – Boston Metro	43.42	$70.00	$55.00	$38.62	$42.00	$38.62

Before and After School Percentiles

Both before and after school subsidy reimbursement rates are below the 75th and 50th percentile prices for Center-Based child care in all regions, with the exception of Regions 1 - Western and 6 – Boston Metro, where the EEC subsidy reimbursement rates are equal to the 50th percentile prices for after school care.

Table 16. Center-Based Provider Market Rate Percentiles – Before and After School

Region	Before School Subsidy	Before School 75th Percentile	Before School 50th Percentile	After School Subsidy	After School 75th Percentile	After School 50th Percentile
Region 1 – Western	$8.59	$10.00	$9.00	$18.03	$18.50	$18.03
Region 2 – Central	$8.59	$12.00	$10.50	$18.03	$21.62	$20.00
Region 3 – Northeast	$9.11	$12.40	$11.80	$20.17	$27.00	$23.00
Region 4 – Metro	$9.35	$20.00	$12.00	$20.71	$27.02	$23.70
Region 5 – Southeast and Cape	$8.59	$18.00	$10.00	$18.03	$25.00	$20.00
Region 6 – Boston Metro	$9.35	$20.00	$15.00	$20.71	$23.09	$20.71

SUBSIDY REIMBURSEMENT RATE PERCENTILES

FCC Provider Subsidy Reimbursement Rate Percentiles

The following tables identify the level of access (in percentiles) that the current FCC provider subsidy reimbursement rates afford subsidy receiving families in the private price market.

FCC Subsidy Reimbursement Rate Percentiles (Full Time, 2 Years of Age and Under)

Current subsidy reimbursement rates in Region 3 - Northeast and Region 4 - Metro for children 2 years of age and under allow access to over 50% of slots in the market; while reimbursement rates for this age group in all other regions of the state allow access to less than 50% of slots in the market.

Table 17. Family Child Care Provider Subsidy Reimbursement Rate Percentiles- Full Time, 2 Years of Age and Under

Region	EEC Subsidy (Under Age 2)	Infant Percentile	Toddler 1 Percentile
Region 1 – Western	$38.56	42.6%	49.0%
Region 2 – Central	$44.07	47.2%	50.5%
Region 3 – Northeast	$44.07	56.1%	65.9%
Region 4 – Metro	$66.10	69.8%	73.0%
Region 5 – Southeast and Cape	$44.07	32.9%	38.4%
Region 6 – Boston Metro	$49.57	27.4%	39.9%

FCC Subsidy Reimbursement Rate Percentiles (Full Time, 2 Years of Age and Above)

Current subsidy reimbursement rates for children 2 years of age and above in Region 3 - Northeast allow the greatest access to care compared to all other regions (approximately 50% of slots in the market).

Table 18. Family Child Care Provider Subsidy Reimbursement Rate Percentiles- Full Time, 2 Years of Age and Above

Region	EEC Subsidy (2 and Over)	Toddler 2 Percentile	Preschool Percentile	School-Age Percentile
Region 1 – Western	$33.25	18.9%	25.1%	37.2%
Region 2 – Central	$33.25	11.3%	22.1%	32.2%
Region 3 – Northeast	$35.07	45.2%	47.9%	51.0%
Region 4 – Metro	$35.07	10.0%	16.3%	22.8%
Region 5 – Southeast and Cape	$33.25	12.0%	22.1%	21.1%
Region 6 – Boston Metro	$35.07	18.1%	23.9%	30.7%

FCC Subsidy Reimbursement Rate Percentiles (Part-Time, Before and After School Care)

Current subsidy reimbursement rates exceed the 70th percentile in many regions of the state for before and after school care, with Region 1 – Western reimbursement rates allowing for the greatest amount of access to care.

Table 19. Family Child Care Provider Subsidy Reimbursement Rate Percentiles- Part-Time, Before and After School Care

Region	EEC Subsidy (2 and Over Pt. Time)	Before School Percentile	After School Percentile
Region 1 – Western	$19.95	78.1%	77.9%
Region 2 – Central	$19.95	72.1%	66.5%
Region 3 – Northeast	$21.04	64.9%	62.7%
Region 4 – Metro	$21.04	76.8%	60.5%
Region 5 – Southeast and Cape	$19.95	71.1%	57.6%
Region 6 – Boston Metro	$21.04	38.2%	33.8%

Center-Based Child Care Subsidy Reimbursement Rate Percentiles

The following tables identify the level of access (in percentiles) that the current Center-Based subsidy reimbursement rates afford subsidy receiving families in the private price market.

Center-Based Care Subsidy Reimbursement Rate Percentiles (Under Age 5)

Current subsidy reimbursement rates for Center-Based care in Regions 1 – Western, 2 – Central, and 6 – Boston Metro allow the greatest access to care for children under age 5. The reimbursement rates in these regions allow access to 20-30% of slots in the market.

Table 20. Center-Based Provider Subsidy Reimbursement Rate Percentiles- Under Age 5

Region	Infant Subsidy	Infant Percentile	Toddler Subsidy	Toddler Percentile	Preschool Subsidy	Preschool Percentile
Region 1 – Western	$56.65	29.0%	$51.95	26.2%	$39.51	27.4%
Region 2 – Central	$58.20	20.0%	$53.15	22.2%	$39.51	10.8%
Region 3 – Northeast	$65.00	5.3%	$59.47	9.1%	$42.18	14.8%
Region 4 – Metro	$70.39	9.8%	$63.92	9.3%	$43.42	9.7%
Region 5 – Southeast and Cape	$56.65	9.8%	$53.15	16.5%	$39.51	18.4%
Region 6 – Boston Metro	$73.86	24.4%	$68.85	22.0%	$43.42	21.2%

Center-Based Care Subsidy Reimbursement Rate Percentiles (School-Age)

Current subsidy reimbursement rates for Center-Based care in Regions 1 – Western, 2 – Central, and 6 – Boston Metro allow the greatest access to care for school-age children. The reimbursement rates in these regions allow access to 20-60% of slots in the market.

Table 21. Center-Based Provider Subsidy Reimbursement Rate Percentiles- School-Age

Region	Before School Subsidy	Before School Percentile	After School Subsidy	After School Percentile	School-Age Subsidy	School-Age Percentile
Region 1 – Western	$8.59	22.0%	$18.03	51.2%	$36.33	36.7%
Region 2 – Central	$8.59	36.4%	$18.03	40.7%	$36.33	17.9%
Region 3 – Northeast	$9.11	18.6%	$20.17	20.5%	$37.56	22.8%
Region 4 – Metro	$9.35	22.5%	$20.71	27.1%	$38.62	16.6%
Region 5 – Southeast and Cape	$8.59	15.9%	$18.03	29.4%	$36.33	17.4%
Region 6 – Boston Metro	$9.35	37.1%	$20.71	59.2%	$38.62	50.3%

OTHER SURVEY SECTIONS

In addition to gathering data on child care rates that was the primary purpose of the MRS, EEC and PCG included survey questions related to acceptance of subsidies, discounts, fees, and support services. With the exception of one subsidy question, survey questions on these topics were optional for respondents. In regard to discounts, it should be noted Massachusetts law prohibits providers from charging the Commonwealth a higher rate than they charge the general public, which includes discounted rates. If a provider offers a discounted rate that is lower than the subsidy reimbursement rate, EEC pays the lower value for any subsidized child. Additionally, EEC subsidy policies do not allow the majority of additional fees to be charged to subsidized parents, so the sections below are to get a sense of what may be charged to private pay parents.

Subsidy

General Acceptance of EEC Subsidized Children

> ***Survey Question (Required):*** Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?

Of the 3,238 total survey respondents, 3,141 providers (97 percent) responded to the question of accepting state subsidies. Of the 3,141 responses, a total of 2,088 providers (66.5 percent of respondents) indicated their programs accept state subsidized children. This is a higher percentage than EEC Administrative data records as the percent of providers who currently serve state subsidized children, as shown below.

Table 22. Comparison of Self-Reported Acceptance of Subsidy vs. EEC Administrative Data

	Accepts Subsidies	Percent of Total Universe of Providers	Size of Universe
Self-Reported	2,088	66.5%	3,141
Admin. Data	4,855	56.1%	8,651

Of the 2,088 providers self-reporting that they accept state subsidized children, nearly 61 percent were FCC providers (1,269 responses) and 39 percent were Center-Based providers (819 responses).

Table 23. Subsidy Acceptance by Program Type (n = 3,141)

Response	FCC Providers	Center-Based	Total	Percent
Yes	1,269	819	2,088	66.5%
No	534	519	1,053	33.5%
Total	1,803	1,338	3,141	100%

Most providers who self-reported that they accept state subsidized children are located in Region 3- Northeast. Providers in Region 4- Metro were the least likely to self-report that they accept state subsidized children.

Table 24. Regional Representation of Providers Accepting Subsidy (n = 2,088)

Region	Percent of Subsidy Providers	Response Count
Region 1 – Western	14.6%	304
Region 2 – Central	15.0%	314
Region 3 – Northeast	25.4%	531
Region 4 – Metro	13.8%	289
Region 5 – Southeast and Cape	15.3%	320
Region 6 – Metro Boston	15.8%	330

Types of EEC Subsidy Programs Accepted

> ***Survey Question (Optional):*** For which of the following types of children receiving state subsidy do you provide care? Select all that apply

All of the 2,088 respondents that said that they accepted state subsidized children responded to this question about the types of subsidy programs accepted. Overall, providers indicate the subsidy type they accept most frequently is Income Eligible Vouchers (1,614 responses), followed by Department of Children and Families (DCF) Vouchers (1,309 responses). This is consistently reflected in FCC provider responses (961 responses and 900 responses); however, Center-Based providers report accepting Income Eligible Vouchers (653 responses) and DTA Voucher Referrals (461 responses) most frequently.

Upon analysis, self-reported subsidy acceptance rates in the survey are inconsistent with EEC Administrative data. For example, for services in April 2018 when the survey was being completed, EEC reports that there are 1,687 DCF vouchers in existence and many providers accept more than one voucher. This makes 1,309 providers self-reporting acceptance of DCF vouchers inconsistently high and unlikely. Similarly, for services in April 2018, EEC reports that there are 11,076 DTA vouchers and 22,450 Income Eligible vouchers in existence which makes self-reported acceptance rates for those programs inconsistently low. It is possible survey respondents were confused by the question, perhaps interpreting the question as the type of subsidy they would like to accept, or respondents were unclear about the different types of subsidy.

Table 25. Type of Subsidy Accepted by Provider Type (n = 2,088)

Subsidy Type	Percent Accepted	Total Count Accepted	Count by Provider Type	
			FCC Providers	Center-Based
Income Eligible Voucher	77.3%	1,614	961	653
DCF Voucher	62.7%	1,309	900	409
DTA Voucher Referral	54.8%	1,145	684	461
DCF Contract	47.0%	981	690	291
Income Eligible Contract	45.5%	949	633	316
Homeless	38.0%	793	577	216
Teen Parent Contract	26.0%	543	477	66

In all regions, Income Eligible Vouchers is cited as the most common subsidy type served and Teen Parent Contract as the least common subsidy type served. Providers in Region 3- Northeast responded at a higher rate than other regions to this question which is consistent with EEC Administrative data and the previous survey question noting Region 3- Northeast has the highest saturation of providers serving state subsidized children.

Table 26. Type of Subsidy Accepted by Region (n = 2,088)

Region	Income Eligible Voucher	DCF Voucher	DTA Voucher Referral	DCF Contract	Income Eligible Contract	Homeless	Teen Parent Contract
Region 1 – Western	233	191	161	141	135	111	65
Region 2 – Central	244	205	156	162	135	111	87
Region 3 – Northeast	423	339	313	287	284	258	157
Region 4 – Metro	203	151	135	85	93	66	38
Region 5 – Southeast and Cape	247	219	169	157	134	109	86
Region 6 – Metro Boston	264	204	211	149	168	138	110
TOTAL	1,614	1,309	1,145	981	949	793	543

Familiarity with EEC Subsidy Programs

> **Survey Question (Optional):** Are you familiar with EEC's child care subsidy programs?

Of the 3,238 total survey respondents, 867 providers (26 percent) responded to the optional question related to familiarity of EEC subsidy programs. 55 percent (479 respondents) are familiar of EEC subsidy programs, while 44.6 percent (387 respondents) are unfamiliar with EEC subsidy programs. While FCC providers (432 providers) and Center-Based providers (434 providers) responded fairly equally to this question, Center-Based providers are more likely to be familiar with EEC subsidy programs.

Table 27. Familiarity of EEC Subsidy Program by Provider Type (n = 867)

Response	Total	Percent	FCC Providers	Center-Based Providers
Yes	479	55.2%	228	251
No	387	44.6%	204	183
Total	866	99.9%	432	434

Region 4- Metro providers responded most frequently to this question. In all regions, the majority of providers are familiar with EEC subsidy programs. Region 6- Metro Boston showed the smallest difference between providers familiar and unfamiliar with EEC subsidy programs, with a difference of just 3 providers.

Table 28. Familiarity of EEC Subsidy Program by Region (n = 867)

Region	Yes	No
Region 1 – Western	53	44
Region 2 – Central	66	47
Region 3 – Northeast	66	55
Region 4 – Metro	176	137
Region 5 – Southeast and Cape	75	64
Region 6 – Metro Boston	43	40
Total	479	387

> **Survey Question (Optional):** What would you recommend to increase awareness?

Of the 3,238 total survey respondents, 390 providers (12 percent) included an optional write-in response to increase awareness of EEC's child care subsidy program. Write-in responses were reviewed and categorized by related theme. "Other" represents the 104 write-in responses that did not fit the emerging themes. Common themes to increase awareness include contacting providers directly (80 responses) and sending informational emails (972 responses).

