

**2007 MARKET RATE SURVEY & FISCAL YEAR 2007-08 PROVIDER AGREEMENT APPENDIX C-1**

Location Name:		
Address:		
City:	State:	Zip:
Telephone: ( )	County:	
Type of Program:	<input type="checkbox"/> Center	<input type="checkbox"/> Group <input type="checkbox"/> Family

Enter rates for each age range applicable to your program in the following tables.  
 Enter N/A if the service is not provided.  
**Use your rates effective the date indicated.**

**THE DEPARTMENT OF PUBLIC WELFARE WILL VALIDATE RATES THROUGH A VERIFICATION PROCESS TO ENSURE ACCURACY.**

	0-12 MONTHS	13-24 MONTHS	25-36 MONTHS	37 MONTHS- DATE CHILD ENTERS 1 <sup>ST</sup> GRADE	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SCHOOL YEAR	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SUMMER ONLY
During the month of <b>March 2007</b> , what did the majority of your private fee families <b>pay</b> weekly per child for <b>FULL-TIME</b> care (five days per week, Monday through Friday)?	\$ _____ per week	\$ _____ per week				
<b>As of July 1, 2007</b> , what will these private fee families <b>pay</b> per child? I understand these will be my rates effective July 1, 2007.	\$ _____ per week	\$ _____ per week	\$ _____ per week			

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What is the minimum number of hours per day that a child can stay in your care and be considered full-time? \_\_\_\_\_ hours per day

What is the maximum number of hours per day that a child can stay in your care, be considered full-time and not have to pay for extra hours?  
 \_\_\_\_\_ hours per day

**ATTACH YOUR DISCOUNT AND/OR SCHOLARSHIP POLICY WITH A COPY OF YOUR CURRENT PUBLISHED RATES**

Enter rates for each age range applicable to your program in the following table.  
 Enter N/A if the service is not provided.  
**Use your rates effective the date indicated.**

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During the month of <b>March 2007</b> , what did the majority of your private fee families <b>pay</b> weekly per child for <b>PART-TIME</b> care (five days per week, Monday through Friday)?	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	
What will these private fee families <b>pay</b> per child beginning <b>July 1, 2007</b> ? I understand these will be my rates effective July 1, 2007.	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week

**THE DEPARTMENT OF PUBLIC WELFARE WILL VALIDATE RATES THROUGH A VERIFICATION PROCESS TO ENSURE ACCURACY.**

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What is the <b>total</b> number of children (subsidized and private fee) <b>currently</b> enrolled in your program by each age range?	_____	_____	_____	_____	_____

If you participate in the subsidized child care program, do you offer full-time care for school closures during the school year? Check the box if you will accept a blended school year rate.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**MAIL, FAX OR HAND DELIVER YOUR COMPLETED MARKET RATE SURVEY/APPENDIX C-1  
 WITH A COPY OF YOUR DISCOUNT AND/OR SCHOLARSHIP POLICY AND YOUR CURRENT PUBLISHED RATES  
 BY \_\_\_\_\_ TO \_\_\_\_\_**