Table 29. Methods to Increase Awareness of EEC Subsidy Programs (n = 380)

Methods to Increase Awareness Themes	Count
Other	104
Contact providers directly	80
Send Informational Emails	72
I don't Know	58
Hold a webinar/class/training/workshop	35
Increase rate/pay rate in timely manner	18
Discuss during orientation, training, and licensing visits	17
Improve website information	6
Total	390

Incentivizing Participation in EEC Subsidy Programs

> **Survey Question (Optional):** Which would incentivize your participation in the EEC subsidy system? Select all that apply.

Of the 3,238 total survey respondents, 863 providers (26 percent) responded to the question about incentives to participate in the subsidy system. When selecting from a list of options, 48.8 percent of respondents (421 providers) indicate "None of the above" options would incentivize them to participate in EEC subsidy. This is the most cited response for Center-Based providers (243 responses). FCC providers respond most frequently (214 responses) "Increased subsidy reimbursement rates" would incentive their participation in EEC subsidy programs.

Table 30. Method to Incentivize Participation in EEC Subsidy Programs by Provider Type (n = 863)

Method to Incentivize Participation	Total	Percent	FCC Providers	Center-Based
None of the above	421	48.8%	178	243
Increased subsidy reimbursement rates	338	39.2%	214	124
Opportunity for additional resources including professional development	153	17.7%	85	68
Opportunity for additional support services (Example: Technical assistance, referral services, assistance with child/family needs)	144	16.7%	61	83
Assistance with quality initiatives (Example: Assistance with participation in QRIS or accreditation)	126	14.6%	64	62
Assistance with subsidy management and administration	99	11.5%	40	59
Increase in food reimbursement	86	10.0%	69	17
Other	78	9.0%	48	30
Increase in transportation reimbursement rate	17	2.0%	9	8

Three regions cite "None of the above" as the top method for incentivizing participation in EEC subsidy programs: Regions 2- Central, 3- Northeast, 4-Metro. Three regions cite "Increased subsidy reimbursement rate" as the top method for incentivizing participation in EEC subsidy programs: Regions 1- Western, 5- Southeast and Cape, and 6- Metro Boston.

Table 31. Method to Incentivize Participation in EEC Subsidy Programs by Region (n = 863)

Reason	Region						Total
	1- Western	2- Central	3- Northeast	4- Metro	5- Southeast And Cape	6- Metro Boston	
None of the above	42	62	71	161	53	32	421
Increased subsidy reimbursement rates	47	41	37	103	69	41	338
Opportunity for additional resources including professional development	20	14	21	50	26	22	153
Opportunity for additional support services (Example: Technical assistance, referral services, assistance with child/family needs)	18	10	18	53	25	20	144
Assistance with quality initiatives (Example: Assistance with participation in QRIS or accreditation)	14	11	14	45	24	18	126
Assistance with subsidy management and administration	15	6	10	41	15	12	99
Increase in food reimbursement	16	12	11	19	18	10	86
Other	5	15	10	27	14	7	78
Increase in transportation reimbursement rate	3	2	2	7	2	1	17

Capping Subsidy Enrollment

Survey Question (Optional): Does your program cap or limit the number of children with subsidies that you will serve?

Of the 3,238 total survey respondents, 1,967 providers (60.7 percent) responded to the question on limiting the number of subsidized children served. Of the 1,967 respondents to this question, 85.9 percent indicate they do not cap enrollment of subsidized children (1,689 responses); 14 percent of providers do cap subsidized student

enrollment (278 responses). Region 4- Metro reports capping subsidy enrollment at a higher rate than other regions.

Table 32. Providers Capping Subsidy Enrollment by Region (n = 1,967)

Region	Total Regional Response	Yes	No
Region 1 – Western	286	25	261
Region 2 – Central	296	33	263
Region 3 – Northeast	503	56	447
Region 4 – Metro	273	83	190
Region 5 – Southeast and Cape	299	30	269
Region 6 – Metro Boston	310	51	259
Total	1,967	278	1,689

The majority of FCC and Center-Based providers indicate they do not cap subsidy enrollment: 53 percent of FCC Providers do not cap subsidy, while 32.7 percent of Center-Based providers do not cap enrollment.
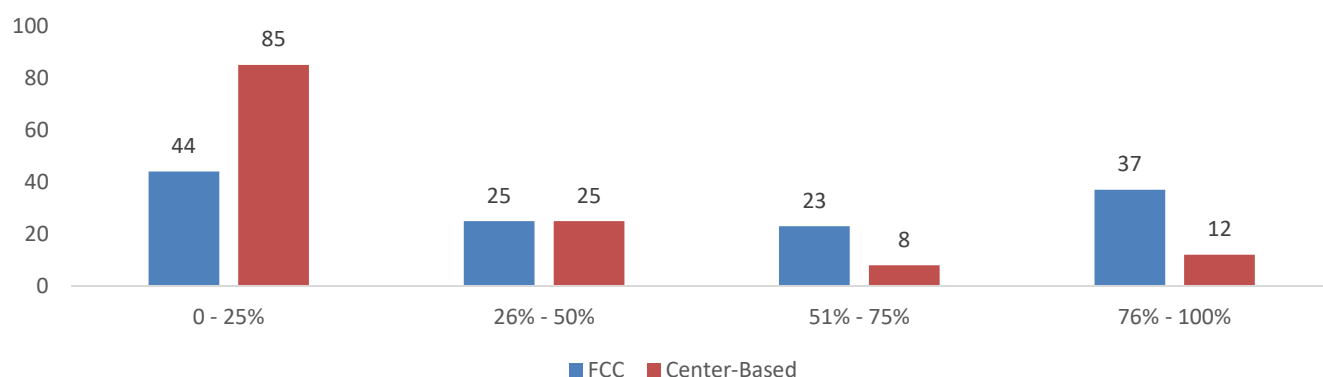
Table 33. Providers Capping Subsidy Enrollment by Program Type (n = 1,967)

	FCC Providers		Center-Based Providers	
	Count	Percent	Count	Percent
No	1057	53.7%	632	32.1%
Yes	146	7.4%	132	6.7%
Total	1203	61.2%	764	38.8%

> ***Survey Question (Optional for those responding "Yes" to Does your program cap or limit the number of children with subsidies that you will serve?"):*** What percent is subsidized?

Center-Based providers were more likely to cap their subsidy enrollment at 25 percent of their program capacity or less compared to FCC providers. Overall, 85 percent of Center-Based providers cap subsidy enrollment to 25 percent or less, while only 44 percent of FCC providers cap enrollment at the same rate.

Figure 1. Subsidy Enrollment Cap Rate by Provider Type (n = 259)

Region 4- Metro provided the highest response rate to this question and reports capping enrollment at 25% subsidy most frequently.

Table 34. Subsidy Enrollment Cap Rate by Region (n-size= 259)

Region	0 - 25%	26% - 50%	51% - 75%	76% - 100%	Total by Region
Region 1 – Western	10	4	4	6	24
Region 2 – Central	19	6	1	5	31
Region 3 – Northeast	15	12	8	13	48
Region 4 – Metro	51	16	6	9	82
Region 5 – Southeast and Cape	17	4	4	5	30
Region 6 – Metro Boston	17	8	8	11	44
Total by Cap Rate	129	50	31	49	259

Survey Question (Optional): My program caps or limits the number of children participating in subsidy because:

Of the 3,238 total survey respondents, 212 providers (6.5 percent) responded to the question on reasons why the program caps subsidy children with a write-in response. The most common write-in response related to capping enrollment of subsidized children relates to the financial constraints and budget concerns. Thirty-seven percent of respondents (79 responses) note financial concerns of subsidy rates being too low or rates not covering costs.

Table 35. Reasons for Capping Subsidy Enrollment (n-size= 212)

Reason (Write-In)	Count	Percent
Financial (Subsidy rate is too low/rates don't cover costs)	79	37.3%
Other (Uncategorized)	62	29.2%
Limited by License	23	10.8%
Cap Limit Provided (e.g. "Capped at 8")	19	9.0%
Cap Set by Umbrella Organization	12	5.7%
Limited Space and Staffing	9	4.2%
Enrollment Filled with Private Pay/Waitlist of Private Pay	8	3.8%
Total	212	100.0%

Reasons for Not Accepting Subsidy

Survey Question (Optional for those responding "No" to "Does your program accept state subsidized children (through a direct EEC Voucher and/or contracts?)): Please select the reasons that may prevent you from participating in state subsidy programs (vouchers and/or contracts).

Of the 1,053 providers responding to the survey who do not accept subsidy, 970 providers (92.1 percent) responded to the question on reasons preventing acceptance of subsidies. "Capacity is full of private pay" (560 responses) is the most commonly cited reason for not accepting subsidy for both FCC and Center-Based providers. The second most common reason FCC providers cite for not accepting subsidy is "Subsidy reimbursement rates are not sufficient" (197 responses). For Center-Based providers, the second most common reason is "No demand for subsidized care in the program's area" (158 responses).

Table 36. Reasons for Not Accepting Subsidy By Provider Type (n = 970)

Reason for Not Accepting Subsidy	Total	Percent	FCC Providers	Center-Based Providers
Capacity is full with private pay	560	57.7%	309	251
Subsidy reimbursement rates are not sufficient	305	31.4%	197	108
Program has a long waitlist of private pay families	265	27.3%	124	141
No demand for subsidized care in the program's area	253	26.1%	95	158
Too much administrative work involved	199	20.5%	107	92
I don't know enough about EEC's subsidy program to participate	171	17.6%	92	79
Required participation in QRIS	148	15.3%	64	84
Other	137	14.1%	59	78
Reimbursement received too long after service is provided	123	12.7%	78	45
Required NAEYC accreditation (contract only)	111	11.4%	30	81
Challenges collecting copayments from subsidy recipient families	93	9.6%	49	44
Turn-over among subsidy recipient families	60	6.2%	35	25
Disagree with policies associated with the subsidy program	45	4.6%	28	17
Child behavioral challenges	37	3.8%	20	17
Significant family needs	30	3.1%	20	10

Across regions, "Capacity is full with private pay" is the most commonly cited reason for not accepting subsidy. Region 4- Metro has the highest number of responses to this question by region; they cite "No demand for subsidized care in the program's area" as the second most common reason for not accepting subsidy.

Table 37. Reasons for Not Accepting Subsidy by Region (n = 970)

Reason for Not Accepting Subsidy	Region						Total
	1- Western	2- Central	3- Northeast	4- Metro	5- Southeast And Cape	6- Metro Boston	
Capacity is full with private pay	67	74	88	200	86	45	560
Subsidy reimbursement rates are not sufficient	37	46	41	92	61	28	305
Program has a long waitlist of private pay families	30	28	32	107	40	28	265
No demand for subsidized care in the program's area	16	30	38	115	35	19	253
Too much administrative work involved	19	28	28	78	28	18	199
I don't know enough about EEC's subsidy program to participate	23	15	21	70	28	14	171
Required participation in QRIS	15	21	21	55	21	15	148
Other	19	17	20	47	20	14	137
Reimbursement received too long after service is provided	14	23	18	37	22	9	123
Required NAEYC accreditation (contract only)	10	11	20	43	16	11	111
Challenges collecting copayments from subsidy recipient families	9	20	8	30	18	8	93
Turn-over among subsidy recipient families	7	13	9	16	9	6	60
Disagree with policies associated with the subsidy program	4	10	8	13	2	8	45
Child behavioral challenges	3	8	4	10	8	4	37
Significant family needs	3	8	3	8	2	6	30

> ***Survey Question (Optional for those responding "Yes" to "Does your program accept state subsidized children (through a direct EEC Voucher and/or contracts?)):*** Please select the reasons that may prevent you from participating in state subsidy programs (vouchers and/or contracts).

Of the 2,088 providers responding to the survey who indicate they accept subsidy, 1,679 (80 percent) responded to the question on reasons preventing acceptance of subsidies. Nearly 75 percent of respondents (1,251 responses) answered "Not Applicable, I serve or am willing to serve all subsidized children". For both FCC and Center-Based providers, this is the most commonly cited response. For FCC providers, the second most commonly cited response for not accepting subsidy is "Capacity is full of private pay" (149 responses). For Center-Based providers, the second most commonly cited response is "Subsidy reimbursement rates are not sufficient" (109 responses).

Table 38. Reasons for Not Accepting Subsidy By Provider Type (n = 1,679)

Reason for Not Accepting Subsidy	Total	Percent	FCC Providers	Center-Based
NA, I serve or am willing to serve all subsidized children	1,251	74.5%	784	467
Capacity is full with private pay	241	14.4%	149	92
Subsidy reimbursement rates are not sufficient	231	13.8%	122	109
Program has a long waitlist of private pay families	121	7.2%	59	62
Reimbursement received too long after service is provided	90	5.4%	55	35
Other	86	5.1%	45	41
No demand for subsidized care in the program's area	73	4.3%	45	28
Required participation in QRIS	69	4.1%	36	33
Too much administrative work involved	64	3.8%	32	32
Challenges collecting copayments from subsidy recipient families	59	3.5%	20	39
Turn-over among subsidy recipient families	58	3.5%	34	24
Child behavioral challenges	56	3.3%	40	16
Required NAEYC accreditation (contract only)	32	1.9%	18	14
Significant family needs	32	1.9%	25	7
Disagree with policies associated with the subsidy program	27	1.6%	8	19

Across regions, "NA, I serve or am willing to serve all subsidized children" was the most commonly cited response. In Regions 3- Northeast, 4- Metro, and 5- Southeast and Cape, the second most common reason for not accepting subsidy is "Subsidy reimbursement rates are not sufficient". In Regions 1- Western, 2- Central, and 6- Metro Boston, providers cite "Capacity is full of private pay" as the second most common reason.

Table 39. Reasons for Not Accepting Subsidy by Region (n = 1,679)

Reason for Not Accepting Subsidy	Region						Total
	1- Western	2- Central	3- Northeast	4- Metro	5- Southeast And Cape	6- Metro Boston	
NA, I serve or am willing to serve all subsidized children	182	173	373	138	181	204	1251
Capacity is full with private pay	35	54	28	52	41	31	241
Subsidy reimbursement rates are not sufficient	22	45	33	58	45	28	231
Program has a long waitlist of private pay families	14	20	13	39	15	20	121
Reimbursement received too long after service is provided	11	16	17	17	17	12	90
Other	11	20	10	15	14	16	86
No demand for subsidized care in the program's area	7	12	17	27	7	3	73
Required participation in QRIS	6	9	17	22	7	8	69
Too much administrative work involved	3	11	8	23	13	6	64
Challenges collecting copayments from subsidy recipient families	6	11	12	12	10	8	59
Turn-over among subsidy recipient families	8	15	6	14	10	5	58
Child behavioral challenges	11	17	7	8	6	7	56
Required NAEYC accreditation (contract only)	1	6	8	9	5	3	32
Significant family needs	8	8	7	5	2	2	32
Disagree with policies associated with the subsidy program	2	8	6	7	3	1	27

Discounts

Survey Question (optional): If your program offers any of the following discounts, complete the table below.

Of the 3,238 total survey respondents, 1,644 providers (50.8 percent) responded to the question on discounts. Sibling Discount is the most commonly cited discount offered with 1,250 providers having indicated that they offered a sibling discount. The table below outlines the most frequently offered discounts by provider characteristics.

Table 40. Most Frequently Offered Discounts (n = 1,644)

Discount	Total	Percent of Total Sample Population (n)	FCC Providers	Center-Based Providers
Sibling Discount	1,250	76%	536	714
Employee Discounts	645	39.2%	60	585
Scholarships	332	20.2%	37	295
Sliding Scale Rates	282	17.2%	113	169
Other	308	18.7%	121	187

Of the "Other" discounts write-in responses, Military discounts (20 providers), Corporate/Membership discounts (21 providers), and Prepay discounts (11 providers) are the most common responses after the response of "NA" (142 providers).

Since responses to the question about discounts included open text fields for the count of children receiving these discounts and additional comments, providers inconsistently recorded responses which made it difficult to interpret the data. For example, in response to "Sibling Discounts", providers responded with counts (ranging between 1 and 283 children), percentages (ranging from 10 to 25 percent), and with text (ranging from responses "Maybe a 2nd child discount" to "None at this time" to "For SA"). Therefore, PCG was unable to remove outliers and analyze data in open response fields in a meaningful way.

Sibling Discount and Employee Discounts are consistently the top two types of discounts offered across all regions. In Regions 1- Western, 2-Central, and 3-Northeast, Sliding Scale Rate is the next most common discount, while in Regions 4- Metro and 6- Metro Boston, Scholarships is the next most common discount. Region 5- Southeast and Cape cite "Other" as the next most common discount.

Table 41. Most Frequently Offered Discounts (n = 1,644)

Region	Sibling Discount	Employee Discounts	Scholarships	Sliding Scale Rates	Other
Region 1 – Western	131	61	40	41	35
Region 2 – Central	168	61	12	28	26
Region 3 – Northeast	272	118	32	72	64
Region 4 – Metro	352	233	141	63	81
Region 5 – Southeast and Cape	197	113	58	34	66
Region 6 – Metro Boston	130	59	49	44	36
Total	1,250	645	332	282	308

Additional Fees

Registration Fees

> **Survey Question (Optional):** Do you charge any add-on fees in addition to your full rate? If so, please select them from the following list and provide additional detail if requested.
> *Registration Fee: One time only*
> *Registration Fee: Annual*
> *Registration Fee: Other- please explain in Additional Explanation*

Of the 3,238 total survey respondents, 1,200 providers (37.1 percent) responded to this question and indicated that they charge a registration fee. Of the providers charging a registration fee, 22.2 percent are FCC providers (266) and 77.8 percent are Center-Based providers (934). Center-Based providers are more likely to charge an annual registration fee, while FCC providers are more likely to charge a one-time only registration fee. It should be noted that EEC policy does not allow providers to charge subsidized families for registration fees.

Figure 2. Frequency of Charging Registration Fee by Provider Type (n = 1,200)
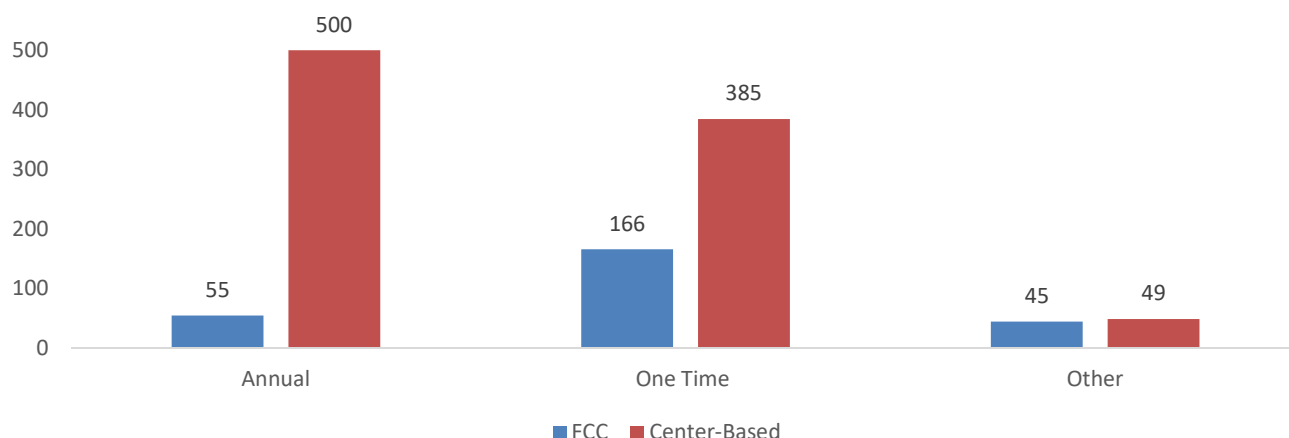
Providers accepting subsidized children are more likely to report charging a registration fee (57.7 percent) than private pay only providers (42.3 percent). Subsidy acceptance and private pay attributes are based on EEC administrative data.

Figure 3. Frequency of Charging Registration Fee by Subsidy vs. Private Pay Only (n = 1,200)
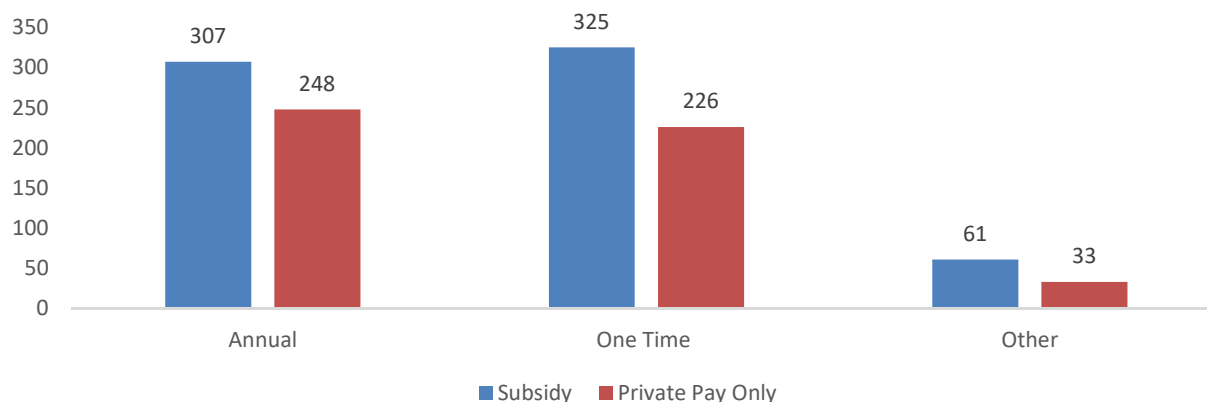
Providers in Regions 1-Western, 2- Central, and 6- Metro Boston are more likely to report charging one-time only registration fees. Providers in Regions 3- Northeast, 4- Metro, and 5-Southeast and Cape are more likely to report charging annual registration fees.

Table 42. Frequency of Charging Registration Fee by Region (n = 1,200)

Region	One Time Only	Annual	Other
Region 1 – Western	64	31	6
Region 2 – Central	68	57	17
Region 3 – Northeast	79	135	21
Region 4 – Metro	182	193	21
Region 5 – Southeast and Cape	103	108	18
Region 6 – Metro Boston	55	31	11
Total	551	555	94

Since responses to the question about registration fees included open text fields for the fee amount and additional comments, providers inconsistently recorded responses which made it difficult to interpret the data. For example, in response to "Annual Registration Fee", providers responded with a distinct fee amounts (ranging between $0 and $500), fee ranges (for example "80/125" or "$50-100), and with text (ranging from responses "Varies" to "Deposit on last week of care"). Therefore, PCG was unable to remove outliers and analyze data in open response fields in a meaningful way.
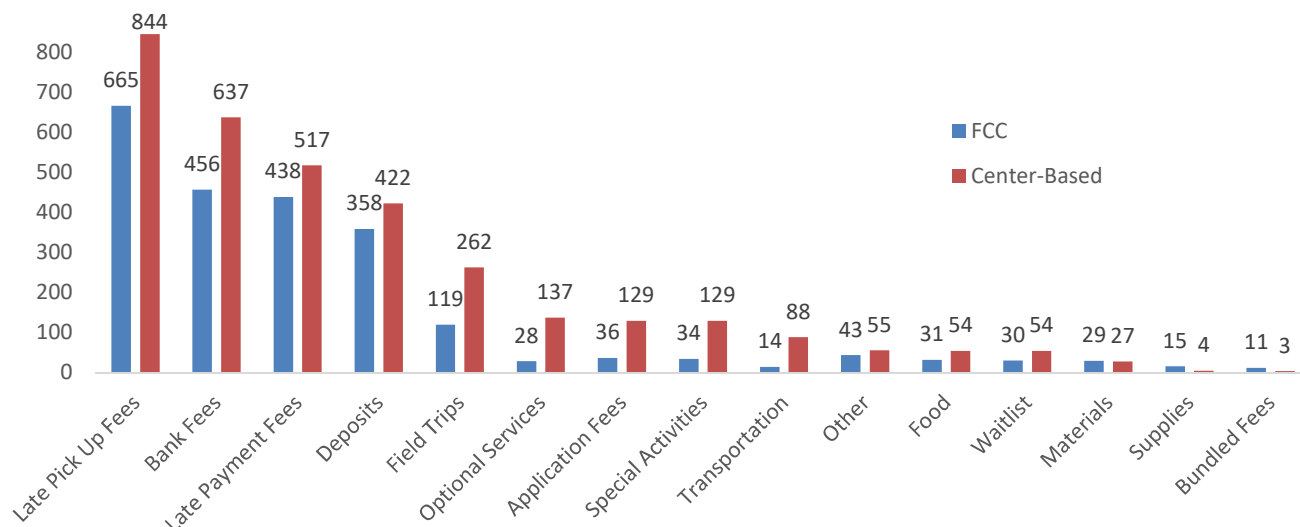
Add-On Fees

> **Survey Question (Optional):** Do you charge any add-on fees in addition to your full rate? If so, please select them from the following list and provide additional detail if requested.
> > *Waitlist fee*
> > *Deposits (i.e. to hold future slot)*
> > *Application fees*
> > *Field trips*
> > *Special activity fees (i.e., gymnastics, computer education, etc.)*
> > *Optional services (i.e., photographer, etc.)*
> > *Food (meals, snacks)*
> > *Materials/Supplies fees*
> > *Late payment fees*
> > *Transportation*
> > *Late pick-up fees*
> > *Bank fees (i.e., bounced checks)*
> > *Supplies*
> > *Bundled Fee- please specify what is included in the Additional Explanation*
> > *Other, please specify in the Additional Explanation*

Of the 3,238 total survey respondents, 2,109 providers (65.1 percent) responded to the optional question related to add-on fees. The most frequently cited add-on fees are Late Pick-up Fees (1,509 providers), Bank Fees (1,093 providers), and Late Payment Fees (955 providers). This is consistently reported by FCC and Center-Based providers. It should be noted that EEC policy allows providers to charge subsidized families reasonable Late Pick-up Fees and Bank Fees (for bounced checks only). Providers are not allowed to change subsidized families most of the other fees listed below unless it is for services not offered to every child as part of the regular early education or out-of-school time program.

Figure 4. Frequency of Add-on Fees by Provider Type (n = 2,109)

Across regions, Late Pick-up Fees is the most commonly cited add-on fee. Region 4-Metro reports charging Deposit Fees as the second most cited add-on fee, while all other regions report Bank Fees as the second most cited add-on fee.

Table 43. Frequency of Add-on Fees by Region (n = 2,109)

Fee	Region						Total	Percent of Total (n)
	1- Western	2- Central	3- Northeast	4- Metro	5- Southeast And Cape	6- Metro Boston		
Late Pick Up Fees	218	228	245	374	261	183	1,509	71.6%
Bank Fees	142	175	193	256	210	117	1,093	51.8%
Late Payment Fees	129	153	167	262	159	85	955	45.3%
Deposits	86	115	112	264	110	93	780	37.0%
Field Trips	53	65	60	99	63	41	381	18.1%
Optional Services	14	36	30	51	25	9	165	7.8%
Application Fees	11	7	26	88	8	25	165	7.8%
Special Activities	10	18	38	54	29	14	163	7.7%
Transportation	12	9	30	11	32	8	102	4.8%
Other	9	14	21	31	5	18	98	4.6%
Food	8	13	20	27	9	8	85	4.0%
Waitlist	6	8	18	26	6	20	84	4.0%
Materials	8	5	19	10	8	6	56	2.7%
Supplies	1	2	9	4	1	2	19	0.9%
Bundled Fees	1	2	7	2	1	1	14	0.7%

Since responses to the question about add-on fees included open text fields for the fee amount and additional comments, providers inconsistently recorded responses which made it difficult to interpret the data. For example, in response to "Field Trip" add-on fees, providers responded with a distinct fee amounts (ranging between $2 and $500), fee ranges (for example "less than $20" or "$15-45"), and with text (ranging from responses "Varies by trip" to "Whatever a parent feels is appropriate" to "Price of Admission"). Therefore, PCG was unable to remove outliers and analyze data in open response fields in a meaningful way.

Seasonal Fees

> **Survey Question (Optional):** Given the part day and full day rates given above, do you charge an additional rate for the following?
> *Early Release days*
> *Public School Closure days*
> *Public School Vacation*
> *Summer Break*
> *Other*

Of the 3,238 total survey respondents, 580 providers (17.9 percent) responded to the optional seasonal fee question. 272 FCC providers and 308 Center-Based providers reported charging additional seasonal tuition rates. 58 percent of providers who responded to this question charge additional rates for summer vacation; this is the most frequently cited seasonal fee for centers (207 responses). For FCC providers, the most commonly cited seasonal fees are for Public School Vacations (132 responses).

Table 44. Additional Rates Charged Seasonally by Provider Type (n = 580)

Additional Rates	Total Frequency	Percent of Total n-size	FCC Providers	Center-Based Providers
Early Release	205	35.3%	107	98
Public School Closure Days	244	42.1%	130	114
Public School Vacation	322	55.5%	136	186
Summer Vacation	339	58.4%	132	207
Additional-Other	98	16.9%	75	23

In Regions 1- Western, 3- Northeast, 5-Southeast and Cape, and 6- Metro Boston, providers cite charging additional rates for public school vacation most frequently. In Regions 2- Central and 4- Metro, providers report charging for summer break most frequently.

Table 45. Additional Rates Charged Seasonally by Region (n = 580)

Region	Early Release days	Public School Closure days	Public School Vacation	Summer Break	Other
Region 1 – Western	36	40	41	34	8
Region 2 – Central	50	54	57	67	12
Region 3 – Northeast	47	57	85	83	28
Region 4 – Metro	26	22	45	66	21
Region 5 – Southeast and Cape	36	47	63	56	14
Region 6 – Metro Boston	10	24	31	33	15
Total	205	244	322	339	98

Support Services

> **Survey Question (Optional):** Do you provide any of the following additional support services? (select all that apply)
> *Behavior Supervision/Supports for children with challenging behaviors*
> *Communication Supports to children who are non-verbal or have language delays*
> *Diapering/Toileting Assistance for an older child*
> *Eating Assistance for a child who has food or texture sensitivities or physical challenges*
> *Health Monitoring for a child with a chronic medical condition*
> *Medication Management- for a child requiring ongoing medication & maintain recordkeeping*
> *Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk*
> *Vision Supports and program changes to include a child with impaired vision*
> *Nursing Care – Access to a nurse for children requiring medical monitoring or intervention*
> *Physical Therapy - access for physical or occupational therapy services or providing activities to support child's therapy goals*
> *Occupational therapy for a child with sensory processing challenges*
> *Other - Write In: _____*

Of the 3,238 total survey respondents, 1,771 providers (54.6 percent) responded to the question related to support services. Overall, the two most common support services offered by providers are diapering/toileting assistance for older children (1,099 responses) and behavior supports for children with challenging behaviors (1,097). These are consistently the two most common support services provided across regions, though Regions 3- Northeast, 4- Metro, 5- Southeast and Cape, and 6- Metro Boston cite behavior supports for children with challenging behaviors more frequently than diapering and toileting assistance.

Table 46. Support Services Offered by Region (n = 1,771)

| Region	Region						Total	Percent of Total (n)
	1-Western	2-Central	3-Northeast	4-Metro	5-Southeast And Cape	6-Metro Boston		
Diapering/Toileting Assistance for an older child	148	166	242	222	176	145	1,099	62.1%
Behavior Supervision/Supports for children with challenging behaviors	144	154	244	227	164	164	1,097	61.9%
Communication Supports to children who are non-verbal or have language delays	119	132	228	176	141	145	941	53.1%
Medication Management- for a child requiring ongoing medication & maintain recordkeeping	113	117	230	182	135	147	924	52.2%
Eating Assistance for a child who has food or texture sensitivities or physical challenges:	123	129	230	165	126	140	913	51.6%
Health Monitoring for a child with a chronic medical condition	88	88	171	115	82	87	631	35.6%
Physical Therapy - access for physical or occupational therapy services or providing activities to support child's therapy goals	64	47	114	46	52	51	374	21.1%
Occupational therapy for a child with sensory processing challenges	69	53	102	38	49	51	362	20.4%
Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk	45	43	99	61	68	36	352	19.9%
Vision Supports and program changes to include a child with impaired vision	46	48	98	47	47	41	327	18.5%
Other	55	43	41	79	58	37	313	17.7%
Nursing Care- Access to a nurse for children requiring medical monitoring or intervention	26	26	61	18	35	21	187	10.6%

By provider type, FCC providers cite providing diapering/toileting assistance for older children as the most frequently provided support service (677 responses), while Center-Based providers cite providing behavior support services for children with challenging behaviors most frequently (526 responses).

Figure 5. Support Service Provided by Provider Type (n = 1,771)
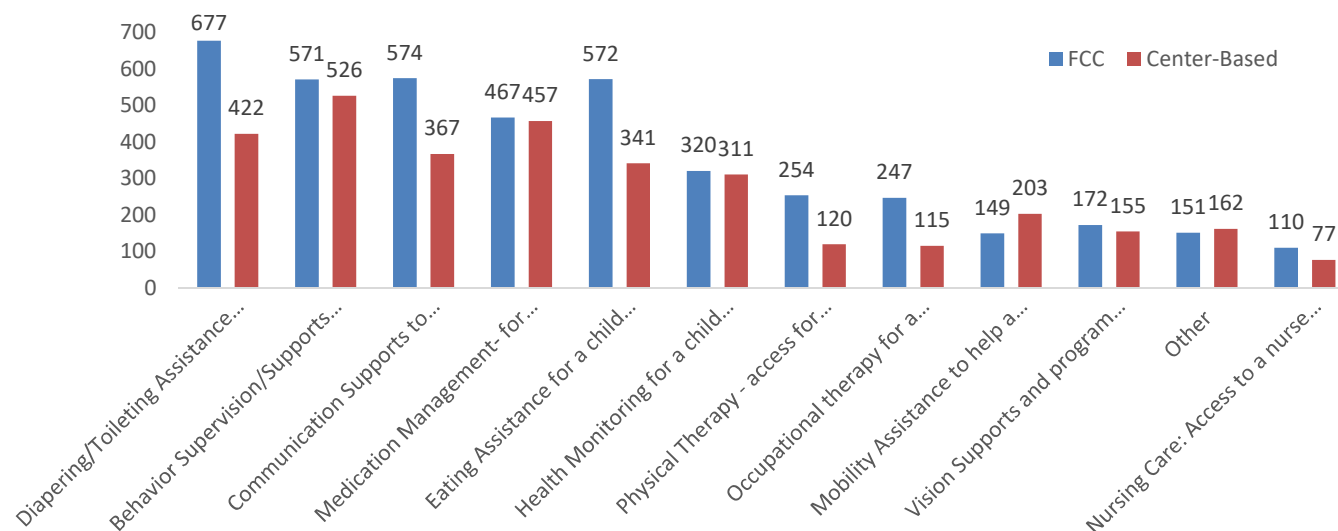
Private pay only providers cite providing diapering/toileting assistance for older children (283 responses) more frequently than subsidy providers, who more frequently report providing behavior support services for children with challenging behaviors (852 responses). Subsidy acceptance and private pay attributes are based on EEC administrative data.

Figure 6. Support Service Provided by Subsidy vs. Private Pay Only (n = 1,771)
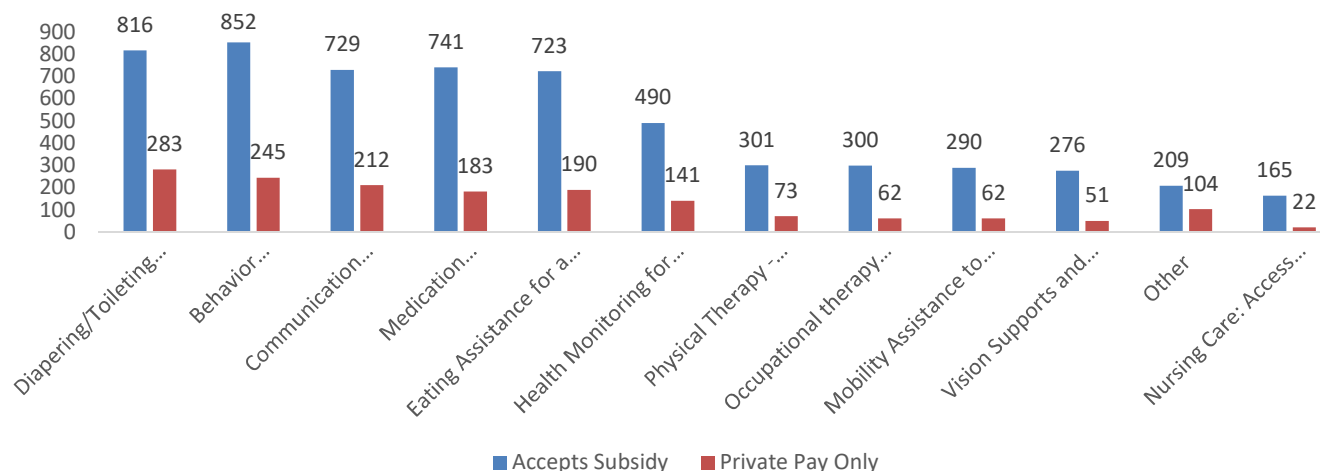
Of the 304 write-in responses for "Other" services provided, the most common response is related to partnering with Early Intervention (92 responses), followed by partnering with outside organizations such as school districts or social service organizations (64 responses).

Table 47. Other Support Services Offered, Write-in (n = 304)

Other- write-in	Count	Percent
Early Intervention Partnerships	92	30.3%
Partnerships with Outside agencies/Specialists come into Program	64	21.1%
NA	11	3.6%
Uncategorized Other	137	45.1%
Total	304	100.0%

Salary Cost by Level of Quality

As part of the CCDF state plan section regarding the Market Rate Survey, states must also include an analysis of the estimated cost of care to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system (QRIS) or other system of quality indicators at each level of quality.[12] EEC's licensing regulations meet and exceed the CCDBG requirements for health, safety, quality, and staffing requirements, therefore, the reported costs summarized in this section for licensed providers in the sample account for the costs related to supporting the requirements. Staff education level is generally thought to be a key indicator of quality. To understand the estimated cost of higher quality care, the following section reviews salary cost by staff's highest education level and QRIS level. For this analysis the QRIS level for respondents is matched by EEC administrative data on EEC granted QRIS level (not QRIS self-assessment levels). Therefore, only those respondents participating in QRIS are included in the QRIS-specific analysis.

Please refer to the *"2018 Cost of Care Form Final Report"* report for the summary of findings related to cost drivers for the subset of providers that responded to the optional Cost of Care form.

Salaries by Level of Education

All salary rates below the current Massachusetts minimum wage ($11.00) were removed from this analysis. For FCC provider Assistants, outliers earning more than $120,000 (nearly triple the average FCC provider Director/Owner salary) were also removed. No other outliers were removed.

Overall, and not surprisingly, as a worker's education level increases, so too does her or his average hourly salary. For FCC providers and Center-Based providers, the tables below outline the mean and median hourly salary by position and education level.

Center-Based Providers

> *Survey Question (optional):* Please complete the following table below for your staff. Full-time staff work 30+ hours weekly; Part-time staff work 29 hours or less weekly (table includes listing of job titles, number of full-time, number of part-time, starting hourly wage by education level (less than high school, high school/GED, associate degree, bachelor's degree and above.

As expected, wages increase with higher education levels at Center-Based providers for nearly every position in the survey. Only Site Leaders did not see an increase in the mean wage at every education level. The widest variation of hourly wage range occurred in the Director position, with a $6.49 hourly wage difference between someone with less than a high school education and someone with a bachelor's degree or higher.

The difference for salaries for the lowest and highest level of education also increases as position level increases. For example, the difference in a starting mean salary for an Assistant Teacher with less than a high school education and an Assistant teacher with a Bachelor degree or higher is $2.43 per hour. The difference for Teachers by these education levels is $3.30; for Lead Teachers, the difference is $4.06. The difference in pay jumps to $6.49 per hour for a Director with a Bachelor degree or higher when compared to a Director with a high school education or less. While the higher a professional's education level, the more her or his starting salary, the salary increases become greater as she or he increases her or his position.

For School-Age programs, the difference in starting salaries by education level also increases as position level increases. An Assistant Leader a Bachelor degree or higher will earn $1.90 more per hour than an Assistant Teacher with less than a high school education. For a Group Leader, the difference in wages is $2.76. A Site Leader with a Bachelor degree or higher will earn $4.05 more per hour than a Site Leader with less than a high school education.

As education level is an indicator of quality, the cost is higher for providers to employ higher quality child care professionals with higher levels of education. For a Center-Based program to invest in hiring Lead Teachers with Bachelor degrees over Lead Teachers with an Associate degree it would have to spend $2.20 per hour more in the starting salary for each Lead Teacher. Even for a small program with one Lead Teacher working 40 hours per week, this is an additional $4,576 in annual payroll expenses.

For comparison, Lead Teachers, Teachers and Assistant Teachers working in Center-Based programs with a Bachelor's degree or higher earn a starting salary of between $$28,850-$36,275 annually (salary calculations using mean hourly wage multiplied by 2,080 hours annually), while first year teachers in Massachusetts' public schools, where a bachelor's degree is also required, teachers earn $38,570 annually[13]. However, the average annual salary for a teacher jumps significantly to $71,620. In the public-school system, experience and education contribute to significant salary growth.

Table 48. Center-Based Provider Infant-Toddler Preschool Position Hourly Salary by Education Level

Position	Education Level	n	Mean	Median
Assistant Teacher	Less than High School	283	$11.44	$11.00
	High School/ GED	480	$11.99	$11.25
	Associates Degree	400	$12.84	$12.25
	Bachelors or higher	386	$13.87	$13.50
Teacher	Less than High School	145	$12.45	$12.00
	High School/ GED	418	$13.00	$13.00
	Associates Degree	506	$14.16	$14.00
	Bachelors or higher	545	$15.75	$15.00
Lead Teacher	Less than High School	94	$13.38	$13.00
	High School/ GED	275	$14.09	$14.00
	Associates Degree	422	$15.24	$15.00
	Bachelors or higher	561	$17.44	$16.80
Director	Less than High School	57	$16.92	$15.50
	High School/ GED	124	$17.47	$16.63
	Associates Degree	227	$18.84	$18.00
	Bachelors or higher	540	$23.41	$21.88
Assistant Group Leader	Less than High School	102	$11.27	$11.00
	High School/ GED	117	$11.77	$11.00
	Associates Degree	89	$12.33	$12.00
	Bachelors or higher	83	$13.17	$11.69
Group Leader	Less than High School	73	$11.68	$11.00
	High School/ GED	202	$12.06	$12.00
	Associates Degree	190	$12.98	$12.50
	Bachelors or higher	185	$14.44	$14.00
Site Leader	Less than High School	34	$14.21	$13.45
	High School/ GED	121	$13.89	$14.00
	Associates Degree	153	$15.49	$15.00
	Bachelors or higher	225	$18.26	$17.00

Family Child Care

> ***Survey Question (optional):*** Do you give yourself a salary? If so, how much do you pay yourself annually? What is your level of education? Do you have an assistant? If so, how much do you pay him/her, how frequently and what is his/her level of education?

FCC providers also see a positive correlation between the mean hourly wage and the education level of staff. Like the Center-Based providers above, the largest range between education happens at the highest level. Director/Owner wages for those with graduate degrees earn on average $8.80 more per hour than their counterparts with less than a high school education.

Table 49. FCC Provider Hourly Salary by Education Level

Position	Education Level	n	Mean	Median
Director/Owner	Less than High School	1	$14.42	$14.42
	High School/ GED	10	$17.44	$15.38
	Some College	18	$18.69	$17.55
	Associates Degree	13	$18.76	$17.50
	Bachelor's Degree	36	$20.03	$19.23
	Graduate Degree	10	$23.22	$24.04
Assistant	Less than High School	1	$12.50	$12.50
	High School/ GED	47	$13.24	$12.50
	Some College	41	$13.77	$13.00
	Associates Degree	12	$13.40	$13.13
	Bachelors or higher	38	$15.58	$15.00

Position by QRIS Level

Like the above salary analysis by education level, data from respondents indicating salary figures below minimum wage were excluded. In addition, outliers earning more than $120,000 (which is nearly triple the average FCC provider Director/Owner salary) were also removed. No other outliers were removed.

Overall, there is no clear relationship between the average employee pay rates and QRIS levels. This means, based on the available data in this analysis, providers with higher QRIS levels (indicator for higher quality), do not consistently pay staff higher wages than programs with lower QRIS levels. However, some sample sizes are too small to rely on. For example, very few salaries were reported for QRIS Level 4 across position types; the largest response sample size for Level 4 programs was 14 providers. The differences in pay rates is also not consistent by QRIS level as indicated in the tables below.

For example, Center-Based Lead Teachers in programs with a QRIS Level 3 earn the highest average wage at $17.51. This is $2.60 more per hour than Lead Teachers in programs with a QRIS Level 4. As noted above, this may be attributed to the limited sample size of programs with a Level 4 rating. However, consistently wages increase by QRIS Levels 1, 2, and 3 for positions: Assistant Teacher, Teacher, Lead Teacher and Director.

For School-Age positions, Assistant Group Leader, Group Leader, and Site Leader, salaries in programs rated Level 2 earn more than the same position type in programs rated Level 1. However, for these position types, Level 3 programs earn less than the same position type in programs rated Level 2. Again, the response rates for programs rated Level 4 are scarce.

Table 50. Center-Based Provider Infant-Toddler Preschool Position Hourly Salary by QRIS Level

Position	QRIS Level	n	Mean	Median
Assistant Teacher	Level 1	275	$12.50	$12.00
	Level 2	89	$13.24	$12.50
	Level 3	46	$13.32	$12.50
	Level 4	11	$12.04	$11.50
Teacher	Level 1	292	$14.31	$13.78
	Level 2	101	$14.59	$13.74
	Level 3	49	$15.32	$14.33
	Level 4	14	$14.09	$14.25
Lead Teacher	Level 1	272	$16.14	$15.00
	Level 2	93	$16.58	$16.00
	Level 3	55	$17.51	$16.00
	Level 4	9	$14.91	$15.00
Director	Level 1	265	$21.97	$20.00
	Level 2	91	$22.51	$20.00
	Level 3	43	$23.38	$22.00
	Level 4	11	$18.75	$18.00
Assistant Group Leader	Level 1	70	$12.23	$11.25
	Level 2	26	$12.07	$11.44
	Level 3	8	$12.03	$11.38
	Level 4	2	$11.19	$11.19
Group Leader	Level 1	116	$12.88	$12.67
	Level 2	40	$13.98	$13.00
	Level 3	14	$12.59	$12.13
	Level 4	3	$12.89	$12.67
Site Leader	Level 1	125	$16.70	$15.33
	Level 2	44	$17.58	$15.69
	Level 3	18	$17.10	$16.06
	Level 4	5	$17.93	$18.00

The sample size for Level 1 and Level 2 FCC providers is similar with 29 and 25 responses respectively. Here, the Director's salary for a Level 1 program is $0.55 higher than the average Director's salary for Level 2. The same is true for Assistants in FCC providers. Assistants in programs with a Level 1 rating earn $3.37 more per hour than Assistants in programs rated Level 2.

Table 51. FCC Provider Hourly Salary by QRIS Level

Position	QRIS Level	n	Mean	Median
Director/Owner	Level 1	29	$19.42	$17.31
	Level 2	25	$18.87	$19.23
	Level 3	2	$26.83	$26.83
	Level 4	0	N/A	N/A
Assistant	Level 1	47	$14.13	$13.00
	Level 2	38	$13.94	$13.00
	Level 3	4	$13.00	$12.50
	Level 4	1	$17.50	$17.50

APPENDIX A. MA EEC SUBSIDY REIMBURESMENT RATE REGIONS & MUNICIPALITIES

Figure 1. Map of EEC Subsidy Reimbursement Rate Regions
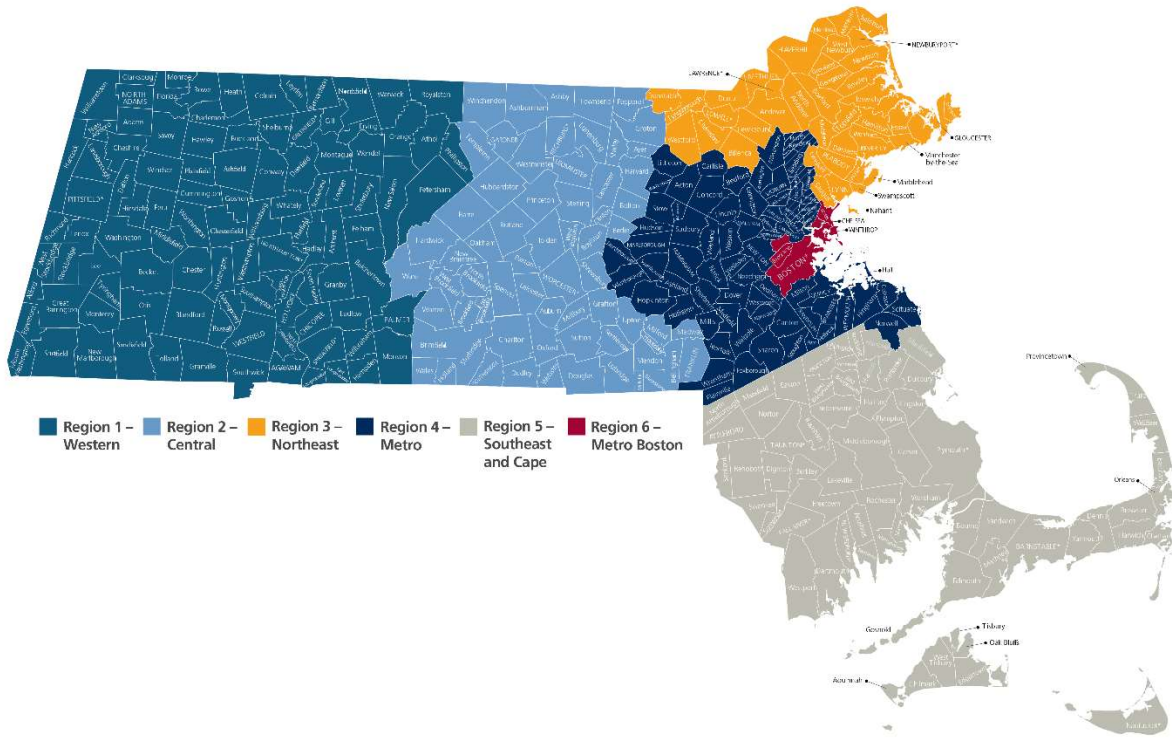
Table 4. EEC Subsidy Reimbursement Rate Regions Crosswalk

Region 1 - Western	Region 2 - Central	Region 3 - Northeast	Region 4 - Metro	Region 5 - Southeast and Cape	Region 6 - Boston Metro
Adams	Ashburnham	Amesbury	Acton	Abington	Allston
Agawam	Ashby	Andover	Arlington	Acushnet	Back Bay
Amherst	Auburn	Beverly	Ashland	Aquinnah	Brighton
Ashfield	Ayer	Billerica	Bedford	Attleboro	Brookline
Athol	Barre	Boxford	Belmont	Avon	Charlestown
Becket	Bellingham	Chelmsford	Boxborough	Barnstable	Chelsea
Belchertown	Berlin	Danvers	Braintree	Berkley	Dorchester
Bernardston	Blackstone	Dracut	Burlington	Bourne	East Boston
Blandford	Bolton	Dunstable	Cambridge	Brewster	Fenway
Buckland	Boylston	Essex	Canton	Bridgewater	Jamaica Plain
Charlemont	Brimfield	Georgetown	Carlisle	Brockton	Kenmore
Cheshire	Brookfield	Gloucester	Cohasset	Carver	Mission Hill

Region 1 - Western	Region 2 - Central	Region 3 - Northeast	Region 4 - Metro	Region 5 - Southeast and Cape	Region 6 - Boston Metro
Chester	Charlton	Groveland	Concord	Chatham	Revere
Chesterfield	Clinton	Hamilton	Dedham	Dartmouth	Roxbury
Chicopee	Douglas	Haverhill	Dover	Dennis	Winthrop
Clarksburg	Dudley	Ipswich	Everett	Dighton	
Conway	East Brookfield	Lawrence	Foxborough	Duxbury	
Cummington	Fitchburg	Lowell	Framingham	East Bridgewater	
Dalton	Franklin	Lynn	Hingham	Eastham	
Deerfield	Gardner	Lynnfield	Holliston	Edgartown	
East Longmeadow	Grafton	Manchester-By-The-Sea	Hopkinton	Fairhaven	
Easthampton	Groton	Marblehead	Hudson	Fall River	
Egremont	Hardwick	Merrimac	Hull	Falmouth	
Erving	Harvard	Methuen	Lexington	Freetown	
Gill	Holden	Middleton	Lincoln	Halifax	
Granby	Holland	Nahant	Littleton	Hanover	
Granville	Hopedale	Newbury	Malden	Hanson	
Great Barrington	Hubbardston	Newburyport	Marlborough	Harwich	
Greenfield	Lancaster	North Andover	Maynard	Holbrook	
Hadley	Leicester	Peabody	Medfield	Kingston	
Hampden	Leominster	Rockport	Medford	Lakeville	
Hatfield	Lunenburg	Rowley	Melrose	Mansfield	
Hinsdale	Medway	Salem	Millis	Marion	
Holyoke	Mendon	Salisbury	Milton	Marshfield	
Huntington	Milford	Saugus	Natick	Mashpee	
Lee	Millbury	Swampscott	Needham	Mattapoisett	
Lenox	Millville	Tewksbury	Newton	Middleborough	
Leverett	North Brookfield	Topsfield	Norfolk	Nantucket	
Longmeadow	Northbridge	Tyngsborough	North Reading	New Bedford	
Ludlow	Oakham	Wenham	Northborough	North Attleborough	
Monson	Oxford	West Newbury	Norwell	North Easton	
Montague	Paxton	Westford	Norwood	Norton	
North Adams	Pepperell		Plainville	Oak Bluffs	
Northampton	Princeton		Quincy	Orleans	
Northfield	Rutland		Randolph	Pembroke	
Orange	Shirley		Reading	Plymouth	
Otis	Shrewsbury		Scituate	Plympton	

Region 1 - Western	Region 2 - Central	Region 3 - Northeast	Region 4 - Metro	Region 5 - Southeast and Cape	Region 6 - Boston Metro
Palmer	Southbridge		Sharon	Raynham	
Pelham	Spencer		Sherborn	Rehoboth	
Petersham	Sterling		Somerville	Rochester	
Phillipston	Sturbridge		Southborough	Rockland	
Pittsfield	Sutton		Stoneham	Sagamore	
Richmond	Templeton		Stow	Sandwich	
Russell	Townsend		Sudbury	Seekonk	
Savoy	Upton		Wakefield	Somerset	
Sheffield	Uxbridge		Walpole	South Easton	
Shelburne	Wales		Waltham	Stoughton	
Shutesbury	Warren		Watertown	Swansea	
South Hadley	Webster		Wayland	Taunton	
Southampton	West Boylston		Wellesley	Tisbury	
Southwick	West Brookfield		Westborough	Truro	
Springfield	Westminster		Weston	Wareham	
Springfield, West	Winchendon		Westwood	Wellfleet	
Stockbridge	Worcester		Weymouth	West Bridgewater	
Ware			Wilmington	West Tisbury	
Wendell			Winchester	Westport	
West Springfield			Woburn	Whitman	
Westfield			Wrentham	Yarmouth	
Westhampton					
Wilbraham					
Williamsburg					
Williamstown					
Windsor					
Worthington					

Table 2. MA EEC Daily Reimbursement Rates- Fiscal Year 2018- Standard Daily Rates[14]

	CENTER-BASED			FCC Providers				SCHOOL-AGE			
	Infant	Toddler	Pre-School	Providers: Under 2 Years of Age	Providers: 2 Years of Age and Over	Systems: Under 2 Years of Age	Systems: 2 Years of Age and Over	Before School Age Only	After School Age Only	Before and After School Age	Full Day School Age
Region 1- Western	$56.65	$51.95	$39.51	$37.10	$31.99	$49.52	$44.40	$8.59	$18.03	$26.63	$36.33
Region 2- Central	$58.20	$53.15	$39.51	$42.40	$31.99	$54.86	$44.40	$8.59	$18.03	$26.63	$36.33
Region 3- Northeast	$65.00	$59.47	$42.18	$42.40	$33.74	$54.76	$46.10	$9.11	$20.17	$29.27	$37.56
Region 4- Metro	$70.39	$63.92	$43.42	$63.60	$33.74	$76.49	$46.52	$9.35	$20.71	$30.05	$38.62
Region 5- Southeast and Cape	$56.65	$53.15	$39.51	$42.40	$31.99	$54.86	$44.40	$8.59	$18.03	$26.63	$36.33
Region 6- Metro Boston	$73.86	$68.85	$43.42	$47.70	$33.74	$60.59	$46.52	$9.35	$20.71	$30.05	$38.62

Table 3. MA EEC Daily Reimbursement Rates- Fiscal Year 2019- Standard Daily Rates

	CENTER-BASED			FCC Providers*				SCHOOL-AGE			
	Infant	Toddler	Pre-School	Providers: Under 2 Years of Age	Providers: 2 Years of Age and Over	Systems: Under 2 Years of Age	Systems: 2 Years of Age and Over	Before School Age Only	After School Age Only	Before and After School Age	Full Day School Age
Region 1- Western	$56.65	$51.95	$39.51	$38.56	$33.25	$50.98	$45.66	$8.59	$18.03	$26.63	$36.33
Region 2- Central	$58.20	$53.15	$39.51	$44.07	$33.25	$56.53	$45.66	$8.59	$18.03	$26.63	$36.33
Region 3- Northeast	$65.00	$59.47	$42.18	$44.07	$35.07	$56.43	$47.43	$9.11	$20.17	$29.27	$37.56
Region 4- Metro	$70.39	$63.92	$43.42	$66.10	$35.07	$78.99	$47.85	$9.35	$20.71	$30.05	$38.62
Region 5- Southeast and Cape	$56.65	$53.15	$39.51	$44.07	$33.25	$56.53	$45.66	$8.59	$18.03	$26.63	$36.33
Region 6- Metro Boston	$73.86	$68.85	$43.42	$49.57	$35.07	$62.46	$47.85	$9.35	$20.71	$30.05	$38.62

*Changes in FCC daily maximum reimbursement rates are effective July 1, 2018.

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[14] 2018. Daily Reimbursement Rate for Early Education and Care Programs. Retrieved from https://www.mass.gov/service-details/daily-reimbursement-rate-for-early-education-and-care-programs

APPENDIX B. REPORTED RATE ATTRIBUTES

The following appendix contains descriptive statistics pertaining to market rates that were reported in the survey both for FCC providers and Center-Based child care programs. Note that in the survey, providers were asked to provide their full-time rates in either hourly, daily, weekly, or monthly frequencies, which were later converted to daily rates for comparison against EEC subsidy reimbursement rates. During the data cleaning process, these descriptive statistics were used to identify outliers to withhold from percentile calculations (which were determined to be +/- two standard deviations from the mean of the data).

Table 1. FCC Provider Reported Rate Attributes

Age Range	n	Min	Max	Median	Mean	St. Dev	- SD2	+ SD2	Total Outliers
Full Day Care - Hourly									
Infant	74	$4.00	$65.00	$7.75	$12.17	$13.12	$(14.06)	$38.41	7
Toddler 1	75	$4.00	$65.00	$7.50	$11.83	$12.97	$(14.12)	$37.78	6
Toddler 2	79	$4.00	$65.00	$7.50	$10.62	$10.70	$(10.78)	$32.01	6
Preschool	80	$4.00	$65.00	$7.25	$10.91	$11.28	$(11.65)	$33.47	6
Full Day Care - Daily									
Infant	368	$20.00	$350.00	$50.00	$59.72	$42.11	$(24.51)	$143.94	18
Toddler 1	372	$20.00	$300.00	$50.00	$58.42	$40.99	$(23.56)	$140.40	20
Toddler 2	377	$20.00	$250.00	$45.00	$55.44	$36.10	$(16.75)	$127.64	19
Preschool	364	$20.00	$250.00	$45.00	$53.71	$34.17	$(14.64)	$122.06	18
Full Day Care - Weekly									
Infant	933	$30.00	$580.00	$220.00	$214.50	$77.51	$59.49	$369.51	105
Toddler 1	940	$30.00	$550.00	$200.00	$204.78	$74.38	$56.02	$353.55	99
Toddler 2	950	$30.00	$550.00	$200.00	$193.90	$70.33	$53.25	$334.56	110
Preschool	931	$20.00	$875.00	$190.00	$187.96	$73.31	$41.35	$334.58	63
Full Day Care - Monthly									
Infant	33	$10.00	$2,100.00	$1,200.00	$1,027.58	$639.26	$(250.95)	$2,306.10	0
Toddler 1	34	$10.00	$2,100.00	$1,200.00	$1,044.53	$601.64	$(158.75)	$2,247.81	0
Toddler 2	39	$10.00	$2,050.00	$1,100.00	$976.82	$617.42	$(258.02)	$2,211.66	0
Preschool	44	$10.00	$2,050.00	$1,000.00	$934.09	$566.39	$(198.69)	$2,066.87	0
School-Age Care - Daily									
Before School	393	$0.85	$300.00	$15.00	$21.13	$26.56	$(32.00)	$74.25	10
After School	450	$0.21	$375.00	$18.00	$21.66	$29.44	$(37.22)	$80.53	5
Full Day	529	$0.20	$600.00	$40.00	$45.73	$46.52	$(47.31)	$138.78	14

Table 2. Center-Based Provider Reported Rate Attributes

Age Range	n	Min	Max	Median	Mean	St. Dev	- SD2	+ SD2	Total Outliers
Full Day Care - Hourly									
Infant	5	$8.65	$74.00	$10.50	$23.03	$28.52	-$34.01	$80.07	0
Toddler	7	$5.25	$69.00	$8.50	$16.77	$23.11	-$29.45	$62.99	1
Preschool	12	$5.25	$44.00	$7.28	$11.10	$10.73	-$10.35	$32.55	1
Full Day Care – Daily									
Infant	81	$36.00	$140.00	$62.00	$67.04	$14.64	$37.76	$96.33	3
Toddler	96	$36.00	$185.00	$58.00	$62.62	$17.84	$26.95	$98.29	4
Preschool	134	$20.00	$200.00	$43.71	$50.42	$25.20	$0.03	$100.81	3
Full Day Care – Weekly									
Infant	333	$40.00	$640.00	$345.00	$354.65	$98.38	$157.89	$551.40	23
Toddler	393	$37.50	$595.00	$315.00	$322.36	$89.84	$142.69	$502.03	23
Preschool	466	$35.00	$577.00	$250.00	$257.07	$84.90	$87.26	$426.87	39
Full Day Care – Monthly									
Infant	124	$320.00	$3,599.00	$2,166.83	$2,160.34	$611.06	$938.22	$3,382.45	3
Toddler	198	$235.00	$7,500.00	$1,915.00	$1,869.55	$811.26	$247.04	$3,492.06	10
Preschool	348	$100.00	$9,480.00	$1,317.50	$1,375.52	$933.29	-$491.07	$3,242.11	8
School Age Care - Daily									
Before School	264	$2.00	$126.00	$10.00	$13.04	$11.28	-$9.51	$35.59	9
After School	454	$2.31	$105.00	$20.00	$21.24	$9.93	$1.38	$41.11	9
Full Day	362	$5.00	$104.39	$40.00	$43.92	$14.10	$15.73	$72.12	27

APPENDIX C. PART-TIME RATES

Below are part-time market rate percentiles collected from the survey. Part-time care is defined by EEC as a child receiving 30 hours or less of care per week. Subsidy rates for part-time children are calculated at 60% of the corresponding full-time daily rate.

Table 1. FCC Provider Part-Time Percentiles

Region	Subsidy Rate (Under 2 Years)	Infant 75th Percentile	Infant 50th Percentile	Toddler 1 75th Percentile	Toddler 1 50th Percentile
Region 1 – Western	$23.14	$45.00	$32.00	$45.00	$32.00
Region 2 – Central	$26.44	$50.00	$45.00	$50.00	$45.00
Region 3 – Northeastern	$26.44	$50.00	$35.00	$50.00	$35.00
Region 4 – Metro Boston	$39.66	$67.00	$60.00	$65.00	$58.00
Region 5 – Southeastern	$26.44	$50.00	$45.00	$50.00	$42.00
Region 6 - Boston	$29.74	$65.00	$50.00	$60.00	$40.00

Region	Subsidy Rate (2 Years and Over)	Toddler 2 75th Percentile	Toddler 2 50th Percentile	Preschool 75th Percentile	Preschool 50th Percentile
Region 1 – Western	$19.95	$45.00	$35.00	$45.00	$33.00
Region 2 – Central	$19.95	$50.00	$44.00	$50.00	$42.00
Region 3 – Northeastern	$21.04	$50.00	$35.00	$55.00	$35.00
Region 4 – Metro Boston	$21.04	$65.00	$55.00	$65.00	$50.00
Region 5 – Southeastern	$19.95	$50.00	$40.00	$50.00	$40.00
Region 6 - Boston	$21.04	$60.00	$45.00	$60.00	$40.00

Table 2. Center-Based Care Part-Time Percentiles

Region	Subsidy Rate (Infant)	Infant 75th Percentile	Infant 50th Percentile	Subsidy Rate (Toddler)	Toddler 75th Percentile	Toddler 50th Percentile
Region 1 – Western	$33.99	$62.00	$47.34	$31.17	$62.00	$51.00
Region 2 – Central	$34.92	$80.00	$66.00	$31.89	$68.50	$60.00
Region 3 – Northeastern	$39.00	$89.60	$74.00	$35.68	$75.25	$60.00
Region 4 – Metro Boston	$42.23	$99.00	$84.00	$38.35	$86.00	$68.59
Region 5 – Southeastern	$33.99	$60.00	$55.00	$31.89	$56.00	$48.00
Region 6 - Boston	$44.32	$92.00	$85.00	$41.31	$85.00	$72.00

Region	Subsidy Rate (Preschool)	Preschool 75th Percentile	Preschool 50th Percentile
Region 1 – Western	$23.71	$50.00	$33.50
Region 2 – Central	$23.71	$60.00	$50.00
Region 3 – Northeastern	$25.31	$60.00	$45.00
Region 4 – Metro Boston	$26.05	$72.00	$53.00
Region 5 – Southeastern	$23.71	$45.00	$33.00
Region 6 - Boston	$26.05	$70.00	$52.00

APPENDIX D. FOCUSED COMMUNITIES AVERAGE RATES

As described earlier in this report, EEC and PCG selected two municipalities from each region based on economic factors to focus additional recruitment efforts to help increase the level of representativeness of the final sample of providers. Specifically, providers who did not currently accept subsidy (or "private pay only") were encouraged to complete this survey as part of our "oversample." Below are the final counts of providers who responded and the average daily rate for those providers alone (if available). Note that Region 6 is represented entirely as the City of Boston.

Table 1. Family Child Care Providers Focused Communities Average Daily Rate

Region	Community	Total Private Pay Providers	Total Surveys Completed	Average Infant Daily Rate	Average Toddler 1 Daily Rate	Average Toddler 2 Daily Rate	Average Preschool Daily Rate	Average Before School Daily Rate	Average After School Daily Rate	Average Full Day School-Age Daily Rate
1	Springfield	39	7	$34.40	$33.50	$33.50	$32.20	$33.67	$22.50	$40.00
1	Wilbraham	7	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	Worcester	51	11	$45.22	$45.22	$44.67	$44.67	$10.00	$15.75	$41.20
2	Shrewsbury	26	6	$49.60	$48.50	$48.17	$47.80	$10.00	N/A	$50.00
3	Andover	6	2	N/A	N/A	$70.00	$70.00	N/A	N/A	N/A
3	Lawrence	47	7	$40.00	$50.00	$22.50	$20.00	N/A	$10.00	N/A
4	Framingham	53	13	$58.63	$58.63	$55.23	$49.68	$18.00	$18.00	$34.50
4	Natick	29	5	$92.18	$63.84	$63.84	$63.84	$15.00	$30.00	N/A
5	Brockton	31	5	$47.75	$47.40	$46.25	$45.00	$50.00	$27.50	$43.33
5	East Bridgewater	14	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	Boston	147	37	$62.28	$59.97	$57.05	$53.42	$37.50	$27.50	$46.16

N/A = no response available

Table 2. Center-Based Providers Focused Communities Average Daily Rate

Region	Community	Total Private Pay Providers	Total Surveys Completed	Average Infant Daily Rate	Average Toddler Daily Rate	Average Preschool Daily Rate	Average Before School Daily Rate	Average After School Daily Rate	Average Full Day School-Age Daily Rate
1	Springfield	4	1	N/A	N/A	N/A	N/A	N/A	N/A
1	Wilbraham	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	Worcester	9	3	$83.74	$67.30	$60.39	N/A	N/A	N/A
2	Shrewsbury	2	1	$75.00	$73.00	$60.00	$5.77	$19.40	$65.00
3	Andover	14	9	$103.66	$96.19	$48.25	$10.00	$18.56	$18.24
3	Lawrence	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4	Framingham	11	8	$83.95	$77.03	$62.00	$14.75	$39.00	$45.00
4	Natick	17	8	$96.63	$91.68	$74.05	N/A	$38.80	N/A
5	Brockton	2	2	N/A	N/A	N/A	$9.00	$19.00	$40.00
5	East Bridgewater	3	1	$70.00	$60.00	$50.00	$10.00	$20.00	N/A
6	Boston	107	51	$94.10	$92.25	$74.55	$11.35	$19.68	$49.76

N/A = no response available

APPENDIX E. 2018 MARKET RATE SURVEY QUESTIONNAIRE

Please see below the full list of questions included in the 2018 Child Care Market Rate Survey.

eec **Department of
Early Education and Care**
THE COMMONWEALTH OF MASSACHUSETTS

PCG | **Human Services**
Public Focus. Proven Results.™

Commonwealth of Massachusetts 2018 Child Care Market Rate Survey

Commonwealth of Massachusetts 2018 Child Care Market Rate Survey

Thank you for participating in the 2018 Massachusetts Department of Early Education and Care (EEC) Market Rate Survey. This survey asks questions about your program, children you serve, and gathers rates paid by families and market rates. It also asks about your program's early childhood care and education services by type of care and geography. This information will help EEC understand the landscape and accessibility of early childhood care and education across the commonwealth.

We will treat your responses as confidential information and will only share summary information. Any reports resulting from the survey will not include your name or the name of your business. Your choice to take part will not affect your ability to provide subsidized child care. To make the survey easier, we recommend you have your bookkeeping and payroll information at the ready.

If you complete the survey, you'll be entered to win a $100 gift card! We are giving away 4 (four) $100 gift cards to randomly selected providers who have completed the survey. After you complete the survey, be sure to click the link on the final screen to fill in additional information and be entered to win an additional $50 gift card!

Please note: if you are a program that has multiple individually-licensed locations or sites, we ask that you complete a survey for each individually licensed program.

If you require assistance, would like to request the survey in a different language, or have any questions, please contact us at: **MA2018MRS@pcgus.com or 1-833-475-3069**.

To download the 2018 Market Rate Survey FOR REVIEW ONLY, click the following link(s):

- FOR REVIEW ONLY: MA Market Rate Survey (English)
- FOR REVIEW ONLY: MA Market Rate Survey (Espanol)

1) Which language would you like to take this survey in?
*¿En qué idioma le gustaría realizar esta encuesta? ***

( ) English

( ) Español

2) What is the program number # (assigned by EEC) for your center-based child care or family child care home? Your program # can be found in the email invitation to take this survey.
*¿Cuál es el número de programa (asignado por el EEC) para el cuidado infantil basado en un centro o para el cuidado infantil familiar realizado en el hogar? Su número de programa se puede encontrar en la invitación cursada por correo electrónico para realizar esta encuesta. ***

Page entry logic: This page will show when: #1 Question "Which language would you like to take this survey in?
¿En qué idioma le gustaría realizar esta encuesta? " is one of the following answers ("English")

Program Information

3) Which type of program are you licensed as?*

( ) Family Child Care

( ) Group & School Age (Center-based program)

Page entry logic: This page will show when: #3 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

Program Information (Family Child Care)

9) Are you currently affiliated with a family child care agency/system? If yes, please list the name of your agency/system.

( ) Yes, I am affiliated with a agency/system.

( ) No, I am not affiliated with an agency/system

Logic: Hidden unless: #9 Question "Are you currently affiliated with a family child care agency/system? If yes, please list the name of your agency/system." is one of the following answers ("Yes, I am affiliated with a agency/system.")

10) Please specify your agency/system:

( ) Acre Family Day Care

( ) Bethel Child Care Services, Inc

( ) Beverly Children's Learning Ctr., Inc.

( ) Boston Chinatown Neighborhood Center

( ) Cape Cod Child Development Program Inc.

( ) Catholic Charitable Bureau of Boston

( ) Child Care of the Berkshires, Inc.

( ) Child Development and Education Inc.

( ) Children's Aid and Family Service, Inc.

( ) Children's Services of Roxbury, Inc.

( ) Citizens for Citizens, Inc.

( ) Clarendon Early Education Services, Inc.

( ) College Bound Dorchester

( ) Commonwealth Family Childcare, Inc.

( ) Community Action Inc.

( ) Community Action of the Franklin, Hampshire, and North Quabbin

( ) Community Day Care of Lawrence, Inc.

( ) Community Teamwork, Inc.

( ) Enable, Inc.

( ) Family Day Care Inc.

( ) Guild of St. Agnes

( ) Kid's Unlimited, Inc.

( ) Kid-Start, Inc.

( ) Little Sisters Assumption/Project Hope

( ) Montachusett Opportunity Council, Inc.

( ) Neighborhood Development Corp of Jamaica Plain

( ) North Shore Family Day Care (NSFDC)

( ) Nurtury, Inc.

( ) Pakachoag Acres, Inc.

( ) Pathways for Children, Inc.

( ) Rainbow Child Development Center, Inc.

( ) Robbins Children's Programs, Inc.

( ) South Middlesex Opportunity Council, Inc.

( ) South Shore Stars Inc.

( ) Square One

( ) Tri-Community YMC A of Southbridge, Inc.

( ) Valley Opportunity Council, Inc.

( ) Vietnamese American Initiative for Development, Inc

( ) Webster Square Day Care

( ) Woburn Council of Social Concern, Inc.

( ) Worcester Comprehensive Education & Care, Inc.

11) How many children do you currently care for in each age group and how many children do you want to serve?

	Currently Enrolled: *Private Pay*	Currently Enrolled: *Subsidy (EEC Vouchers and/or Contracts)*	Currently Enrolled: *Early Head Start/ Head Start*	Currently Enrolled: *Other.* Explain Below	Total Licensed Capacity	How many do you want to serve?
Infant: Birth to 15 months						
Toddler: 15 months to under 2 years						
Toddler: 2 years- 2 years 9 months						
Preschool: 2 years 9 months to 5 years						
School Age: Age 5-13 (age 15, if special needs)						

Comment:

Program Information (Center Providers)

5) Is your program:

( ) Independently owned

**Take the survey online at http://surveys.pcgus.com/s3/EECMRS, or contact us at
MA2018MRS@pcgus.com or 1-833-475-3069, or send a scanned copy to that email address**

( ) Part of a larger organization of programs (example: umbrella or parent organization, or a chain)?
Please specify name of parent organization/chain if so::
_____

6) How many children do you currently care for in each age group and how many children would you ideally have enrolled in your program for each age group? (If not applicable, enter NA)

	Currently Enrolled: *Private Pay*	**Currently Enrolled:** *Subsidy (EEC Vouchers and/or contracts)*	**Currently Enrolled:** *Early Head Start/Head Start*	**Currently Enrolled:** Other. Explain Below	**Total Licensed Capacity**	**Ideal or Total Capacity**
Infant: Birth to 15 months						
Toddler: 15 months to 2 years 9 months						
Preschool: 2 years 9 months to 5 years						
School Age: Age 5-13 (age 15, if special needs)						

Comment:

Program Fees and Rates (Center and Family Child Care Providers)

15) How often do you charge for full-time private pay care?*
- Full-time care (30 or more hours per week)
- Part-time care (less than 30 hours per week)

( ) Hourly
( ) Daily
( ) Weekly
( ) Monthly

Logic: Hidden unless: #15 Question "How often do you charge for private pay care?" is one of the following answers ("Hourly")

16) How much do you charge private pay families hourly? (All boxes must be answered. If not applicable, enter 0)*

	Infants (Birth to 15 months)	Toddler (15 months to under 2 years)	Toddler (2 years to 2 years 9 months)	Preschool (2 years 9 months to 5 years)
Full-time Care				

Logic: Hidden unless: #15 Question "How often do you charge for private pay care?" is one of the following answers ("Daily")

17) How much do you charge private pay families daily? (All boxes must be answered. If not applicable, enter 0)*

	Infants (Birth to 15 months)	Toddler (15 months to under 2 years)	Toddler (2 years to 2 years 9 months)	Preschool (2 years 9 months to 5 years)
Full-time Care				

Logic: Hidden unless: #15 Question "How often do you charge for private pay care?" is one of the following answers ("Weekly")

18) How much do you charge private pay families weekly? (All boxes must be answered. If not applicable, enter 0)*

	Infants (Birth to 15 months)	Toddler (15 months to under 2 years)	Toddler (2 years to 2 years 9 months)	Preschool (2 years 9 months to 5 years)
Full-time Care				

Logic: Hidden unless: #15 Question "How often do you charge for private pay care?" is one of the following answers ("Monthly")

16) How much do you charge private pay families monthly? (All boxes must be answered. If not applicable, enter 0)*

	Infants (Birth to 15 months)	Toddler (15 months to under 2 years)	Toddler (2 years to 2 years 9 months)	Preschool (2 years 9 months to 5 years)
Full-time Care				

Logic: Show/hide trigger exists.

19) Do you provide part-time care?*
- Full-time care (30 or more hours per week)
- Part-time care (less than 30 hours per week)

( ) Yes
( ) No

Logic: Hidden unless: #19 Question "Do you provide part-time care?" is one of the following answers ("Yes")

20) How much do you charge daily for private pay part-time families? (All boxes must be answered. If not applicable, enter 0)*

	Infants (Birth to 15 months)	Toddler (15 months to under 2 years)	Toddler (2 years to 2 years 9 months)	Preschool (2 years 9 months to 5 years)
Part-time Care				

21) If you provide care to school-aged children, please complete the following table with hours and minimum private pay rates for care. Complete the table below based on your program's payment structure (example: if your program's payment structure is monthly, you do not need to calculate an hourly, daily, or weekly rate; you would only enter a monthly rate).

	Starting Time	AM/PM	Ending Time	AM/PM	Rate	Frequency
Before School Care						
After School Care						
Full Day						

22) If your program offers any of the following discounts, complete the table below.

	Check if "Yes"	Number of Children Currently Receiving Discount	Comment(s)
Sliding Scale Rates	[ ]		
Employee Discounts	[ ]		
Sibling Discount	[ ]		
Scholarships	[ ]		

23) Do you charge any add-on fees in addition to your full rate? If so, please select them from the following list and provide additional detail if requested.

	Check if "Yes"	Add-on Fee	Additional Explanation
Registration Fee	[ ]		
Registration Fee: One time only	[ ]		
Registration Fee: Annual	[ ]		

	Check if "Yes"	Add-on Fee	Additional Explanation
Registration Fee: Other- please explain in Additional Explanation	[ ]		
Waitlist fee	[ ]		
Deposits (i.e. to hold future slot)	[ ]		
Application fees	[ ]		
Field trips	[ ]		
Special activity fees (i.e., gymnastics, computer education, etc.)	[ ]		
Optional services (i.e., photographer, etc.)	[ ]		
Food (meals, snacks)	[ ]		
Materials/Supplies fees	[ ]		
Late payment fees	[ ]		
Transportation	[ ]		
Late pick-up fees	[ ]		
Bank fees (i.e., bounced checks)	[ ]		
Supplies	[ ]		
Bundled Fee- please specify what is included in the Additional Explanation	[ ]		
Other, please specify in the Additional Explanation	[ ]		

24) Do you provide any of the following additional support services? (select all that apply)

[ ] Behavior Supervision/Supports for children with challenging behaviors

[ ] Communication Supports to children who are non-verbal or have language delays

[ ] Diapering/Toileting Assistance for an older child

[ ] Eating Assistance for a child who has food or texture sensitivities or physical challenges

[ ] Health Monitoring for a child with a chronic medical condition

[ ] Medication Management- for a child requiring ongoing medication & maintain recordkeeping

[ ] Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk

[ ] Vision Supports and program changes to include a child with impaired vision

[ ] Nursing Care – Access to a nurse for children requiring medical monitoring or intervention

[ ] Physical Therapy - access for physical or occupational therapy services or providing activities to support child's therapy goals

[ ] Occupational therapy for a child with sensory processing challenges

[ ] Other - Write In: _____

25) Given the part day and full day rates given above, do you charge an additional rate for the following?

[ ] Early Release days

[ ] Public School Closure days

[ ] Public School Vacation

[ ] Summer Break

[ ] Other

26) How would you like to enter your program's operating hours?

( ) Standard Hours (Enter hours once and select days)

( ) Non-Standard Hours (Enter the open/close time for each day of the week)

27) What are your program's standard operating hours? Note: For school-age programs, this is your full day/summer hours.

Standard Operating Hours	
Open	
Close	

28) Select the days your program is open during standard operating hours.

[ ] Sunday

[ ] Monday

[ ] Tuesday

[ ] Wednesday

[ ] Thursdsay

[ ] Friday

[ ] Saturday

29) If operating hours vary by day, please complete the grid below with times XX:XX AM/PM. For example, 07:30 AM or 11:00 PM.

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Open							
Close							

Subsidy (Center and Family Child Care Providers)

48) Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?*

( ) Yes

( ) No

49) For which of the following types of children receiving state subsidy do you provide care? Select all that apply

[ ] N/A, I do not service children receiving state subsidy

[ ] DCF Contract (non-homeless supportive childcare)

[ ] DCF Vouchers Referral

[ ] DTA Voucher Referral

[ ] Teen Parent Contract

[ ] Homeless children served through a DHCD or DCF referral (EEC contracted slot)

[ ] Income Eligible Voucher

[ ] Income Eligible Contract

Logic: Hidden unless: #48 Question "Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?" is one of the following answers ("No")

50) Are you familiar with EEC's child care subsidy programs? If not, what would you recommend to increase awareness?

( ) Yes, and I feel that EEC could improve awareness by::
_____

( ) No, and to increase awareness EEC could::
_____

Logic: Hidden unless: #48 Question "Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?" is one of the following answers ("No")

51) Please select the reasons that may prevent you from participating in state subsidy programs (vouchers and/or contracts).

[ ] Capacity is full with private pay

[ ] Program has a long waitlist of private pay families

[ ] No demand for subsidized care in the program's area

[ ] Subsidy reimbursement rates are not sufficient

[ ] Required participation in QRIS

[ ] Required NAEYC accreditation (contract only)

[ ] Reimbursement received too long after service is provided

[ ] Too much administrative work involved

[ ] Disagree with policies associated with the subsidy program

[ ] Challenges collecting co-payments from subsidy recipient families

[ ] Turn-over among subsidy recipient families

[ ] I don't know enough about EEC's subsidy program to participate

[ ] Significant family needs

[ ] Child behavioral challenges

[ ] - Other, please specify: _____

Logic: Hidden unless: #48 Question "Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?" is one of the following answers ("No")

52) Which would incentivize your participation in the EEC subsidy system? Select all that apply.

[ ] Increased subsidy reimbursement rates

[ ] Opportunity for additional support services (Example: Technical assistance, referral services, assistance with child/family needs)

[ ] Opportunity for additional resources including professional development

[ ] Assistance with quality initiatives (Example: Assistance with participation in QRIS or accreditation)

[ ] Increase in transportation reimbursement rate

[ ] Increase in food reimbursement

[ ] Assistance with subsidy management and administration

[ ] None of the above

[ ] Other, please specify: _____

Logic: Show/hide trigger exists. Hidden unless: #48 Question "Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?" is one of the following answers ("Yes")

53) Does your program cap or limit the number of children with subsidies that you will serve?

( ) Yes

( ) No

Logic: Hidden unless: #53 Question "Does your program cap or limit the number of children with subsidies that you will serve? " is one of the following answers ("Yes")

54) What percent is subsidized?

( ) 0-25%

( ) 26-50%

( ) 51-75%

( ) 76-100%

Logic: Hidden unless: #53 Question "Does your program cap or limit the number of children with subsidies that you will serve? " is one of the following answers ("Yes")

55) My program caps or limits the number of children participating in subsidy because:

_____

Logic: Hidden unless: #48 Question "Does your program accept state subsidized children (through a direct EEC Vouchers and/or contracts)?" is one of the following answers ("Yes")

56) Please select the reasons that may prevent you from participating in state subsidy programs or limit your current participation.

[ ] Not applicable. I serve or am willing to serve all subsidized children.

[ ] Capacity is full with private pay.

[ ] Program has a long waitlist of private pay families.

[ ] No demand for subsidized care in the program's area.

[ ] Subsidy reimbursement rates are not sufficient.

[ ] Required participation in QRIS.

[ ] Required NAEYC accreditation (contract only).

[ ] Reimbursement received too long after service is provided.

[ ] Too much administrative work involved.

[ ] Disagree with policies associated with the subsidy program.

[ ] Challenges collecting copayments from subsidy recipient families.

[ ] Turn-over among subsidy recipient families.

[ ] Significant family needs.

[ ] Child behavioral challenges.

[ ] Other, please specify.: _____

Cost of Care (Center and Family Child Care Providers)

> **Logic: Hidden unless: #3 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")**

67. Please complete the table below for your staff. Full-time staff work 30+ hours weekly; Part-time staff work 29 hours or less weekly.

	Check if "Yes"	Number of Full-time	Number of Part-Time	Starting hourly wage Less than High School	Starting Hourly wage High School/G ED	Starting Hourly Wage Associates Degree	Starting hourly wage Bachelors Degree and Above
Assistant Teacher	[ ]						
Teacher	[ ]						
Lead Teacher	[ ]						
Director	[ ]						
Assistant Group Leader	[ ]						
Group Leader	[ ]						
Site Coordinator	[ ]						

> **Logic: Hidden unless: #3 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")**

68) Do you give yourself a salary? If so, how much do you pay yourself annually?

( ) Yes, I pay myself:: _____

( ) No

Logic: Hidden unless: #3 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

69) What is your level of education?

( ) Less than High School

( ) High School or GED

( ) Some College

( ) Associate's Degree

( ) Bachelor's Degree

( ) Graduate Degree

Logic: Hidden unless: #3 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

70) Do you have an assistant? If so, how much do you pay him/her, how frequently and what is his/her level of education? If not, skip this question.

Education Level

( ) Less than High School

( ) High School or GED

( ) Some College

( ) Associate's Degree

( ) Bachelor's Degree or Above

Assistant Wage/Salary: _____

Frequency of Payment

( ) Hourly

( ) Weekly

( ) Monthly

( ) Annually

Page entry logic: This page will show when: #1 Question "Which language would you like to take this survey in?
¿En qué idioma le gustaría realizar esta encuesta? " is one of the following answers ("English")

Cost of Care Form

 EEC is interested in learning more about the actual cost of providing child care. Please complete the table below.

79) Please complete the following table based on the most current annualized costs you have available. For costs not associated with your program, leave it blank.

Thank You and Second Chance to Win!

Revenue or Expense Line Item	Total Annual Amount
Revenue (total from all sources, including: Tuition/Fees paid by private-pay parents, Parent fees paid by subsidized parents, EEC Subsidy, Head Start, CACFP, Pre-school Expansion Grant, Other EEC Grants, Local government, Community organizations or other grants, Fundraising activities, gifts, cash contributions)	
Service Personnel Salary Expenses (all service personnel working at the site including but not limited to teachers, group leaders, site coordinators and directors who also teach)	
Administrative and Other Personnel Salary Expenses (e.g., directors (who do not teach), administrative assistants, bus drivers, cooks)	
Personnel Tax and Fringe Expenses (e.g. personnel taxes, worker's compensation, healthcare, retirement, other fringe benefits)	
Occupancy Expenses (e.g., facility rent/mortgage, equipment, maintenance and liability insurance)	
Program Expenses (e.g., training expenses, meals, vehicle, mileage, supplies used in child programming)	
Administrative Expenses (e.g., owner/shareholder draw, equipment and administrative supplies not used in child programming, other insurance such as child and staff accident insurance	

Thank you for taking our survey. Your response is very important to us.

Click Here to tell us more about the costs of running a child care program. Your input will help the state support all providers across Massachusetts, and you'll have the chance to *win another Visa gift card.*

Commonwealth of Massachusetts EEC Cost of Care Form

Cost of Care Form

1) What is the program number # (assigned by EEC) for your center-based child care or family child care home? Your program # can be found in the email invitation to take this survey. This will be your entry to win a second gift card.

_____

Logic: Show/hide trigger exists.

2) Which type of program are you licensed as?

( ) Family Child Care

( ) Group & School Age (Center-based program)

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")

3) Service and Administrative Personnel Salary Expenses. Please enter the total annual amount paid (salaries or hourly pay only; do not include fringe or other benefits) and total FTEs for your program staff as shown below.

	FTE	Total Annual Cost
Assistant Teacher		
Teacher		
Lead Teacher		
Director		
Assistant Group Leader		
Group Leader		
Site Coordinator		

Other/Administrative Staff Salaries (e.g., bus driver, cook, administrative assistant)		

4) Personnel Salary Expenses. Please enter the total amount paid (salaries or hourly pay only; do not include fringe or other benefits) for the following staff, if your program has them (please combine all staff of the type listed). Please also provide the average amount of staff per category your program may pay for and average amount of hours they may work. For each category, please list from the dropdown menu whether these costs are monthly or annually.

	Average Number of Staff	Average Hours Worked	Total Salary Paid	Monthly or Annually?	
				Monthly	**Annually**
Assistant Teacher					
Substitute					
Consulting Staff (Nurses, service coordination, pre-k consultants, etc.)					

5) Licensee Salary. If you pay yourself a salary, please provide the average cost for your program (do not include any additional taxes or benefits you may pay for, such as health insurance), and select whether it is an annual or monthly cost.

	Salary Paid	Monthly or Annually?	
		Monthly	**Annually**
Licensee/Owner's Draw			

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")

6) Personnel Benefits and Other Staff Expenses. Please enter your total annual program expenses to the following personnel-related costs, if applicable, including your own.

	Total Annual Cost
Personnel Taxes (Government-mandated)	
Social Security, Unemployment, Workers' Compensation (Government-mandated)	
Healthcare & Dental (Non-mandatory)	
Retirement (Non-mandatory)	
Other Fringe Benefits (Please enter; e.g. child care benefits, life insurance, other non-mandatory expenses etc.) Please Specify below:	

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

7) Personnel Benefits and Other Staff Expenses. Please provide any additional expenses your program may have regarding employee pay.

	Total Cost	Other Description, If applicable.	Monthly or Annually?	
			Monthly	Annually
Personnel Taxes (Government-Mandated)				
Social Security, Unemployment, Workers' Compensation (Government-Mandated)				
Healthcare (Non-mandatory)				
Retirement (Non-mandatory)				

Other Fringe (Child Care Benefits, Life Insurance, Etc.)				

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")

8) Occupancy Expenses. Please enter your total annual occupancy expenses

	Total Annual Cost
Facility and Program Equipment Expenses (e.g., facility-related equipment such as air conditioners, hot water heaters)	
Facility & Program Equipment Depreciation	
Facility Operation/Maintenance/Furniture	
Facility General Liability Insurance	

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

9) Other Program Expenses. Please enter your total monthly expenses for the following categories, if applicable.

	Total Cost	**Monthly or Annually?**	
		Monthly	**Annually**
Rent/Mortgage (specifically the portion your program pays for)			
Insurance (liability or similar)			
Utilities (power, water, telephone, etc.)			

Cleaning or Maintenance Fees			
Accounting & Legal			
Repairs to Program Equipment			
Supplies (food, office, educational, etc.)			
Training & Professional Development			
Debt Service			
Allowance for Bad Debt and Vacancy			
Other, please specify in the next box			

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Family Child Care")

10) Other expenses not listed above:

_____

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")

11) Programmatic Expenses. Please enter your total annual programmatic expenses

	Total Annual Cost
Training (Example: Training materials and costs for staff development and training)	
Vehicle (Example: Vehicle purchase, lease and maintenance expenses)	
Mileage (Example: reimbursement to employees for mileage)	
Food (Example: meals, snacks)	

Program supply expenses (Example: supplies used within the program like cleaning supplies, paper goods like paper plates or napkins used for snacks)	
Program educational expenses (Example: arts and craft materials, books)	

Logic: Hidden unless: #2 Question "Which type of program are you licensed as?" is one of the following answers ("Group & School Age (Center-based program)")

12) Administrative Expenses. Please enter your total annual administrative expenses.

	Total Annual Cost
Shareholder/Owner Draw	
Equipment and Administrative Supplies (Example: office computer, mailing supplies, office supplies not used by children in programming)	
Other Insurance (Example: Child and staff accident insurance policy)	

13) Which of the following revenue sources does your program receive (check all that apply)?

[ ] Tuition/Fees paid by private-pay parents

[ ] Parent fees paid by subsidized parents

[ ] EEC Subsidy (contract and/or voucher)

[ ] Head Start

[ ] Child and Adult Care Food Program (CACFP)

[ ] Pre-school Expansion Grant

[ ] Other EEC Grants (e.g., QRIS Improvement Grant)

[ ] Local government (e.g., Pre-K, local school board)

[ ] Community organizations or other grants (e.g., United Way, local charities)

[ ] Fundraising activities, gifts, cash contributions

[ ] Other

Logic: Show/hide trigger exists.

14) Do you provide any additional support services to children in care?*

( ) Yes, I offer support services to children in care.

( ) No, I don't offer any additional support services.

Logic: Hidden unless: #14 Question "Do you provide any additional support services to children in care?" is one of the following answers ("Yes, I offer support services to children in care.")

15) For the support services that you offer, please provide the per child cost for each.

	Per Child Cost (to you as a provider)	Source (fundraising, government funding, parent fees)
Behavior Supervision/Supports for children with challenging behaviors		
Communication Supports to children who are non-verbal or have language delays		
Mobility Assistance to help a child with a wheelchair, crutches, or limited ability to walk		
Vision Supports and program changes to include a child with impaired vision		
Nursing Care – Access to a nurse for children requiring medical monitoring or intervention		
Physical Therapy - access for physical or occupational therapy services or providing activities to support child's therapy goals		
Occupational therapy for a child with sensory processing challenges		

Thank You!

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